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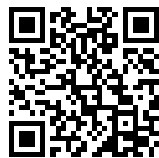
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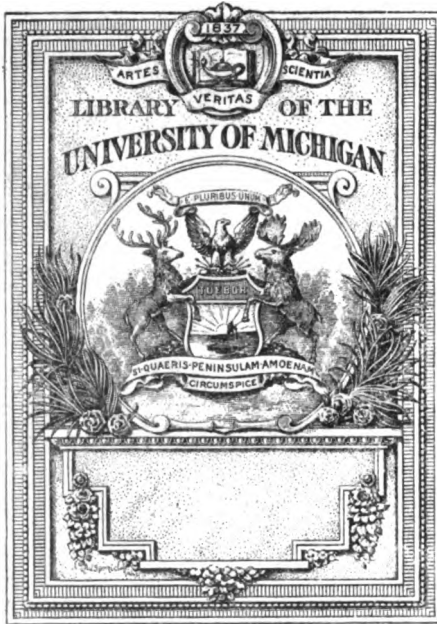
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MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

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AND

EDWIN A. NEATBY, M.D.

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THE MONTHLY
HOMŒOPATHIC REVIEW.

—:—

A CASE OF OBSTRUCTION, WITH COMMENTS
ON THE SYDENHAM-THOMAS TREATMENT.

BY J. DRYSDALE, M.D.

Miss L., a lady about 50, residing at Eastbourne, who had not previously been liable to constipation, sent for Dr. Croucher of that place on the 9th of February, 1890, complaining of "a chill on the liver," and remained in bed till the 14th. She complained of headache, sickness and general tenderness of the abdomen; there were also anorexia and constipation; temp. 101°, and tongue coated. She improved under *bry.* 1x and *merc. sol.* 3x. On the 13th February she had further improved, and the bowels were said to have acted fairly. She then got *arsen.* 3x and *strych.-phos.* 3x. But on the 27th February Dr. Croucher was again called in, and found her suffering from colic, vomiting and coated tongue. She got relief from *colocynthis*, *merc. d.* and *irisin*, and the bowels were "moved slightly" by an enema, after castor oil by the mouth had been vomited. From that time there was no motion till the 28th of March. The motion on the 28th of February was quite inadequate, and as it was the only one which had taken place for a week or ten days before we may consider that the obstruction lasted in all about five weeks.

On the 1st of March the patient went to St. Leonards, and had to go to bed on arrival, and remain there with constipation, colic and vomiting till 4th March, when Dr. Croucher senior was called in. He found severe

colic and persistent complete constipation, for which he gave an enema of gruel, olive oil and glycerine through the long tube. This produced vomiting, but no relief to the bowels. She continued to have straining discharges of blood and mucus from the rectum, with colic and vomiting. On the 6th of March a dose of castor oil by the mouth produced no effect on the bowels, but the colic was relieved by *colocynth* and *carb. veg.* During the latter days of Dr. Croucher's attendance he gave *opium* 1 and *plumb. acet.* 1 in alternation, and once or twice a small nut-like piece of apparently fæcal matter was passed. She continued much in the same state with complete constipation, small straining discharge of blood and mucus, distension of abdomen, colic and occasional vomiting till the 22nd of March, when she was removed to the house of a relative in Liverpool and bore the journey pretty well. Soon afterwards the above previous history of the case was kindly sent to me by Drs. Croucher, of Eastbourne and St. Leonards. I saw her on the 22nd March, and found the symptoms as above, noting in addition that there was little tenderness of the abdomen; temp. 101°, pulse 90; some portions dull on percussion in the left iliac region and in the track of the colon; the tongue and breath were foul; there was much gurgling, and much tympanitic swelling of the abdomen, flattened above the navel, indicating that the seat of the disease was in the large intestine. I gave chiefly *atropin* 3x alternated with *veratrum album* 1 every two hours for the next three days. Then an enema of oil and glycerine was given but without any effect except that of provoking vomiting and increase of colic. On reviewing the whole case, I now came to the conclusion that there was no evidence of complete occlusion from mechanical cause, nor enteritis, nor intussusception, but that the obstruction depended on functional defect of the action of the colon with probably a partial amount of volvulus at the sigmoid flexure. So I determined to carry out rigidly Dr. O. Thomas's plan of avoidance of all attempts to move the bowels forcibly even by enemata, and also to restrict the diet to purely fluid articles, avoiding even milk. Under this regimen and homœopathically chosen medicines the symptoms remained very mild; the pains and vomiting were not frequent or urgent, and though some of the vomited matters were offensive we could not say they were

distinctly fæcal. There were also intervals of refreshing sleep. The medicine now (25th March) chosen was *plumbum aceticum* 1, as it seemed to suit best homœopathically, corresponding as it did to the constipation, irregular swellings, gurglings and colic. For the first twelve hours it was alternated every two hours with *morphium aceticum* 1, which was also homœopathically indicated as tending to restore the healthy sensibility of the diseased parts to their natural stimuli. After that *nux vomica* 1 was alternated with the *plumbum*. I was not then aware that Dr. Croucher had already given *plumbum* with the result that some small knots of fæces were passed. The same happened now and some flatus was passed. At this stage (35th day of obstruction) a consultation with Dr. Alexander being suggested, I was glad to agree, not that I thought things were doing badly, but on general grounds, that if there should arise any necessity for operation the question ought not to be delayed till too late for the best chances of success. After a careful examination, and hearing the previous history of the case, Dr. Alexander considered the abdomen enlarged but not tensely distended, the outline flattened centrally, that agreeing with Thomas's test of the seat of obstruction in the colon. The coils of the large intestine could be felt filled with hardened masses. The rectum was empty and collapsed, and the absence of "ballooning of the rectum," as well as the passage of some flatus described by the patient, went against the idea of organic stricture. The roof of the rectum was pressed down by a heavy mass, apparently the loaded sigmoid. For these reasons Dr. Alexander considered it not a case requiring operation. He recommended a large simple enema to be given next day. The bowels, however, began to act spontaneously that same night, and frequent large semi-fluid stools, intermixed with scybala, were discharged for the next three or four days, with relief to all the symptoms of obstruction, though not complete restoration to health, as the chronic state of the bowel and the liver will require medical care for some time.

This is not given as a case in any way remarkable for character or severity—in fact it was scarcely a fully-developed case, as ileus was not distinctly present. I consider, however, that the patient was for two or three

weeks on the verge of ileus and probable fatal collapse, which were only averted by the negative influence of avoidance of coarse diet and purgatives combined with the positive action of homœopathically chosen medicines. It was a case of simple obstruction, and therefore suitable as a basis for discussion of the Sydenham-Thomas treatment, but without the large doses of *opium*.

The principles of the non-medicinal management were those laid down by Dr. H. O. Thomas, who has long been in the first rank of British surgeons, owing to the application of his original and inventive genius to the mechanical treatment of joint diseases, and they are set forth in his work on "Intestinal Disease and Obstruction," (London: H. K. Lewis). As this work appears to be hardly as well known to the homœopathic school as I think it ought to be, it may be of service to give here an abstract of the above principles, which are applicable in both schools of medicine, and then discuss the question whether sedative doses of *morphia* may not be occasionally with advantage adopted as an auxiliary to the homœopathic treatment of this disease. Dr. Thomas' book may be described as a work recalling the attention of the profession to the principles of Sydenham for the treatment of obstruction. These are, shortly, avoidance of all purgatives or means of forcibly moving the bowels; a fluid diet; and the use of sedative doses of *opium*. In spite of the authority of Sydenham, these principles have never been generally and fully carried out, and the suffering and mortality from the disease in the allopathic school are still little less than in the time of Hippocrates. It is therefore necessary that they should be re-asserted more rigidly and more in detail, and this is what is admirably done in Dr. Thomas's book.

"By intestinal obstruction," says Dr. Thomas (p. 49), "I mean any condition of the intestine, its surroundings or contents, which retards or completely arrests in their progress towards the rectum the matters contained within the gut. For the purpose of discussion, these conditions may be divided into two classes, viz., obstructions caused by disordered function and those arising from mechanical agency. In the first class I include enteritis, peritonitis, typhlitis and perityphlitis, ulceration, perforation, painter's colic, paraplegia, the intestinal lesion of typhoid fever and Asiatic cholera.

In the second class I place hernia, stricture, intussusceptions, volvulus, strangulation from adventitious bands, or by rents in the mesentery, tumours, gall-stones and loaded rectum." If we exclude hernia and loaded rectum, of which the diagnosis is not difficult and the treatment obvious, we have a clinical entity dependent on a variety of pathological states, which all have, in common, obstruction as the dominant symptom; and, as remarked by Dr. Thomas, "all forms of obstruction, sooner or later, develop signs akin in detail." For this reason he maintains that differential diagnosis of the exact nature of the obstruction, though no doubt most desirable, is not essential for successful treatment. "No matter what may have been the cause of the disease, the treatment (dietetic and therapeutical) at the commencement is similar for all forms." As a matter of fact, the exact differential diagnosis cannot be made in many cases, and so long as this difficulty exists, "necessity compels us to pursue a course of symptomatic treatment." We come now to the details of the general management and the treatment of the symptoms. The *persistent constipation* is naturally the most prominent symptom, and except in the early stage of intussusception and in loaded rectum, in which there is a false diarrhœa, it is of course easy to recognise. At the early stage, however, there is a difficulty in distinguishing it from the constipation attending gastric and bowel derangements which are so common. In fact, Dr. Thomas considers them to differ only in a degree, for he says, "Costiveness, constipation, or the retardation in progress of the intestinal contents is an infinitesimal degree of obstruction; this is my opinion" (p. 83). And he considers that the true principles of curing common constipations are applicable to obstructions generally. We are generally not long left in doubt whether we have an obstruction or common constipation to deal with; and, if the former, now comes in the first point in the Sydenham-Thomas management, viz., "that it should simply be let alone." The rational treatment of obstruction necessitates that some of the symptoms should be prescribed for; but constipation is one that requires no direct interference with. Constipation is a sign which, beyond all others, distracts the physician, and which is liable to lead him astray in the direction

of active interference, where he is certain to be followed by the patient's friends, who consult together and soon conclude that this symptom is the cause of all the patient's suffering, and must be grappled with, and even at some hazard treated first and foremost. These amateur, but not the less emphatic opinions, in many cases goad the physician, despite his doubts and better knowledge, to permit the administration of a purgative or some vile concoction in the form of an enema. This treatment much intensifies the disease and increases the evils previously present; but such aggravation is taken as evidence of retrogression of the disease rather than of questionable treatment, and the malapraxis is repeated until the patient either recovers, despite the well meant but injurious meddling of those around him, or perhaps even until he prematurely succumbs (p. 65). It is true that Sydenham emphatically condemned purgatives and clysters in pronounced obstructions; but he was hardly so decided as Thomas in prohibiting all forcible means of moving the bowels, and in fact all direct treatment of the constipation in all stages of obstruction. This is probably the reason why Sydenham's advice has produced no more decided effect on the current treatment, for though in most handbooks purgatives are now condemned in fully pronounced obstruction, yet at the earlier and later stages they are still recommended, and fatal results are the frequent consequence. And notwithstanding the condemnation of purgatives by Sydenham, Brinton and Inman, Dr. Thomas still feels it necessary to say, "my experience has taught me that their protest against the employment of purgatives requires renewing and extending to the point of insisting on the total omission of purgatives in the treatment of all classes and degrees of obstruction" (p. 101). And again, "the treatment by purgatives of the cases I have placed in the first class has made the rate of mortality in these as high as in those of the second class" (p. 103). This prohibition he applies equally to enemata, and the danger from them is the greater, inasmuch that it is insidious, for it is generally supposed that they can do no harm. This is not the case, for they excite injurious peristaltic action throughout the whole intestine, and if they reach up to the diseased or inflamed part fatal collapse is likely to happen. Most

of us have seen the aggravation of vomiting and pain induced by even the mildest injection given, probably against our better judgment, at the solicitations of anxious friends. The same prohibition is extended by Thomas to nutritive enemata which cannot be introduced in this disease in quantity to do any good as food, without exciting hurtful irritation. "Even a momentary exploration of the rectum by the finger may become a serious matter." (p. 144).

In short, the bowels must be let alone, and the constipation will, with a suitable diet, yield of itself. Even after it has yielded the same care must be continued for a time, as it is liable to recur as secondary constipation, for which the same care and management is required as for the primary. "The period of persistent constipation in well-managed cases may vary from five to fifty days, but about thirty-six days would, in my opinion, be close to a correct average." (p. 65). The next point is the *restriction of diet*. Dr. Thomas had observed that in cases of severe fractures when it is of the utmost consequence that the patient should be moved as little as possible, the system could best tolerate prolonged constipation under a fluid diet without milk. After the fracture is set he puts the patient on a diet of tea, biscuit and butter, flesh broth thickened with arrowroot, sago or rice, then arrowroot and water with wine or brandy, but no milk. He then adds, "I also inform the patient that I desire that the bowels should remain undisturbed one month if possible, but in these cases I have never been able to prolong the constipation beyond the third week, even when an evening opiate has been taken to ease the pain of the injured limb." (p. 87). Here we have a mode of diet under which constipation can be comfortably borne, and terminates spontaneously well within its average duration in obstruction. Accordingly the diet in obstruction* prescribed by Dr. Thomas is as follows: "arrowroot, sago, ground rice cooked with water, with the addition of brandy or wine and nutmeg, with sugar, salt and butter; pea, lentil or bean flour cooked with water then carefully

* Might we not take the hint and apply the same dietetic plan to the treatment of those inveterate cases of constipation which we find difficult to cure homoeopathically under ordinary mixed diets?

strained, when butter, salt and a little pepper are added. For a change, I permit any of the flesh broths, these being administered in small quantities, as seldom as the thirst and hunger of the patient will permit. All solids and milk should be prohibited. The latter I firmly believe may cause quite as much harm as any solids. Even with this limited diet it is better to underfeed than to push the supply, inasmuch as the sufferer cannot within the time we are to expect resolution succumb from lack of alimentation." (p. 90).

The nursing of the patient should at the same time be attended to. "He should be instructed to confine himself to the horizontal position, and advised to lie a few hours on the right and then to change to the left side. The upper and lower limbs should be kept warm, and the shoulders and chest covered, while the abdomen ought to remain exposed, and the foot of the bed be elevated ten inches by blocks under the feet, so as to diminish fluid pressure and lessen its tendency to flow towards the locality of obstruction; this elevation also makes the vomiting less frequent but more copious; cases are also given where it produced speedy and marked relief of the pain. When the sufferer is asleep he should never be wakened to take either food or medicine."

"The selection of a suitable diet for the patient is all important in the treatment of obstruction, and is in most cases of much greater assistance to recovery than any medicinal or surgical aid. It is my opinion that of these three items medicine is the least in value." (p. 91). Care must be taken also not to relax the strictness of the diet too soon after amelioration has begun.

Finally, as a reason for the above strict diet, Thomas and Sydenham both remind us, that without it you cannot put in force their great medicinal remedy, viz. : *opium*. For if the diet is coarse, including solids and milk, under full doses of *opium*, the sensibility of the abdominal organs is so blunted that sufficiency of such food may be swallowed to induce serious or fatal symptoms. "The use of *opium* in combination with an unsuitable quality of food is the worst form of malpractice in these diseases." (p. 295.)

The third point is the administration of medicines. These may be divided into stimulant and sedative. The local stimulants in the form of the various aperient drugs have all already been condemned and are set aside: those described as neurotic, chiefly *tobacco*, *strychnia* and *belladonna*, which act through the splanchnic nerves, and excite the muscular coat of the healthy part of the intestine, are equally to be condemned with purgatives. *Belladonna*, or *atropin*, however, has a real and beneficial sphere of action as a stimulant, which, according to Thomas it is, and never anything else in medicinal dose; this is in the stage or state of collapse, if that should unfortunately threaten or come on, and is characterised by a harmonious depression of both the pulse and the temperature, *i.e.*, there is a slow, nearly imperceptible pulse, with low temperature. On the other hand, collapse with discord between pulse and temperature—low temperature and quick pulse—indicates operative interference. In the former case it should be given subcutaneously in the form of *liquor atropiæ* first 3 drops, then in twenty minutes, if reaction fails, a second dose of five drops. If this also fails after half an hour, a dose of 10 drops may be ventured on." If we except the condition of collapse, the employment of *belladonna*, or any other neurotic stimulant in the treatment of intestinal obstruction is as wrong in theory as the use of local stimulants, *i.e.*, purgatives—though in practice it is not nearly so injurious as the latter. There remains now only the sedatives, and of these only *opium* and *alcohol* Thomas considers useful in practice. *Alcohol*, he insists, is never anything but a narcotic, but as he counsels only a quite subordinate employment of it, and that on the ordinary clinical indications, the theory does not matter; and we may consider at once that the sole drug to which he trusts in almost all, or all cases, is *opium*, and generally in the form of the subcutaneous injection of *liquor morphiæ sulphatis*, 4 grains to the ounce of water. "In very mild cases, and when the vomiting is almost absent, it may be given by the mouth in 15 to 20 minim doses, three to four times a day in proportion to the discomfort felt by the patient. Some cases may require none, or only an occasional dose, but should the vomiting be too frequent, then the remedy requires administering by the skin, in doses sufficient to

ease pain, and control the vomiting, reducing it, if possible, to once or twice in 24 hours. At the outset of the disease this ought to be aimed at by the use of the ordinary hypodermic doses of the alkaloid, commencing with 10 minims, repeated as signs of its action wear away, and the dose should gradually be increased up to $\frac{1}{2}$ or even $\frac{3}{4}$ grain of *morph. sulph.* if preceding doses show no controlling effect. In one case in which the largest of these doses was reached, the total quantity of *morphia* consumed amounted to 45 grains, and the treatment lasted 32 days. On the 21st day collapse came on. For this *liq. atropiæ* was injected sub-cutaneously twice, and the patient was soon after visited by Dr. Thomas and Mr. Rushton Parker prepared to operate. But the reaction proceeded so favourably that they deemed it unnecessary, and the case went on under the previous treatment to a successful issue on the 32nd day. The effects that follow the giving of *opium* during the treatment of gut-obstructions are the following, viz. : the tongue becomes more moist, the thirst less, the temperature falls, the pulse is reduced in rate and enlarged in volume, the pain is eased, and the vomiting diminished. . . . As soon as the temperature is observed to approach the normal condition, or to fall below it, then sedatives ought to be withheld, as collapse may be near, for should this come on while the patient was much charged with either *opium* or *alcohol*, his chance of reaction would be very poor." (P. 121). Thus, according to Thomas and Sydenham, if in addition to the negative conditions of abstinence from purgatives and from coarse and solid diet, we add the full sedative action of *opium* suppressing pain and peristalsis and thus moderating the vomiting, and by "its paralysing or inhibitory action on the vaso-motor centres, enlarging the area of blood diffusion and thus diminishing the pressure upon the diseased structures," then the patient is put into the most favourable position for natural recovery from the various pathological states lying at the root of obstruction. And when we come to think of it, the powers of natural recovery are very great when given full play to by complete physiological rest. Not only all the diseased states in the first class can be and have been recovered from, but even many of those in the second class, where actual mechanical occlusion

more or less exists. For example, we know that cases of intussusception have recovered naturally, either by disentanglement through peristalsis, or by throwing off the invaginated portion and adhesion of the intestinal walls; and not only this, but on reviewing the statistics of gastrotomy in this disease, Thomas contends against Ashurst, Bryant and Hutchinson that the fatality among the operated cases is greater than those left to nature with the above medical management. In fact Thomas concludes that "of the mechanical class of obstructions intussusception is the most amenable to treatment by medicine and other therapeutic means," (p. 79) and finally states that he has never met with valid evidence that any case of intussusception requires gastrotomy and correction by manipulation, (p. 162). Cases of volvulus are also known to have been resolved by natural action. There remain other forms of mechanical occlusion such as stricture, strangulation from adventitious bands, &c., which we can hardly suppose capable of resolution and therefore require recourse to surgical operation. Nevertheless, from the analogy of the action of cat-gut on the arteries, and from the experiments of Sales-Girons, who ligatured the gut in dogs which recovered with pervious lumen, we can suppose this may at times be possible, and cases are given by Fagge and Brinton in which there is good reason to believe it has actually happened. Therefore, it is well to give sufficient time to nature and to be guided in the decision to operate more by the state of the patient than by any presumed differential diagnosis which is never certain. Thomas lays it down that if the primary treatment has been proper, it is highly improbable that operation will be required earlier than the third day or later than the third week; except in malignant disease, tumours and concretions, which may need operation after a long period. In the majority of instances the period for operating will be indicated about the seventh day and only in very rare occasions will symptoms pointing to the necessity for an operation appear much earlier or later than the seventh day. (p.160).

The surgical procedures other than gastrotomy (and of course that for hernia when present) allowed by Thomas are paracentesis of the gut to relieve tympany and possibly inflation in the early stage of intussusception.

Paracentesis is not unfrequently required and gives great relief, it is indicated more by the tension of the abdominal walls than the amount of gaseous swelling, care must be taken that only air is evacuated, for if fluid comes there is danger of its oozing into the peritoneum, and setting up fatal inflammation. For this reason Thomas considers "the practice of trocaring the intestine to relieve distension from liquid is attended with more risk than would be incurred by the performance of gastro-enterotomy" (p. 189). "For the safe performance of paracentesis the centre of the area of resonance should be selected for puncture, and a trocar of small diameter but of extra length should be used, not shorter than 4 inches, that it may remain well in the nearly always perturbed intestine. It is not advisable to let the canula remain long in the intestine, not longer than 5 to 15 minutes, as delay in withdrawing tends to make the puncture patent. In withdrawing the canula or hollow trocar the thumb should be placed over the external orifice, to make sure that the contents of the tube do not drop into the peritoneum" (p. 131). Cases are given in which trocaring was used with good effect every second day, or even four or five times a day, and in one case forty times in all during the illness. To inflation Thomas gives only a doubtful and qualified assent in some cases of intussusception in the very early stage. The passing of the long tube; enemata, simple or medicated or nutritive; throwing in of effervescing salts; kneading and inversion; counter-irritations; metallic mercury and other rough and desperate expedients are utterly condemned by Thomas.

Such are what we must consider the most advanced principles of treatment of this disease in the allopathic school, and it will be, I think, interesting and instructive to compare them with those of the homœopathic school. In the first place we notice here as elsewhere even in the medicinal part of the treatment, the entire absence of any direct curative action on the diseased parts themselves, which are left to recover or perish as nature pleases without any help from the physician, except the negative one of removing hindrances. That is much, certainly, but is it really all that art can do? We think not. As regards the non-medicinal negative treatment the same rules apply to both the homœopathic and

allopathic methods, and as respects the first article in the Sydenham-Thomas code we may notice that the strict homœopathic treatment already involves abstinence from purgatives and forcible attempts to move the bowels, and it is only when the practitioner thinks he is called upon to deviate from homœopathic practice, that errors on this point can arise. So I hope the experience above detailed will convince our school that it is an error to give purgatives in any form, and will encourage us to resist the solicitations of anxious friends. This is often extremely difficult, and Thomas relates several instances in which he himself was turned off and roundly scolded for ignorance and incapacity in leaving the bowels unopened for even a week. The second article of the code, viz., abstinence from solid food and milk, is no necessary part of the homœopathic method, but is, of course, quite compatible with it, and I have no hesitation in saying that we ought to adopt it in its integrity as one of the most important aids to success.

In these two articles both schools are thus on a par, both negative, but in the third article, viz., the use of medicine, they differ widely, for the homœopathic method aims to act positively and curatively on the diseased part and that alone, whereas it is admitted by Thomas that the sedative doses of *opium* are not expected to act on the diseased parts of the intestine but solely on the healthy parts of the nerve and muscular organs of the intestinal canal which are over acting. In health, in full dose, opiates stop secretion and peristaltic movements and blunt the sensibility of the bowels; and in obstruction by the same action we may for a time stop pain and peristaltic action and vomiting, restlessness and fever, although no directly curative action may have taken place on the proximate cause of the obstructions. By the stoppage of the pain, vomiting and violent peristaltic movements, physiological rest is given, and thus a great help to the natural process of cure, although indirect and negative, yet still one not to be forgotten if other modes fail, and one which taken in connection with the other two articles has made the Sydenham-Thomas method more successful than any other allopathic plan. But we cannot of course allow that it supersedes the homœopathic mode, and I do not doubt that if we rigidly adopt the two first articles and then treat homœopathi-

cally, our success will surpass that of Thomas. If we look at the functional causes of obstruction we find they all belong to pathological states such as inflammation, swelling, spasm, local paralysis, &c., which we daily treat homœopathically with remarkable success. In particular our success in typhlitis with *aconite*, *belladonna*, *arsenicum*; in enteritis with the same and *colocynth*, *bryonia*, &c.; in spasms and colic with *colocynthis*, *plumbum*, *belladonna* and *bryonia* is remarkable. Even in the second class, where there is mechanical occlusion, the direct specific treatment has a margin in which it is applicable, for there is generally present some inflammation or swelling which aggravates the mechanical defect to the point of obstruction. The margin here is, however, narrower before we may be compelled to fall back upon opiates or operation. On the whole, therefore, we have every encouragement to start hopefully with the homœopathic treatment in cases of obstruction, but there are certain difficulties raised by the success of full sedative doses of *morphia* in a disease in which that medicine is itself homœopathically indicated, which require discussion, as well as the question how far and when we may take advantage of the full sedative dose as an auxiliary to homœopathic treatment. In the first place let us steadily keep in mind the existence of cases in which fœcal vomiting, constipation and deaths occur, while at the *post mortem* the whole intestinal canal is found quite pervious, and free from not only the mechanical obstructions constituting the second class, but even from the more obvious lesions constituting the first or functional class. This is remarkable, and gives a certain element of mystery to this disease. At the same time it encourages us to hope that if the mystery is penetrated we may not only explain these cases, but find a morbid state more or less present in all cases, and which may also be an object of specific treatment. Let us call to mind the anatomy of the parts affected.* The *muscular coats* of the intestine consist of an internal circular, and of an external longitudinal layer of involuntary muscle, the former being much thicker and stronger than the latter. The nerves of the small intestine come from the

* Chiefly from McKindrick's *Physiology*, vol. ii.

superior mesenteric plexus, formed from branches of the pneumo-gastric nerve, the semi-lunar ganglion and the coeliac plexus; while the large intestine is supplied by branches of the inferior mesenteric and hypogastric plexuses. The numerous nerve filaments, consisting chiefly of non-medullated fibres, form a network under the serous coat, then penetrate the longitudinal layer of muscular fibres, and spread out so as to form a plexus between the muscular layers, which is called Auerbach's plexus. From this plexus numerous non-medullated fibres issue, some of which terminate in the muscular fibres while others pass through the circular muscular coat, and form another and more delicate plexus in the submucous coat called Meissner's plexus. From this fibres pass to the glands. As peristaltic movements and probably secretion occur readily on stimulation after a portion of the bowel has been severed from its nervous connections, it is evident that these movements are regulated by ganglionic centres in the wall of the bowel itself. Besides these the bowel is also influenced by four other sets of fibres reaching it from the above sources, *viz.*, (1) inhibitory, (2) motor, (3) vaso-motor to the blood-vessels, and (4) sensory. It has been found that stimulation of the vagus increases, whilst stimulation of the splanchnic arrests the movements. The vagus may therefore be regarded as a motor nerve for reinforcing the activity of the ganglionic centres, and the splanchnic as containing inhibitory fibres for restraining and controlling these centres. Intestinal movements may also be influenced by impressions coming from the higher nervous centres, as is seen from the "yearning of the bowels" in emotional excitement and the constipation which attends apoplexy and many nervous affections from interruption of the constant stimulus conveyed from the brain. Conversely through those nerve filaments is conveyed the stimulus causing pain, vomiting and collapse on sympathetic symptoms of the present disease of the bowels, as well as the numerous remote disorders arising from irritation in the bowels. "The movements of the small intestine consist of regular and successive contractions from above downwards, by which the calibre of the tube is diminished, and also contractions in the direction of the long axis of the tube, which shortens the length of a

small portion of it, and when energetic, move a loop of intestine as a whole. The circular contractions are due to the actions of the circular fibres, whilst the others depend on shortening of bundles of the longitudinal fibres. When carefully watched in animals recently dead, it is easy to observe that both sets of fibres in a segment may act at the same time, so as to produce a peculiar twisting movement. Such movements are termed *peristaltic*, and by them the chyme is slowly propelled along the intestine. The rate of movement is about 10 mm. per second." (McKendrick, p. 104).

From this we learn that peristalsis is a complicated operation requiring the delicate adjustment of two sets of muscular fibres under the influence of several nervous centres, near and remote. In this it resembles numerous functions such as swallowing, speaking, the rhythmical actions of the heart, and others requiring co-ordinated muscular contractions and relaxations. Here the interruption of the rhythmical contractions would produce practically obstruction, although there was no mechanical occlusion or even narrowing of the gut at any part. A variety of muscular disturbances may conceivably produce this effect, for example, considering that the intestines are crowded into a small space and the coils twisted in every direction, the mere failure of action of the longitudinal fibres in adjusting the bowel to the effect of the propulsive action of the circular fibres must produce obstruction and possibly kinks or *volvulus*. If, then, the mass of contents continue to increase by injudicious feeding, or still worse by purgative medicines, the circular fibres continue to act more and more forcibly, with pain, spasm and irregularity, till finally the peristalsis is inverted and we have the distinctive state of *ileus*. Thus mere perversion of the rhythmical contractions may be sufficient to cause *ileus* and explain the mysterious element which constitutes some forms of this disease and more or less complicates all forms of obstruction. We have thus perverted rhythmical muscular action as a pathological element in addition to those already enumerated requiring direct specific treatment. Such according to the homœopathic law we must, of course, look for by drugs causing perverted rhythm in the healthy body; and that such should exist is no more surprising than we should find that

belladonna, leaving untouched the circular fibres of the iris, stimulates the radial fibres and thus dilates the pupil, while *physostigma* acts precisely in a contrary manner. So, doubtless, many drugs act on the circular and longitudinal fibres of the intestines, although experimental research has not yet enabled us to classify them so exactly as in the case of the iris. Any way, guided by the analogy of the symptoms in individual cases several drugs have been found homœopathically curative in actual ileus, more especially *plumbum*, *alum*, *opium*, *nux vomica*, &c., apparently from direct curative action on the element of perverted muscular rhythm. Here, however, experience is still defective in the homœopathic school, and practitioners should not confine themselves to the small circle of medicines enumerated in the text books, but should consider the whole *Materia Medica* open to the choice of the drug which corresponds most closely to the symptoms of perverted rhythm, whether it had previously cured a similar case or not. Probably among the astringents and the more powerful irritants may be found many medicines homœopathically suited to this element of the disease. I have no doubt that a sufficiently large number of cases treated strictly homœopathically will show a more favourable average of recoveries and a shorter duration of the disease than Dr. Thomas's; and in fewer cases will the question of sedatives or operation need to be raised; but still we must be prepared for that arising in a certain number of cases, and if under the best chosen homœopathic specific medicine the pain and vomiting from reversed peristaltic action continue and collapse threatens, then we ought not to hesitate to inject $\frac{1}{4}$ gr. doses of *morphia* subcutaneously. Having once decided on this, the further question now arises whether the homœopathic treatment should be continued when the patient is under the influence of full sedative doses of *morphia*? This is a question which is appropriate for discussion in a meeting like this, and any agreement come to will be comforting, and will strengthen the hands of practitioners for the future in dealing with this distressing disease. There is no doubt that the quenching of pain and disordered movements and vomiting by this full sedative dose must for the time deprive us of signs of disease, which are valuable for the

choice of the homœopathic remedy; nevertheless I am inclined to think that the full dose of the sedative, once or twice in the 24 hours, should not preclude the continuance of homœopathic treatment during the rest of the time on the best indications we can obtain, imperfect though they may be. Chance has also furnished me with some experimental evidence on this point, for having been called in to cases of obstruction and allied abdominal inflammation, which were already under treatment with opiate subcutaneous injections, I have found the case to progress favourably, though the injections were continued at lengthened intervals. Of course the danger must be guarded against of yielding too readily to the seductive influence of such a powerful means of speedy though transient relief.

There remains the difficulty, how is it that *opium* can be used not only without injury but even with benefit in full doses in a disease to which it is in its broad features so homœopathic, while at the same time, we know it to be curative, homœopathically, in the usual small dose. If we look closely into the practice of Dr. Thomas and the allopathic school generally, rather than into their theories, we shall, I think, get some inkling into the explanation of this difficulty. Dr. Thomas is an uncompromising allopath at heart, and in words, and lays it down almost dogmatically that *opium* can act only as a sedative, and entirely denies or ignores the double and opposite action of medicines as displayed in every homœopathic cure, and in large and small doses on the healthy body, and in the same doses which at different stages display the double and opposite action, and, in short, the whole world of therapeutic possibilities, which lies in the more delicate actions of medicine inside, as it were, of the full physiological action. According to him, the *opium* can have no effect at all, except in full sedative dose, and then it simply acts, not as a direct remedy for any symptom or part of the disease, but as a means of coarsely quenching all the nervous activities of the abdominal organs, in the hope that the enforced functional rest thus given will allow the diseased organs to right themselves. In like manner Dr. Thomas denies *in toto* any sedative or antispasmodic action of *belladonna* or *atropine*, and lays it down that it always acts only as a stimulant, and

for this reason should never be given except in the state of collapse. This is not in accordance with the results of experiment, for "Salvioli found that *nicotine* caused violent intestinal contractions and narrowing of the blood vessels, while *opium* and *atropine* produced the reverse."* Dr. Thomas is sensible of the difficulties which the facts of pharmacology oppose to his dictum of the single action of drugs, and explains it by treating as toxic—in contra-distinction to physiological—those effects which do not agree to his principle. But it is obvious that will not apply to the above experiment, nor can it really be upheld otherwise; and neither he nor anyone else will ever understand or explain the direct therapeutic action of drugs without acknowledging the double and opposite action of small and large doses in homœopathic cures. On Dr. Thomas's principles doses of $\frac{1}{100}$ to $\frac{1}{50}$ of *morphia*, or one or two drops of tincture of opium, can be of no possible use. Such doses are not sedatives in any sense of the word, and it is simply another example of the innumerable errors committed by putting words for ideas to speak of them as such. Nevertheless, in Dr. Thomas's own cases, we find a number of examples where he gives the opium in fractional doses, such as 1 to 4 drops of tincture of opium, and benefit is reported long before the quantity could have amounted to a sedative dose. So, in fact, a large part of the allopathic treatment of abdominal inflammations and obstructions is really homœopathic after all, and when we add to that the speedy toleration acquired for opium, no doubt many of the full doses of that drug have thus become relatively small enough to cure homœopathically. There will thus remain only a certain proportion in which the coarse sedative action is required, and in many of these, as above said, we may find it necessary to adopt the same proceeding. So the apparent difficulty of reconciling Thomas's practice with our theory is not so great after all.

I conclude with a summary of the principles which ought to guide our treatment in this distressing malady.

1st.—As soon as we decide that the cure before us is one of obstruction and not common constipation, the

* See Hermann's *Experimental Pharmacology*, p. 139.

first two articles of the Sydenham-Thomas code should at once be put in force by the prohibition of all purgatives and forcible means of moving the bowels and the rigid diet, excluding all solids and milk; also the raising the foot of the bed, and other precautions in nursing. 2nd. Then begin homœopathic treatment, choosing the medicines strictly according to the symptoms of the patient, and not being tied down too rigidly to a routine circle of medicines previously found curative in the disease. During this stage the trocar may be used when indicated for the surgical relief of the distension. 3rd. If now, after a reasonable time, the main symptoms, especially the pains and vomiting, fail to be relieved, and become more violent, then we should adopt the method of full sedative doses of *morphia* injected subcutaneously once or twice, or oftener, in the twenty-four hours, continuing at the same time the homœopathic treatment. 4th. If, after a further reasonable time—to be determined by the general state of the case—no relief is obtained, then operation should be taken into consideration.

I should like now to be allowed to ask Dr. Thomas a question, How is it that he has ears to hear the voice of Sydenham who, being dead already two hundred years, yet speaketh, and still is totally deaf to the voices of ten thousand fully qualified practitioners now living, who assert on the evidence of a life-long experience that the primary full physiological action of medicines is not the only one which can be used therapeutically in this and the majority of diseases, and that within this, *i.e.*, in doses too small to produce the primary action, there lies a whole world of therapeutic activity in which, in fact, the homœopathic school exists? We are not all Sydenhams certainly. We do not even claim that there is any Sydenham among us now living, but we do make the claim that Hahnemann surpassed him in originality and genius, and that the discovery of the homœopathic law of specifics was of immeasurably greater importance to medicine than anything done by Sydenham. It is true that Hahnemann had the defects of his qualities, and by pushing the reduction of the dose to an extravagant degree—as when he proposed the 30th dilution as the normal dose—he well nigh reduced the practical value of his discovery to a nullity. But

Sydenham had his vagaries too, and could by no means shake himself free from the superstitions and nostrum-mongering which encumbered medicine then perhaps even more than now. For instance, in this very disease, he recommends with equal urgency and faith to those measures Thomas thinks so sensible, the application of a live kitten to the stomach of the patient, and is very particular that it should not be removed till the vomiting stops! Thomas condones this piece of folly. Why can he not extend the same charity to Hahnemann, whose errors, if such there be, are only exaggerations in defence of truly scientific principles?

DISCUSSION.

The PRESIDENT said they were very much obliged to Dr. Drysdale for this very admirable paper, and for the length at which he had treated the question.

Dr. HUGHES asked Dr. Drysdale whether he suggested that in cases of ordinary constipation they should adopt the same methods as he recommended in cases of obstruction. It seemed to him that the cases stood upon diametrically opposite grounds. In cases of obstruction they did not want to do anything to stimulate the intestines to work. They wanted to leave that to rest, while they subdued inflammation, restored power, and left nature to help on natural action of the bowels. But in ordinary constipation they wanted to do just the opposite. They needed to supply a natural stimulus to the bowels of which it was deficient, and the treatment of intestinal obstruction and constipation should therefore be entirely different.

Mr. KNOX SHAW said there were two or three points in the paper to which he would in particular like to refer. He was sorry they did not hear the case described (hear, hear), because that would have helped them a little in forming some idea as to the exact form of obstruction to which he was referring, cases of obstruction being so varied. The case to which Dr. Drysdale more particularly alluded he thought they ought to class more under the head of chronic obstruction, it made all the difference in the world whether they were called upon to treat a case of chronic obstruction or a case of acute obstruction. If they treated a case of acute obstruction, and waited 86 days for the bowels to act, the patient would be dead and buried long before that period had arrived. He

could not support the view which Dr. Drysdale encouraged, that enemata were vile concoctions (Dr. Dyce Brown: Hear, hear), because it seemed to him that an immense deal could be done by a judicious and proper use of enemata. (Hear, hear). Those who treated intestinal obstruction, he might point out, ranked themselves on two sides. The one side was led by Mr. Jonathan Hutchinson and the other was led, perhaps, by Mr. Frederick Treves. Mr. Hutchinson was a strong advocate for deferring operative treatment and trying all other measures—measures which sounded almost ridiculous. In a paper he wrote, published in his very interesting *Archives of Surgery*, he told them how by calling in four policemen they might take the patient, shake him well up, twist him and turn him, pummel his abdomen, administer copious enemata of warm water, &c., and that they would be more likely to cure him in this way. Mr. Treves took the other side, and thought that when they had once concluded that the constipation was due to some mechanical obstruction, it was their duty there and then to operate. This question of operation was passed over by Dr. Drysdale a little too hastily he thought, for he was sure that with modern treatment operative measures could now be undertaken with so very little danger to the patient that a physician was almost morally bound to advise his patient to submit to an operation if he saw that the disease did not yield within a very short time. It was quite clear that if an operation was to be successful it must be done before the patient got into a state of collapse, or became too seriously ill to bear it. Nowadays an exploratory incision 2 or 3 inches in extent, could safely be made into the abdominal cavity. This would admit two or three fingers, which in the case of an ordinary patient under an anæsthetic, would enable them to explore nearly the whole of the abdominal cavity. So much could be gathered from it, and if the case did happen to be one of obstruction from any mechanical cause, they were then so easily able to relieve the patient, that he felt convinced that the question of an early operation was a question which should be considered very carefully indeed. He felt that great responsibility rested upon a man who allowed his patient to drag on and on in the hope that something was going to turn up, till he had really passed the period when aid which might have been given him by a well-planned surgical operation would be of service. With regard to the treatment of these cases by *opium*, there was no doubt whatever that *opium* did immensely relieve the patient, but it complicated matters as regards the treatment. (Hear, hear, and applause). First of all he was himself very strongly of

opinion that it hampered the remedies they might be using, but what was more important than anything, it allowed the patient to drift into a dangerous condition without their being really aware of it. (Hear, hear). It so mastered the symptoms—it stopped the vomiting and it arrested the pain, but it allowed the disease to go on so far that when they were called upon, as they might be to perform some surgical operation, they might find that the intestine would be ruptured, or was in such a state of necrosis as to need some operation as severe as re-section or the formation of an artificial anus. He had seen that only quite lately in a case which he published in the *Monthly Homœopathic Review*, as to which Dr. Gilbert would bear him out in saying how difficult it was for them to decide whether the patient should be operated on or not, because the symptoms were so masked by an opiate which he (Dr. Gilbert) felt it his imperative duty to give the patient, so great was his agony. In this case, when he saw him, with Dr. Gilbert, the question of an operation had really almost passed out of their minds because the patient had so improved. They did operate, and he felt sure from the subsequent history of the case that the improvement was purely false. It was simply due to the man's pain being relieved, and the vomiting being stopped. The obstruction was not relieved the least bit in the world. They should be very careful before they resorted to anything like enemata. (Applause).

Dr. DROE BROWN sympathised very much indeed with the views expressed by Mr. Knox Shaw. There was one point in Dr. Drysdale's paper which it was important to notice. He quoted from Dr. Thomas, and approved of his opinion that it did not matter very much what the diagnosis of the cause was, that they could not make a diagnosis in many cases, and it did not matter very much in the treatment. Mr. Knox Shaw seemed to think that it mattered a great deal. If it was simply fæcal obstruction they could go on having want of action in the bowels for a number of days without much risk to the patient, but if it was a case of twisting of the gut or any other form of obstruction than simply fæcal accumulation, they might lose the patient without prompt action. In cases which he believed were not fæcal, but something more, he should say the proper course would be to have an operation as soon as they found that ordinary measures failed to afford relief. In cases of simple fæcal obstruction they could with safety wait for a considerable time, and use other measures, which were often successful. He quite agreed with Mr. Knox Shaw also as to the value of enemata. He had frequentl

seen severe cases relieved by the persistent use of large hot-water injections. Not only was no harm done, but a vast amount of good; the water bringing away little by little until at last the whole mass came away. He was speaking now of faecal obstruction.

Dr. HAYWARD thought Dr. Dyce Brown had shown that he was unfamiliar with Dr. Thomas's book. Dr. Thomas went over the whole question, and with him it was not mere guess-work or matter of opinion. He had gone over the whole literature of the subject, surgical and medical, and had arrayed the facts of operative interference in opposition to the facts that he himself and others had accumulated when the operation had been deferred, so that those who were not familiar with his book might not be sufficiently well able to criticise his views. Dr. Thomas had shown that the results were infinitely superior under the treatment of leaving alone and using opiates and weak diet.

Dr. EDWARD MADDEN: What is the date of his book?

Dr. DRYSDALE: Three or four years ago.

Dr. MADDEN said the advances in abdominal surgery were so entirely of recent date that to compare the results of that date with abdominal section was quite beside the question.

Dr. DRYSDALE: I think you are quite mistaken there. He knows all about it.

Dr. MADDEN said the best surgeons in regard to abdominal complaints told them that an explanatory incision was absolutely without danger, and he believed that Lawson Tait and other men who were constantly doing it had not had a single death where they had resorted to exploratory incision. Therefore when they met with a serious case of obstruction, and life was threatened, and they could not otherwise decide the cause, he should certainly say that the abdomen should be opened for the purpose. He rose, however, chiefly to thank Dr. Drysdale for calling their attention to this work, and the part which he felt he should personally gain most from was the special diet. That was new to him, not having read the book, and it ought to be a great help to them in treating chronic constipation and the milder forms of obstruction which did not call imperatively for immediate operation.

Dr. NEILD said he felt personally very much indebted to Dr. Drysdale for his paper, which he had felt to be one of very great interest. One point that particularly struck him was that referred to by Mr. Knox Shaw, with regard to the difference between acute and chronic obstruction. Mr. Knox-

Shaw's experience had of course been very much greater than his, and in every way superior, but he took it that with this treatment they might frequently convert an acute case into a chronic case, with much greater probability of ultimate success. In one case of intestinal obstruction that he had, the patient went on for a matter of some months, although the case was several times acute and approaching collapse. He went on in a chronic way for three weeks, and then every now and again acute obstruction would be set up, with all the signs of acute mischief. But in that case he thought *belladonna* did the most good for the patient. At the end of three weeks they had action. They might possibly be deceived as to the fæcal action, because, as had already been pointed out by one of the speakers, the fæces were not only an excretion, but sometimes a secretion. In the case to which he referred there was a secretion of fæces below the obstruction, which on more than one occasion made them think they were actually getting fæces through when it was not the case. He could scrape it with his finger nail from the intestine. With regard to the question of constipation, it was perfectly marvellous how long patients might be left with safety so long as no serious symptoms arose. He was called to a case when there had been no action for a month, and the sister of the patient, an intelligent woman, told him she herself had gone for two months and had not told her mother anything about it until she had been a month without the bowels being opened, and no symptoms arose. So that it was a great encouragement to them as homœopaths to stand out against the practice of giving purgatives, and he hoped it would be a help to them in doing so. One other case was a curious one. He once had under his care an old man, who was in a state of vegetation, but as a matter of fact his bowels were only opened about four times a year. He had no symptoms, no difficulty, and he (the speaker) took no action whatever. There was large evacuation at the end of about thirteen weeks. So far as he knew, no bad results followed.

Dr. POPE drew attention to the immense usefulness of *belladonna* in the very beginning of the illness. (Hear, hear.) He thought they were very apt to lose time by giving other medicines. *Belladonna* seemed to him to cover completely the acute pain which characterised the commencement of these attacks, and he believed that many a case might be saved from going on to actual obstruction by trusting to that medicine. With regard to operation. Mr. Knox-Shaw had stated that an exploratory incision was perfectly safe, and

that a large number of cases had recovered. But it struck him very forcibly that it depended upon the time which had elapsed from the first symptoms to that when the operation was performed. (Hear, hear.) The longer the operation was deferred, the greater must necessarily be the danger attending it. Therefore, after medicine had had a thoroughly fair chance, he could not help thinking that, in the present state of abdominal surgery—which, to his mind, was one of the most remarkable features in the advance of surgery at the present day—they ought to avail themselves of its aid without further delay. He knew of a case which occurred recently where the operation had been delayed for, he believed, a week, and was absolutely fatal within a very few hours. So that whether the operation was successful or not was largely a question of time. He had not seen Dr. Thomas' book, and therefore he did not know whether the question of time had been taken into consideration. (Dr. Drysdale: Yes.) But if it had not, the inferences deduced were not so valuable as they otherwise would be.

Dr. HAWKES pointed out that Dr. Thomas was a man who thought and read a good deal, and of whom it might almost be said that they knew his mind from week to week. The speaker referred to a case in which injections had been used, and eventually the bowels moved under the influence not of a dose of *opium*, but of corrosive sublimate and so on. In this month's *Review* there was a reference to intussusception. A little while ago the advice was to cut down. Now the advice was to wait. The speaker also alluded to another case where injection was certainly of the greatest service. Air and water were both injected in large quantities, and the intussusception yielded at once.

Dr. DRYSDALE then replied upon the discussion. He said of course they all agreed that the operation was a thing to be kept in view, and as he always said to be done in good time. The last time he attended a case of obstruction he sent for Dr. Thomas, and he would not operate on the day that he (the speaker) thought it was necessary, but put it off longer, and the patient died. He thought if he had taken it in time life might have been saved. But Mr. Knox Shaw was rather mistaken when he thought Dr. Thomas was not up to date in these matters. Surgeons were apt to be too soon rather than too late. It was better to do what they could by medicine, but try not to wait too long. That was the grand difficulty. (Hear, hear). They were all agreed as to the desirability of an operation at the earliest possible time when it was necessary.

FIRST-HAND AND SECOND-HAND.

By Dr. HUGHES.

I HAVE frequently, in the course of my work on the *Cyclopaedia of Drug Pathogenesis*, had occasion to verify the importance of our fifth rule of working, which bids us "trace all versions and copies to their originals, and verify, correct, or reproduce therefrom." A crucial instance of this has just come before me which seems worth bringing to the notice of my colleagues, especially as it corrects an erroneous inference which might be (if it has not been) made.

A case of accidental poisoning by *urtica urens* was observed nearly 60 years ago by a French physician, Fiard by name, and reported by him in the *Journ. de Pharmacie* of 1835 (p. 290). It has been given us by Hempel and Allen, both at second-hand; the former using Wibmer as his source, the latter the *Allg. Hom. Zeitung* (viii., 81.) That these reports differ one from another, and both from the original, will be seen at a glance by the parallel versions I subjoin:—

HEMPEL.

A woman, 38 years old, had drunk a strong infusion of *u. urens* for catarrhalgia shortly before retiring to bed. At 4 a.m. the skin of her face, arms, shoulders, and chest burnt frightfully; the patient complained of itching and burning, as if the skin were scorched; the lips, nose, and ears were swollen;

ORIGINAL.

A woman of 38 drank by mistake two cups of a strong decoction of *u. urens* at bedtime. At 4 a.m. she was awakened by formication, heat, numbness, and smarting on skin of face, arms, shoulders and chest; lips, nose and ears swelled, and eyelids became œdematous, as if full of water,

ALLEN.

A woman suffering from leucorrhœa and cramp in the stomach, took 2 cups of a hot infusion of 2 oz. of the herb. The skin of face, arms, shoulders, and chest was affected with extremely distressing burning heat, with formication, numbness, and violent itching. The lips, nose and ears

the eyelids were cedematous, as if full of water, and closed. At noon the upper part of the body, down to the umbilicus, was enormously swollen, but rather pale and dropsical than inflamed, and covered with confluent, small, transparent vesicles filled with serum (sudamina). In other respects the patient was free from pain, the breathing and circulation were undisturbed. Fiard bled her, and ordered foot-baths and sinapisms; he likewise pricked the swollen parts, from which a quantity of serum was discharged, after which the swelling went down. On the third day the eruption caused violent itching, on the 6th desquamation set in. What is remarkable is that the patient, who had had twelve children without nursing any, now saw her breasts swell and fill with a serous and afterwards a milky fluid. For twelve days she did not emit a drop of urine, although she commenced to eat on the fourth day and had alvine discharges.

and closed. This increased up to noon, when upper part of body down to umbilicus, including breasts, was swollen but pale, and cedematous rather than inflamed; it was also covered with confluent small vesicles, like sudamina, from which serum oozed when broken. A sense of intolerable stinging (*urtication*) threw patient into a terror and anguish difficult to describe. In other respects she was free from suffering; breathing and circulation were undisturbed. She was bled, foot-baths and sinapisms were ordered, and the affected parts were pricked, a quantity of serum being discharged with diminution of the swelling.

On the third day face became free, but chest and arms remained affected with the eruption, which itched so that patient scratched off the blisters, which exuded a large amount of serum. On the sixth day desquamation set in. Although patient had had no children for three-and-a-half years, and had nursed none of the twelve to which she had given birth, her nipples discharged at first serum and then a fluid having all the characters of milk.

were swollen, the lids swollen and cedematous, so that they could scarcely be opened. After a while all the upper parts of the body, as far down as the navel, were frightfully swollen, pale, cedematous rather than inflamed. A large number of small transparent blisters filled with serum and looking like sudamina, developed and became confluent; on account of these the skin assumed a peculiar wrinkled appearance. There was no other remarkable disturbance either of circulation or respiration. The patient complained neither of headache nor of sensitiveness of stomach or abdomen. The look of the patient was monstrous, the lids completely closed, forming transparent, here and there bluish swellings as large as hens' eggs. The upper lip, nose, and both ears were frightfully swelled. On the third day the face became free, but the chest and arms remained affected with an eruption, which itched so violently that the patient scratched off the blisters, which exuded a large amount of serum. The woman, who had had no children for three-and-a-half years, and had nursed none of her children,

This lacteal secretion lasted eight days after the chief troubles had subsided. In spite of *nitre*, and other diuretic medicines and measures, not a drop of urine was secreted for twelve days, although she began to eat on the fourth day, and had alvine discharges. At last a mixture of asparagus and parsley restored the renal function.

had at first excessive swelling of the breasts, which discharged at first serum, afterwards perfect milk; a very copious secretion of milk lasted eight days. The secretion of urine was at first suppressed, and in spite of all diuretics and other remedies, not a single drop was secreted for eight days. During the whole illness, there was a constant distressing itching. On the sixth day everything disappeared, with desquamation.

The erroneous inference I referred to relates to the influence of *urtica* on the mammary glands. From both the second-hand narratives it would appear as if these organs became tumefied as *post partum*, underwent development in their parenchyma and vascular supply, and so furnished a flow of milk. The plant would thus be reckoned a galactagogue, or—homoeopathically—a remedy for morbid mammary engorgement and activity. In actual fact it will now be seen that the breasts were simply cedematous, like the neighbouring surface, and that the flow from the nipple was just that which was taking place from the *sudamina* generally. That subsequently this should be mixed with some lacteal elements is not surprising; but I see no evidence of any elective affinity for the mammary glands, or likelihood of remedial action being exerted in their derangements.

Brighton, Dec., 1890.

AURUM MUR. IN PHTHISIS.*

By Dr. JOSEPH DRZEWIECKI.

Late Ordinary Physician in the University Clinic of the
Holy Ghost Hospital, Warsaw, Poland.

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

“It occasions a specific fever, more or less violent (p. 510); the pulse is more frequent, and then follows profuse and long-lasting perspiration, or a great flow of urine, or diarrhœa. The perspirations have been known so severe that the mattress was wet through; they have at times an alkaline odour, at times they are very fœtid. According to Gozzi the perspirations are decidedly worse at night (p. 511).

“It occasions great heat in cheeks and ears (p. 502), and produces a cough which is more pronounced and is accompanied with heat in larynx, and expectoration, white and blood-streaked, or yellow and thick; speech is difficult, and voice hoarse and stridulous. With chest and heart symptoms there is sense of suffocation at night (p. 498).

“*Experiments on animals.*—After injection of 4 centigrammes of the chloride of gold to strong dog, the respiration was difficult and noisy, there was sighing, suffocation, and vomiting of a very small quantity of white matter floating in foam. At each expiration it made a very loud noise. Post-mortem examination showed the lungs livid, excepting a few small patches which were rose-coloured; the lung tissue was dense, hepatized, gorged with blood, and non-crepitant. Placed in water they sank, and only the rose-coloured patches floated and were slightly crepitant” (p. 511). Here is a more or less similar portrait of phthisis! As far as I know *aurum muriaticum* has not been hitherto used in

* Read by Dr. Clarke before the British Homœopathic Society, December 4th, 1890.

phthisis. I have used it in my private practice, and the following are the results :—

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

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

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

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

This fact I state in order to show how cautious we must be in the exhibition of this drug; in one case 2x dilution

produces good effects, in the other the 8x dilution occasions symptoms of intoxication.

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

It is a pity that the pathogenesis of these drugs has not yet been fully explored. That *platina* may be useful in phthisis, I base upon the publication of a manufacturer of plate-works in Vienna, who states that the health of his workman affected with phthisis was ameliorated in spite of non-hygienic conditions, if they were a longer time employed in the galvanoplastic section. He ascribes the beneficial effect to the vapour of prussic acid; I suppose that the improvement of the health of the patients must be ascribed to the action of gold or *platina*, and probably there are in Koch's remedy, which many suppose to be lymph, preparates of *gold* or *platina*.

Warsaw, November 24, 1890.

87, Krakowskie Przedmiescie.

BRITISH HOMCEOPATHIC SOCIETY.

CLINICAL EVENING, DEC. 4TH, 1890.

Inversion of Uterus.

DR. CARFRAE reported a case of the above condition, and showed the patient. He said:—This case I look upon as being both interesting and instructive. Interesting because of its rarity, and instructive on that account as well as because it may be looked on as a typical case, presenting all the symptoms one generally finds in such cases. In all probability the mischief dates from the last confinement, two years ago, when the patient had an instrumental delivery. Since then she has never been well, has had copious menstrual periods lasting ten days, and causing great prostration, as well as sickness or diarrhoea.

On examination a body, which felt extremely like a large polypus, was felt, as recorded in the notes of the case, but with this peculiarity—it was attached all round the cervix. I may add here that bi-manual examination

was very difficult on account of the spasmodic rigidity of abdominal muscles.

Dr. Burford also casually, as it were, examined and found a growth protruding into vagina.

Some time after, as the notes record, we had the patient anæsthetized, and could then make a thorough bi-manual examination. Then we found the characteristic absence of the uterine body. We found, moreover, the absolute impossibility of getting the sound to pass beyond a very short distance into the cervical cavity. One finger in rectum and a sound in bladder confirmed this fact, and we came to the conclusion that we had to do with a case of inversion of the uterus.

After the patient had recovered from the effects of this ordeal, we again had her anæsthetized, and attempted to reduce the displacement, but without success. We then applied Lawson Tait's repositor with complete success. The patient is now perfectly cured so far as the inversion is concerned. It will take some time before her general health is restored.

The moral attached to this case is, in all cases where there is a growth in the vaginal canal be careful to ascertain its exact nature. Such cases as this under consideration have frequently been mistaken for polypus and the uterus has been amputated, almost always with a fatal result. Even such an astute and experienced gynæcologist as Lawson Tait records a case in which he made this mistake. But, inasmuch, as it was complicated with epithelioma, the treatment was the best that could be adopted, and the result perfectly satisfactory. The patient recovered.

Sero-Sanguineous Cyst.

Mr. KNOX SHAW showed a little boy, aged nineteen months, then a patient in the hospital, suffering from a large tumour in the right axilla. When six months old a tumour was first noticed under the arm, which very slowly increased in size until Midsummer last, when the increase became very rapid. On admission the tumour was the size of a cocoa-nut and occupied the right axilla, reaching from the level of the nipple to above the clavicle. It was soft, semi-fluctuating, freely movable, non-adherent to the skin, and became tense when the

child cried. There were some enlarged veins over the surface, and when tense it had a bluish colour. Pressure was first applied but did no good. It was then tapped and some ounces of blood-stained serum removed, but the tumour did not materially diminish. Tapping was repeated without much benefit, so the patient was now being treated with electrolysis. Three applications had already been made, of ten minutes each, passing 50 milli-ampères through the tumour. A very marked change had taken place, the tumour having considerably diminished and having become much harder. The last application was accompanied with considerable reaction. The treatment was now interrupted as the child had had an attack of measles. Further electrolytic treatment would be undertaken. Mr. Knox Shaw considered the tumour to be a sero-sanguineous cyst arising from the degeneration of a blood nœvus. Photographs of the child taken by Mr. W. S. Cox on its admission were exhibited.

Sarcoma of Breast.

Mr. KNOX SHAW also presented a woman, aged 55, whose left breast he had removed in September last for a very large fungating sarcoma of two years' standing. Two capital photographs showing the condition of the breast on admission, taken by Mr. Cox, were exhibited with the patient. Though seemingly a most unfavourable case for operation, it had been undertaken at the earnest solicitation of the patient and her medical attendant, Dr. Buck, with a most satisfactory result. The patient was freed from a loathsome, offensive mass and had now a sound cicatrix. A very small gland was enlarged in the axilla, and this was to be removed at once, some axillary glands having been removed at the time of the operation.

Radical Cure of Hernia.

Mr. KNOX SHAW exhibited another patient, a woman, aged 49, upon whom, sixteen days previously, he had performed a radical cure for an irreducible femoral hernia. The contents of the sac were entirely omentum, some of which was firmly adherent. The omentum was ligatured and removed, a plug being left to fill the hernial opening. The operation had followed a perfectly aseptic course, and the wound healed under one dressing.

Insular Sclerosis without Tremors.

Dr. EDWIN A. NEATBY showed a case of insular sclerosis, in which the stress of the disease had fallen on the lower part of the spinal cord and on the cerebrum.

Fredk. B., æt. 31, complained of weakness of legs.

History.—Thinks he had convulsions as a child (teething?). When 18 or 19 years of age had a series of convulsive seizures of the left side, drawing head to one side, and affecting arm, hand and leg. These attacks extended over a period of 12 months. They then ceased. No history of syphilis. About three or four years ago had a fright, and after this he was unable to follow his occupation as an omnibus conductor.

Present condition.—*Reflexes.*—Knee jerks both exaggerated, especially the left. Ankle clonus present on both sides, more on the right. The superficial reflexes are all absent.

The tactile sensibility is slightly diminished in both feet. General diminished sensibility to heat and cold, especially the inner part of right foot and on great toe. Here he calls hot, cold. Says usually that the tests are neither hot nor cold. No rhythmical tremors of hands or arms. No urinary or pronounced sexual disturbance (both testes are undescended, they can both be felt in the inguinal canals); slow and interrupted utterance; involuntary laughter; weakness of hands; spastic gait; nystagmus. Pupillary reaction diminished, both to light and during accommodation.

Pallor of left optic disc. Can only read for a few moments at a time.

Memory poor, except for recent events.

Electrical reaction.—General diminished response to both galvanism and faradism in muscles of fingers, fore-arms, and in ant. tibiales; no qualitative change.

*Enlargement of Bronchial Glands (probably syphilitic) with
Chronic Dyspnoea.*

Dr. GALLEY BLACKLEY showed a patient at present an inmate of the hospital, where the provisional diagnosis had been as above, rather with the view of eliciting the opinion of members present, for a satisfactory diagnosis

in such cases is frequently a matter of considerable difficulty. The notes of the case were briefly as follows:—

“Emmanuel J., aged 56, gunsmith, has used brace and bit a great deal pressed very hard against epigastrium. No filings or great amount of dust in his work. Father had asthma; mother liver disease; no history of phthisis in family. Had chancre at thirty with secondary symptoms. Smokes a little. First complained ten years ago of suffocation whilst talking to a customer; this happened twice within half-an-hour, and after it he noticed his breathing permanently affected; used to sing and did for eighteen months afterwards, at end of which time he had to give it up altogether, finding his breathing noisy and laboured whether at work or rest. Seven years ago, feeling incapable of doing work, came as an out-patient to this hospital, when his breathing was extremely noisy, and had a very loud cough, with yellow expectoration. Took him into the wards and sent him out at end of 14 days to go to a convalescent home at sea-side, where he remained three months. at end of which he could walk twelve miles. Has been working pretty steadily since this time, and has noticed nothing very unusual except that breathing has slightly improved, and he has seen for last four years at times pinky expectoration. Six weeks ago, when coughing, was seized with considerable hæmoptysis, which went on steadily for four weeks, generally very dark. Came to me a fortnight ago, presenting following symptoms:—Voice better than when last seen, five years ago. Breathing audible at some distance and stridulous.

“Chest measures $28\frac{1}{2}$ round: right side $14\frac{1}{2}$ in.; anteriorly, sinking below clavicle and in intercostal spaces; expansion very deficient, vocal fremitus ditto, percussion note beginning at median line is dull for three inches externally and down to ensiform cartilage. Heart sounds heard very plainly over this dull area, but no adventitious sounds. Inspiratory sounds exaggerated, expiration prolonged; over middle line, at episternal notch and external to it breath sounds tubular and much exaggerated (stridulous). Behind, dulness over suprascapular fossa along vertebral border of scapula and slightly below tip. A few sonorous moist rhonchi heard posteriorly and laterally, otherwise normal. Left side of chest measures 14 in. round, somewhat barrel-shaped, per-

ussion note tympanitic especially along anterior border ; superficial cardiac dulness almost obliterated. Heart's apex beats 1 in. below and 1 in. inside nipple line.

“Laryngoscopic examination shows epiglottis tilted backwards partially obstructing view of cords, has a few dilated capillaries upon it ; mucous membrane covering arytenoids red and swollen ; cords slightly more pink than normal, left one moves much more freely than right ; immediately behind and below right cord is a small smooth swelling about the size of a horse-bean, encroaching slightly upon the lumen of the air tube. A full-sized œsophageal bougie passes without difficulty.

“Sputa nummular, flesh coloured (consisting of blood and pus intimately mingled), with some frothy mucus.

“Microscopic examination of sputa for yellow elastic lung fibres, and tubercle bacilli, gave negative results.”

Dr. Blackley said, that in attempting a diagnosis there were several different conditions that naturally suggested themselves as being possibly present: (1) aneurysm (this had been diagnosed by one medical man some years ago, but no distinct evidences of it remained) ; (2) displacement of the heart following pleurisy ; (3) phthisis, due to his occupation ; (4) scrofulous, malignant or syphilitic deposit in the bronchial glands. On the whole he leaned to the last supposition.

Pelvic Cyst.

Dr. BURFORD showed a patient sent into hospital by Dr. Edwin Neatby, under whose care she had been for a short time prior to admission. The patient had been variously ailing for some three months, her troubles culminating in a severe attack of pelvic inflammation with a high degree of pyrexia. Under the care of an allopathic specialist, aspiration was, according to the history, performed through the vagina, and some quantity of sanguineous fluid withdrawn. She transferred herself to the care of Dr. Neatby, who detected a pelvic tumour concurrent with evidences of pelvi-peritonitis. He prescribed *belladonna* 30, under which the inflammation subsided, and then advised her removal to hospital. On her admission a large cystic swelling, originating in the pelvis, occupied nearly the whole of the left iliac fossa, and recent plastic exudation into Douglas' pouch was found. The temperature was of the hectic type. The

cyst was diagnosed as par-ovarian, and the patient confined to bed and treated with *hepar sulph.*, and hot douches locally to remove the plastic effusion. Under this régime daily progress was made. The temperature soon fell to normal, and the patient's general condition steadily improved. After about a fortnight thus spent in hospital the cyst was found to have disappeared, but curiously without the least consciousness on the part of the patient. No fresh symptom was evoked, and no hindrance offered to the continuity of convalescence. The patient left hospital with health fairly regained, and with but scanty evidence of the previous pelvic lesion.

Dr. Burford held that the cyst had slowly leaked into the peritoneum, thus discharging itself of its contents, which in broad ligament cysts are usually innocuous; and that the local inflammation, peripheral to the cyst, had undergone absorption under the treatment detailed.

Ovarian Cyst.

Dr. BURFORD also showed a large ovarian cyst, which he had removed that morning from a patient sent into hospital by Dr. Hughes. The history of the growth was that some six months ago the catamenia suddenly stopped, and had not since returned. No sign of increase in size was detected by the patient until about a month before admission into hospital, when she was seen by Dr. Hughes, who detected the neoplasm and advised its removal. A fortnight before operation Dr. Burford examined her, and during the fourteen days prior to its removal the cyst nearly doubled in size, its upper limit reaching nearly to the ensiform cartilage. On December 4th the cyst was removed. Some parietal adhesions were broken down, but there were no visceral ones. Some gallons of thick turbid fluid were evacuated by the trocar, and the solid elements of the cyst removed in the usual way.

Neuritis (!)

Mr. W. S. Cox showed a case under the care of Dr. ROBERSON DAY, who was unavoidably absent. The patient, a woman, æt. 45, had for some months past complained of weakness in the lower extremities and inability to go up or down stairs without helping herself with her arms, also difficulty in going up or down an incline, and inability to rise from the sitting posture.

The right calf was half an inch larger in circumference than the left. On May 14th, 1890, the knee jerks were difficult to obtain, especially on left side, but the pupils reacted to light and accommodation. There was no staggering gait. Dr. Roberson Day requested the opinion of members present as to the diagnosis of the case. He considered it one of peripheral neuritis.

Epithelioma of Larynx.

Mr. W. S. Cox showed a larynx obtained from a patient admitted under the care of Mr. Knox Shaw for epithelioma of the left vocal cord. The disease had existed nine months, and was most easily demonstrable by the laryngoscope. Very urgent dyspnœa having set in the patient was tracheotomised, but he died four days subsequently from pneumonia.

Hysterical Paralysis (?)

Dr. CAVENDISH MOLSON sent for exhibition a patient of whose case the following are the notes:—

Mrs. C. S., æt. 50? Eight children, one miscarriage. About four years ago patient was seized with severe pains in her head, accompanied by dimness of sight and constant desire to lie down; 18 months since she became decidedly worse, and a little later lost the power of locomotion and of articulation, and became unable to feed herself.

During her illness she was seen, at intervals, by four medical men, who all agreed that patient could not recover; the last authority limiting the duration of her life to a few "weeks," or "months."

By the advice of a friend she was induced to "try" homœopathy, and was brought from her bed (where she had been for months) to the out-patient department of our hospital. On this day, Tuesday, July 29th, her symptoms were as follows:—

Viz.: 1. Dimness of sight. 2. Vacuity of mind; lack-lustre expression of countenance. 3. Inability to stand, except by holding on to something for support. 4. Inability to articulate, the attempt to speak being followed by an incoherent noise. 5. Profuse ptyalism, the saliva pouring from the mouth in a continuous stream. 6. Loss of prehensile power, and great difficulty in deglutition. 7. Epileptic (?) fits (four months). Symptoms 3 and 4 had been present for twelve months.

Treatment: R. *tinct. cicuta virose* 1x, *tinc. ignatiæ amara* 1x, gtt. 5, 3 hor. alt.

Result: July 30. Vision improved. Mind clearer. July 31. Spoke, ate, walked a little, and felt generally better. August 3rd. So much improved that patient was able to ride on the *outside* of an omnibus. From this date onwards the convalescence was unbroken, and patient was discharged "cured" on 3rd Dec., no change having been made in the treatment. From other observations Dr. Molson attributed the improvement to the *cicuta* rather than to *ignatia*.

Pressure Dyspnoea.

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

DISCUSSION.

DR. MOIR'S CASE OF OBSTRUCTED BREATHING.

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

Mr. WRIGHT mentioned another case which had occurred in the hospital about a year ago. That case recovered under *merc. biniod.* There was a strong syphilitic history. In Dr. Moir's case the enlargement of the thymus was not so clear. The bronchial glands were often affected in these cases. There was some enlargement of the thymus, which passed round the trachea.

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

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

MR. SHAW'S CASE OF TUMOUR.

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

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

DR. MOLSON'S CASE OF PARALYSIS.

Dr. EDWIN A. NEATBY said it was probably hysterical, but there was quite a possibility that some organic disease might declare itself. Transitory slight paralyzes and other neuroses were often the precursors of disseminated sclerosis. They did not, however, usually last so long as the symptoms had done in this case, before disappearing.

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

DR. EDWIN A. NEATBY'S CASE.

Dr. NEATBY said, in reply to Mr. Wright and Dr. Moir, the disease had been coming on three years—much more rapidly last ten months. He had never had syphilis. He had not seen similar eye symptoms in this disease before, but almost any combinations of symptoms might exist, depending on the situation of the sclerosed patches.

DR. BLACKLEY'S CASE.

Dr. MOIR thought there was no doubt about there being a tumour present, either a gumma or malignant. He advised large doses of *iodide of potassium*.

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

Mr. WRIGHT thought there were probably diseased bronchial glands.

Mr. SHAW suggested aneurysm.

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

Dr. MOIR said he had seen a case of aneurysm in which rupture took place, no symptoms of dyspnoea having been present.

DR. BURFORD'S CASE OF TUMOUR.

Mr. SHAW thought the case showed the possibility of falling into error. If *apis* had been given, all would have said *apis* had cured the tumour.

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

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

ON CERTAIN ALLEGED LYCOPODIUM SYMPTOMS.

By R. E. DUDGEON, M.D.

In the *Monthly Homœopathic Review* for November, 1890, Dr. Hughes directs attention to Dr. Mossa's discovery that the symptoms 82 and 85 of *lycopodium* in the *Chr. Krankh.* (2nd Edit.) bear a striking resemblance to those observed in a case related by Dr. Gross in the 7th vol. of the *Archiv.* The symptoms as given by Hahnemann are as follows: S. 82. "He can talk appropriately upon higher, even abstract subjects, but is confused about common things; for instance, he says 'plums' when he ought to say 'pears.'" S. 85. "He cannot read, because he mistakes and confounds the letters; he sees them and can copy them, but cannot remember their meaning; he knows, for instance, that Z is the last letter of the alphabet, but has forgotten what it is called; he can write what he will, writes the proper letters, but cannot himself read what he has written."

Dr. Gross's case is as follows:—

"A clergyman of over 50 years of age who was certainly psoric but on the whole healthy, had an encysted tumour on his head the size of a pigeon's egg. I cannot now tell how long he had had it. He at length had it enucleated. From this time he began to ail. At first he had various rheumatic ailments and easily caught cold, though for many years he had daily taken exercise in the open air, and lived more in the air than in the room, consequently he was habituated to the influence of the weather. He was now frequently troubled with fluent or stuffed coryza, and was still worse when that ceased. He became hard of hearing in one ear. This was with great difficulty removed by ordinary homœopathic remedies, but thereafter he was attacked by a very peculiar affliction. *He could not add up the smallest sums, saw mostly only the half of objects, and suddenly lost completely the power of reading, He saw the letters all right but could not name them, and confused them with one another, thus, e.g., he knew that Z is the last letter of the alphabet, but had completely forgotten its meaning, he could write properly (consequently could distinguish the letters when writing) but could not read his own writing. He had forgotten the names of ordinary objects about him, whilst*

he could talk appropriately even upon abstract subjects. This curious state was much improved by antipsoric remedies, he learnt to see correctly, to calculate, and to give ordinary things their right names, but though he learnt again to read it is still difficult for him, and he can only pronounce a word slowly like a beginner. The hardness of hearing of one ear has returned later on, and it is to be feared that sooner or later some serious disease will be developed in him."—*Archiv*, vii 3, 12, 1828.

The *lycopodium* symptoms given by Hahnemann, quoted above, appeared in the first edition of the *Chr. Krankh.*, which was published in 1828. This edition was noticed in the second number of the seventh vol. of the *Archiv*, and was therefore published some months before Gross's case. The article in which Gross gives his case is entitled *Medicinische Lesefrüchte*, and is a collection of gleanings from allopathic periodicals and works. Among these he gives a case from *Rust's Magazin*, in which the extirpation of a fatty tumour was followed by a series of morbid symptoms. *Apropos* to this he mentions several cases that had come under his own observation, where the removal of tumours was apparently the cause of serious derangements of the health, among others the case detailed above.

The symptoms given by Hahnemann as the effects of *lycopodium* and those of Gross's patient are too strikingly alike to admit of a doubt that they refer to the same case. How, then, does it happen that Hahnemann gives them as symptoms caused by *lycopodium*? Gross says they were the consequence of the removal of an encysted tumour on the patient's head, and though he says these symptoms were improved—not cured completely—by antipsoric remedies, he does not say that *lycopodium* was one of the remedies used. Dr. Hughes, misled by Mossa, says that *lycopodium* was one of the antipsoric medicines administered. It might have been; for though it is obvious that Gross's case must have been observed before the appearance of the vol. of the *Chr. Krankh.*, in which *lycopodium* appeared—perhaps years before—still, we know from Hahnemann's letters that he communicated many of the pathogeneses of his antipsoric medicines to his faithful henchmen, Stapf and Gross, a considerable time before the publication of the work in which they appeared. But it is impossible to

imagine that if Gross had been aware that *lycopodium* had produced symptoms so exactly resembling those of his patient, he would not have called attention to this remarkable similarity, and at the least have mentioned *lycopodium* as one of the antipsorics he had employed in the case. As Hahnemann originally printed these *lycopodium* symptoms in brackets, that shows that he was doubtful of their authenticity as symptoms of *lycopodium*. We must, I think, infer that Gross had, in his correspondence with Hahnemann, communicated to him these curious symptoms, and he possibly mentioned that *lycopodium* was one of the antipsorics administered which improved the patient's state. Hahnemann, perhaps, believed that the improvement was chiefly or entirely attributable to *lycopodium*, and therefore included these phenomena among the symptoms of that drug, but enclosed them in brackets to indicate that there was considerable doubt in his own mind as to their being really *lycopodium* symptoms. That the brackets were removed in the second edition is no proof that Hahnemann had observed these symptoms as pathogenetic effects of this drug, for we know that his later medicines were not proved on the healthy, and a comparison of his several works shows that all the bracketed symptoms of the earlier versions of his medicines, by whomsoever observed, were reproduced in the last edition of the *Chr. Krankh.* without brackets. In short, there are no bracketed symptoms in this, his latest work, so that no inference can be drawn from the non-appearance of the brackets there that the symptoms, which were at first considered doubtful, have been proved to be real by fresh provings.

The history of these alleged *lycopodium* symptoms would suffice of itself to throw a doubt on most or all of the symptoms recorded by Hahnemann himself which appear only in the *Chr. Krankh.* But as we know that these symptoms were not obtained by proving the medicines, but were only observed in patients either as appearing after the administration of a dose of a high dilution or as disappearing after the administration of such a dose, they ought evidently to be all bracketed, and Dr. Hughes is quite right to exclude them from the *Index* he is going to issue with the last vol. of his great *Cyclopædia*.

ON ELEPHANTIASIS.

Communicated by Mr. KNOX-SHAW.

At the June meeting of the British Homœopathic Society a case of elephantiasis was shown by the writer, and discussion was invited as to treatment. A report of the proceedings in the *Homœopathic World* for July, led Dr. Th. van den Heuvel, of Kimberley, Cape Colony, to communicate with me, giving a case of his own and suggestions as to the treatment he had found most useful. The following epitome may be of interest to the readers of the *Review*.

Formerly when in Zanzibar, Central Africa and the Congo, Dr. van den Heuvel often met with hypertrophied legs amongst the Arabs and negroes, and had obtained good results, chiefly in relieving the pain, from *pulsatilla*, *hamamelis*, and when there were acute symptoms, *apis mel.*; these drugs being used externally also, combined with *glycerine*. He has had no experience of *hydrocotyle asiatica*, but is now trying it in a case of elephantoid swelling of the face, such as one sees in the early stage of leprosy. His former cases were rather acute and more allied to "acute varicosis or lymphangitis, with infiltration of the legs." Hence he considers the good results obtained from *pulsatilla* and *hamamelis*. But in chronic cases these medicines seem to be inactive.

Mrs. E., aged about 30, multipara, suffered two years ago from a fever, probably of a typhoid character, which kept her in bed a long time, and was followed by great weakness. Since that time her legs have been swollen and painful. This condition occasionally disappeared and then recurred, until at the time of examination the legs had become permanently enlarged.

Both legs, but chiefly the left, were very swollen and pale. There was no external varicosis, the skin appeared to be normal in structure, colourless and relaxed, and did not pit on pressure. Underneath the skin were a great number of tumours, from the size of a pea to that of half a walnut, irregular, spongy, and painful to the touch. They were scattered all over without any connection with the veins. There was a considerable enlargement of the whole leg, chiefly around the calf, the skin having

a baggy appearance, hanging over the ankles. Similar indurations were also noticed above the knee, and in the middle part of the thigh, along the course of the saphenous vein. On the foot the swelling was more of the nature of an œdema. Nowhere was there any sign of inflammation. There was a sensation of heaviness and pain in walking, and when the legs rested upon the ground, this, however, disappeared when lying down. The patient was constipated and suffered from pains around the sacrum and pubes, periodical sickness, leucorrhœa, heaviness, oppression and headache. She was pale and anæmic though rather stout.

Dr. Heuvel diagnosed the case as one of elephantiasis, and prescribed *acid. fluoric.* and *kali mur.*, one powder in water, alternately once a day. On June 3rd he noted that the legs were less swollen, and that the colour had returned to a certain degree; the tumours were softer and less large. On August 2nd, the patient wrote that she was much improved; that the tumours were nearly all gone, but that she still felt weak in her legs, and could not walk long. She still complained of constipation and pain in her back. She was then ordered *ac. fluor.* only once a day.

“Such,” says Dr. Van den Heuvel, “is the result obtained in three months’ time. I cannot judge *de visu*, as the patient is living at a distance. But how did I come to the selection of *ac. fluor.* and *kali mur.*? In looking through a codex of symptoms it would be difficult probably to find the pathogenesis of a drug similar to the symptoms of the patient. We find under *acid. fluor.* ‘obstinate varicose veins, and pains in the legs.’ But in the case quoted, there is not exactly a varicose state of the veins; the increase in the size of the leg is caused by an infiltration of the sub-cutaneous tissue, the skin being unaffected, but pale and stretched. In some places it is warty and indurated, a condition different from pure varicosis.

I had thus to take pathology as my guide, and found that the predominant factor in the production of the swelling was fibrin, which had exuded from the walls of the vascular cavities, either venous or lymphatic, and was possibly due to the semi-paralysis of the vaso-motor nerves, and want of contractility of the elastic fibres.”

Thus the indication was to absorb the fibrin into the circulation, and to prevent further exudation. To obtain such a result, Schüssler gives hints worthy of trial; he says: "*Calcarea fluorica* (physiologico-chemical data). On the ground of therapeutical experience, I assume that it is also a constituent of elastic fibre, and that the proper functions of these is adjusted by this salt. Elastic fibres are found in the epidermis, in the connective tissue and in the vascular walls. A disturbance of the equilibrium of the molecules of *fluor.* causes a continued dilatation or chronically relaxed condition of the implicated fibres. If the elastic fibre of any portion of the vessels of the connective tissue or of the lymphatic system has arrived at such a condition of relaxation, the absorption of the solid exudation in such a part cannot take place. In consequence induration of the part sets in. When the elastic fibre of the blood vessels suffer a disturbance of the molecules of *fluor.*, such pathological enlargement takes place, and makes its appearance as hæmorrhoidal tumours, varicose veins and vascular tumours."

About *kali mur.*, Schüssler says that this "salt stands in a chemical relation to fibrin; disturbances in its molecular action causes fibrinous exudations. General action.—*Kali mur.* answers in.....fibrinous exudations in the interstitial connective tissue, infiltrated inflammations, &c., &c." "Could we find a better simile than *fluor. acid* or *kali mur.* to these cases of elephantiasis. This similarity prompted me to give those medicines a trial, and not finding any keynote, I alternated them in my first prescription, but gave only *ac. fluor.* in the subsequent powders."

[In the present state of our knowledge, or rather of our ignorance, of the physiologico-chemical changes taking place in the living cells, whether healthy or diseased, of the human body, it is not necessary to criticise, still less would it be safe to finally accept the theory which guided Dr. van den Heuvel to the use of *fluoric acid* and *kali mur.* While awaiting confirmation or correction of Schüssler's theory, the practical physician, however, will gladly make use of the clinical facts related above, until the advance of our knowledge of drugs and diseases enables us to prescribe with the confidence of science instead of with the uncertainty of empiricism or of unproved theory.—Eds. *M. H. R.*]

THUJA IN ECZEMA FOLLOWING VACCINATION.

By T. G. STONHAM, M.D., Lond.

IN December, 1888, F. D., aged nine, was brought to me with an eczematous eruption on the right temple extending backwards in the hair to a little behind and above the ear, and forwards almost to the eyelids, the surface being moist and red, and forming with the secretion thin glutinous scales. The eyelids of both eyes were also affected along the margins, small, dry crusts, which were very difficult of removal, collecting along the roots of the lashes. The mother stated that the eruption had existed for eight years, and came on immediately after vaccination, and that notwithstanding much medical treatment it got no better. The health was good with the exception of the eruption. *Thuja* 30 three times a day was prescribed. A fortnight afterwards there was marked improvement of the eyelids, and some change for the better in the patch on the temple. The medicine was continued. For some weeks improvement went on but very slowly. A change to *thuja* ϕ then caused an aggravation, which subsided again on resuming the 30th dilution. The mother being dissatisfied because the case was not progressing faster I yielded to her importunities to give an external application, and prescribed a mercurial ointment, the *thuja* 30 to be continued as well. In another fortnight the mother returned delighted—the eczema had disappeared. Treatment was suspended. A week after a message came requesting me to see the child as it was very ill. I found him suffering from a patch of pneumonia in the right lung behind in the region of the scapula, and with a temperature of 104° F. After a course of treatment by *bryonia*, *phosphorus* and *sulphur* the pneumonic patch entirely disappeared, and he seemed perfectly well again, but before many days had passed was brought to me again suffering from a reappearance of the eczema. The old patch on the temple and the crusts on the eyelids had returned as bad as ever. The mother was very disappointed, but I pointed out to her that the complaint had been going on for eight years and must of necessity be deeply rooted; that we had proved the futility and danger of seeking to cure it by external application, and that if she would be content to persevere with internal

medicaments alone for a sufficient period I thought I could promise an ultimate complete cure. She consented to try and I again put him on *thuja* 30, five drops night and morning, and kept him on it without change. Improvement soon set in, and was continuous, so that in nine weeks after recommencing the treatment the skin was perfectly clean. The medicine was continued for three weeks more and then left off. He has been in perfect health with no return of the eruption ever since—a period of sixteen months.

Ventnor, I. W.

NOTES AND COMMENTS.

IT IS NOT OUR CUSTOM to publish a retrospect of the year's progress, but on this occasion there are one or two points which call for remark. First, respecting our *Review*. Our present issue is the first number of the 35th year of the *Monthly Homœopathic Review*—a fairly respectable age for a journal representing teaching and practice so long declared to be moribund. The *Review* first appeared as a periodical of about 48 pages; at present 72 pages are sometimes inadequate for the matter at our disposal.

We remind our readers of a new feature in the *Review*, introduced in 1889 in order that they may more frequently be contributors thereto. The section for "Clinical and Therapeutical Notes" was opened to receive short notices which our correspondents might think unworthy to be styled "articles." During the past year, under the title of "Periscope," a number of extracts from contemporary medical literature in its various branches were given, several enthusiastic and capable observers co-operating in this work. It is intended to continue the Periscope, and to present in its

pages a summary of what is newest, most interesting and most important in connection with medical science.

In the present year also we shall make "Notes and Comments" as may be necessary, on current topics of interest to the practitioners of homœopathy and the profession at large.

THE PRACTICE of holding courses of post-graduate lectures, chiefly of a clinical nature, has of recent years become so general that the introduction of the custom at the London Homœopathic Hospital will create no surprise. The success of such lectures is due to the fact that they meet (to use a stereotyped phrase) "a felt need." In Germany and Paris, and in America, such lectures or classes are especially well attended. The explanation of the "felt need" is obvious; it is also two-fold. The exigencies of professional work—out-giving—limit the opportunities for regular reading and study—in-taking. The routine of practice seldom provides the supply of material which is collected within the walls of a good hospital.

Post-graduate courses to meet the end for which they are established should be eminently practical and clinical. The didactic lecture has its place in the theatres of our medical schools; the theoretical and speculative at the learned societies. We hope and believe that the lecturers whose names we announced in our last will bear these facts in mind. When we speak of the practical element, it will be understood that, when medicinal treatment is in question, we, as debtors to Hahnemann, shall expect sound homœopathy to occupy at least the front rank. We wish the lecturers every success.

No INFORMATION has, as yet, been presented to the profession respecting the nature of "paratoloid." If Professor Koch's experiments are still so incomplete that he cannot yet make known its composition or mode of preparation, it follows that it was unscientific, premature and imprudent in so serious a matter, to publish any statement whatever respecting the new treatment. Until it is capable of being carried out and thoroughly tested from the beginning by the profession generally, it cannot win the confidence it may deserve. We greatly regret that Sir Joseph Lister should have seen fit to arouse further curiosity respecting other experiments of Koch's on "two virulent infective diseases," on which Koch himself had preserved a judicious silence.

The mind of the *Lancet* Special Commissioner has been greatly exercised lest medical men should delude themselves with the idea that so dangerous a remedy will ever be "available for general practice." Indeed, the smallness of the dose required seems to have greatly disturbed that gentleman, who fears the average practitioner will be unable to measure so minute a quantity as the 1,000th part of a milligramme. In judging of the virulence of the remedy he forgets that to act as a poison a much larger quantity than $\frac{1}{15000}$ gr. is required; in considering the minuteness of the dose he must be unaware that much smaller quantities of matter are every day producing striking effects in the hands of careful men—men, too, who find no difficulty in measuring $\frac{1}{1000}$ milligramme.

During the trial of this treatment it is advisable that no theory of its action should be allowed to bias the mind for or against it. Koch's own explanation is clearly inadequate; to destroy the tissue in which the tubercle bacilli flourish is but to throw them into a

surrounding zone of tissue, and so aggravate the evil. If the fluid cannot either kill the bacilli directly and entirely, or still better, so modify the soil in which they live and fructify that they starve, it will grievously disappoint the public and the profession.

ALTHOUGH THE UNNECESSARY EXTENSION and complication of medical terminology is to be deprecated, yet the advance of knowledge cannot fail from time to time to make some modification requisite. Increasing knowledge may enable us, firstly, to distinguish things which differ, or secondly to class together allied conditions which superficial differences have caused to be dissociated in our minds. Gout has dwelt in our midst for centuries a veritable hydra-headed monster, and we have, as yet, found no Hercules to lay it low. When one of its "heads" has been attacked it has, like the hydra, speedily developed another—and perhaps a more formidable one. One chief reason of this (discarding metaphor) is that different pathological processes have been grouped together under the one name of gout. It has become evident that gout is not a homogeneous entity, "but only," in the words of Sir William Roberts, "a loose bundle of morbid tendencies." (*Lancet*, Nov. 29, p. 1,162). To enable us to reduce to order this "loose bundle," Sir William has proposed to dignify with a specific name the condition which serves to link clinically and pathologically many so-called "gouty" manifestations. Uratic precipitation is to be denominated "Uratoxis." Uratoxis will thus rank as a process or condition by itself on a par with albuminuria and glycosuria. Albuminuria has long been known to be a feature of many diseases other than Bright's disease; glycosuria has more recently been deposed from being a

synonym of diabetes. Uratosis may be shown to belong to other conditions than one—which we now call gouty. Chronic plumbism produces symptoms overlapping those of gout, and is accordingly spoken of as a cause of “gout.” This may be so, or it may not; it may become evident, if it is not so already, that lead poisoning is a condition *per se*, with the phenomena of diseased kidney and uratosis common to it and to gout. On the other hand, many anomalous symptoms of gout may ultimately be demonstrated to be due to uratosis. In any case the term may be of use in more clearly defining our ideas. In passing we may remark that the difficulty in medicinally treating cases wrongly grouped together does not occur where Hahnemann’s rule, “let likes be treated by likes,” is followed.

ONE OF THE FEATURES of the day is the “discovery” by the old school of homœopathic medicines. Burroughs, Wellcome & Co., send us “New Therapeutic Notes,” in which we find that (1.) *Veratrum viride* as an antipyretic has been “discovered,” and used by Drs. A. T. Hudson, &c. (see page 69). Next, *calcium sulphide* (our old friend *hepar sulph.*), has been “discovered” as of great value in ovarian and fallopian inflammations with formation of pus. In bronchial catarrh it is also recommended (see page 69).

In December, 1889, we commented at some length upon an article in the *Therapeutic Gazette*, recommending *rhus tox.* in chronic rheumatism in small doses of a 1 in 10 tincture. Dr. Aulde accepted priority in “introducing” this drug into practice. But another correspondent pointed out that it was already in use amongst homœopaths, and that he had read of it in Philip’s *Materia Medica and Therapeutics*.

Doubtless patients will here and there benefit by the adoption of these homœopathic remedies by the old school. We cannot, however, view with satisfaction such empirical practice, and look forward to the time when our brethren will regard it as more honourable boldly to test the principle underlying the administration of such remedies as these, than to use a few stolen therapeutic "tips."

REVIEWS.

Epilepsy; Its Pathology and Treatment.—Being an essay to which was awarded a prize of 4,000 francs by the Acad. Roy. de Médecine de Belgique. Dec. 31st, 1889. By HOBART AMORY HARE, M.D., B.Sc. Philadelphia and London: F. A. Davis, 1890.

THIS volume of 228 pages forms the 7th of the Physicians' and Students' Ready Reference Series, and as the title page and preface inform us was deemed worthy, by the Belgian Academy of Medicine, of a prize of 4,000 francs. It furnishes the reader with information on all that is known, and on a good deal of what is believed by a variety of authorities about epilepsy. The subject is fully and intelligently dealt with; views and statements are presented with fairness, and are usually submitted to fair and judicious criticism.

After briefly reviewing the history of epilepsy, the author describes a model attack, and then dwells on the individual symptoms in detail; statistics are given of their frequency, relative importance, &c. With the majority of the author's views we are in agreement; for instance, when he states that "impairment of mental power" (in long-standing cases we presume) "is the rule rather than the exception." Nevertheless we are not quite sure that statistics, if forthcoming, would not support Reynolds when he affirms that "great mental impairment is the exception." That grave deterioration often exists is true, but of those in whom epilepsy exists before insanity, we believe the proportion of cases of *great* impairment not to be a large one. We remember, however, that here, as elsewhere, "great" is a relative term.

Following the sections descriptive of the symptoms comes a series of sections treating of separate varieties of epilepsy, *e.g.*, psychic epilepsy, syphilitic, Jacksonian, nocturnal, post-

hemiplegic, reflex epilepsy, etc., etc. These varieties are fully, reliably and equally dealt with.

With this classification, however, we cannot feel much satisfaction. Syphilitic epilepsy does not deserve to rank as a separate variety, and discussion of the causal relationship of syphilis to epilepsy under the heading etiology would have been more orderly. "Jacksonian epilepsy" is not epilepsy at all as we understand the term. To have given Jacksonian epilepsy a place at all in this volume, the words "and convulsive seizures" should have been added to the title, which of course would have given the work a wider scope than was intended. The essential difference between epilepsy proper—due, according to Hughlings Jackson, to an explosive or discharging lesion of some of the cells of the "highest level" centres—and epileptiform seizures, "middle level" fits, does not seem to be clearly appreciated by the writer, or he would hardly class together petit-mal and nocturnal epilepsy along with post-hemiplegic and Jacksonian epilepsy, as varieties of the same disease.

When treating of the etiology of symptoms and of the pathology of epilepsy, we notice that the author attempts no explanation of the loss of consciousness or mental confusion, which is an essential part of the disease, whether the attacks are of the major or minor variety. Nor have we yet met with any satisfactory explanation. Loss of "consciousness" is a negative condition—an absence of functioning on the part of certain receptive (sensory) centres—"highest level." Were these centres over-functioning (as is the case in the "explosion" of certain unstable cells, in convulsions) we should expect disorderly or contentious acts of "cerebration"—of the mind. This, indeed, occurs in some cases which are evidently due to a "discharging lesion" in the highest centres. (*Lancet*, August 9th, 1890.—Such a case was recently reported by Dr. S. Taylor, under the title "Intellectual Aura." Here the so-called "aura" constituted the attack—characterised by a peculiar idea striking the patient and being followed by a rush of disconnected thoughts through the mind). Did the loss of consciousness develop late in the attack—as is the case in some severe epileptiform seizures which spread to the whole body, it would be a possible explanation that some inhibitory influence passed from the cells inducing the fit, along fibres communicating with the sensory cells. Why on the other hand such impression should be a negative (inhibitory) and not an exciting influence is not evident. We should like to see this question worked out.

When considering the condition of the reflexes (p. 32) after an epileptic fit, the author brings out a valuable point not

sufficiently dwelt upon—viz., that by observing the relative condition of the reflexes and the secondary deviation of the eyes (in cases where the onset and progress of the fit has not been witnessed) it may be possible to decide which side of the brain is diseased. Why, however, Dr. Hare should add “especially if the first movements of the fit are also noted,” we do not understand; observation of the first movements would be a far more reliable guide than the after condition of the reflexes.

In a few minor (?) points we should join issue with the author—*e.g.*, where he attributes to acquired syphilis a large share in the causation of epilepsy proper. That inherited syphilis plays such a part is unquestionable; and that the tertiary lesions of syphilis induce epileptiform seizures is, of course, universally acknowledged. Most English medical men are content with the action of the *iodide of potassium* upon gummata, but Dr. Hare considers it “too slow,” and discards it for *mercury*.

CLINICAL AND THERAPEUTIC NOTES.

Varicose Ulcer of Leg.—A laundress, æt. 40, consulted me in February about an ulcer on her leg, of about eight years' standing, and her case illustrates very neatly the actions of two very useful drugs. Her body was covered with a rash, irritable and sore, and I noticed that her eye-lids particularly were raw looking and irritable; this had been going on some eight weeks; and then the entire left leg from about two-and-a-half inches below the knee to the ankle became swollen and erythematous, and an oval-shaped, deep, varicose ulcer with swollen surroundings occupied the inner side of leg above malleolus; in size, half an inch by a quarter.

Until the diffused cellulitis came she had been able to work very fairly, aided by an elastic stocking; now she is quite unable to kneel or engage in the various duties of the laundry. Two years ago she had a miscarriage with floodings, and has since suffered from back-ache. Bowels act regularly, but is always hungry and faint.

Noticing the very irritable condition of the skin of her face, I gave her *camphor bromide* 3rd dec. 5 grs. to 2 drachms of water, 5 drops thrice daily, and when seen a week afterwards the change in her appearance was really astonishing; the eye-lids and face were no longer swollen, and the size of the wound had gone down one half, while the erythema of leg had quite left except round the sore. I ordered for the succeeding week one dose of the same remedy every second day, and by the

end of this time my impression was that there was no further progress, although the first improvement was well maintained. She could now kneel well when at work, and felt much better than at first.

My experience of *camph. bromide* led me to infer that no additional benefit would accrue from its repetition, and I therefore changed it for *kali hydriodicum* 80, 2 pilules thrice daily, and when I saw her three weeks afterwards the resulting change was in every way striking; there was no erythema of the leg, the wound was about the size of a pea, she looked well, felt well, and had no occasion for an elastic stocking, although she still continued the hard work of the laundry. The results of the use of *kali hydriod.* 80 in this instance leads me to believe that it deserves more frequent employment; it acts with an energy and thoroughness in the dilutions that, in some instances, far outstrips the power of its more material preparations.—ROBT. T. COOPER, M.D.

Suppurative Inflammation of the Tongue.—A young man, aged 21, was sent into the Liverpool Hahnemann Hospital suffering from pain in the fauces with inability to open the mouth or protrude the tongue. The tongue was thickened, especially posteriorly, and was hard and covered with a thick white coating. It was quite fixed, and almost entirely blocked the fauces, swallowing even of water being extremely difficult, and nothing but fluids could be attempted. The patient was given *apis mell.* 8 for twenty-four hours, which was then changed to *mercurius sol.* 8, there being much salivation. This condition lasted for two days longer, when relief was obtained by the escape of pus, although evidence of its presence could not be found previously. *Hepar sulph.* 8 was now substituted, and the patient steadily improved and left hospital in about a week. The place of exit of the pus could not be seen even with a laryngoscopic mirror, but the depression could be felt near the base of the left anterior pillar. The patient ascribed it to sleeping with his bedroom window open; other causes, syphilis, etc., were denied.
C. W. HAYWARD, M.D.

Return of Influenza.—On December 2nd I was called to attend a gentleman suffering from influenza. He has just returned from a trip to South America, but does not know of any cases of influenza having occurred where he has been.

His chief symptoms have been extreme prostration, with a weak intermittent pulse, pains in the back and limbs, delirium at night and sleeplessness with great restlessness. Temp. did not rise above 102.4° F. and latterly has been sub-normal. The chief remedies have been *Con.* and *Bry.* alternately, at first, then *Arsenicum* and *Bell.* at night.

A serious outbreak of influenza is reported in Hungary, and I hear of cases in the practice of other doctors. Are we likely to have a repetition of last winter?—J. ROBERSON DAY, M.D., Lond.

Stammering and Ear-ache, &c.—In November, 1888, B. M., a little girl four years of age, was brought to me, complaining of deafness in left ear, ear-ache and pain on pressure on and round the external ear. There was no otorrhœa. She had also a hard dry cough, worse in the morning; not during the day. I was told that she had taken to stammering since the ear-ache, &c., came on. The mother attributed the symptoms to "a cold." *Puls.* 6, two drops, three times a day was prescribed.

The next report was that patient was quite well, and had lost all her symptoms within a week. On the 4th of February, 1889, she came again to me. Both ears were discharging a thin watery fluid. There was much pain, worse at night. Also a dry night cough. She again began to stammer when the ears got bad. The same prescription was given with favourable results.—E. A. N.

PERISCOPE.

MEDICINE.

DEATH AFTER TREATMENT WITH KOCH'S LYMPH.—The *Berliner Klinische Wochenschrift* (Dec. 10, 1890), gives the following particulars of this case. Of the case of death after injection of Koch's lymph already reported in the daily press information has been obtained from Innsbruck. On Wednesday, the 3rd December, the first injections made in that city were on five persons at the hospital, One of these was a girl, 16 years of age, affected severely with lupus. A dose of 2 milligrams was used. In all the five cases the reaction came on quickly in the usual manner, but in the girl's case the temperature went on increasing to 41.5 degrees (centigrade); the pulse very frequent; coma, collapse; death occurred exactly thirty-six hours after the injection. A *post-mortem* was made by Professor Pommer twelve hours after death, and disseminated lobular pneumonia of both lungs and acute œdema of the brain were found to be the causes of death.

ON NATURAL IMMUNITY.—M. Arlonig (*Archives de Médecine Expérimentale*, Tome II., p. 89) thinks that immunity to infectious disease depends on the inaptitude of the organism to feel the effects of the amorphous products secreted by microbes. The virus of pleuro-pneumonia causes rapid death if injected into the conjunctiva of the ox, slight effects if a

goat be the subject, and no effect on a dog or a rabbit. Other viruses behave differently. The natural immunity of each animal depends upon a certain state of the elements of the body which cannot be microscopically distinguished. In acquired immunity probably the elements of the body have become accustomed to the presence of the soluble products secreted by the microbes.

ERYSIPELATOUS BRONCHO-PNEUMONIA.—M. Mosny (*Archives de Médecine Expérimentale*, T. II., p. 272) records the following case. A housemaid, aged 37, after nursing her employer who was seriously ill with erysipelas of the head and face, was suddenly seized with violent pain in the right side. She went to bed, had a restless night, the following morning had an intense and prolonged rigor, and was admitted that evening into the hospital, La Pitié, under Prof. Brouardel. Auscultation showed lobular pneumonia of the base of the right lung. She died the next day, and the condition of lung was confirmed by a post-mortem examination. Microscopic examination showed the presence of the streptococcus of erysipelas and no other micrococcus. The cultivation showed that the streptococcus was that of erysipelas, and inoculation of the cultivated microbe produced erysipelas only when introduced into the ears of rabbits. M. Mosny considers that it was a case of primitive erysipelas of the lung.—J. GIBBS-BLAKE.

SURGERY AND OPHTHALMOLOGY.

ANEURYSM: ITS CURE BY INDUCING THE FORMATION OF WHITE THROMBI WITHIN THE SAC.—By Wm. Macewen, M.D., Glasgow. Dr. Macewen delivered a very interesting address on this subject to the Midland Medical Society. He first discussed the relative value of the cure of aneurysm by the formation of red and white thrombi. The former being induced when an aneurysm is cured by causing coagulation of its contents by the introduction of some foreign body into the sac; the latter when the operation of ligature is performed. He maintained that the red thrombus was not the best means of cure, it was softer and thus was more liable to the production of emboli: it was more liable to yellow softening, and so to cause septic contamination; and finally the red thrombus did not produce so permanent an occlusion of the vessel. The white thrombus is gradually formed into fibrous tissue, which by its vascularisation becomes blended with the vessel wall. This ultimately shrinks, but to a much less extent than the red thrombus. Irritation of the wall of an aneurysm excites an arrest and segregation of the leucocytes in the blood stream. Thus the thrombus formed by acting on the contents of an aneurysmal sac is different from one induced by

acting on the walls. Dr. Macewen employs a fine, smooth, cylindrical needle, sufficiently strong to penetrate the aneurysmal sac, and long enough to reach across it. The skin of the patient is rendered carefully aseptic, and the pin is passed into the sac until it reaches the opposite side. It should be allowed to scratch the inner wall by the force of the blood current or should be gently moved. After one spot has thus been acted upon for ten minutes the pin, without being removed, can be made to attack another part of the sac, and so on until the greater part of it has been acted upon. The needle may have to remain in the sac 24 to 36 hours, but should not exceed 48. In a very large aneurysm several needles may be employed at one time. They generally are required to be re-applied at intervals of a week. No anæsthetic is necessary, as little pain is caused. Occasionally it may be weeks before thickening of the coats can be made out. The address is illustrated by four cases, an innominate, a subclavian, an abdominal aortic, and an external iliac aneurysm. Two were absolutely cured, one was so much better that the patient refused further treatment, and resumed his work, and was well two and a half years after the treatment had begun. One died of asphyxia after a month's treatment, with the aneurysm two-thirds cured. The address is concluded by the following warning:—"I trust that this form of treatment will not be indiscriminately employed upon every case of large aneurysm, especially upon those which are beyond hope, otherwise the method will become discredited. The very simplicity of the treatment, the facility with which it may be carried out, without even the use of an anæsthetic, and with a comparatively limited anatomical knowledge, makes this word of caution necessary."—*Brit. Med. Jour.*, Nov., 1890.

ERRORS OF REFRACTION.—The increasing importance that is attached to the diagnosis and treatment of errors of refraction and anomalous actions of the ocular muscles, is shown by the fact that in the last number of the *Journal of Ophthalmology, Otology and Laryngology*, seven out of the eight articles devoted to ophthalmology concern the above subjects.

Hydrobromide of Hyoscyamine.—Dr. Machide sums up an article on the power of this drug in rapidly overcoming spasm of accommodation, as follows:—A solution of *hydrobromide of hyoscyamine* of the strength of 1 per cent. acts as a powerful agent in paralysing the ciliary muscle, even when in a state of spasm; a single instillation is enough; paralysis is complete in from eighteen to thirty minutes; the effects pass off in from three to five days; it gives rise to no disagreeable symptoms in children and young adults, and with careful use is safe even

in the old, where, of course, it would seldom, if ever, be required to be used for spasm of the accommodation. It appears to be the most powerful of all the mydriatics, one instillation doing as well as repeated instillations of *atropia sulphate*, and instead of requiring from ten days to three weeks to pass off, the effects pass off in five days at the longest.—(*Journ. of O. O. & L.*, Oct., 1890).

Homatropine.—"It has been well established that *homatropine* is a trustworthy mydriatic if properly employed, having the great advantage that its action upon the ciliary muscle is sufficiently pronounced to permit an accurate determination of the refraction error, while its effect is so transitory that the patient is but little inconvenienced." So writes Dr. Schweinitz in the *Ophthalmic Review* for December. But he records a case to show that though the average period of recovery is about 24 hours, yet in exceptional instances the effect upon the ciliary muscle is prolonged beyond the period usually given, and the statement of the possibility of such anomalous action should be made to the patient to whom the drug is given.

HEADACHE RESULTING FROM HYPEROPIA, accompanied by muscular insufficiency.—Dr. A. B. Norton, New York, details at length a case of a hyperope whose symptoms continued in spite of the most careful correction of his refraction error by competent oculists. Avoiding technical details, the examination showed a latent divergent strabismus, which was remedied by exercises with prisms. Upon this case Dr. Norton remarks:—First: We find a case which would be generally considered by all oculists, at the time his eyes were first troubling him, as requiring glasses, and the gradual increase in their strength as was followed would have probably been the treatment of nearly all, and yet we find the eyes steadily growing worse from their use. Second: It demonstrates the necessity of examining the muscular condition, both with and without the glasses, which correct the refractive error, and that the treatment should depend upon the condition existing when the eyes are prepared for work, that is, with the glasses they are to use. Third: It exemplifies the permanent relief found after a course of training of the ocular muscles, together with the steady reduction in the strength of the glasses used.—*Jour. of O. O. & L.*, Oct., 1890.

Dr. Keeler, Syracuse, reports a similar case under the title "Headache of ten years standing, together with hyperopia, astigmatism and esophoria; a cure." Here no progress was made until Dr. Keeler had tested and found muscular insufficiency. Systematic exercise with prisms resulted in a cure.

GYNÆCOLOGY.

BERLIN CONGRESS—FIFTH SITTING.

SARCOMA OF UTERUS.—Professor Kaltenbach (Halle) gave his experience of *sarcoma uteri*. He showed seven instances of complete removal of the uterus for this lesion, in four of whom the affection located itself in the cervical mucous membrane. Of the patients, two had succumbed within seven months of the operation, the remainder were hitherto free from recurrence, some for a period of 2½ years. In another case of a girl 15 years old, recurrence leading to death took place in a year and a-half. In a ninth case, not operated on, the patient had been previously delivered of a very large myxoma of the chorion, and Kaltenbach drew attention to another recorded instance of this concomitancy.

PREMATURE INDUCTION OF LABOUR.—Professor Parvin (Philadelphia) read a paper on the *Indications for the Premature Induction of Labour*. These were (1) Uncontrollable vomiting. Out of ten cases, the mother recovered eight times; in five instances a living child was delivered. (2) Lesions of the kidneys. (3) Lesions of the heart. (4) Lesions of the lungs, *e.g.*, capillary bronchitis, pneumonia, œdema, phthisis; of ten mothers thus affected, six recovered. (5) Neural lesions, *e.g.*, eclampsia, meningitis; of nine mothers, six recovered; of ten children, one was born dead. (6) Acute infectious fevers. (7) Abnormal conditions of the pelvis; this was the most frequent indication. Among 988 cases of premature induction of labour, 870 were undertaken from this cause.

Professor Macan (Dublin) maintained that the risks of premature induction had been considerably diminished by antiseptics, even almost to vanishing. Difficulties occurred in those cases where the interests of mother and child were opposed, *e.g.*, in contracted pelvis. The better that early operation here is for the mother, the more dangerous it is for the child. Cæsarian section should only be resorted to after a full representation of the alternative procedures to the mother. Methods of induction that caused bleeding were to be avoided, because blood in a protracted case would decompose, and so lead to secondary infection. The best method seemed to him to be the introduction of bougies and afterwards of Barnes' bags.

Dr. Calderini (Parma) supported the following propositions. (1). In the child's interests must premature induction be effected in rickety pelvis, when the conjugata vera is less than 7.5 centimetres. (2). In narrow but not rickety pelvis, with careful antiseptic measures premature induction may be effected with a conjugata vera up to 8.5 centimetres. (3). The mortality of the children thus born alive can be materially

lessened by proper precautions. (4.) Antiseptic procedures, have, in lesions which complicate pregnancy, exercised a decided influence on the success of the operation. (5.) The best method for its performance consists in the use of hot douches through a Ferguson's speculum, and the introduction of a bougie up to the fundus uteri.

Calderini further gave a comparative table of the various procedures in Italy for contracted pelves, from which it appeared that the mortality of the mother rose from turning, through symphysiotomy, forceps, perforation up to Cæsarian section by Porro, and finally by Säger. The mortality of the child at birth proceeded gradually from the section by Säger, through section by Porro, symphysiotomy, forceps, and finally version, in premature induction. Turning is thus the most fatal for the child.

Dr. Dohrn (Königsberg) gave as statistics in 271 cases of premature induction, treated antiseptically, 60 per cent. of living children born. In 171 labours at term in contracted pelves, 20 per cent. of children were born alive. The maternal mortality in 318 cases of premature induction amounted to 5 per cent. The maternal mortality in 215 cases of perforation was 12. Leopold, in Cæsarian section, lost 8 per cent. of the mothers, and saved 87 per cent. of the children. Compare with this the 60 per cent. of living children gained by premature induction.

VULVAR PRURITUS.—Dr. Hardy contributes to the *Clinique* a case of vulvar pruritus in an old lady, that had troubled the patient for over twenty years. It was post-climacteric, occurring paroxysmally, only being relieved by applications of cold water. The topical use of peroxide of hydrogen, at first diluted, and afterwards pure, prolonged the intervals, and finally suppressed the attacks.

FARADIC CURRENTS IN UTERINE HÆMORRHAGES.—Dr. Boa gives his experience concerning the use of the interrupted current in uterine bleeding. Applied for ten minutes, the negative poll to the cervix, and the positive to the fundus uteri over the pubes, hæmorrhage is arrested; on recurrence, repeat the application, which may now be quite external, *i.e.*, the negative pole to the perineum. The bleeding is arrested, and should it recur, is more readily pulled up; usually the effect is permanent.

[In post-partum hæmorrhage this plan is excellent, and will act speedily; the uterus contracts vigorously, and remains in a tonic condition for some time.—G. H. B.]

HYPODERMIC INJECTIONS OF CAFFEINE IN POST-PARTUM HÆMORRHAGE.—A communication to the *Archiv. d'Obstet. et de Gynéc.* ranks the power of *caffeine* highly, in arresting

post-partum hæmorrhage. The hypodermic solution has this formula: *Benzoate of soda* 3 parts, *caffeine* two to two-and-a-half parts, water six parts. Inject about thirty minims of the fluid, warm; it may be repeated several times during the day to avert collapse, and counteract the effects of anæmia.

G. H. BURFORD.

NEUROLOGY.

DIABETIC PARAPLEGIA.—In a clinical lecture appearing in the *Arch. de Neurologie* (May, 1890), Charcot states that there exists a paralytic condition occurring during or in connection with true constitutional diabetes, with characters peculiar and constant, such as allow it to be differentiated from other forms of paralysis (*e.g.*, alcoholic), and which warrant its being allotted a specific name. He discusses the questions whether this diabetic paraplegia is an organic or dynamic affection, and of central (spinal) or peripheral origin. Repeated autopsies have demonstrated the organic integrity of the spinal cord. The nervous symptoms consist of "lightning" pains and other dysæsthesiæ, of absence of knee-jerk, of Romberg's symptom, of a peculiar pseudo-ataxic gait (*démarche de stepper*), due chiefly to paralysis of the extensor muscles of the foot (leg). The muscles, examined electrically, shew the "reaction of degeneration," with general lessened response to both currents. A patient, æt. 37, exhibited by the lecturer, presented all these symptoms, associated with pronounced diabetes. He suffered also from incontinence of urine. The family history of this patient was striking; his father was a heavy drinker, and committed suicide at the age of 71; his mother was a rheumatic subject; of seven children two were insane, and the patient afflicted as described. He was not an alcoholic. The patient improved considerably under a diabetic diet and the use of electricity (drugs proving useless), both as regards the polyuria and glycosuria and the paralysis.

The absence of gastric and laryngeal crises, of tabetic eye symptoms, and of a truly ataxic gait distinguish this condition from *tabes dorsalis*. A much closer alliance between this affection and alcoholic and other toxic paralyse exists. There was less severe pain in the case shown than is usually the case with alcoholic neuritis. These cases were (apparently) attributed by Charcot to peripheral neuritis.

INSULAR SCLEROSIS (?) TREMOR ARRESTED BY AN ATTACK OF HEMIPLEGIA.—Dr. W. Sinkler records a case in which a man, aged about 25, who had been long working in a silver-plating shop, was gradually attacked with tremor, a voluntary movement of hands, ceasing when at rest. This tremor incapacitated him from executing five movements. He had no pain and felt quite well.

This tremor continued until an attack of left hemiplegia which rendered the left side totally powerless. Power returned in the arm and leg but the tremor is still absent.

At the time of the report there was coarse tremor of the right hand, disappearing when at rest, the knee-jerk was normal on that side (and on the left), the pupils unequal; but there were no other symptoms of disseminated sclerosis. While at work in the silver-plating works, he lost some of his teeth. (Possibly a case of mercurial tremor?)—*Jnl. of Nerv. and Ment. Dis.*, August, 1890.

SPASTIC PARALYSIS.—Dr. Gibney, of New York, recommends tenotomy for the deformities resulting from spastic paralysis. He reports several successfully treated cases. Patients entirely unable to walk previously being able to do so after the operation. While admitting that many patients fail to get the benefit alluded to, he believes that a good proportion are much helped.—(*Ibid.*)

NASAL EPILEPSY.—Schneider (*Berl. Klin. Woch.*, No. 43, 1889) relates six cases of epilepsy cured by treatment of the nasal abnormality.

1. Male, *æt.* 14; no hereditary taint; "fits" since five years of age, occurring nightly, while falling asleep or in sleep. Nares contained polypoid swelling. Asthmatic breathing with râles and rhonchi reduced by touching inferior turbinates; fit followed in half-an-hour. No fits or asthma since removal of growths in 1885.

2. F., *æt.* 24. Fits since puberty. A severe fit of sneezing brought on an attack, which led to the discovery of the nasal origin. Irritation of a spot on the right inferior turbinate caused mydriasis and ill-feeling. Recovery.

In two other cases respiratory difficulty was present as well as the convulsive seizures. In these, operation removed both affections.

In one case of long-standing epilepsy the treatment failed to cure. (*Brain*, Summer No. 1890).—EDWIN A. NEATBY.

LARYNGOLOGY, &c.

LARYNGEAL STENOSIS.—Dr. Dunn (*The Clinique*, Oct., 1890), in an essay on laryngeal stenosis and its surgical treatment, divides stenosis of the larynx into three classes according to their distribution, viz., supra-glottic, glottic, and sub-glottic. In speaking of spasmodic stenosis, which belongs to the second class, he states that a crumb of bread or drop of medicament coming into contact with the sensitive laryngeal surface will sometimes produce a spasmodic stenosis which is fatal, and quotes two cases which occurred in London hospitals, the results of direct applications within the larynx.

TONSILLITIS.—Hudson reports several cases of acute tonsillitis all successfully treated with *veratrum viride* and *morphia*, the attack being generally cut short within from eight to twelve hours after treatment had commenced.—*New York Med. Record*, September, 1890.

RHINITIS, &c.—Parker (Charleston), relates the case of a patient who suffered from atrophic pharyngitis and rhinitis with symptoms of dryness of the throat, difficult nasal respiration and loss of the sense of smell. He also had slight impairment of vision. He was an inveterate smoker and accustomed to blow smoke through the nostrils. Treatment consisted of entire absence of smoking, application of electricity to the nasal mucous membrane and $\frac{1}{30}$ grain of *strychnine* three times a day. After a month the sense of smell returned, and the condition gradually improved. The author states that, though the sense of smell is primarily dependent on the olfactory nerve, secondary conditions as a free nasal passage and presence of moisture are important. He further states that anosmia may be functional or organic, and that tobacco poison is capable of producing either or both of these conditions. When the olfactory nerve is affected the anosmia is primarily and is on the same principle as tobacco amaurosis; when the secondary conditions are affected the anosmia is functional.—*Medical News*.

PERFORATION OF SEPTUM CAUSED BY DRUGS.—Jeoplitz (New York) reports that he has seen perforations of the septum narium similar to that caused by chromic acid, in 61 per cent. of workmen in an arseniate of copper manufactory.

INTUBATION FOR LARYNGEAL STENOSIS.—Dr. Cole (Michigan) in *North Am. Journ. Hom.*, Oct., 1890, reports 18 cases of diphtheritic laryngitis with suffocative symptoms treated with intubation of the larynx. Of these 13 cases, 9 recovered, 2 died from diphtheritic toxæmia and 2 from bronchopneumonia. The writer of the paper states that he is convinced that intubation is to be preferred to tracheotomy, inasmuch as (1) it is a more simple operation; (2) the laryngeal tube is worn with greater ease and comfort than is a tracheotomy tube; (3) the air which reaches the lungs is heated and moist; (4) coughing and expectoration are much easier and more effectual than is possible with tracheal tube; (5) intubation does not preclude tracheotomy, and the tube may be useful as a guide on which to cut.—DUDLEY WRIGHT.

RAPID CURE FOR TONSILLITIS.—Dr. Hudson (Stockton, Cal.) relates (*N. Y. Medical Record*) the history of cases successfully treated with *morphia* and *tincture of veratrum viride*. He found the attack of tonsillitis was cut short within from eight to twelve hours after the treatment was commenced.

TREATMENT OF ACUTE TONSILLITIS.—Dr. Bidwell (*N. Y. Medical Record*, July 5th, 1890). Locally, poultices are

applied externally, and in severe cases inhalations of steam are used. Internally, the following prescription is said to be most valuable :—

R. *Tinct. guaiaci, ammon., tinct. chinchonæ, co.* aa ʒi.
Honey (strained) ʒiii.
Sat sol. *potass. chlorat.* ʒxvi.

One teaspoonful every thirty minutes to two hours, used as a gargle, and swallowed.

Aconite or *veratrum viride* may be added to this formula, and it may also be used in lozenge form. The author is fortunate in having had only one case, *seen early*, go on to suppuration during seven years under the above treatment. He regards common acute tonsillitis as septic, and thus separates it from the rheumatic variety.

CAN LARYNGEAL PHTHISIS BE RADICALLY CURED BY ENDO-LARYNGEAL SURGICAL TREATMENT? IS a question asked by Heyring (Warschan). A great many of the patients suffering from laryngeal phthisis certainly die from disease of the lungs, independently of the laryngeal affection, and a great many of the tubercular affections of the larynx are certainly incurable, but we must do the best possible to diminish pain for such patients, to prolong their lives, and to give them the chance of a radical cure. Upon these grounds laryngeal treatment must be recommended.

Of twenty-eight patients described by the author in 1887, twelve have died, of ten the present condition is unknown, and six are still under treatment. Three of the patients who subsequently died remained without recurrence. Since this time the author has treated thirty-seven cases by his method. In thirty-two cases the ulcers have been cicatrised for a shorter or longer time. Five cases are definitely cured.

More than thirty authors have since that time applied the method, published their results, or written them in letters to the author. He showed a lady, forty-eight years of age, treated by him in 1886 by curettement. The local condition and the general health of the lady is now very good. He also showed a specimen, proving the possibility of cure of the severest form of laryngeal phthisis. In another specimen taken from a patient who died from influenza pneumonia, the formerly infiltrated posterior wall was transformed into a strong cicatrix, in which neither tubercles nor bacilli could be found with the microscope. Indications for surgical treatment are circumscribed infiltrations of the posterior wall, infiltration of the ventricular bands, ulcers and tuberculous tumours. The author concludes that perfect cure is rarely observed, but long-lasting improvement is often obtained by surgical treatment.

NOTABILIA.

THE NEW LONDON HOMŒOPATHIC HOSPITAL.

MAJOR VAUGHAN MORGAN has sent us the following copy of a letter which he has addressed to each homœopathic medical practitioner in India and the Colonies with a view to induce an Imperial support of the scheme for rebuilding the London Homœopathic Hospital on an enlarged and complete scale. We quite coincide with Major Morgan's view of the importance of the hospital in Great Ormond St. as the central homœopathic hospital in the empire. a view which has hitherto been too much lost sight of: and we sincerely hope that our colleagues in India and the Colonies will, for the credit of homœopathy in their distant provinces and presidencies, induce their patients and friends to send substantial donations to this large and rapidly developing scheme. Nothing would tend more to the unification of homœopathy throughout the British Empire than the representation of far distant supporters in a large and active hospital at the centre of the Metropolis.

“5, Boltons, S.W.

“London, December 1st, 1890.

“Dear Sir,—The London Homœopathic Hospital may fairly claim to be an imperial institution; its doors are open to all the subjects of the Queen, and all its advantages are at the service of our Indian and Colonial brethren.

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

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

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

“Very truly yours,

WILLIAM VAUGHAN MORGAN,
Major.”

POST-GRADUATE LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

ACCORDING to the promise made in our last issue, we give below the full syllabus of the course of lectures to be given by various members of the staff during the ensuing three months. The lectures, which will be open to all qualified medical men on presentation of their cards, will be delivered in the Board room of the hospital, Great Ormond Street, on Fridays, at 5 p.m., commencing on Friday, Jan. 16th, 1891.

SYLLABUS.

Jan. 16th, 1891.—“*On the Peculiar Features of the Homœopathic Materia Medica.*” By J. H. CLARKE, M.D.

Jan. 23rd.—“*The Organon.*” By J. H. CLARKE, M.D.

Feb. 6th.—“*Modern Methods of Precision in Pelvic Diagnosis: with Clinical Cases.*” By GEO. H. BURFORD, M.B.

Feb. 13th.—“*Differential Diagnosis, Prognosis, and Treatment of Abdominal Tumours: with Clinical Cases.*” By GEO. H. BURFORD, M.B.

Feb. 20th.—“*On the Treatment of some of the Commoner Diseases of the Lungs, with Clinical Cases.*” By J. GALLEY BLACKLEY, M.B. Lond.

Feb. 27th.—The same continued.

March 6th.—“*The Diagnosis of Errors of Refraction and Anomalous Action of the Ocular Muscles.*” By Mr. C. KNOX SHAW.

March 13th.—“*Adenoid Vegetations of the Naso-Pharynx.*” By Mr. C. KNOX SHAW.

RE-DISCOVERIES.

THE following excerpts from a circular advertising new drugs may be taken as the “straws” that show “which way the wind is blowing”:

“*Veratrum Viride.*—A. T. Hudson, M.D., in the *Medical Record*, relates particulars of several cases of tonsillitis successfully treated by minim doses of *veratrum viride*. Three or four doses were generally sufficient to stop the congestion, produce sweating, and afford permanent relief. One patient had suffered from the disease three former times, and on each occasion the treatment with *veratrum viride* successfully terminated the illness in from three to five days. The simplicity of treatment, and the promptness of relief, are sufficient reasons for emphasizing the value of *veratrum viride* in tonsillitis.

“Sir Morell Mackenzie recommends small doses of aconite frequently repeated as an anti-pyretic (*Diseases of the Throat and Nose*, vol. 1).”

* * * * *

Calc. sulphide.—“A writer in the *Therapeutic Gazette*, May,

1890, considers favourably the employment of *calcium sulphide* in a large variety of cases, more especially in the treatment of ovarian and uterine affections. The drug is said to be chiefly effective in preventing the formation of pus. Frequently, displacements of the uterus are attended with ovarian pain, which, if not attended to, will result in salpingitis and numerous other ills, that are relieved only after resort to the knife. The author says:—"I have been fortunate in quite a number of instances in overcoming this chronic ailment by suitable local treatment, and the exhibition of *calcium sulphide*, in doses of $\frac{1}{10}$ th grain, at intervals, so that five 'Tabloids,' each containing this amount, are taken daily. Those who have doubts about these statements, can easily settle the matter to their own satisfaction in the course of a few days, by selecting from among their patients some poor, bedridden woman, who has been half invalid for months, or possibly years. Arguments of this kind are the most convincing. . . . Chronic uterine catarrh may be successfully treated in the same manner," etc.

"Bronchial catarrh, acute, subacute or chronic, is always benefited by the use of *calcium sulphide*. In the acute stage, when the cough is severe, the dose mentioned should be given every hour, combined with a minute dose of *morphia* $\frac{1}{10}$ gr. 'Tabloid'; by this treatment the author considers much better results may be obtained than by the administration of nauseating mixtures,"

"In all cases where there appears to be a tendency toward suppuration, the employment of *calcium sulphide*. is highly commended. 'A succession of common boils, scrofulous and other abscesses, are made to mature, and the expulsion of the pus is favoured by the use of sulphides' (Bartholow.) Very remarkable results were obtained by the employment of *calcium sulphide* in small doses in the treatment of furunculosis (Ringer)."

TO EXAMINE TUBERCLE BACILLI IN SPUTUM.

THE following is an easy and reliable method of examining for tubercle bacilli. Take two cover-glasses thoroughly cleaned by having been previously immersed in strong nitric acid, washed in water and then in methylated spirits and dried. On one of them smear a small quantity of the sputum suspected to contain the bacilli, press the other cover-glass against it, and wipe away any superfluous sputum which may appear at the edges of the glass with blotting paper. The glasses may now be separated, and each will be covered on one side with a film of sputum. Pass the glasses several times through the flame of a spirit lamp in order to dry the film and coagulate

the albumen. They may now be allowed to remain in one of the staining fluids mentioned below, floating face downwards for from five minutes to half an hour according to the strength and temperature of the fluid. They should next be removed, shaken in distilled water for a minute or two, and then (in the case of using fuchsin or methyl aniline violet) placed in a 1 in 4 solution of nitric acid. Remove them from this in half a minute, and then transfer to distilled water, wash thoroughly, and dry and mount in Canada balsam dissolved in benzole and turpentine.

Stains: Fuchsin.—Erich's stain is made by taking 5 parts of pure aniline and 100 parts of distilled water. These are well shaken and then filtered. A saturated solution of fuchsin is then added until precipitation occurs. Methyl violet is prepared in the same way as the fuchsin. Perhaps the best stain is *Gibbes' double stain*, which is made of magenta and methyl blue. The process of staining is the same as above, only instead of washing in nitric acid, methylated spirit is used until all the stain has apparently disappeared; then dry and mount. The lenses needed are eye-piece No. 8; objectives $\frac{1}{8}$ or $\frac{1}{7}$ (English); No. 7 (Hartnack); or glass D. (Zeiss). The stains may be obtained ready prepared from microscope makers.

NEW BOOKS.

We notice that *The Medical Annual* (edited by Dr. Percy Wilde) for 1891 will be ready this month. This periodical continues to grow in size, and can now boast of a circulation of over 10,000 copies. From the synopsis of contents this issue promises to be more than usually valuable and interesting. (Publisher: Wright, Bristol).

A new edition of *Neale's Medical Digest* is to be published in a few months. This work is well known to all medical men engaged in literary work, but is not intended to be useful only to them. Much help may be derived by the practitioner from reference to it when studying any new subject or difficult case. Names of subscribers should be forwarded to Dr. Neale, Boundary Road, N.W. Were a supplement to this work issued every six months, and a new edition every five years, its value would be greatly enhanced. Moreover it is time that the contents of homœopathic journals should find a place in its pages.

The *Annual of the Universal Medical Sciences* for 1890 is now published. It was somewhat late in its appearance on account of the illness of many of the editors from influenza. It is continued on the lines of previous years, and is an encyclopædic work. (F. A. Davis, Berners Street, W.)

Davis' *Visiting List* (Berners Street, W.), is an exceptionally portable and handy little book, adapted for any month or year. It has the usual pages for notes, cash accounts, &c.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

We are asked to state that Mr. S. J. LEWIS of Newington Causeway, S.E., has opened a Homœopathic Pharmacy at 285, Queen's Road, New Cross Gate, S.E.

Mr. DUDLEY WRIGHT has commenced practice at 21, Leinster Square, W.

Communications, &c., received from Dr. MORRISON, Dr. J. GALLEY BLACKLEY, Dr. BURFORD, Dr. DAY, Dr. DUDGEON, Mr. KNOX-SHAW, Mr. WRIGHT, Mr. CROSS, Mr. S. J. ELLIS (London); Dr. McKECHNIE (Bath); Dr. NICHOLSON (Clifton); Dr. STONHAM (Ventnor); Dr. J. GIBBS BLAKE (Birmingham); Dr. HUGHES (Brighton); Dr. W. TALBOT (with enclosure).

BOOKS RECEIVED.

A Clinical Materia Medica. By the late E. A. Farrington, M.D. Second edition. Philadelphia: F. E. Boericke. 1890.—*Principles of Surgery.* By N. Senn, M.D., Ph.D., Milwaukee, Wis., Philadelphia and London: F. A. Davis. 1890.—*Heredity, Health and Personal Beauty.* By John V. Shoemaker, A.M., M.D. Philadelphia and London: F. A. Davis. 1890.—*Electricity in the Diseases of Women.* By G. Betton Massey, M.D. Second edition. Philadelphia and London: F. A. Davis. 1890.—*Twelve Lectures on the Structure of the Central Nervous System.* By Dr. Ludwig Edinger, Frankfort-on-the-Main. Translated by Willis Hail Vidson, M.D., S. Paul, Minn. Philadelphia and London: F. A. Davis. 1890.—*The Medical Bulletin Visiting List, or Physician's Call Record.* New Edition. Philadelphia and London: F. A. Davis. 1890.—*Transactions of the Fourteenth Annual Session of the California State Homœopathic Medical Society, held May, 1890.* Vol. i. San Francisco: Joseph Winterburn & Co. 1890.—*Homœopathic World.* Dec. London.—*Chemist and Druggist.* Dec. London.—*Magazine of Pharmacy.* Dec. London.—*Beauty and Fashion.* Nov. 29th. London: Sheppard & St. John.—*Report of the Melbourne Homœopathic Hospital.* 1890.—*North American Journal of Homœopathy.* Nov. New York.—*American Homœopathist.* Nov. New York.—*New York Medical Times.* Dec.—*Medical Record.* Nov. and Dec., 1890. New York.—*The Chirœonian.* Nov. New York.—*Helmuth House Report.* (Fourth series). New York.—*Hahnemannian Monthly.* Nov. Philadelphia.—*The Clinique.* Nov. Chicago.—*The Medical Advance.* Nov. Ann Arbor.—*The California Homœopath.* Nov. San Francisco.—*The Medical and Surgical Record.* Nov. Omaha.—*Il Policlinico.* 8th and 23rd Nov. Turin.—*Pop. Zeitschrift für Homœopathie.* Dec. Leipzig.—*Allgem. Hom. Zeitung.* Dec. Leipzig.—*Rivista Omiopatica.* Nov. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:—

SOME OF THE COMMONER DISEASES OF THE
PHARYNX AND LARYNX.*

BY MR. DUDLEY WRIGHT.

I SHALL not try to deal in any great detail with the subjects I have chosen for to-night's paper, as our time is too short, and for this reason I must ask you to make allowances for the "sketchy" character of this essay. I hoped, moreover, to have brought before you patients suffering from the various diseases of which I shall treat, but in this I have been disappointed, and will therefore try in part to make up for this loss by a few coloured illustrations taken from patients who from time to time have presented themselves for treatment at this hospital.

For various reasons I shall not enter into a discussion upon acute catarrh of the naso-pharyngeal tract, but, passing this over, will commence with the extremely and often intractable disease—*chronic naso-pharyngitis*.

This disease may be present in one or both of two forms: The first consisting of a more or less uniform redness of the mucous membrane with, perhaps, slight swelling; the second, to which the name *pharyngitis granulosa* is given is characterised by the presence of the so-called granular bodies in various parts of the pha-

* Read before the British Homœopathic Society, Jan. 1, 1891.

ryngeal tract. They vary in size from a pin's head to a split pea or even larger, and are situated by far the most commonly in the *pars oralis*.

According to Saalfeld and Roth these bodies are due to "a circumscribed proliferation of the lymphoid tissue around the duct opening of a mucous gland," and most observers are agreed that their presence is a manifestation of the evil effects produced by irritation of one form or another applied to the mucous membrane of the pharyngeal tract.

The most common of these irritants, according to Lennox Browne, is the improper use of the voice, in which he would include not only improper voice production, but also over-exertion of the voice or straining, an act entirely controlled by the pharynx. That this is really a common factor is demonstrated by the very frequent occurrence of the disease in clergymen and public speakers, from which fact it has obtained the name of "clergyman's sore throat." Other important causes are excessive smoking, especially if expectoration be frequently carried out during the act, and alcoholic excess. One form of the disease, which according to most English observers is uncommon in this country, is that in which the granulations are grouped more particularly at the sides of the pharynx. To this the name *lateral hypertrophic pharyngitis* has been given. In such cases inspection shows an irregular and elongated swelling of the mucous membrane behind each posterior pillar of the fauces springing forward and inwards and coming very prominently into view when the patient is made to say "a." This condition, though as before said comparatively rare in England, is by no means uncommon in parts of the Continent, and in the clinics in Vienna one could find it present to a greater or less degree in nearly half the cases of chronic pharyngitis.

This form is of importance, inasmuch as the granulations, being in close proximity to the opening of the Eustachian tubes, are more likely to obstruct the free passage of air into the middle ear and lead to ordinary "throat deafness" and other consequences of Eustachian blocking, than the form in which the granulations are situated more in the middle line of the pharynx.

A common symptom in these cases is a "sticking" pain running up in one or both ears.

If the granular pharynx is not carefully treated atrophy of the mucous membrane is very apt to ensue, and we then have the atrophic form of pharyngitis in which there is a loss of epithelium, atrophy of the glandular tissue, and thus a diminution or complete absence of secretion, the mucous membrane becoming dry and glazed.

In the vault of the pharynx is situated the mass of lymphoid tissue called after Luschka, who first accurately described it, Luschka's tonsil. This organ possesses numerous crypts, similar to those of the faucial tonsils, though larger, running into its substance.

It is the hypertrophy of this pharyngeal tonsil which forms the adenoid vegetations so commonly met with in children from the age of six years upwards.

Besides this, another form of disease is liable to be produced by certain alterations in its structure.

You will see in the illustration that at about its centre is situated a crypt which is somewhat deeper and larger than the rest, and which has been called the bursa pharyngea. This crypt is liable to be attacked by a form of chronic inflammation which causes it to be the seat of a stringy muco-purulent discharge which, issuing from its mouth, may appear trickling down the posterior pharyngeal wall behind the uvula. This process may of course occur in any of the other crypts, but its effects are much more noticeable and possibly more common in the larger central one. This disease was first described by Tornwald, of Dantzig, and has been called bursitis or catarrh of Luschka's pouch.

In order to make a certain diagnosis posterior rhinoscopic examination is necessary, and the discharge may sometimes be seen issuing from the mouth of the crypt. I have not yet myself had an opportunity of seeing one of these cases, but it should always be looked for in patients suffering from a chronic discharge from the posterior nares. In some cases examination of this region may be assisted by some form of uvula retractor, one of which I pass round. They are not often needful for examination purposes, but may be found useful when it is desirable to apply remedies locally.

With regard to the treatment of chronic catarrh we have many remedies from which to make a selection. For those cases attended with a scanty secretion and

constant hawking, especially when this occurs in the morning soon after waking, *nux vomica* will generally give prompt relief. When the granular condition is marked, *sanguinaria* taken internally, or as I prefer it, locally with glycerine or in a warm spray, is as good a remedy as one could wish.

Phytolacca is useful in those cases of chronic sore throat increased by exposure to cold winds, with pains commencing in the throat, extending downwards, and exciting a paroxysmal cough with thick mucus.

Bichromate of potash is chiefly indicated in those forms attended with considerable muco-purulent discharge and involvement of the nasal mucous membrane, and should be of use in the disease described by Tornwald. One other form of medication I have found useful, especially in chronic catarrh left after repeated acute attacks, is the inhalation of *camphor* mixed with *sulphuric ether*, in the proportion of 10 of *camphor* to 100 of *ether*.

Some forms of pharyngitis are marked by the presence of enlarged and tortuous veins beneath the mucous membrane, and often by a varicose condition of the veins at the root of the tongue. In these cases *pulsatilla* is the indicated remedy, though it is often necessary to destroy the varix by means of the galvano cautery. *Pulsatilla* is more particularly indicated in those cases of long standing pharyngitis accompanied by a characteristic train of mental and gastric symptoms.

Chronic laryngitis is one of the most common forms of laryngeal disorders with which one meets. In it one finds a more or less equally distributed injection of the mucous membrane of the larynx, with or without involvement of the true vocal cords. The redness and swelling is, as a rule, most marked when the tissues are loose in texture as over the ventricular bands and ary-epiglottic folds: but the epiglottis may become intensely injected, especially in those cases due to alcoholic excess. Bands of mucus may be seen stretching from cord to cord, which, breaking when the cords are widely separated as in taking a deep breath, leave an appearance of crenation of the free borders. Often, also, will be found a want of the power of approximation of the cords in their central parts, owing to weakness of that portion of the thyro-arytenoidens muscle, which exercises a control over the tension of the cords, and at the same

time a certain jerkiness in their movements may be noticed. As in the pharynx, so in the larynx, though to a lesser degree, the glandular lymphoid tissue may become enlarged, forming the so-called follicular laryngitis.

Erosions of the mucous membrane may be present, though true ulceration seldom if ever occurs. When the loss of epithelium takes place on the vocal cords, an absence of the characteristic sheen will be noticed on the damaged parts. The treatment of chronic laryngitis is very much the same as for chronic pharyngitis, but I may mention *iodine* as a drug to be used in the follicular form.

It must, however, never be forgotten that both chronic pharyngeal and laryngeal catarrh are as often as not complicated with some form of nasal stenosis, and may really be the result of the stenosis. Any form of treatment, then, is useless until we remove the exciting cause from the nose. So long as the stenosis exists, the patient will breathe through the mouth, and this will invariably keep up the irritation.

Before passing on to the specific forms of inflammation, I should like to mention a case of a rather anomalous character which was under the care of Mr. Shaw in the hospital last year. A female child, age 5 years, who had previously been operated on for post nasal adenoids, was admitted with a sore throat, which had been coming on for the last four days, general weakness with a temperature of 101°. Examination showed the fauces to be much injected and the tonsils enlarged (this was old-standing trouble). On the lower half of the uvula was situated a dumb-bell-shaped bleb, the remainder of the uvula being of an intensely red colour. On the upper part of the right anterior pillar of the fauces were two other blebs, with a surrounding zone of hyperæmia.

The posterior pharyngeal wall was deeply injected and the tongue coated. On the second day after admission a rash, somewhat similar to that of scarlet fever, was noticed on the arms and shoulders, and at the same time the skin was hot and dry, but by the evening the rash had gone and the skin was moist. By the fourth day the temperature was normal, and the blebs had nearly disappeared, but at this time what appeared to be pompholyx formed on the outer side of the terminal phalanx

of the right index finger. The child, however, went on well and was soon sent down to the Eastbourne Convalescent Home.

She received *bell.* whilst the acute stage lasted, and at the end *rhus tox.* The illustration was taken on her admission. From the faucial appearances I should be inclined to class this under the head of herpes of the pharynx, the attack somewhat corresponding to those cases in which a rise of temperature is followed by no other symptoms than herpes of the lips.

Cases of syphilis of the pharynx are unfortunately common enough in both its secondary and tertiary forms, and in hospital work one is constantly meeting with patients who present various features of this affection. They are generally the most satisfactory cases we have to treat, and the results are very encouraging.

Cases of primary chancre of the pharynx or oropharynx would hardly come under the heading of this paper, so I propose to deal only with the two other forms of the disease.

The throat manifestations of the secondary stage are of the same nature as those of the skin.

A more or less symmetrical hyperæmia of the mucous membrane of the fauces and velum, together with a slight amount of swelling owing to serous infiltration of the submucosa is to be seen. The swelling is of course most marked where the tissues are loose, and hence the uvula may be considerably swollen and its edge have a peculiar semi-transparent look owing to the œdema. The posterior pharyngeal wall is not so often attacked by the inflammation, though the naso-pharynx may become involved together with the lining of the Eustachian tube. Mucous tubercles may be present, corresponding to the papular eruption of the skin, and on them "plaques" of exudation may form, but in many cases these plaques are not due so much to an exudation as to the heaping up of sodden scaly epithelium.

The illustration is taken from a typical case of secondary syphilitic sore throat in a man, aged 21 years, who was first seen here by me last May. He had a hard chancre in January and the sore throat came on at the end of February. When seen he was decidedly anæmic and the forehead and upper part of the chest was covered with a thick macular and papulo-squamous

eruption, which had been present for two months. You will see that on the right tonsil and anterior palatine fold is a "plaque" of a horse-shoe shape, and on the left side is a more irregular shaped one. The mucous membrane around them is much congested and there is slight œdema of the uvula. There was an enlarged unindurated gland at the left angle of the jaw. The hearing power was only in contact with the watch in the right ear and $\frac{9}{30}$ in the left ear. He had previously been treated at the North-West London Hospital. I ordered him *merc. sol.* 3x mv. t.d.s. and *ung. hydrarg. ammoniata*, with *lanoline* and *glycerine* in equal parts for the eruption. In a month the rash on the arms and body and the sore throat had quite gone, but there were still a few maculæ left on the forehead.

The symmetry of the erythematous or papular eruptions of the throat are very characteristic, and Jonathan Hutchinson has given to it the name of "Dutch garden symmetry."

In the secondary form of the disease true ulceration very rarely takes place. The plaques may be mistaken for ulcers, but careful inspection will prevent this error. A certain amount of erosion of the mucous membrane may occur, but ulceration is practically limited to the tertiary stage and is then the result of breaking down of gummata.

Secondary syphilis may assert itself in the larynx in very much the same form as it does in the pharynx, though it is less frequent and its manifestations do not show the same tendency to symmetrical arrangement as in the latter seat. Another important feature about laryngeal involvement is that it does not show itself as a rule till a much later period than the pharyngeal form, indeed, it is generally only first present when the latter trouble has nearly or quite subsided.

If mucous tubercles are present they generally occur in the epiglottis, and in the larynx the same rule holds good with regard to true ulceration being rare in the secondary stage.

The voice is more markedly affected in cases of specific than of simple laryngitis. Periods in which the voice is quite lost are not uncommon, and are chiefly dependent on atmospheric disturbances, and when the voice is

restored it is almost always husky for a considerable period and may become permanently so.

The treatment of the various conditions of secondary syphilis are eminently satisfactory. *Perchloride of mercury* suits most cases, and I have not seen a case which did not obtain benefit from it. For the pharyngitis a gargle of 1 in 20 *nitric acid* solution is highly beneficial. I know of nothing which so quickly removes the discomfort occasioned by the hyperæmia. The same or a little weaker lotion may be applied locally to the laryngeal mucous membranes by means of the laryngeal brush, or better, a probe covered with cotton wool. The patient must avoid eating anything which may act as an irritant to the inflamed parts, such as curries or mustard, &c., and he should take great care that the teeth and cavity of the mouth are always kept clean.

We have seen that the pharyngeal and laryngeal lesions of secondary syphilis are similar in their pathology to those found on other parts of the body, and we find that the same order of things obtains with regard to the tertiary stage. We have the same gummatous deposit, the same loss of tissue or ulceration brought about by changes taking place in the walls of the vessels supplying the gummata, and the same tendency to heal up under suitable remedies. The soft palate and uvula is the most frequent seat in the pharynx for gummatous deposits, and it is here that the disease leaves the clearest traces of its past existence. A more or less localised hyperæmia and swelling of the part attacked is to be first noticed; death of tissue soon follows, and an ulcer forms which is generally covered with a tough yellowish slough, the remains of the necrosed tissue. If this slough be removed, the ulcer will be seen to be of a considerable depth, with undermined edges, and the mucous membrane in the vicinity of an intensely red colour. The discharge which comes away mingles with the saliva and renders that secretion offensive and highly septic. The glands at the angle of the jaw will, moreover, be increased in size.

If there is a gumma at the root of the uvula the blood supply of that appendix may become cut off, and true gangrene of the uvula results; this I have seen happen in a very severe case. In other cases the gumma is situated in the substance of the uvula itself, and the

ulceration which follows results in its complete disappearance. The soft palate may become perforated, and the loss of tissue over the hard palate may cause necrosis of the bone and exfoliation.

Under treatment the healing process soon commences, the sloughs disappear and the ulcers look healthier and gradually diminish in size. Cicatrisation now takes place, and if the ulceration has been at all severe, and there has been much loss of tissue, considerable deformity will result. The first illustration was taken from a female, *æt.* 52, admitted to hospital for severe syphilitic ulceration of the soft palate. Two perforations can be seen, the uvula having entirely disappeared, and on the left side a bridge of tissue running up from the anterior pillar of the fauces stretches across one perforation. The second illustration was taken from a girl aged 18 years, who acquired syphilis at 15 years. In this case the uvula has quite, and the velum almost entirely ulcerated away, and there is a considerable amount of scarring of the posterior pharyngeal wall.

Tertiary syphilis of the larynx may follow on a case of tertiary syphilitic pharyngitis, but should this be the case its ravages seldom extend below the epiglottis. It occurs, as a rule, as a very late manifestation of the disease, and often not until some 10 or 15 years after the primary stage. The gummatous deposit breaks down and a typical syphilitic ulcer is the result. These ulcers may be present in the epiglottis—which is most commonly the case—on the vocal cords or on the inter-arytenoid space. When on the epiglottis, the ulcer may be very readily seen, and its edges often acquire a peculiar mouse-nibbled contour, which is very characteristic. The process of cicatrisation of these ulcers is often attended with a good deal of contraction, and this may lead to stenosis of the larynx of extremely troublesome character. During the process of ulceration the cartilages of the larynx may become attacked, and pieces may from time to time be discharged.

Acute oedema may occur during the progress of the case, and such an accident often calls for the prompt performance of tracheotomy.

The treatment of tertiary syphilis is, as a rule, very satisfactory so long as we only have to deal with ulceration, but the after-effects produced by cicatrisation

are always very troublesome. The ulcerative process is in most cases entirely stopped by the internal administration of *iodide of potash* in 3 to 5 grain doses.

Mr. Jonathan Hutchinson has given us a very good example of the homœopathicity of this drug in Vol. No. 1 of his admirable *Archives of Surgery*, where a case of *iodide of potassium* poisoning with the production of numerous gummatous like growths, and which were indeed mistaken for such, is well illustrated. Should the *iodide* fail, we fall back upon *nitric acid*, both internally and as a mouth wash. Any good antiseptic mouth wash may be used—preferably *permanganate of potash*—and after the sloughs have been removed the ulcers may with advantage be painted with a 1 per cent. solution of *iodine* in *glycerine*.

During the ulcerative stages of tertiary syphilitic laryngitis, the same treatment may be adopted, but when cicatrization has ended and stenosis is left, surgical treatment is necessary.

Schrötter, of Vienna, in these cases performs a preliminary tracheotomy, and by means of hollow tubes of gradually increasing dimensions, dilates the stricture by passing the instruments from above. The tubes are retained in position for from 15 to 30 minutes. I have seen two cases of post-diphtheritic stenosis in his clinique treated by this method with very good success.

Whistler uses a dilator and knife combined, by which the stricture is at the same time incised and dilated, and he does not perform a preliminary tracheotomy. In spite, however, of the most painstaking treatment, the results are unfortunately very discouraging, from the very great tendency for the stricture to become tight again.

A deposit of tubercle in the larynx may take place during the course of chronic pulmonary tuberculosis, or as post-mortem examination has proved, without the primary affections in the lungs.

The first pathognomonic signs of laryngeal tubercle are often preceded by a marked anæmia of the mucous membrane. The white cords do not stand out with their usual distinctness against the other coloured portions of the larynx. Marked pallor of the mucous membrane is, then, always a suspicious sign, and more especially so if to this be added a certain amount of

aphonia and imperfect adduction of the vocal cords. These symptoms in delicate women with menstrual disturbance are by no means uncommon precursors of laryngeal tubercle.

Swelling of the parts in which the deposit of tubercle has taken place is the next change. This is the first characteristic of tubercular disease of these parts. It is generally localised to one particular spot, especially the inter-arytenoid space or the coverings of the arytenoids.

The tumefaction is due to a tuberculous infiltration of the sub-mucous tissues, and is not to be confounded with the swelling due to œdema which sometimes occurs during the course of tubercular laryngitis owing to perichondritic changes.

When the deposit is over the arytenoid cartilages the swelling is very characteristic, the two pyriform bodies standing out prominently, with their larger ends meeting in the middle line and the other ends tapering outwards. The epiglottis and the ary-epiglottic folds may be likewise affected, and in the sketch taken from a patient, kindly sent to me by Dr. Cooper, you will see a good example of tubercular infiltration of the right half of the epiglottis and the covering of the right arytenoid cartilage. In this case there is considerable hyperæmia of the affected areas which is not usual, the colour, as a rule, being described as "muddy" or greyish, with a few dilated vessels crossing over the swelling. In the above case there is also some commencing ulceration of the inner edge of the swollen epiglottis and of the right ventricular band, with hyperæmia of the right vocal cord. The patient's age is 26, and he has slight evidences of phthisis at the right apex.

The swollen parts may attain an enormous size before ulcerating, but sooner or later the mucous membrane gives way and small ulcers form, which by confluence form larger ulcerated areas.

About this time, or even sooner, paralysis of one or both cords may appear, and this is due either to direct impediment to their movements owing to the swollen condition of the parts, or to pressure on some part of the recurrent laryngeal nerve, the right nerve being more commonly involved than the left owing to its anatomical relations.

One meets occasionally with cases in which there is no marked swelling of the arytenoids or epiglottis, but in which there are present on the posterior wall of the larynx some polypoid excrescences. These, at first sight, are apt to mislead, but careful examination will probably prove them to be the upper indurated border of a tubercular ulceration, which is limited to that part, the ulceration itself not being visible, owing to its irregular upper edge which, projecting forward, appears as the polypoid excrescences and thus obstructs the view. In process of time the ulceration may be seen creeping on to one or the other vocal cord or ventricular band and the diagnosis becomes no longer doubtful.

It is necessary to say a few words on the subjective symptoms of this disease, as their presence not only aids us in treatment but also in diagnosis and prognosis.

The voice is usually early affected, becoming weak and often quite aphonic. In syphilis true aphonia does not often occur, the voice being only hoarse.

Respiration is not often embarrassed, though often more frequent than natural, owing to the condition of the lungs. Stenotic suffocation is not so common as in syphilis.

Cough and expectorations are much dependent upon the condition of the lungs; and *hæmorrhages*, apart from a pulmonary origin, are rare, whereas in cancer and syphilis they are fairly common.

Pain is present when there is much cough, and especially when the epiglottis is involved, as every particle of food irritates the tender surface. Pain is a rare symptom in syphilis.

The prognosis is usually unfavourable, especially when the epiglottis or pharyngeal aspect of the larynx is involved, for, owing to the painful deglutition, sufficient nourishment is not easily taken, and the patient's end is rapidly hurried on by starvation.

When the disease is confined to the intra-laryngeal portion we may have hopes of arresting its course.

In treatment the two chief drugs we have to rely upon are *iodide of arsenic* and *iodide of mercury*. Dr. Beebe in the *Journal of Ophthalmology, Otology and Laryngology*, for October, 1890, reports three cases of this disease in rather an advanced state, receiving great benefit from the former drug, and *ferrum phosph.*, combined with

local treatment of the ulcerated areas, with 20 and 50 per cent. solutions of *lactic acid*, iodoform powder being afterwards dusted on.

Bichromate of potash would be indicated when there is much ulceration and chondritic change.

To relieve the cough, which is often a very troublesome symptom, inhalations of *conium* are useful.

R. *Sode carbonatis exsiccate* ... gr. xx.

Aque (140° F.) fl. ʒ. xx.

Solve et adde—

Succi Conii fl. ʒii.

The vapour should be inhaled once or twice a day.

(The above is from the *Throat Hospital Pharmacopœia*.)

In many cases *codei* in $\frac{1}{8}$ gr. doses, with a drachm of *glycerine*, will be found to give great relief to the cough.

A twenty per cent. solution of *lactic acid* applied to the ulcers is a very favourite remedy, and in some cases has caused them to heal up rapidly. A form of treatment which has been lately advocated, and I myself can testify to the relief sometimes given to the patient from cough and pain, is the injection into the larynx of a 20 per cent. solution of *menthol* in olive oil. Many patients treated by this method express great relief, and often the emaciation is arrested and weight regained.

It yet remains to be seen whether Dr. Koch's method of treatment is to be relied upon in laryngeal tubercle.

DISCUSSION.

Dr. BLAKE had pointed out fifteen years ago that follicular pharyngitis was often associated with emphysema, and tricuspid insufficiency. Dissenting ministers were less liable to it than Church clergymen. Mr. Spurgeon said it was because Dissenters did not intone. Dr. Blake did not agree with this. He attributed it to the fact that Anglicans were often athletes, and subject to emphysema. Much more attention was given to the subject of naso-pharyngeal neoplasms by Americans than by others. He mentioned the best instruments for removing adenoids, the most popular being Löwenberg's forceps and Gottstein's ring-knife. Dr. Blake had adopted the surgical treatment some years ago, and found it much better than medicinal. He noticed that laryngeal symptoms disappeared when the pharynx was treated. Osteo-arthritic patients, especially pallid and anæmic, were liable to sore throat. They have pain on swallowing. It is myalgia of pharyngeal

muscles, and disappears under *actæa racemosa*. There is nothing to see on looking at the pharynx. He sterilised the nose before examining, with a spray of boric acid and cocaine (5 per cent.) in camphor water. Dr. Blake showed and illustrated the use of a new nasal sound he had devised. He gave the 3x trituration of *merc. cor.* in secondary syphilis, the first centesimal in primary syphilis. The 80 c. was excellent in syphilis of the newly born. He mentioned a case of tertiary syphilis of a peculiar kind. The wife of an officer suffered from great pain in left arm and attacks of dyspnoea, hoarseness, and marked cyanosis. She had been thought to have adhesion of the pericardium to the heart. Mr. Millican and Dr. Blake had diagnosed a gummatous mass in the mediastinum pressing on the phrenic and recurrent laryngeal, and this was confirmed by a *post mortem* examination. In reference to *iodide of potassium*, he mentioned a case in which cerebral syphilis was diagnosed, and massive doses of *iodide of potassium* administered. The patient became worse at once, developed dementia and local dropsies, and was sent to an asylum where he soon died. His brain was found perfectly healthy. There was no syphilis. The patient died of *iodide of potassium*. The case was really one of old sunstroke occurring in a guardsman; it had been steadily improving under *lachesis* 6, when unfortunately the aid of a distinguished neurologist, who evidently himself suffered from another form of syphilis on the brain, was sought with the disastrous result that has been described!

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

Dr. CLARKE was much interested in Mr. Wright's excellent paper, and he was glad to find he was devoting himself to this special study. In his own experience in the treatment of chronic pharyngitis he had not found local applications necessary. In one case, in which the catarrh had lasted for years, the patient having to clear away a greenish-yellow leathery secretion several times a day, *sulphur*, *lycopodium*, *argentum nitricum*, and *cistus*, given according to the patient's symptoms, general and local, entirely relieved the condition.

Cistus was given because the patient complained of a "spongy" feeling in the throat, *cistus* producing a feeling of *softness*. The relief was immediate. The patient also suffered from granular inflammation of the eyelids, and every night she used to bathe the eyes with a zinc lotion in order to get relief. This condition was entirely removed at the same time as the throat symptoms. In reference to "antiseptic washes" recommended for the mouth and throat by Mr. Wright, he would remind him that the mouth absorbed very rapidly, and everything applied locally to the mouth was at once absorbed into the system. He had seen a case of severe poisoning by *borax* used for a long time as a mouth-wash for a child. There was ulceration outside the mouth as well as inside, and the characteristics of *borax*, "aggravated by downward motion," was most marked. The child screamed whenever the nurse attempted to put it down. He thoroughly endorsed Dr. Hughes' remarks that our *Materia Medica* should be our first enthusiasm. Homœopaths should be fully abreast of the allopaths in all surgical methods, but they should be homœopaths first and surgeons afterwards.

Mr. KNOX SHAW thought Mr. Wright's paper an excellent combination of modern surgery, with hints for the best medicinal treatment. There were, however, some remedies he had not mentioned. *Hydrastis* was one. Chronic post-nasal catarrh he had seen relieved by this, and the local application of *hydrastis* with *glycerine* was of great service. He had found *calcareæ phos.* very useful in adenoid disease. Some patients, on whom it had not been convenient to operate at the time, materially improved under *calcareæ phos.* But he thought operation should not be delayed too long. A vapour of *chloride of ammonium* had been useful, applied to the nose and pharynx. With many a patient with chronic hoarseness, improvement would not take place till the pharynx was seen to. *Nitric acid* 1x was useful in syphilitic ulceration, as well as *mercury*. He had long considered what was the relation between *iodide of potash* and tertiary syphilis. Mr. Wright had asserted, on Mr. Hutchinson's case, that it was a homœopathic relation, and if so, this cleared away a difficulty. Mr. Hutchinson had given good illustration of homœopathic action in showing the power of *arsenic* to cause cancer, which, as homœopaths knew, it had also cured.

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

Dr. DUDGEON (in the chair) said his own experience did not give him much information about the surgical diseases of the

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

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

Mr. WRIGHT (in reply) thanked the members for the manner in which the paper was received. The glazed pharynx was not amenable to surgical means. It was only by getting drugs strictly homœopathic that any impression can be made on it. He did not think the laryngeal affection was always reflex as Dr. Blake suggested; it might be by extension of the diseased action, or from the cold air breathed through the mouth, the nose being stopped. *Cocaine* should be avoided as an application to relieve the pain in tubercular laryngitis; and for anæsthetic purposes it was better used on a plug of cotton wool than as a spray.

NOTES ON DIPHTHERIA, WITH CASES.

By J. ROBERSON DAY, M.D. Lond.

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PERHAPS there is no disease which is more interesting to the physician than diphtheria. The subtle way in which it often appears; the great difficulty there must always be in a certain number of cases, where there are no pronounced symptoms or lesions, in distinguishing it

from a simple case of tonsillitis; the uncertainty of the course it runs—at one time lining the fauces and nasal passages with false membrane, and speedily causing death from exhaustion or by asphyxia, at another time the local lesions being so slight as to be unrecognised, but the subsequent paralysis so marked and grave as to lead to death—all these points will ever lead the cautious physician to give a guarded diagnosis, and when there is no doubt as to the nature of the disease, a cautious prognosis, even in the cases apparently most simple.

In many points diphtheria is comparable to enteric fever, in the way in which it is conveyed by contaminated milk or water or by bad drains; the way in which both, though contagious diseases, can be safely nursed in the general wards of a hospital, provided sufficient air be allowed; and lastly the uncertainty of the course which each will run, death threatening in so many ways.

The following cases show in a remarkable way this eccentric nature of the disease:—

Alice P., aged 5; father a cab-driver. Mother brought her to the Kentish Town Medical Mission on Sept. 19th, 1889, saying she had fits, and turned black in the face, and foamed at the mouth. The attack first came on four days ago, on Sunday, when she had two fits, and was insensible till mid-day on Monday. On looking into mouth, throat was seen to be ulcerated. *Merc. sol.*, 1 gr. j., 3 h.

Sept. 26.—Throat much better, repeat.

Oct. 2.—Paralysis of soft palate, and fluids regurgitate through the nose. *China* ϕ gtt. ij ter.

Oct. 10.—Repeat.

Oct. 17.—Nasal twang when she speaks very marked, and fluids still return through the nose. The knee jerks are absent. Very weak and shaky on her legs. Mother notices she holds books nearer her eyes than before. Has some bronchial râles in chest. *Ipecac.* 1x gtt. j. 3 hr. *Ol. Morr.* 3 j. bis. die.

Oct. 23.—Paralysis in legs increasing. Admitted into the London Homœopathic Hospital under the care of Dr. Galley Blackley, to whose courtesy I am indebted for permission to publish the following notes.

Family and personal history.—Had measles and whooping cough, never had chicken pox. Father alive and

healthy. Mother suffers from a tumour in her throat, and underwent five operations for it. Seven brothers, all healthy now, but some had diphtheria.

Present illness came on about one week ago. Mother noticed that there was weakness of both legs, so that the patient could not walk about. Had a cough about three weeks ago, which has continued up to the present time. The inability to swallow has been present about a fortnight. Everything she takes (liquid) comes through the nose. Never complained of the eye-sight being affected.

On admission.—Rather pale, unheathy-looking child. P. 144, regular in force but not in rhythm. Slight weakness of legs. Knee jerk absent. Plantar reflexes diminished, especially on the left side. Neck muscles seem very weak. No apparent weakness of arms. The soft palate does not move, but there is no irregularity of the sides. Tonsils large. Tongue whitish grey fur.

Lungs.—Slight dulness of the left apex in front and weak breathing, with some coarse bubbling and crepitant râles. There are some coarse crepitant râles at the left base, but elsewhere only sonorous râles.

Heart appears to be normal; sounds good. Pupils react well to accommodation and to light.

Oct. 24.—T. 98.2 last night; 97.6 this morning, and slight difficulty in swallowing, but fluids do not regurgitate. Abdominal respiration is less than normal. The pectorals and trapezius respond well to stimulation; the serratus magnus and obliqui do not. *Gelsem.* 1x gtt. j, 4 tis horis. Milk diet.

Oct. 25.—Temp. normal last night. 99.2 this morning. Coughs a great deal. Large quantity of mucus rattling in throat. Breathing a great deal by the extraordinary muscles of respiration. Diaphragm appears to be acting badly. During the night patient seemed to be collapsed and became blue in the face in patches. Steam kettle was put on and patient appeared to rally. This morning she is a little easier and lies on the left side. *Bell.* ϕ gtt. ij, 2 hrs. About 1 p.m. patient became collapsed again, the face becoming blue in patches and breathing weak. She became progressively weaker. Given food by enemata of about a teacupful every second hour of milk and egg and two tea-spoonfuls of brandy. At 3 p.m. the child was evidently dying. Pulse was 134,

very fluttering, and respirations 60. *Digitalin* $\frac{1}{150}$ gr. was given hypodermically, but its good effects in making the pulse stronger and more regular only lasted half-an-hour. The blueness passed off shortly before it was given, and did not return. The child died in spite of all treatment at about 6.30 p.m.

Post Mort. Exam.—About 22 hours after death; *post mortem* rigidity fairly marked. Tonsils, pharynx and larynx appeared to be normal. There was slight tracheitis and the tubes contained a large quantity of clear mucus.

Lungs.—Emphysematous in parts. No collapse. Crepitant all over. No pneumonic consolidation. There was some bronchitis of the larger tubes, but the capillary tubes were free, and were not clogged up with purulent or mucoid material. There was no pleurisy and no adhesions. No fluid in pleural cavity.

Heart.—Right auricle, some loose red clots in it. Right ventricle flaccid and empty. Left auricle full of white non-adherent blood clots. Left ventricle very firmly contracted and empty. About 1 drachm of fluid in the pericardial sac. All the valves appeared healthy with the exception of the aortic, which was redder than natural. The heart muscle appeared normal.

Liver, spleen and kidneys normal. Bladder full of pale urine. Brain and cord not examined. The blood in the veins was fluid and dark coloured.

Percy P., aged 3, was first brought to me on October 10, 1889. He is brother to the above patient, and has had a similar throat and coughed "like a dog," and his grandmother said it "sounded like croup." Nothing can be seen now in the throat, but from the history conclude that he has had a mild attack of diphtheria, so gave him *merc. sol.* 1, gr. j, 3 h.

Oct. 17.—Tonsils not enlarged. Knee jerk almost absent. Nothing the matter with his general health. Eats and drinks anything well. Repeat *merc. sol.*

Oct. 23.—Knee jerk present to-day on both sides; mother said his breath still smells, as when he was first attacked, and sometimes he cannot swallow. The glands at the angle of the jaw on the left side are increased. Repet., ter die.

Oct. 31.—Slight bronchial catarrh. *Ol. morrhue*, ʒj. bis die p.c. and *ipecac.*, 1x gtt. j, 3 hrs.

Nov. 7.—Much better. Repeat.

Dec. 12.—Quite well. Knee jerks present.

William P., aged 9; another brother; brought to me Oct. 17, 1889. Throat bad four days ago. Now the tonsils are enlarged. No false membrane. Glands at the angle of the jaw on the left side are enlarged. Both knee jerks are absent. *merc. sol.* 1, gr. j. ter die.

Oct. 24.—Knee jerks still absent; throat nil. Repeat.

Oct. 31.—Knee jerks still absent, but he is much better. *Ol. morrh.* ʒij. bis die.

Nov. 7.—Knee jerks returning faintly. Repeat *ol. m.*

Dec. 12.—Both knee jerks present. Quite well.

Charles P—, aged 12; another brother. His mother asked me to see him, saying he was going weak in his legs, like his sister Alice did. I went to see him and found the left leg rotated inwards, with, apparently, no power to rotate it out. There was no pain in movement in hip-joint or elsewhere. It seemed to be due to a localised paralysis of the external rotators of the femur. Remembering the family history, I suspected it was another case of post-diphtheric paralysis, so at once admitted him to the London Homœopathic Hospital under Dr. Galley Blackley.

The following notes were made by the house surgeon, Mr. Cox:—

Patient admitted for persistent rotation inwards of the left leg and foot.

Previous health.—Had measles when an infant. Has always been pretty strong up to present time; could always walk well, and legs were quite straight.

Present illness.—This boy seemed to escape the attack of diphtheria which affected the other children. About the second week in April he was walking with his grandmother when she noticed his foot seemed to turn inwards, and he began to drag it. Once or twice he said it ached, and caused him to cry, but he did not seem to have much pain. There was never any difference noticed in the temperature of the two limbs. The leg seemed to get weaker. He was taken to Dr. Day about a week ago, and he was sent in here on May 17. He has always taken food well. Bowels regular. Has lost flesh a little lately; no difficulty in swallowing; no other symptoms noticed by the mother.

On admission.—Fairly healthy boy, fair complexion. Heart normal; area of the liver, apex beat 4th space $\frac{1}{2}$ in. internal to nipple; lungs quite healthy; tongue fairly clean.

There is marked inversion of the left leg, so that the toes of the left foot point to the right side. There appears to be no wasting of the limb muscles, and not any coldness of the limbs; knee jerks normal; no ankle clonus; pupils re-act perfectly to light and to accommodation.

Fauces examined.—Granular condition of fauces, but no paresis of palate muscles. Sleeps well. Bowels acted once, greenish, relaxed stool.

May 19.—To-day the leg has got back to its normal position and the patient walks about quite well.

May 22.—Still quite well.

Remarks.—There are many interesting features in the above cases. The disease was so slight in Alice P. as to be at first unrecognised, until the palate became paralysed; then followed paralytic symptoms of undue gravity out of all proportion to the primary attack, and culminating in death by syncope.

Percy and Wm. P. had the disease so slightly, that but for the sister's attack it might readily have been overlooked altogether. These two boys had the knee jerk first diminished, then absent, and this in doubtful cases is likely to be a symptom of great value as regards a correct diagnosis.

It is to be regretted that no examination of the urine was made.

The last case of Chas. P., although it at first simulated post-diphtheritic paralysis, especially happening in a family where there had been diphtheria, was evidently a case of neuromimesis, which although more common in girls about this age is not unknown in boys. I subsequently learned that he had been previously admitted into the North West London Hospital for the same complaint, and in a short time discharged *quite well* and walking properly; this relapse is again strong evidence of its hysteroid nature.

The following case from the *Brit. Med. Journ.*, read in connection with the foregoing, is instructive.

A. R., æt. 41, had been engaged uninterruptedly as charge-nurse in diphtheria wards for eighteen months.

March 31, noticed to have paroxysmal convergent strabismus of both eyes. Advised to go off duty, but refused to. Paroxysms increased, and then lost power over hands, and at same time slight anæsthesia of palate. Throat quite clear, and urine had a heavy trace of albumen. Patient warded on 16th, as squinting increased and legs began to drag.

Being pressed, she acknowledged having had sore throat six weeks before, but considered it only a simple sore throat. Also confessed she had seen two very minute patches, one on each tonsil. At same time there had been headache, shivering and vomiting, but she did not complain, and continued her ward work.

March 19.—Hyperæsthesia of forearms; urine small in quantity, contained more albumen. Two days later, numbness in legs and a feeling "as if wool were between the fingers and palms of hands." Loss of power in legs and arms more and more marked, and on 24th complete loss of sensation in lower limbs and partial in arms.

Pupils much contracted and power of accommodation greatly impaired. Knee reflexes absent. Temp. persistently subnormal, 95.4° to 98° , average 96.8° . Pulse kept very small. Several attacks of syncope. Patient had bad nights and slept little. Motor paralysis became extreme, and on March 25 galvanism commenced. By 30th motor power improved, but anæsthesia persisted. Urine now free from albumen. April 6th, reaction of pupils began to improve, and on 12th squint practically disappeared. Still absolute anæsthesia of arms. On 20th, able to sit up, but could not stand. Vision, which had been again much impaired for some days, began to improve. On 25th, knee jerk normal and patient could read for a short time, after which letters ran together. She was still unable to stand. On 30th, could take a step or two with assistance, and May 7, with crutches, could walk some yards. Sight not clear. Sensation almost normal over body. From this date she rapidly improved, left leg dragging a little when she left for sea-side, May 21.

Treatment consisted in free stimulation, owing to threatened cardiac failure and administration of *iron* and *quinine*.

Netherhall Gardens, Hampstead.

CROUPOUS PNEUMONIA.

By S. MORRISSON, M.D.

THIS form of inflammation of the lungs is one of the diseases which has been better defined and better understood of recent years. In severe cases the cough, feverishness, debilitating perspirations and emaciation bear such a strong resemblance to phthisis pulmonalis that the detection of the micrococcus of pneumonia, the absence of the tubercle bacillus, or the want of evidence of the deposit of tubercle form the chief distinguishing characteristics. We have long known that catarrhal pneumonia is a frequent precursor of phthisis, but the liability of croupous pneumonia to run into the more fatal disease has been less generally recognised.

For pathological purposes it is convenient to divide the course of this disease into three stages,—

1. Invasion,
2. Hepatization,
3. Degeneration.

INVASION is commonly ushered in by symptoms of a severe chill, as with the catarrhal form. Inflammatory action leads to an engorgement of lung structure. This usually occurs in a portion of one lung only, the right lung being more frequently attacked than the left, and the lower lobe in preference to the upper. Herein it is the opposite of primary phthisis. But the exceptions are numerous. This is the stage of engorgement, with rapid infiltration, the portion of lung affected becoming consolidated, losing elasticity, and giving a dull sound on percussion. To a quick pulse and high fever temperature are added a distressing cough, with panting respiration, fever blisters on the lips and crepitation. The presence of these fever blisters, the absence of abdominal symptoms, and the physical signs distinguish it from typhoid fever; though the more grave form is often called typhoid pneumonia. As mischief progresses the second stage develops, that of

HEPATIZATION.—Infiltration having become more or less complete sero-plastic exudations form in the air cells, and in the meshes of these exudations are numerous red and white blood corpuscles, the presence of the former being due to the rupture of capillary vessels. The structures involved became darker, heavier, less

crepitant and friable, and the expectoration has the characteristic rust colour. No doubt the expression hepatized originated from the liver-like appearance of the affected lung structure. But this stage is completed by the fibrinous material and the red corpuscles being replaced by embryonic and epithelial cells, the products of emigration and local proliferation. Some authors divide this process into two stages, that of red and grey hepatization, an unnecessary sub-division, as the grey form is merely the commencement of the degenerative process. Passing on to the third stage, it has been found that these more recent elements undergo fatty transformation, and this constitutes actual

DEGENERATION.—The broken down products are either expectorated, absorbed, or form an abscess. Expectoration becomes pus-like, and should an abscess form it may become putrid, sometimes with gangrenous exhalations. These three processes may run their course concurrently, even in the one lung. While one patch or a section of one patch is undergoing hepatization or degeneration an adjacent patch or section of a patch may be commencing the inflammatory process of invasion. Another important factor is the frequency with which metastasis occurs. I have had under my care a young married lady in whom the disease came on insidiously. It was three weeks after the chill when I was called in. Hepatization existed over the lower lobe of the right lung, cough was persistent and distressing, with semi-purulent expectoration, soreness over the affected portion, evening exacerbations of feverishness, hydroæ on the lips, and debilitating night perspirations. Although the symptoms were grave for another four weeks, the pulse did not exceed 88 (except during attacks of palpitation), nor did the temperature rise beyond 38° C. (100.4 F.). The family history is phthisical. Three weeks after commencing treatment an ague fit occurred. Similar attacks recurred, of the tertian type, and enquiry elicited that she had a series of attacks some eight years previously, when living in Pimlico. *Arsen.* 3, followed by *sulphur* 30, relieved her of this unwelcome complication. Prior to these attacks of ague the pulmonary congestion transferred itself from the lower lobe of the right lung to the lower lobe of the left. Subsequently it was transferred to the left subscapular region, from

thence it again invaded the lower lobe of the left lung, then it again took up a temporary residence in its old quarters at the base of the right lung, then in the upper lobe of the left lung, and so on. *Lycopodium* 12 and 30, *sulphur* 30, *aconite* 3 and 30, *spongia* 1, *bryonia* 3 and *matrix tincture*, and *quassine* in centigramme granules helped her, but the chief honors of the second stage belonged to *lycopodium* and *sulphur*.

Other names for this disease are fibrinous and lobar pneumonia, which are pathologically more accurate than the fanciful designation of croupous. Both this and the catarrhal form are popularly known as lung fever. Here, again, is an imaginary distinction, in that simple congestive pneumonia should be termed catarrhal, as opposed to the localized form. Both are catarrhal, but croupous pneumonia is more common in the adult, catarrhal in infancy and old age. Localized pleurisy is almost certain to accompany a severe attack, and rheumatic aching in the limbs are common. Where further lung mischief threatens the rust-coloured expectoration, due to the presence of blood from the digested portions, may be replaced by the admixture of bright blood from freshly-ruptured capillaries, with the lumpy or tenacious mucus, which is an indication for the consideration of *hyoscyamus*, in medium or high potencies

DIAGNOSIS is important, because of the future liabilities. In the catarrhal form where fatal results occur the patients die from the mechanical effects of the congestion. One lung, or both lungs, may become so completely occluded that an efficient aëration of the blood is rendered impossible, and the patient dies asphyxiated. In the croupous variety death is more frequently due to a failure of vital power, consequent on the exhausting nature of the disease. Supposing a case of the catarrhal and of the croupous kind well marked, the one usually occurs in childhood or old age, is more or less associated with bronchitis, and the fever runs a sthenic course; the other occurs in adult life, is associated with pleurisy, and the sthenic febrile symptoms of the early stage give place to the asthenic symptoms of a debilitated constitution. Catarrhal pneumonia runs a fairly straightforward, though dangerous, course; but the croupous form is uncertain and treacherous, both as to relapses and duration. The usual time for a single acute attack to last is

from 14 to 25 days, but the chronic form, which means a succession of invasions with only partial recoveries between, may continue for months or years.

In the early stage of a severe onslaught the evening temperature may reach 40° C. to 40.55° C. (104° F. to 105° F.), with a morning fall of 0.5 C. (0.9 F.) to 1.90 C. (2.7 F.); a pulse of 100 to 110, and respirations of 40 to 50 (Raue)—as a rule the pulse rate is below that of the respiration. Mobility of the chest walls is decreased, vocal fremitus is increased, and crepitation becomes well marked. The cough is frequent and distressing. The frothy mucus is soon replaced by the rust-coloured expectoration. This stage usually lasts from two to five days, and is characterised by the concurrence of high febrile symptoms, with dulness and crepitation.

The second stage shows increased dulness, bronchophony and pectoriloquy are heard, and the soreness of congestion becomes complicated by pleuritic pains. The cough becomes deeper, is more paroxysmal, and recurs at longer intervals; while the lumpy expectoration assumes a lighter colour, and may be tinged with arterial spots or streaks. This stage continues from five to eight days.

After this comes the third stage, in which degeneration leads to the expectoration of broken down material, and to resolution and recovery; or to the formation of an abscess, possibly with gangrene; or to tubercular infiltration, with the usual consumptive symptoms; or to death from exhaustion. The pulse and temperature fall rapidly, and where the result is favourable the chest sounds become tympanitic; respiration becomes easier, and mobility returns. The duration of this stage is from seven to fourteen days. Where the result is unfavourable the affected structures become œdematous, or serous infiltration occurs, and the expectoration becomes more purulent, or tenacious and frothy, and the duration of the illness very uncertain.

Beside these symptoms of the various stages are those of the general run of febrile diseases, such as thirst, restlessness, nausea, headache, anorexia, furred tongue, irritability, turbidity of urine, and a dryness of skin, followed by profuse clammy perspirations.

PROGNOSIS is usually favourable, but requires to be guarded, because of the treacherous character of the

disease. I passed through all these stages, including a gangrenous abscess, upwards of sixteen years ago, and can speak from personal experience. Very few who have that complication live to tell the tale. The results in my own case show that patients should not be content with a partial recovery, but should make special sacrifices to obtain a restoration to thorough health. If the germs of the disease linger in the injured lung a recurrence of illness is extremely probable, the slightest chill stirring up fresh mischief. Catarrhal pneumonia is more immediately fatal; under the old treatment it was discounted at twenty five to fifty per cent., but the croupous form may wear the sufferer out by the repetition of the attacks. Here is a case in point in which this would have occurred but for timely help. On the 2nd of November, Mrs. P., of Dover, consulted me, stating that six years previously, as the result of chill, severe aching pains came in all the limbs, with soreness in the chest, "a dreadful cough," and heavy night perspirations. Never entirely lost the cough, and has been under medical care, at frequent intervals, ever since, but does not know what the disease really is. Thinks she has recently been treated for bronchitis, but her own feelings are that she is running into consumption. Has always suffered from inaction of the liver. The previous April had a large tumour removed from the left shoulder; a few days after an artery burst, and she had a narrow escape of bleeding to death. Her chest symptoms returned in an aggravated form in September of last year (1890). Questions elicited that she had a violent, spasmodic cough ("like whooping cough"); with greenish, semi-purulent expectoration, catching pains in the lower lobe of the right lung, and debilitating night perspirations. There was great dyspnoea, emaciation, and furred tongue. Examination revealed a tender, crepitating, consolidated patch near the centre of the right lung, and another in the sub-clavicular region of the left lung, with loose bronchial rattling over both lungs. Pulse 88; temp. 39.60° C. (100 F.) The indications of active mischief, with the soreness and greenish expectoration, led me to select *phos.* 12, to be taken every three or four hours, with an occasional dose of *drosera* ϕ for the spasmodic cough. Linseed poultices were ordered. On the 16th November the

general symptoms remained about the same, with aching pains in the right subscapular and right lower axillary regions, and dropsical swelling of the feet and ankles. The perspirations were clammy, yet with general feelings of heat. Evidently the phosphorus stage had passed, so *lycopodium* 12 was selected, with *bryonia* ϕ to replace *drosera*. Cod liver oil was ordered. By December 7th improvement was very marked. Respiration was easier, cough and expectoration and the perspirations had almost ceased. Pulse 84; temp. 37.10 C. (98.8° F.); resp. 28. *Lycop.* 30 was prescribed. She happened to come to London on a raw, snowy day, which brought a return of bronchial irritation. This was relieved by *antim. tart.* 3x. On December 23rd she was out of doors and caught a chill, which resulted in a sharp attack of epidemic influenza, with soreness through the centre of the left lung. This was relieved by *arsen.* 3 and *phos.* 3. Early in February she wrote that her old cough had practically gone, and she was feeling fairly well. On the 5th of May she wrote for medicine to relieve a fresh cold. I did not hear from her again till August 11th, when, in reply to enquiries, she answered—"I have been away for change of air. Am pleased to say that I am very much better, and have lost my cough." Such a report is almost as satisfactory as a personal inspection, for intelligent patients can record their own feelings.

An unsatisfactory element in this disease is the rapidity and frequency with which mischief transfers itself from one part of the lung to another. Just as a patient seems on the point of making satisfactory progress a relapse takes place. Unless patients and friends are warned of this liability they are apt to consider the most careful treatment inefficient, when, in fact, that very care is lessening the severity of the onslaughts, lengthening the intervals, and bringing about an ultimate recovery, which would not be possible were the disease left to run its natural course. Where fatal results ensue, which, happily, under improved methods of treatment have become far more exceptional, these usually take place in viciously acute attacks, from the third to the eighth day, or up to the twenty-third day; and in the more chronic forms from two months to two or five years, the latter usually being where phthisical symptoms supervene.

TREATMENT should be sustaining with perfect rest and freedom from noise, strong light, dust, and sudden changes of temperature. Patients should be guarded from the influences of strong east winds, as well as from the incursions of cold and damp. Sensitiveness to light is sometimes equalled by sensitiveness to noise. During the crisis stage of my own illness I could hear the ordinary conversation of the kitchen, which was three floors below. Talking, also, is trying to the patient, whether as a principal or a listener. The lungs and brain want rest. Linseed poultices properly applied are very soothing to painful parts. Not the doughy structures of the crude attendant, but the moist, lightly-mixed, and decent-sized applications of the skilled nurse. These can be covered with bleached lining-wadding larger than the poultice, and bound closely on. A couple of safety pins through the undervest or nightdress will prevent the slipping down, and a well-applied poultice should keep warm all night. The skin should be wiped dry, or sponged and wiped on its removal, and a layer of fresh wool, or silk, or flannel applied. Irritants to the skin, such as iodine, blistering fluids, and croton oil should be looked upon as the relics of a bygone age. The hydropathic pack is almost equal to poultices, provided care is taken not to chill the patient. In applying it on a larger scale, as the wet sheet pack, it is used to reduce the fever temperature. Aconite 1x to 3x, repeated every quarter-hour to every hour, will regulate the temperature with equal certainty. Ventilation of the room is essential, but the temperature should be carefully regulated; in cold weather 15.20° C. (60° F.) to 17.60° C. (64° F.) being the standard. But at any season of the year great care should be taken to avoid sudden changes, especially to a colder temperature. Tepid spongings are very grateful to the patient, especially with a tablespoonful of strong white vinegar or dilute acetic acid added to the quart of water. Mentioning this reminds me of another febrile disease, scarlet fever, in which these spongings not only soothe the patient, but greatly lessen the risks of infection. The body should be completely covered, but not too thickly. Woollen and silk garments are excellent. Heavy counterpanes should be cast off; blankets only are far superior. The latter are warm, light and porous. Use twill sheetings in preference to

linen, no matter how fine and elegant the latter may be. Diet must be regulated, but somewhat in accordance to the tastes of the patient. And here I should add a plea for coffee for breakfast, as more sustaining than any amount of sloppy tea. If it interferes with the action of certain medicines, so much the worse for the medicines. Either very high or very low potencies repeated every hour to every three hours will overcome that difficulty, if selected in accordance with the rule of *similia*. Cocoa makes a palatable and nourishing beverage, but does not suit every digestion. Tea should be used in moderation. Kolatina and Kola chocolate are coming into favour, and are very useful in conditions of debility. Milk, barley water, toast water, black currant tea, tamarind water, home-made lemonade, effervescing Salutaris water, and other simple drinks may be used to supplement our natural beverage. Foods should be appetising and nourishing. Light, plain meats, such as poultry, game (not high), fish, and mutton, with beef tea, broth, and well-prepared extracts of meat, form a sufficient variety during actual illness, together with milk foods, light puddings, fruits, and the lighter vegetables. Bread is an important article, whether taken plain or as toast. Milk loaves and brown bread made from fine meal (not the usual whole meal bread), with germ bread, frame food bread, and the white and wheat meal aerated bread make palatable changes from the ordinary bread in common use. Many bakers still use alum, with something else to back it up, as a means of improving the appearance of indifferent flour. Really good flour does not require any adjunct of that kind. The general principle of diet should be to have everything of good quality, well cooked, and nicely served at the proper times. Under these conditions the simplest foods are palatable.

The proper selection of medicines is of great importance. Many doctors adopt the "expectant" method, which means careful nursing, dieting, and cod liver oil, but ignoring the specific action of medicines. Some three years since I was called in to meet a neighbouring practitioner, who carried these ideas out to the letter in a case of double pneumonia. It was the second dangerous attack from which the young man had suffered within three years. His condition was very desperate. The only alteration in treatment was the

substitution of *lycopodium* 12 for the simple mixture he was taking. From that time he improved, and gradually recovered. He has since had a recurrence, but having removed to another district I did not see him, and so cannot give details. Dosimetric practitioners are attempting the jugulation of febrile diseases by the administration of *aconitine*, *digitaline*, and *veratrine*, and with a fair amount of success. Whether patients always give them credit for the success is another matter. There is a certain amount of risk with this process. In a case of typhoid fever seven granules of *aconitine*, one granule every hour, nearly jugulated the patient. The temperature fell from 39.40° C. (103° F.), to 36.5° C. (96° F.), and recovery was retarded by the formation of abscesses. Since then I have used the first centesimal trituration of *aconitine* for the reduction of temperature, one grain in water every hour for four or five doses, and with satisfactory results.

As an item of personal observation and experience a few medicines come well to the front. It appears to me that *lycopodium* and *sulphur* are to croupous pneumonia what *aconite* and *phosphorus* are to the catarrhal form, our sheet anchors. But the range of selection is large, though the following are the chief drugs for ordinary use :—

Aconitum napellus, 1x to 30, for general febrile symptoms, with high temperature; dry, hot skin: extreme thirst; hydroæ on the lips; evening exacerbations and nocturnal restlessness.

Antimonium tartaricum, 3x trituration, for the later bronchial symptoms; with loose, mucous expectoration; or difficulty in expectorating; with œdema of the lungs; and especially in elderly people.

Arnica montana, 1x to 3x for pain and soreness, with lumpy, prune-juice expectoration.

Arsenicum album, 3x to 90 for general catarrhal symptoms, with wheezing respiration; burning pains (especially in the right lung); periodical exacerbations, especially from 1 to 3 a.m.; with dryness of the tongue, parching of the lips, and a frequent desire for drinks in small quantities; and vital prostration.

Bryonia alba, matrix tincture to 30, for bronchial and pleuritic complications, with exudations, with free ex-

pectoration, or the stitch pains and dry spasmodic cough of pleurisy, with rheumatic tendencies.

Calcarea carbonica, 3x trituration to 30, in scrofulous patients, with enlarged glands, clammy perspirations, especially of the hands and feet, with thick yellow or putrid morning expectoration, and phthisical tendencies.

Calcium hypophosphite, 3x trituration, in tendencies to abscess, to lessen the formation of pus.

Carbo vegetabilis, 3x trituration to 30, for gangrenous exhalations, and in collapse, with blueness of the skin and coldness of the extremities.

Chamomilla vulgaris, matrix tincture, 20 to 40 drops in a wineglass of hot water at bedtime to arrest debilitating perspirations and to induce sleep.

Digitaline, first centesimal trituration, one grain to a tablespoonful of water every 15 to 30 minutes for four to six doses, to relieve distressing palpitation; with intermittent pulse.

Drosera rotundifolia, matrix tincture, for a free expectoration of pure blood, whether bright or clotted; especially if with a hard, spasmodic cough; increased by liquids.

Gelsemium sempervirens, 1x to 3x, for passive congestion, with great drowsiness; slow pulse; stitches in the right chest; and dry cough; with spasm of the glottis.

Hepar sulphuris, 3x to 30, for hectic fever, with a dry, barking cough, and rattling breathing during sleep.

Hyoscyamus niger, 3x to 30, for spasmodic night cough, excited by a tickling in the throat (also *lachesis*); with expectoration tinged with blood, and as *hyoscyamine*, 3x trituration, for typhoid symptoms, with nocturnal delirium.

Lachnantes tinctoria, matrix tincture, for stitch pains in the right chest; cough worse in bed after sleeping, with bloody expectoration, and with phthisical tendencies.

Lycopodium clavatum, 12 to 30, during the second and third stages. Loose cough, with lumpy expectoration, purulent, foetid, saltish, yellow, greenish, or with blood, copious on waking, and during the early evening; night cough, with lumpy expectoration, or which does not wake from sleep; dyspnoea on the slightest exertion; sighing respiration; dilatations of the *alæ nasi*; and flatulent

dyspepsia, with epigastric constriction, and irregular action of the bowels.

Magnesia Carb., 12 or 30, for a harsh, straining cough, which brings neuralgic shootings up the cranial nerves, with scanty expectoration, and especially in the gouty diathesis.

Phosphorus, 4x to 30, in the stages of invasion and hepatisation; with hacking, or hollow cough; expectoration frothy and streaked with bright blood; or rust-coloured, purulent expectoration, with soreness in the lungs; cough excited by talking, movement, and a change to colder air; cough worse before midnight, from drinking, and on lying on the left side.

Spongia, 1 to 30, for a hoarse, barking, laryngeal cough; worse before midnight, from cold air, dry, cold winds, and talking; with whitish or frothy mucus and partial aphonia.

Sulphur, 12 to 30, for a short, dry, constant cough, or with greenish, purulent, sweetish or saltish expectoration, with stitches and soreness, through to the left scapula in pneumonia of the left upper lobe, especially in the later stages, and as an intercurrent remedy, when carefully-selected medicines fail to give relief.

Other medicines should not be overlooked, such as *apis mel.* for dropsical effusions; *iodine* for the early stage, with extensive hepatisation; *lachesis*, for irritating throat cough, worse on lying down, with great dyspnoea; *merc. sol.*, for bilious complications; *opium*, for the typhoid condition, with flushings followed by hot sweat, and mental hallucinations; and *pulsatilla*, for semi-lateral (left side) perspirations, with rapid respiration, and gastric troubles. *Quassine* has been referred to. The medicinal properties are those of a corrective of atonic dyspepsia, with thickly-coated tongue and loss of appetite. In this condition it can be administered without interfering with the action of specific medicines, just as cod-liver oil may be given during an ordinary course of treatment, or it may be given three or four times a day, without affecting the action of remedies suited to the nightly aggravation of cough. The administration may either be as granules, two or three for each dose, or as the third decimal trituration of the extract, five grains to two-thirds of a wine glass of water, flavoured with lemon.

Certain vapours and inhalations are of service. *Calcium periodate* (*periostate*) is coming into favour, in germ diseases, with the advanced section of ordinary practitioners, both for administration and inhalation. The former is by grain doses, made into pills, and the latter by the vaporiser, in the proportion of one grain to 1,000, or to 5,000, of distilled water. The germ-destroying power is said to reach 1 in 5,000. This sounds very like the children's idea of putting salt on the bird's tail, but *we* know that both *iodine* and *calcium* possess remedial powers far beyond those of mere chemical effects. Another substance, decidedly efficacious, is *creolin* (Jeyes'). Thirty to sixty drops in water, in a small vaporising lamp, or in a bronchitis kettle, will soon diffuse its odour through the room; cleansing the atmosphere, and easing the expectoration of tenacious mucus. Or a few drops may be put into an ordinary jug or inhaler. A third substance is *eucalyptus*, an excellent purifier, but much over-praised for its supposed medicinal value. A few drops of this will suffice, used as directed for *creolin*, or by means of a respirator. *Hyoscyamus*, 20 to 30 drops, is particularly efficacious where bronchial symptoms predominate, especially if with low, muttering delirium. *Kreosote* and *carbolic acid* have, of course, their advocates. I prefer *creolin*, as being more efficacious and non-poisonous. *Terebene* and *pinol* are of use in soothing the patient, and in promoting expectoration. Whichever is selected it should be used strictly in moderation, so that the atmosphere of the room may not be disagreeable to either the patient or attendants.

Change of air, especially where the surroundings are unfavourable, is of great benefit; but too much reliance may be placed upon the mere change. Home comforts should not be entirely sacrificed, neither should medical care be neglected. Good nursing does a great deal, but the chronic forms, and the onset of broncho-pneumonia, are often very insidious. In some cases the patient has been thought to be suffering only from ordinary catarrh, with debility, where the stethoscope would at once reveal the crepitant râle, and percussion show the dulness of hepatisation. Where the effects of a chill do not readily pass away, it is well to have attention early, rather than risk the dangers and expense of a prolonged illness.

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ON IDIOPATHIC SYMMETRICAL GANGRENE.

By C. W. HAYWARD, M.D., C.M.

(Continued from Vol. xxxv., page 618.)

OTHER cases of this disease have been reported, but cannot be included here, as they would extend this already lengthy series beyond all reasonable or manageable proportions. I have thought it necessary to quote at some length the above series of cases, in order that we may have before us sufficient material from which to form opinions as to how the clinical facts observed correspond with the observations and theories which have been made in connection with this disease.

The symptoms of the disease as originally described are the occurrence of discoloured or black patches on the body, arranged symmetrically. These patches are generally preceded by ischæmia, and occur especially at the ends of the fingers or toes; also on the ears and tip of the nose, etc. These patches may be transitory, and may recover without gangrene occurring. In Case V. there were over twenty attacks, in only one of which did any gangrene take place. The discolouration may not pass off, but may be followed by gangrene—usually superficial—involving the skin and tips of the toes or fingers; but in the first of these cases it was more extensive—as also in Case III. In Cases XII and XIII it was far more extensive, while in Case II both legs became gangrenous as well as the greater part of the face.

Pain is usually a marked symptom; in Cases III and IV it was especially marked, as also in Case VIII of Raynaud's series, but in Case I it seemed to be very slight, and in Case VIII it is stated that there was no pain.

Let us see how the facts stated in the above series of cases agree with the theories of Raynaud.

Predisposing Causes.—It affects especially the female sex. In Raynaud's first series of cases he cited twenty cases in females and five in males. In his next series (contained in his *New Researches, New Syden. Soc.*, Vol. cxxi.) there were two females and four males. In the fifteen cases reported above there were twelve females and three males.

Age.—Raynaud's cases occurred, in the great majority, between 18 and 30 years, the average being 25 years, and the youngest case he had seen was at 3 years; but the first case here occurred in a child aged 1 year 7 months—the youngest I have found on record; the second case, although occurring at 13 months being not so typical. Nothing of importance can be deduced from the temperament, constitution, or previous illnesses, in the above cases—as also was the case in Raynaud's cases.

Nor does occupation or heredity seem to have played any part in its production, although the winter and spring seem in the majority of cases to have been most favourable to its development.

Exciting Causes.—Usually exposure, generally to cold—but often an unappreciable degree—as in Case V; but in Case I it rather seemed to be after exposure to the sun than to cold.

Raynaud mentions that the condition may be caused by emotion, and this is confirmed by Case X, which I think confirms the theory of nervous origin of the disease.

As to *Arteritis*.—There was no evidence of this in any of the cases, while in Case I the arteries were found to be healthy (see microscopical specimens); also in Case III the arteries were examined and found to be healthy.

It is interesting to notice that it is distinctly stated in Case V, that the discolouration did not disappear on pressure, as it is described by Raynaud as invariably doing.

In Case IV there is a deficient condition of the circulation of the limb—similar to the condition observed in Cases XVIII and XXII of Raynaud. This condition, however, certainly did not cause—but may have contributed towards—the attacks.

Although Raynaud in his second series of cases describes a case in which a state of contraction of the retinal arteries was observed (*New Researches*, Case I, pp. 155-160), and assumes that this is a visible proof that the arterioles are in a state of spasm generally—it has not previously been demonstrated absolutely that the arterioles in the affected limbs are contracted. That such is the case is absolutely demonstrated by referring to microscopical specimen viii, from Case I, the thickening of the middle coat being physiological and not

pathological, and due to a contraction, as shown by the increased folding of the internal coat (see also accompanying drawing of artery).

Embolism.—There are no symptoms at all pointing to this condition.

Ergotism can in all the above cases be absolutely excluded.

As to the condition of the blood more evidence is required. In Case III, the condition of the blood was good, the corpuscles numbering 4,800,000 per cubic millimetre, and also in cases reported by Dr. Barlow (appendix to *Raynaud's Cases op. cit.*) the state of the blood will not account for the condition; nor does the examination of the blood in Cases XII and XIV reveal any important change.

Nervous influences.—That gangrene may be caused by nervous influences is a well-demonstrated fact, as gangrene occurs after injuries of nerves.

Irritation of nerves may produce gangrene of the parts supplied by these nerves; we get stimulation of the excito-motor function, and spasm of the vessels. The spasm of the arterioles may give way and recovery occur, or it may persist and cause gangrene. Stimulus of the nerve produces spasm of the arteries—as proved by Raynaud's experiments (*New Recherches op. cit.*) That peripheral neuritis can produce gangrene seems to have been proved by the experiments of Pitres and Vaillard (*Gazette de Médecine de Paris, 1887*). They produced, neuritis by means of hypodermic injections of sulphuric ether. Cutaneous anæsthesia, disorders of motility, and even serious trophic lesions were observed to follow such injections, and the experimental researches of Amoyau and Salvat proved that the mechanism of these lesions was a neuritis.

When an injection of half a cubic centimetre of *sulphuric ether* was made deeply into the cellular tissue separating the muscles on the back of the thigh of a guinea-pig, paralysis of sensation and motion resulted in the parts of the limb below the level of the injection. Generally the anæsthesia occupied the two outer toes, and the outer aspect of the leg. After a few days these phenomena may be accompanied by cedematous swelling of the foot, ulceration of the toes, and tarsus, falling off of the nails, etc.

The anæsthesia and the paralysis are manifested immediately after the injection, and in a short time they reach their fullest extent, and when developed, may persist for several weeks or months. Pitres and Vaillard, on histological examination, found the nerve above the level of the lesion normal; below there was Wallerian degeneration. Also in Case III, the neuritis seems to have been demonstrated as the cause, as it is stated by Dr. Affleck, that the appearances in the nerve were so striking and unmistakable as to preclude the theory that they were secondary to the state of the foot. Also severe neuritis is found in Case I (see specimens VI and VII).

(To be continued.)

REVIEWS.

A Clinical Materia Medica. Being a course of lectures delivered at the Hahnemann Medical College, of Philadelphia, by the late E. A. FARRINGTON, M.D. Edited by Clarence Bartlett, M.D., and revised by S. Lilienthal, M.D., with a memorial sketch of the author by Aug. Korndorfer, M.D. Second edition. Philadelphia: Hahnemann Publishing House. 1890.

THIS volume was published from shorthand reports of Professor Farrington's lectures and from his own manuscript. The first edition bears the date October, 1887, and the appearance of a second in so short a time bears testimony to the appreciation it has met with. In 1888 we fully noticed the peculiar features and advantages of this work, but so highly do we think of it that we have much pleasure in again calling attention to Dr. Farrington's book.

As we pointed out before, the author possessed in an unusual degree the facility for imparting the knowledge he had accumulated by careful study. His descriptions of the general action of the drugs is lucid and accurate, but a special feature in the book is the comparisons he institutes between the drug under consideration and drugs of use in allied conditions. "It is in his power of differentiation, which nothing but an extensive and intimate knowledge of drug symptomatology and a wide clinical experience can give, that the excellence and practical utility of Dr. Farrington's book appear so striking."

Many drugs which are known theoretically to be of value in certain conditions are practically very little used. Such a remedy is *colchicum*. Dr. Farrington's work, carefully an

regularly studied, would bring many of these into use at the appropriate moment. We make some quotations from the lecture on *colchicum* by way of illustration. Its symptoms are arranged under four headings: Under (1) that of typhoid conditions and debility, we read: "We find it indicated in debility, particularly in debility following loss of sleep; for instance, when one does not retire as early as usual in the evening, so that he is deprived of a portion of his accustomed sleep, and he awakens the next morning feeling tired and languid, he can hardly drag one leg after the other, the appetite is gone, bad taste in the mouth, and nausea are present. The debility, then, starts from, or involves, the digestion as a result of loss of sleep. You can see how close this comes to the *nuv vomica* condition. The debility, however, is greater even than that of *nuv vomica*. There seems at times to be a dislike of all food; the odour of food cooking makes the patient feel sick; he becomes irritable; every little external impression annoys him; here it is precisely like *nuv vomica*." . . . "The position of *colchicum* in typhoid fever is between *arsenicum* and *cinchona*. First, we find that the patient's intellect is beclouded. Although his mind is befogged, he still answers your questions correctly, showing you that he is not in a complete stupor. Unless questioned concerning it he says nothing about his condition, which does not seem dangerous to him. There is not that fearfulness, that dread of death, which characterises some drugs indicated in typhoid fevers. The pupils are widely dilated and very imperfectly sensitive to light. There is a cold sweat on the forehead; here you will at once note a resemblance to *veratrum album*. When the patient attempts to raise the head from the pillow, it falls back again and the mouth opens wide, You thus see how weak are the muscles in the *colchicum* case. The face has a cadaverous appearance. The features are sharp and pointed, the nose looks as though it had been pinched or tightly squeezed, and the nostrils are dry or even black. The tongue is heavy and stiff, and is protruded with difficulty. In extreme cases it is bluish, particularly at the base. There is almost complete loss of speech, and the breath is cold. There are often nausea and vomiting, the latter being attended with considerable retching . . . restlessness and cramp . . . body hot while the extremities are cold . . . tympanitis . . . stools watery and frequent and escape involuntarily. These are the symptoms which lead you to *colchicum* in typhoid states . . . *Colchicum* . . . combines the restlessness and debility of *arsenic* with the tympany of *cinchona*." . . . "*Carbo veg.* is allied to *colch.* in the cold-

ness of the breath, in the tympany and the great prostration." . . . But "the watery stool is not so characteristic of *carbo. veg.*, the discharges being either absent, or, if present, dark brown and horribly offensive." Under (2) Abdominal symptoms, the lecture goes on to differentiate between *cantharis*, *mercurius* and *colchicum*; under (3) Fibrous tissues, it defines its position in gout and rheumatism," and under (4) "Chest," its sphere in endocarditis, pericarditis, &c.

For a study of treatment from the side of the disease, a very useful and complete clinical index is supplied.

We repeat what we said before:—"It is a book which should not merely be in the library of every physician, but which should have a permanent position on his study table; out of which a lecture might be advantageously read every day by the most experienced amongst us, one by the light of which cases may be studied more usefully, perhaps, than by any other on the same subject,

Electricity in the Diseases of Women. By G. BETTON MASSEY, M.D. London: F. A. Davis, 1890.

THIS manual appears as the fifth in the "Physicians' and Students' Ready Reference Series," and is a compact volume of some 280 pp. The views and experience of the author are given with terseness and lucidity, and the sphere of electrical treatment in pelvic lesions is delimited very comprehensively. Though not ranking as a classical treatise, the vein of practical application runs throughout; procedure is mainly limited to the safe lines laid down by Apostoli and others, and cases are freely cited showing the value of the technique in given instances.

Electrolysis for uterine fibroids naturally is treated at greatest length, though this chapter is mainly a *réchauffé* of the views of others, supplemented by cases in one of which, at least, the diagnosis was obviously inexact.

Little is added to the knowledge already at the service of the profession, and the occasional risks of the procedure are passed over as non-existent. Thus on pp. 122-3, a case originally reported by the reviewer, the latter can authoritatively deny the statement that "a necrotic process was threatened before" electrolysis. The electro-puncture of fibroids, an always dangerous and sometimes fatal method, is described and recommended. Besides, to speak of "the chance of reproduction of fibroids" as "by no means as great as in ovarian tumours" is in direct contravention to all experience.

The electrical treatment of subinvolution, parametritis, metrorrhagia, and pelvic pain is described, though scarcely at

length; and extra-uterine pregnancy is still deemed fitting for electrolysis. After Tait's declaration that the placenta continues to grow after the electric fœticide, this method must be ruled out of court.

The chief feature in this volume is the description, with numerous diagrams, of the electric armamentum, and the value, from the author's experience, of different combinations and selections. This is very well done, and will be useful both to pre- and post-graduates, however well-informed and skilful.

The Decline of Manhood: Its Causes; the best means of Preventing their Effects, and bringing about a Restoration to Health.

By ALVIN A. SMALL, A.M., M.D. Fourth edition, revised and enlarged. Chicago: Gross & Delbridge. 1890.

THIS little book is intended for the public, and has evidently become popular, for it has reached a fourth edition. The tone of the book is good; no unnecessary detail is indulged in. Sound advice, both hygienic and medicinal, is given in its pages.

The Dog Owner's Annual for 1891. London: Dean & Son, Fleet Street, E.C.

THE annual before us is replete with much that is of interest and importance to all lovers of man's faithful friend, the dog. It is rendered especially interesting to us by a well-written and useful article on distemper by Mr. Thomas Moore. The various phases of the disease are clearly described, and the homœopathic indications for remedies in its treatment fully pointed out, while the general management of the dog, suffering from this disease, is equally well treated of. There is, however, one form in which we have seen distemper manifest itself on several occasions to which Mr. Moore does not allude: it is that where the central inflammation occupies the spinal cord, the animal being paralysed in its hind quarters and limbs. One case of this kind occurred to us some years ago, in a dandy dinmont puppy, about four months old, in which *plumbum carbonicum* given frequently in the 8rd decimal trituration was followed by rapid recovery.

The Homœopathic Treatment of Alcoholism. By Doctor GALLAYDIN, of Lyons, France. Translated by Irenæus D. Foulon, A.M., M.D. Philadelphia: Hahnemann Publishing House. 1890.

WE fear the question of the management of alcoholism, acute or chronic, whether viewed from a medical or social stand-

point, will not find its solution in this little volume. Still, any genuine contribution to the consideration of so difficult and important a subject merits attention. Dr. Gallavardin is evidently an enthusiast, and is a very firm believer in the power of homœopathically selected remedies; in this he has our entire sympathy. He affirms that he has used with success the following remedies for drunkenness:—*Nux v.*, *lach.*, *caust.*, *sulph.*, *calc. carb.*, *hepar.*, *ars.*, *merc. viv.*, *petrol.*, *opium*, *staph.*, *conium*, *puls.* and *magnes. carb.* This is a positive statement of value as far as it goes. But we are bound to say that the indications the author gives for each particular remedy are far from satisfactory. Had he simply stated that he gave these drugs in accordance with the indications of the *Materia Medica*, instead of selecting the few symptoms he mentions as guides, his position would have been unassailable. Moreover we fear that readers of this book will be disappointed when they find that many of the cures claimed were performed without the doctor having once seen his patients, and with a few globules of a high dilution given in a single dose in the ordinary alcoholic beverage of the drinker. We confess that without more evidence of the nature of the cases and the cures than the author's reports afford, we shall regretfully regard them with considerable want of confidence. It is an unfortunate habit with some writers to make bare statements which do not permit of others forming a judgment of them. Were observers infallible, such bare statements would have a value which they can never possess while liability to error remains. An illustration of such statement is the following: "A married man was accustomed to drink as high as 80 glasses of absinth. After a dose of *causticum* 200th, taken without his knowing it, he felt such a repulsion for absinth, and even for wine, that not only he did not drink any more of it, but he could not even remain in the presence of persons who were drinking the stuff." Such reporting will tend to discourage others from experimenting on truly homœopathic lines in these cases, and it is consequently to be deplored. Still the one fact remains (for such we believe it to be) that the author has apparently cured many cases of confirmed inebriety, and this should encourage others to follow on in the footsteps of Hahnemann and Hering, and they will in due time reap no less a reward than they did.

NOTABLE.—The fears expressed in our last issue, and confirmed by Professor Virchow's examinations, that new foci of disease may be created by the disturbance of the bacilli, receive additional support by the fact that after injection with Koch's lymph, bacilli have been found in the blood. The blood of nine patients was examined, in all cases with positive results. It is too early to gauge the importance of this discovery

NOTES AND COMMENTS.

THE SECRET of the Berlin consumption cure has at length been divulged. All our readers and all the world now know that the agent is a "glycerine extract from pure cultivations of the tubercle bacilli." It should therefore be possible within a short time to obtain supplies of the fluid prepared in English laboratories. The next desideratum is to determine as early as possible the value of the remedy. Are we any nearer attaining this end than a month ago? We think so; the reported cases show clearly that *in some instances* unquestionable benefit has followed the treatment. The permanence of the benefit only time can prove. It is, apparently, not less true that harm has resulted from the injections. The determination then of what cases are suitable for and what cases are unsuited to the treatment by Koch's method remains to be made. If Dr. Koch's *method* only is pursued it appears probable that his remedy will fall into entire discredit, as other remedies have fallen through indiscriminate use. As in the instances we allude to, it will probably be left for homœopaths to elucidate the exact sphere of usefulness of the virus. They will not be afraid to reduce the dose, to the 3rd, 6th or 12th attenuation, or still higher, if necessary, in order to avoid, at any rate, the serious aggravations which have already been produced. Moreover the precise effects of the poison will, we hope, ere long be ascertained by testing it, in dilution, on the healthy subject. We shall then, at once, have determined its sphere of action. Such proving has already been undertaken to some extent in the case of the analogous substance in use under the name of *tuberculinum*. Respecting the mode of action of the remedy nothing satisfactory can as yet be reported. The dose

in which the poison has been administered so far has been sufficient to destroy more or less completely the diseased tissue in which the bacilli have flourished. This destruction has been accompanied with inflammatory action which, in some instances, has not been limited to the actually tubercular tissue. That the injections have also, apparently, either roused into activity dormant foci, or have created fresh centres of disease, cannot be denied. Some doubt has recently been thrown on the specificity of the remedy. It is suggested that the poison may have done nothing more than attack and destroy tissues of lowered vitality. For not only have admittedly tubercular tissues been attacked, but it is stated that leprous tissues have also been similarly affected. The effects of the poison on lupus may not be cited as evidence of its affinity for tubercle until the precise relationship of lupus and tubercle is more satisfactorily determined than at present. What is now urgently needed is a series of carefully-conducted experiments with much smaller doses than have at present been employed—doses small enough to avoid any violent local destruction of tissue, small enough to avoid the “reaction” or aggravation brought about hitherto, and apparently regarded as essential. Should it be proved that this “reaction” and the tissue destruction which it indicates are essential to the success of the treatment, there is no doubt that its days are numbered, in so far, at least, as internal lesions are concerned.

IT SHOULD BE REMEMBERED that, though perhaps not *novel*, Professor Koch's discovery may still be original.

In our December number we gave reasons for believing that the remedy might be a homœopathic one, and no reasons for altering this belief have arisen. But

while we cannot accord to Dr. Koch the credit of novelty, it is but fair to allow that to him we owe the preparation of what ought to take a place as a definite and standard agent. The idea of the adoption of the actual products of disease as remedies is an unpleasant one; but this is not the worst. These products must vary indefinitely, and consequently be uncertain as well as nasty. This will, to a large extent at least, be obviated by the use of Koch's fluid. The details of its preparation we have yet to learn.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

PHOSPHORUS IN THE TREATMENT OF RICKETS.—For the past two years Dr. Mandelstamu, of Kazan, in Russia, has been using *phosphorus* in small doses in the treatment of rickets, and during that time he has administered the drug to two hundred and fourteen patients of different ages suffering from the various forms of the disease. He concludes as follows: Clinical observations perfectly justify the employment of *phosphorus* in rickets. *Phosphorus* acts better, more quietly and more surely than any other drugs. The administration of the drug for a long time in small doses is well borne by children and does not produce any ulterior effects. *Phosphorus* acts favourably, especially in cases of symptoms depending upon the rickety diathesis. Under the influence of *phosphorus*, in the great majority of cases, the development of the disease is arrested. The dose was 1 centigramme (3-20 gr.) to 1,000 grammes (1 qt.) of cod liver oil, 1 dessert spoonful once or twice a day.—*New York Medical Times*, Aug., 1890.

CREOLIN INJECTIONS IN DYSENTERY.—Dr. Sosovski (*Lancet*, Aug. 3, 1889) has found large enemata of dilute *creolin* very useful in dysentery. He employed a one-half per cent. solution injected into the bowel twice, or sometimes three or four times daily, the quantity used for each enema being generally about five pints. The patients did not experience any burning sensation or abdominal pain. The treatment was employed in sixteen cases, not one of which proved fatal, although a considerable number of patients succumbed to the disease during the same epidemic. In two cases the disease was arrested after the second enema, in nine cases the bloody

stools ceased on the third day, in two cases on the fifth day, in one on the sixth, and in one on the ninth. In addition to these, two children under a year old were treated successfully by means of *creolin* enemata. Again, another Russian physician, Dr. Kolokoloff, has used a 1 per cent. solution in a number of cases of adults with complete success.—*New York Medical Times*, Aug. 1890.

BORO-CITRATE OF MAGNESIA IN URINARY CALCULI.—Dr. N. Perez (*Albany Med. Annals*, Sept. 1889) refers to the case of a boy, four years old, having a large calculus in his bladder. Before performing an operation he tried the application of the *boro-citrate of magnesia*, of which he gave fifteen grains dissolved in an ounce of syrup, one to three tablespoonfuls every day. After three days of this treatment a good deal of white sediment appeared among the mucus in the urine, which continued about one month, the other phenomena disappearing.—*New York Medical Times*, Aug., 1890.

PEROXIDE OF HYDROGEN IN THE TREATMENT OF PNEUMONIA.—Dr. J. L. Greene, of Colorado, writes to the *Medical Record* that a year ago he conceived the idea that peroxide of hydrogen might be useful in treating congestive and croupous pneumonias prevalent in the Rocky Mountain region. Out of twenty-three cases treated by him since that time there have been twenty-two recoveries and one death. The death was in the case of a puny infant eleven weeks old and so far gone when first seen that any treatment whatever could avail but little. These cases comprised some with double pneumonia, some persons of robust habit, some with constitutions impaired by long intemperate use of alcoholic liquors, and several children ranging in age from three months to three years. The main treatment has been the internal use of *peroxide of hydrogen*, though he has used any rational measures that were indicated to meet complications, or unusual conditions arising in any case. The dose mentioned, says the author, in the rather scanty literature on the subject, as applicable to other classes of cases—a teaspoonful three times a day—is far too light for pneumonia. In the high line, or congestive form, common enough at high altitudes, the patient would exhaust the effect of the first dose, and die from apnea before the second would be due. He often gives one-fourth to one-half a teaspoonful, well diluted with water, once in five or ten minutes for an hour or more, with good results. In acute lobar pneumonia he usually gives half a teaspoonful, diluted, every hour, with benefit, even when no emergent conditions exist, and continues it till after the crisis occurs.—*New York Med. Times*, August.

HYPERICUM IN PAIN.—Deprecating the use of *morphia* in surgical cases, Gilchrist says (*Northwestern Journal of Hom.*), *hypericum* absolutely prevents pain in any kind of operation which is painful in nature. It makes no difference in what form you administer it, whether in the tincture, the thirtieth, or two-hundredth, the result is the same. I know that many think where there is any mechanical obstruction it is necessary to give an anodyne.—*Ibid.*

REST IN THE TREATMENT OF TETANUS.—We are told by *Chambers' Journal* that Prof. Renzi, of Naples, has treated successfully several cases of tetanus, by absolute rest for the patient. This absolute rest does not mean simple release from labour, but includes rest for the several senses as well as for the body. The ears of the patient are closed with wax, the room is darkened, and the floor is heavily carpeted. Every fifteen minutes the nurse enters with a shaded lantern to attend to his wants, and to administer food such as eggs, milk and other fluids. Nothing solid or requiring any attempt to masticate is given. Sedatives are administered as required to relieve pain. It is said this treatment shortens but little, if any, the length of the disease, but it lessens the force of the paroxysms, which gradually cease altogether.—*Ibid.*

URANIUM NITRICUM IN ULCERATION OF THE STOMACH.—Dr. Gorham (*Medical Era*, July, 1890) relates the following case in proof of the great value of this drug in gastric ulcer:—“Mrs. A was prostrate in bed, too weak to stand, emaciated, pulse weak and rapid (180 per minute), face pale, with distress marked in every line, and suffering constant pain in the stomach, which was greatly aggravated by the least food or liquid swallowed. Nothing had been retained by the stomach during the previous ten days. She vomited frequently mucus mixed with blood, and occasionally the regular “coffee-ground” vomit. She seemed in imminent danger of dying from exhaustion. There were also dark, tarry-looking stools, indicating hæmorrhage of the stomach. There was marked sensitiveness over the region of the pylorus, and pressure caused pain, but no hardness or thickening could be detected; the skin was pale, anæmic, and about normal temperature. After a variety of treatment, homœopathic and allopathic, *uran. nit.* 2 x. was administered. The pain, which had been agonising, was greatly relieved, in a few hours the vomiting lessened, and the patient had four hours of quiet sleep the first night. She went on to complete recovery, and had no return of the trouble at the end of a year.”

IODINE IN VOMITING.—*L'Union Med.*, Dec. 10th, records the experience of M. Darthier in nineteen cases of vomiting,

in which *iodine* was used, eleven of the patients being tubercular subjects; he found that it is of more value in the vomiting of early phthisis than in that of the later stages of this disease. At the same time he gives instances of advanced cases with obstinate vomiting where the symptom was largely controlled by the drug. Amongst other cases he gives one of bronchial dilatation (subsequently fatal from acute tuberculosis) in a female, who for three weeks had regularly vomited after every meal. From the date of commencement of the use of the drug she ceased to vomit, and after a week's treatment, which was not productive of any signs of iodism, was completely cured of the symptom. Apart from phthisical vomiting, M. Darthier finds it useful in alcoholic gastritis, in ulcer of the stomach, and in the vomiting of pregnancy and chlorosis, instances of which are recorded. He says that the majority of patients take the *iodine* with pleasure; it often produces an agreeable sense of warmth in the stomach, lasting from five to twenty minutes. The dose is ten drops, dissolved in 125 grammes of water, taken in three portions, immediately after meals. In a certain number of cases, symptoms of iodism are produced, chiefly coryza; but a good many patients do not experience any such inconvenience from it.

INTERMITTENT FEVER.—Dr. Stout, of Jacksonville, reports several cases of intermittent fever cured without *quinine*—in one case after *quinine* given “by bathing” had failed. *Nux vomica* was one of the remedies used, as indicated by a “congested type, face and fingers blue, feeling of suffocation, &c., followed by high fever with delirium.” Residence at the sea-side brought back the fever in one case, but *nat. mur.*, indicated by the hydroa on the lips, at once acted, and prevented another chill.—*Southern Journal of Homæopathy*, Nov., 1890.

ARSENIC IN EPITHELIOMA.—Dr. Green, of Little Rock, reports a case of epithelioma of penis of several months' standing. The disease began in the prepuce, and the patient had been subjected to a thorough course of anti-syphilitic treatment. It recurred in the scar a year after excision. Under the influence of *arsenicum* 2x trit. locally, and 3x trit. internally, the patient entirely recovered within two months.—(*Ibid*).

BLATTA ORIENTALIS IN ASTHMA.—Dr. Ray, of Calcutta, relates an anecdote of an old asthmatic who happened to drink a cup of tea into which an Indian cockroach had fallen. After taking this tea he found himself much better, and instituted an enquiry as to its cause, with the above result. Subsequent experimentation by Dr. Ray, with 3rd dec. trit. and solution in alcohol, led him to say that “in many cases

it acted almost specifically; that is, the whole trouble cleared away within a fortnight or so without recurrence."—*Hom. Recorder*, November, 1890.

PASSIFLORA IN THE ALCOHOL AND MORPHIA HABIT.—Mr. D. had suffered from delirium tremens, and when he began to improve the old cravings for liquor and morphine returned. He came under Dr. Dunleig's care for piles which caused him great suffering and led to the use of alcohol by day and morphine at night. Dr. D. stopped these drugs, but the patient lay awake at night calling for his sleeping draught until he was bordering on a state of insanity. *Passiflora* ϕ was given in doses of a teaspoonful. He at once began to improve, and soon lost his craving for the drugs mentioned. Dr. D. has used *passiflora* with success in other cases of insomnia and gets most benefit where there is "great bodily exhaustion." He proposes to prove the drug upon himself.—*Hom. Recorder*, November, 1890.

GYNÆCOLOGY.

INTERNATIONAL MEDICAL CONGRESS, BERLIN.

(Concluded.)

Subject: Electrolysis in Gynæcology.

DR. APOSTOLI (Paris) said that the use of electricity extended to cases of endometritis and metritis, to fibroids, peri-uterine inflammations, diseases of the appendages, amenorrhœa, dysmenorrhœa and hæmorrhages. The use of the constant current raised the temperature of the tissues between the poles, and so caused an acceleration of circulation and an increased absorption process. The positive pole causes the destruction of microbes. The intra-uterine use of the current was important; the therapeutic vogue of electricity depending on the rise in local temperature and the ensuing circulatory drainage, together with the polar and inter-polar action. Vaginal galvano-puncture Apostoli uses only a few millimetres deep, by a fine trocar, which is isolated and antisepticated up to the point. In 912 patients Apostoli has administered the current 11,499 times. Three of these patients have died; one in consequence of too deep a puncture, going into the peritoneal cavity; the second case was one of probable purulent salpingitis; the third one of ovarian cyst. Thirty of the patients later became pregnant.

DR. CUTTER (New York) described his method of electrolysis which was practised in America before Apostoli. He stated that it lessened the tumour, and relieved the pains and bleeding. Among 50 cases tabulated by Cutter, eleven cases of

fibroma were completely healed by electricity ; the growth was retarded in 25, three were relieved, seven were unrelieved, and four had died. The methods used in America were partly Apostoli's, partly the old method.

DR. ZWEIFEL (Leipsic) said that the use of the current between 175-200 milliampères was very painful ; he opposed the galvano-puncture. The simple intra-uterine method is in all cases entirely free from risk, where acute inflammation is absent. The myomata become smaller ; but after the cessation of the treatment the growth again increases, excepting in older patients, when the diminution is permanent. The positive pole quells the bleeding ; the negative pole seems, at least at first, rather to increase it. The subjective condition of the patients is as a rule remarkably benefited.

DR. GONBAROFF (Moscow) stated that in cases of interstitial and submucous myomata the intra-uterine pole must be used, but in subserous fibroids the galvano-puncture. Electricity gives the best results in non-degenerated and isolated myomata, bleeding and pain being usually relieved. Faradisation obviated the pain in inflammation of the womb and appendages. In carcinoma the pains can be relieved by a current of 1,000 milliampères in less than five minutes. In 500 cases so treated no accident has occurred. In very strong currents it is necessary to use chloroform now and again. Galvano-puncture causes isolated, non-degenerated myomata to lessen, or to vanish, as has been proven by ensuing laparotomy. In one case of extra-uterine pregnancy after 15 punctures, a complete disorganisation of the placenta and foetus of six months was caused, laparotomy afterwards being performed. Twenty cases of the same lesion up to the third month were in this way completely cured. The daily use of faradisation for from 15-80 minutes had the best results in pruritus, vaginismus, dyspareunia and dysuria.

GEORGE BURFORD.

PORRO'S OPERATION.—Mr. Lawson Tait shewed, at the Birmingham Branch of the British Medical Association, a patient in whom he had amputated the pregnant uterus with the result of saving both mother and child. In this case Cæsarian section had been done for the woman's first labour after the child had been eviscerated, and three subsequent premature labours had been induced. The patient made an easy recovery from the operation, and asserted that she had suffered far less pain and discomfort than in any one of the previous four operations. It was exactly six weeks since the operation, and the patient was in perfect health and able to do all her domestic work, including heavy washing. The child was very healthy and growing well. This was the

seventh case in which Mr. Tait had operated. All had recovered except one, in which the operation was done for cancer, and in that case the patient succumbed to the progress of the disease, the child being still alive.—*Birmingham Medical Review*, December.

DISEASES OF CHILDREN.

APROSEXIA IN CHILDREN.—Aprosexia is derived from the Greek, and means heedlessness, and is a name given to a condition in children where there is a marked want of the capacity for attention dependent on adenoid growths in the naso-pharynx, and often associated with deafness. This condition was first pointed out by Professor Guye, of Amsterdam, in 1887. The deafness when occurring is due to the growths occluding the orifice of the eustachian tube. The heedlessness is thought to be owing to a congestion of the venous and lymphatic systems in the anterior lobes of the brain, caused by a blockage in the lymphatics in the pharynx and nose, with which those in the forepart of the brain are in communication, this blockage being due to the presence of the adenoid growths in the increased fibrous connecting-tissue associated with them. A support to this theory is afforded by Ferrier experiments on monkeys in which he found that extirpation of the pre-frontal lobes of the brain was followed by a marked impairment of the faculties of attention and observation.—*New York Medical Record*, Nov. 29th, 1890.

PNEUMONIA IN CHILDREN.—Dr. Stowell read before the Academy of Medicine, New York, a study of 100 cases of pneumonia occurring in his practice in children under 10 years of age. Of these 30 were of the croupous form, and the rest catarrhal. Seventeen cases proved fatal; three of these were lobar cases, two of them being double, five were lobular cases following rubeola, and five were lobular following complicating pertussis, this last being an extremely fatal admixture of diseases, only two out of seven recovering. As grave symptoms in pneumonia cases he mentions (a) intermittent pulse, (b) profuse and early sweating, (c) urine pale in colour before the crisis has taken place, (d) profuse and persistent diarrhoea, (e) late delirium, (f) the co-existence of pneumonia in both lungs especially in fat children, (g) and pneumonia beginning as simple collapse of the lung without bronchitis. Cerebral symptoms, which he considered as of slight import, he noticed to be much more frequent when the apices were attacked. He quotes various percentages of mortality from different authors, which amount generally from 10 to 20 per cent. with the remarkable exception of Laennec, who had

a mortality of only 8 per cent., and who treated all his cases with *tartar emetic*.

Dr. Stowell's own mortality was 17 per cent., he aimed at no specific treatment, but only to make his patients as comfortable as possible, and to aid, by ordinary means, a speedy and favourable termination, believing with Ziemssen that "nature cures, and the only duty of the physician is to maintain life until the cure is effected."—*New York Medical Record*, Nov. 1, 1890.

TREATMENT OF RINGWORM.—S. J. Y. Simpson, of Missouri, recommends the following treatment for ringworm :—First cut the hair short and wash the scalp well with green soap, and then apply with a camel-hair brush a solution of corrosive sublimate in collodion of the proportion of 2 grains to the ounce. He claims for it four advantages, viz., (1) The corrosive sublimate destroys the fungi; (2) the ether of the collodion penetrates to the root of the hair, conveying the corrosive sublimate to the roots of the disease; (3) the film formed by the collodion shuts off the supply of oxygen to the fungi, and thus helps to destroy them; (4) the film also prevents the hairs from flying about through the atmosphere, and carrying the germs to other persons. He states that he has treated a large number of cases with this solution with excellent results.—*Medical Reprints*, September 15.

PATHOLOGICAL VARIATIONS IN HUMAN MILK.—S. Rotch, of Boston, gives, in a paper published in the *Archives of Pediatrics* for November, the results of analysis of normal and pathological milk in the human subject. He shows that when the infant is thriving the relative proportions of the solids to each other and to the water vary only within narrow limits. When the intervals between the nursings are too long the proportion of water is too great, and when they are too short the proportion of solid is increased. Diet and exercise caused marked effects on the composition of the milk. A sedentary life with abundance of rich mixed food increased the ratio of the total solids to the water, the increase being due to a larger proportion of albuminoids and fats, while the sugar was little, if at all, affected. As a general rule the amount of fat may be increased by increasing the quantity of meat in the diet, and the albumen may be decreased by moderate exercise. An excess of albuminoids in the milk is apt to produce digestive disturbances in the child, and therefore the nursing mother should take a fair amount of exercise.

ASTHMA OF MILLER.—For this complaint (so-called) Dr. E. M. Hale has used a *tincture of silphium* (Rosinweed) with success. It is also useful for asthmatic cough, and closely resembles *turpene*, *terebene* and *lobelia* in its action.—*Hom. Recorder*, November. T. G. STONHAM, M.D.

OTOLOGY, &c.

KALI MURIATICUM IN EAR DISEASES.—E. H. Linnell, M.D., in *Journal Ophth., Otology and Laryngology*, Oct., 1889, finds *kali mur.* of use in "subacute catarrhal and proliferous inflammation of middle ear with granular pharyngitis; retracted membrana tympani; adhesions and inspissated secretions in tympani; sequelæ of suppurative cases; closure of Eustachian tube and stuffy sensation; tinnitus, like a swarm of bees; atrophied condition of the meatus, and pallor of mucous membrane." These conclusions are drawn from a series of cases treated with *kali mur.*, other forms of ear disease were not benefited.

ETIOLOGY OF ATROPHIC CATARRH.—E. L. MANN, M.D. (*ibid*) considers that in atrophic catarrh a retention of secretion is always the real cause. Mucus shut up behind nasal hypertrophies, or in any way retained, leads to a maceration of the epithelium, and, finally, to its destruction; the ciliæ being lost; the mouths of the glands blocked up and secretion continuing causing dilatation of duct, with pressure of surrounding structures and consequent atrophy. Hence perfect cleanliness is the first requisite in treatment, and all secretions should be got rid of. After cleansing some oily substance should be used to lubricate and protect the membrane.

FERRUM PICRICUM IN DEAFNESS.—R. T. Cooper, M.D., gives a case of deafness in both ears cured by *ferrum picricum*, the symptoms being headache, when tired, across the forehead and eyeballs; deafness worse in damp weather and in easterly winds; skin of a chronically jaundiced colour; hearing only $2\frac{1}{2}$ inches right ear, and 1 inch left ear. *Ferr. pic.* 3rd dec., seven drops to $\frac{1}{2}$ oz. of water, and five drops of this daily. He adds that the indication was the hepatic complication and the overpowering effect of fatigue. *Hahnemann Monthly*, Nov., 1890.

ANEMIA AND INTRA-NASAL OPERATIONS.—Dr. Holbrook Curtis, of New York, considers that all cases of nasal stenosis are accompanied by anæmia; and after operation he finds that there is a constant increase in the oxyhæmoglobin contained in the blood.—*International Journal of Surgery*, Feb., 1890.

RELATION BETWEEN HYPERTROPHY OF PHARYNGEAL TONSIL AND RECURRING PAPILOMA OF CHILDREN.—Mr. Lennox Browne reported a case at the November meeting of the British Laryngological and Rhinological Association, which shows some connection between these two diseases. The

child was six and a-half years, and had warty growths in the larynx, which were removed under chloroform in three sittings. Fourteen days after the last operation the voice was reported as getting more husky, and on examination the cords were found highly inflamed. Besides this she had fits of crying and night frights. A large mass of adenoids was found, and these, together with part of the tonsils, were removed, and in six weeks the child was in perfect health. The post nasal adenoids in these cases are supposed to act by producing mouth-breathing, and thus chronic laryngeal catarrh which, all observers are agreed upon, is an important factor in the production of non-malignant growths of the larynx.

D. WRIGHT.

NEUROLOGY.

HYSTERIA.—At the Birmingham and Midland Counties Branch of the British Medical Association (November, 1890), Dr. Saundly read a paper on the treatment of hysteria. He defined the disease as an exaggerated demand for sympathy, leading to the gradual abandonment of the care of the body and the control of functions. The cure must be a "self-cure." The essential element in treatment is isolation from human sympathy. Massage, forced feeding, &c., occupy a secondary place. At the same meeting Dr. Douglas related two cases of hysterical paralysis.

Case I.—A. F., aged 30. As a girl often ailing. At 17 diphtheria, followed by great weakness of mind and body. At 18 febrile attack, lasting six weeks, with paralysis of bladder and almost complete paraplegia, the latter lasting 18 years. Treatment did little good until she was removed from home in December, 1889, and treated by massage, faradism, and forced feeding. In six months was able, with assistance, to get about with crutches. In nine months could walk short distance without help, and was still improving.

Case II.—M. E. W., aged 21. As a young girl had good health. At 12 years became weak and irritable. At 13 years had catalepsy, with loss of consciousness about 8 weeks, followed shortly by violent hysteria; was afterwards helpless and was also speechless (except at times to mother in scarcely audible whispers) until July, 1890. June, 1890, admitted to hospital and treated by seclusion, tonics, faradism, massage, and exercises in reading aloud. In four weeks able to talk and walk. Still continues to improve.—*Birm. Med. Rev.*, Dec., 1890.

MEDICINE.

CARDIAC DYSPŒNEA.—Dr. E. M. Hale, writing on the above, in the *Southern Journal of Homœopathy* (October), recommends *veratrum viride* to reduce arterial tension. “*Nitrite of amyl* should only be given in desperate cases, when the face is deadly pale, and like the hands and feet, cold and covered with cold sweat, while the pulse is almost extinguished.” A few inhalations restore the pulse. For the purpose of mitigating future attacks *aurum iodid.* and *aur. mur. nat.* are recommended; in the 2x trituration these remedies also act as diuretics. The alternation of *atropine* 8x, with *strychnia* 2x, three or four hours apart is said often to give long-lasting relief.

To allay the nervousness attending dyspœna, *coffœa*, *scutellarin*, *monobromide of camphor*, *sambul* and *chamomilla*, and especially *chloroform*. *Quebracho* ϕ (gtt 5-10), or the alkaloid *aspidospermine* 2x (gr. 2-5) is the best remedy Dr. Hale has used for continuous dyspœna, aggravated by the slightest exercise, and rendering active exercise impossible. *Anhalonium* is invaluable in the dyspœna of fatty degeneration.

THE RED LINE ALONG THE GUMS.—Dr. Snader, of Philadelphia, has written a paper “to disestablish the red line” as a diagnostic mark of phthisis. In the course of observations on the point in question he concluded that it might be ascribed (1) to improper care of the teeth; (2) to an idiosyncratic tendency to the excessive accumulation of dental débris, either in the form of tartar or the deposit of salt from the saliva; or (3) to great general or local connective tissue, relaxation and want of tone, &c., due to mercury, scurvy, &c. He has noticed an ephemeral red line in the mouths of children after eating fruit.—*Hom. Recorder*, November.

HÆMORRHAGE FROM THE RECTUM.—Dr. Louise Lannin records two cases of this condition.

Case I.—A multipara, æt. 45, suffered from rectal hæmorrhage five years. It was painless, but preceded by colicky pain about the region of the umbilicus. The blood was bright-red and fluid, and considerable in quantity. She first received *bell.*, *ipœcac.*, *china*, *phos.* and *hamamelis*, but with no good result. She was also seen by Dr. H. M. Dearborn who found only one small spot of ulceration in the rectum, but it had no bleeding point. There was no sign of hæmorrhoids, fissure or fistula. She was next given *erigeron*. The hæmorrhage persisting, *lachesis* 80 was administered. The only indications were:—Chiefly worse on waking and late in the afternoon, and the feeling that the clothing around the waist must be worn very loose to be comfortable; also scantiness of menses, which

were regular and dark in colour. The hæmorrhage soon ceased and the patient left the hospital well.

Case II.—A married woman with a history of bleeding from the rectum very similar in detail to that of the first; it was of twelve years' standing. Nothing abnormal locally except a bluish congested appearance of the rectum. She, too, was ordered *lachesis* 80 every two hours. The hæmorrhage recurred twice during the next week and then ceased, and had not returned three months later.—*North Amer. Jour. of Homœopathy*, Sept., 1890.

A SOOTHING DRESSING.—Dr. Green (Little Rock, Ark.) recommends the following as a soothing application after operations upon the mucous membrane of the nose or nasal fossæ: *Carbolic acid*, gr. ii.; *tr. calendula*, gtt. xxx.; *lanolin*, ʒvii.; *almond oil*, ʒi.

ANTIDOTE IN COCAINE POISONING.—To overcome the depressed cardiac action that is sometimes induced by the local application of *cocaine*, Dr. Green (Little Rock) advises *digitaline* in $\frac{1}{10}$ grain dose, and *hyoscyamine* in $\frac{1}{100}$ grain dose to promptly relieve the nervous symptoms.—*Journ. of Ophthal., Otol., and Laryngol.*, July, 1890.

NOTABILIA.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

THE introductory lecture to the post-graduate course at the London Homœopathic Hospital was delivered by Dr. J. H. Clarke, on Friday, 16th ult. In some prefatory remarks he stated that he preferred the out-patient department to the wards for teaching and testing purposes. The lecture was entitled *The Peculiar Features of the Homœopathic Materia Medica*, which *Materia Medica* forms the peculiar feature of homœopathy. In other branches, said the lecturer, the two schools are alike. After briefly sketching the way in which Hahnemann arrived at the rule of similars, Dr. Clarke pointed out that the expression *Materia Medica* was an unfortunate one—what Hahnemann termed the *Materia Medica* was not the medicinal substances themselves, nor a description of their botanical, chemical, physical and physiological properties, but (ideally) a record of the pure effects of drugs on the healthy body. He would have preferred the use of such a term as drug symptomatology or semeiology.

The peculiar features were 1st, the plain statement of the effects of drugs on the body; 2nd, the ascertaining of these

effects by testing the drugs (in various doses) on the healthy subject—by “provings;” 3rd, the Hahnemannian “schema,” or arrangement of the symptoms into anatomical groups for reference. An appendage to the *Materia Medica* was the repertory or symptom index. The repertory might be called the “road and street map of the *Materia Medica* country.”

Dr. Clarke invited all medical practitioners and any medical students who had the leisure and courage to test homoeopathy for themselves, by attending the hospital regularly for an adequate period.

The remaining lectures will be given at 5 p.m. in the Board Room of the Hospital:—

Feb. 6th.—*Modern Methods of Precision in Pelvic Diagnosis: With Clinical Cases.* By G. H. Burford, M.B.

Feb. 18th.—*Differential Diagnosis, Prognosis and Treatment of Abdominal Tumours; With Clinical Cases.* By G. H. Burford, M.B.

Feb. 20th and 27th.—*On the Treatment of some of the Commoner Diseases of the Lungs; With Clinical Cases.* By J. Galley Blackley, M.B., Lond.

March 6th.—*The Diagnosis of Errors of Refraction and Anomalous Action of the Ocular Muscles.* By Mr. Knox Shaw.

March 18th.—*Adenoid Vegetation of the Naso-Pharynx.* By Mr. Knox Shaw.

FIFTY YEARS OF HOMŒOPATHY IN BOSTON, U.S.A.

THE homoeopathic physicians of Boston celebrated the jubilee, or as they term it, “semi-centennial” of the introduction of homoeopathy into their city. A banquet at the Hotel Vendome was held on the 23rd ult. in honour of the occasion. The following extract from the circular of invitation issued by the committee gives a succinct but noteworthy record of progress during these fifty years:—

“In December, 1840, three physicians assembled in this vicinity, and formed the homoeopathic fraternity. As its numbers increased, and its circle widened, it was called the Massachusetts Homoeopathic Fraternity. Later it received the name of the Massachusetts Homoeopathic Medical Society, and in 1856 it was incorporated by the Legislature of the State. It is fifty years the present December since this beginning of the Society, and it seems fitting that its semi-centennial anniversary should be marked in an appropriate manner. When we consider that within a few years the State has established a homoeopathic insane hospital at Westborough, which contains over five hundred patients; that it has in the last year given \$120,000 for the enlargement of our Massachusetts Homoeopathic Hospital; that a single

legacy has this year been given, exceeding in amount \$150,000, and which will be used for the support of the hospital; that the city has contributed a large site of land on which to erect a homœopathic dispensary, and that generous donations have been given therefor; that five hospitals have been established in various cities in the State, in which homœopathic and allopathic treatment are equally provided; that a medical school has been established in connection with Boston University, which has proved very successful, and has added large numbers of well-educated physicians to our ranks; we have many causes for gratitude and rejoicing."

THE LATE DR. MOORE AND THE LIVERPOOL
HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

At a recent meeting the above society adopted the following resolution:—

"We, the members of the Homœopathic Medico-Chirurgical Society of Liverpool, beg to express our heartfelt condolence with Mrs. Moore, and the family, on the recent removal by the hand of death, of our colleague, Dr. John Moore. Dr. Moore was a distinguished representative of the class of medical converts to whom, perhaps, more than any other, are due the development and spread of homœopathy. For he was already a highly esteemed and successful general practitioner when the claims of homœopathy came under his attention. When convinced of the fundamental truth of the homœopathic principle, he was impelled by his conscience, rooted in true Christian faith, to carry out openly and avowedly the principle as far as applicable in practice, in spite of persecution by the medical men on one hand, and the ignorant solicitations of his patients for their old-fashioned palliatives on the other. With his scrupulous conscientiousness and otherwise high moral and religious character, and with a practical experience already ripe, he occupied an important position among us, in working out the difficult question of fixing how far allopathic auxiliaries are to be admitted in a practice predominately homœopathic.

"For these reasons, besides the personal esteem and affection in which he was held by us all, we feel our loss to be very great; and all hope and trust, for the sake of our cause, that numerous converts of the same high character will, ere long, again be added to our ranks."

"STONE-THROWING."

The Homœopathic Journal of Obstetrics, July 1890, complains that it is often quoted without the sectarian adjective in its title, leading to mistakes of identity. The same issue of the

said periodical styles our *Review* (we presume it is ours, for it refers to an article originally appearing in our pages) *Homoeopathic Medical Review*. "Dwellers in glass houses should not throw stones." Our American contemporaries also occasionally quote from our pages as from the *British Homoeopathic Review*, no such paper existing. The title we have used for 34 years is on the cover and at the head of every page.

BIRMINGHAM MALE ADULT PROVIDENT INSTITUTION.

THE 49th report of this active and flourishing institution is just issued. Progress in every department is noted. A truly benevolent and non-pauperising institution, its good management renders it extremely popular in Birmingham. It has grown steadily and rapidly since its formation. On its medical staff, one of the consulting physicians and two of the surgeons are homoeopaths.

THE TREATMENT OF BALDNESS.

THE treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article in the *Therapeutische Monatsschrift*, but few cases resist the treatment, and after a few applications the downy sprouts may be seen. The following procedure is to be repeated daily: 1. The scalp should be lathered well with a strong tar soap for ten minutes. 2. This lather is to be removed with luke-warm water, followed by colder water in abundance; then the scalp is to be dried. 3. A solution of *bichloride of mercury*, 1 to 900, the menstruum, being equal parts of water, *glycerine* and *cologne* or *alcohol*, is to be rubbed on. 4. The scalp is then rubbed dry with a solution containing *beta-naphthol*, 1 part, and absolute *alcohol*, 200 parts. 5. The final step in the process is an anointing of the scalp with an unguent containing two parts of *salicylic acid*, three parts of *tincture of benzoin*, and 100 parts of *neat's foot oil*. This treatment should be persisted in for a period of six weeks or longer. Lassar is reported to have treated a thousand cases in the manner described. . . . The parasitic theory of the causation of hair-fall as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other, neurotic, class described by Michelson and Shütz as occurring in young persons who have a "nervous" history or have met with a traumatism affecting the head and brain.—*Med. Era*, July, 1890.

MERCURIAL TREATMENT OF DYSENTERY.

Dr. LEMOINE has had an opportunity to treat 102 cases of dysentery in the military hospital of Oran. Fifty-four were treated with sublimate clysters, being those who could not take calomel owing to some disturbance of the stomach. Twenty-one used calomel, with a beginning dose of 1 gramme followed in the next two or three days by smaller doses; 11 were treated with ipecacuanha; and 16 in the beginning with ipecacuanha, and later with mercury. No deaths were noted, and ordinarily 1 gramme of calomel was sufficient to check the slimy and bloody stools. In 28 of the cases, the favourable results were immediate. The clysters, consisting of 200 grammes of a five per cent. solution, were commonly retained about ten minutes, and worked rapid improvement in the tenesmus and slimy discharges. In some cases, owing to the sensitiveness of the anus, it had to be painted with a solution of cocaine. In many cases the calomel was given in connection with the clysters. Poisonous symptoms were not noted in any case. The author refers the favourable action of mercury in these cases to its antiseptic power.—*New York Medical Record*, Oct. 18.

FAILURE OF THE SUSPENSION TREATMENT OF
LOCOMOTOR ATAXY.

THERE are signs in the air that the suspension treatment of progressive locomotor ataxy, respecting the beneficial result of which we have heard so much during the last year or two, is likely to follow Bergeon's recto-insufflation treatment and Apostoli's electrical treatment for uterine fibroids. The ease with which trained observers become convinced of the value of a method which subsequent experience shows to be idle, if not injurious, is really marvellous, and points to certain defects in the constitution of the individual mind. The great point, to begin with, is to establish indubitably the nature of the disease which it is proposed to cure, and this is often not possible, or, if possible, is rarely accomplished. Both operator and subject, moreover, seem to be hypnotized by the concentration of the attention on a given object, and the result is an amelioration which, in the hands of less enthusiastic observers, is frequently conspicuous by its absence. These medico-historical facts should teach us to show a becoming diffidence in placing too implicit confidence in new remedies. Who will venture to assert that a time will not come when the panaceal qualities of antipyrin will have sunk into oblivion (though not without having made the fortunes of a number of speculators), crushed by the pretensions of new derivatives from other series at present unknown to the chemical and therapeutic world.—*Hospital Gazette*.

DEATH FROM CHLOROFORM.

THE question of anæsthetics will always be the order of the day, inasmuch as a truly scientific and reliable anæsthetic has not been found. At the present time there are few surgeons that it does not deeply interest. Many are the records of accidents which are known, and more still, perhaps, are the unpublished cases.

The following is a report of a case of death by chloroform that happened in circumstances which are like those present in all cases, that is to say the accident was unforeseen and unexplained. Two points, nevertheless, are important to note.

In the first place, the patient had already been chloroformed several times, and notably a month previously; then the anæsthetic employed was chloroform mixed with the fourth of ethylic alcohol, according to the formula of Régnault. Now many surgeons, on the authority of English surgeons, notably Spencer Wells, consider this chloroform (mixture) perfectly harmless.

Having said this, let us state in a few words the previous illness of the patient and his condition at the time of anæsthesiation, then will follow the phenomena before death, and lastly the results of the autopsy.

P. B., a cook, æt 49, admitted to l'Hôpital Tenon, December 18th, 1889, complained of a cachectic illness, presenting numerous local manifestations of tuberculosis. He had already undergone an operation, when eight or nine of the right ribs were scraped for tubercular osteitis. In August, 1889, he had had the left fore-arm amputated for a white swelling of the wrist. After admission, December 18th, 1889, he had been chloroformed January 9th, 1890, and undergone resection of the outer extremity of the right clavicle, as before for a tubercular lesion. February 13th he was about to be operated on for a chronic abscess, situated in the lumbar region, on the left side. In spite of being so emaciated and cachectic in appearance he seemed very well able to undergo an operation of this nature and to take chloroform; for he coughed very little and presented no signs of advanced pulmonary disease.

Feb. 13. Patient was given *chloroform* (mixture) at 9.35. It was administered according to the clinical method employed in the hospitals, by means of a folded towel (compresse) rolled into a cone, into the hollow of which a few drops of *chloroform* were poured from time to time, and it was kept applied over the mouth and nose of the patient lying on his back. It is a method both *continuous*, since the intervals during which the cone is raised to renew the chloroform are

very short, and *intermittent*, since these intervals permit the patient to take each time one or two inspirations of pure air.

At the commencement of the anæsthetic the patient did not attract any special attention beyond a slight injection of the face and upper part of the body—a red colouration which existed only in places; the other parts remained pale and formed irregular *Tâches*.

These differences of colour were especially marked on a level with the forehead and the forepart of the head, which was bald. But they were present before the administration of the chloroform.

During the first minutes of giving the chloroform the breathing was regular, the pulse a little accelerated, the conjunctival reflex present by fits and starts, and the patient began to enter the stage of excitement; he pronounced some unintelligible words, and at the moment when the cone was raised to renew the chloroform he turned his head to the left side to spit a mouthful of liquid muco-pus. During this first period, which scarcely lasted more than three or four minutes, the cone was replenished three times. At this moment, the operation being situated on the dorsal region, the patient was turned by assistants, first on his left side, then turned back again on his right side.

During these movements the patient was at the height of the stage of excitation; he sat almost upright, but was restrained by assistants.

At the moment when the patient was turned on his right side, and put almost flat on his belly, there appeared a contraction of all the muscles, especially the muscles of the thorax and abdomen. The respiration suddenly ceased without any râles or rattling in the throat previously calling attention and showing closure of the glottis. The eyelids, which previously remained closed, now were wide open, and the pupils widely dilated; conjunctival reflex was abolished. A dusky colouration of the face and the upper part of the body appeared; the veins were distended. Immediately the tongue was seized and drawn forwards, and artificial respiration commenced.

The movements imparted to the arms prevented the state of the heart and of the pulse being observed. The finger, introduced with difficulty to the back of the pharynx, owing to the contraction of the jaws, kept the entrance to the respiratory passages open, into which the air entered mechanically by the movements of artificial respiration. The pharyngeal reflex existed at this time, the jaws were kept open with difficulty by a cork, but the spontaneous movements of respiration were very feeble.

Artificial respiration was continued, and hypodermic injections of *ether* given to the patient. Besides this, the two poles of the battery were placed on the chest, in the epigastric and precordial region; the "hammer of Mayor," applied almost at the temperature of boiling water, only produced a slight redness, and no vesication (about a quarter of an hour after the occurrence of the accident); two gallons of oxygen were inhaled and *ether* repeatedly injected (5 syringes of 1 c.c. altogether).

Artificial respiration had been practised for 10½ hours, with two or three intervals, the patient showed some signs of spontaneous respiratory movements but at the end of almost an hour, during which artificial respiration was carried on without intermission, and after exhausting every means of resuscitation, and even while the air continued to enter the chest mechanically, the patient grew colder and colder and he had to be left.

At the *post-mortem* made at the Morgue by Dr. Descoats nothing worth noting was discovered either in the brain or abdomen. But on opening the thorax important lesions were found. The five or six upper ribs were abnormally moveable on the vertebral column and subluxated. The anterior surface of the head and neck of these ribs, as well as the corresponding vertebral bodies were denuded; the periosteum, the inter-vertebral discs, and inter-vertebral ligaments were almost completely destroyed for a distance of about 20 c.m. from the fourth dorsal vertebra to the second lumbar. Up to the same height was an encysted sac of pus which pressed upon the organs of the mediastinum, pressing the heart forward, and the aorta towards the left. This immense chronic abscess was closed below, but presented pouches above which insinuated themselves between the ribs by the side of the vertebræ and had a communication with the muscular structure of the back.

Whilst dissecting the muscles of the back a fistulous tract was found communicating with the pre-vertebral sac, measuring 18 c.m., and extending from the 8rd dorsal vertebra to the lumbar abscess sac on which the operation was about to be performed.

This sac measured inside 20 c.m. long and 12 broad, and was filled with pus.

There existed then two enormous sacs; one pre-vertebral in the dorsal region, the other, retro-vertebral in the lumbar region, and descending to the sacrum. Then two pouches communicated by a fistulous tract which ascended behind to the upper portion of the dorsal region.

The thoracic viscera being examined, the larynx, trachea

and bronchi were found to contain liquid secretion. The whole of the right lung was bound down by false membrane, which caused it to adhere closely to the thoracic walls.

The same adhesions existed on the side of the left lung, but they were less complete, and occupied only the lower two-thirds. Both the lungs were very congested and engorged with bronchial secretion, but they only contained few tubercular manifestations, no cavities nor pneumonic or apoplectic patches. The heart, pushed slightly forwards and to the left, was normal in size. No false membrane nor fluid was found in the pericardial cavity. Some milky patches were found on the surface of the right ventricle in front and behind. The cavities of the heart contained black fluid blood; the left ventricle was in a state intermediate between systole and diastole. The auriculo-ventricular orifices were healthy. The aorta showed some atheromatous patches. The state of the walls and of the interior of the pulmonary artery was not mentioned.—*Archives Générales de Médecine.*

DETECTION OF DEATH.

SOME years ago the French Academy of Science offered and awarded a prize of 40,000 francs—as a stimulus to investigation—for a certain and easy mode of detecting somatic death; the prize was awarded to a physician, who revealed the fact that the phenomenon known as “scarlet space between the fingers when held to the light” immediately ceases when life is absolutely extinct.—*Med. Era*, July, 1890.

“LIQUOR CARNIS.”

CAFFYN'S LIQUOR CARNIS is an uncooked meat juice, light brown, and semi-transparent in appearance, and devoid of the suggestive look and taste of blood which some liquid foods of this class possess. It has a decidedly sweet taste, being preserved with glycerine. It has been proved by experiment that a considerable proportion of glycerine interferes with digestion, hard-boiled egg remaining undigested by pepsin for an indefinite period in the presence of glycerine. We are not aware, however, if the same is true of serum albumin, and believe Liquor Carnis to be an easily-digested food. After exposure to the air for several days the juice becomes turbid; on heating it becomes almost solid from the coagulation of the albumin which is present in great plenty. The report issued with this preparation relates some experiments in which the Liquor Carnis was injected into the peritoneal cavity of the stomach of living animals. It was found on examining these cavities a short time afterwards that the fluid was entirely absorbed, or had almost disappeared, no trace of

irritation having been set up. Caffyn's Liquor Carnis appears to possess the essentials of highly nutritious and easily-assimilable food.

The new directions issued with this uncooked food, which allow of its admixture with hot fluids, or even of its being cooked, raise an important question, viz., whether or not this treatment interferes with the digestibility of such foods. In the first place it must be remembered that to produce coagulation of the albumin a temperature much below boiling-point will suffice. We find, on heating the Liquor Carnis with twice its bulk of water in a test-tube, that at a temperature of about 55° C. (130° F.) a definite but light finely divided precipitate occurs. This temperature is more than that at which "hot" fluids are ordinarily taken, and is, of course, considerably more than the temperature of the stomach. This would indicate that, if previously diluted with water, the admixture with fluids at a temperature for drinking does not in any way interfere with the digestibility of the food, its albumin remaining uncoagulated. On the other hand, the acids of the stomach produce coagulation before the albumin is changed into peptone. Further experimentation would be required to determine if the coagulum produced by the combined action of heat and dilute acids is more difficult of peptonisation than is that produced by the stomach-acids alone. At present, therefore, it is safer not to administer at a temperature sufficiently high to coagulate the albumin.

“ FRAME FOOD.”

Most of the new food preparations brought before the public and seeking the approval of the profession are derived from an animal source. "Frame Food" has a vegetable origin, and, it is stated, is made from "the brown husky outer covering of wheat, which is separated from wheat flour." By this means, as is well known, much of the salts, largely phosphates, and of the albuminoids is lost. Efforts have been made to replace this by manufacturing "brown" or "whole-meal" bread, but with only imperfect success. Many people cannot take these forms of bread, and they are especially often distasteful to children, who most need them. Moreover, the amount of nourishment which the system can extract from the bran of brown bread or from whole-meal is uncertain, and probably varies a good deal with different methods of preparing the flour and of cooking the bread. Frame Food then is designed to supply the nourishment found in wheat, but absent from ordinary white bread, in proper quantity and in a pleasant form. How much depends on good feeding, and especially how much depends on a

proper supply of phosphates for growing children we need not stop to point out here.

"Frame Food" is made in the form of a powder, termed the "Extract," which can conveniently and pleasantly be mixed with bread, cakes, puddings, porridge, coffee, &c. The same manufacturers supply a Jelly made of "Frame Food Extract," to which sugar is added while the Extract is in a liquid form and boiled down to a jelly. A little fruit acid is added to flavour. This is fairly palatable and may be used as a jam. Frame Food Porridge is a cooked wheaten food with added "Extract."

Our analysis, given below, which corresponds approximately with other analyses of the same substance, shows that the "Extract" contains more nitrogenous material and salts than ordinary flour, and that the starch is largely changed into sugar.

We believe "Frame Food" to be a valuable article of diet, and a genuine addition to our armamentarium.

We find the "Extract" to consist of:—

Moisture	8.74 per cent.
Oil	1.60 "
Sugar and Dextrine...	51.00 "
Starch. &c.	12.47 "
*Albuminoids	14.87 "
Cellulose	none.
Mineral Matter (Ash) ...	11.32 "
	100.00

* Containing Nitrogen.

Eight per cent. of the Mineral Matter is soluble in water, and contains much phosphates and potash.

PRINCESS HENRIETTA AND THE LATE PRINCE BALDWIN OF BELGIUM.

THE Princess Henrietta of Flanders, the eldest of the three daughters of the Count and Countess of Flanders, has recently had a serious illness, in which her life was despaired of, but is now pronounced to be out of danger. History repeats itself, and *The World* states:—

"Although the matter has been to a great extent kept secret, a battle between homœopathy and allopathy has raged over the sick bed of Princess Henrietta of Flanders precisely similar to that which occurred at the commencement of Lord Beaconsfield's fatal illness. Her mother, who is an ardent

homœopathist, called in Dr. Martiny, the head of that school of medicine, and all the eminent orthodox physicians declined to meet him in consultation. The attitude they assumed necessitated the summoning of a provincial practitioner by telegraph, and has given a wonderful opportunity to a young and able military doctor, who considers obedience the first duty of his calling."

Later information enables us to state on the highest authority that the following are the facts relating to the illness of the Princess Henriette de Flandres.

For some years past Dr. Martiny, of Brussels, has been the ordinary medical attendant of the family of the Comte de Flandres, and in that capacity the Princess Henriette has on several occasions been under his care. Some weeks ago the Princess took cold, which rapidly developed into broncho-pneumonia affecting both lungs. Seeing the dangerous condition of his patient, Dr. Martiny requested a consultation with another homœopathic physician. This the family declined, [preferring that Dr. Martiny should continue the treatment, and that a physician occupying a public position should watch the course of the case with him. Accordingly Dr. Hoyoit, one of the Professors in the University of Louvain, and Dr. Melis, an army surgeon, joined him in attendance on the Princess, subsequently Dr. Hegar, of Brussels, was called in. The allopaths being now in a substantial majority, insisted on the use of allopathic measures. Dr. Martiny, instead of retiring, remained to watch the progress of events. Under the altered treatment Her Royal Highness grew rapidly worse. The respirations were now 60, the temperature 40.5 (Cent.) and pulse 150. Dr. Martiny, seeing his patient going from bad to worse, now proposed the use of *tartar emetic* as the most homœopathic remedy to her condition, in a dose corresponding to the first decimal trituration. Improvement commenced at once and has continued, Her Royal Highness being now convalescent.

Prince Baudouin, who had no confidence in homœopathy, was throughout the course of his fatal illness—pleuro-pneumonia and renal hæmorrhage—under allopathic treatment.

IS DR. KOCH'S DISCOVERY ORIGINAL ?

In *The St. James's Gazette* of 21st ult., there appeared the following:—

"The famous Berlin consumption cure has already gone through the phases of being first blindly believed in and then

vehemently attacked. Now people are beginning to say that whether it is 'true' or not, it is not 'new.' Messrs. E. Gould and Son, of Moorgate Street, write to us as follows:—

'It may interest many of your readers to learn that a preparation, prescribed by homœopathic physicians in the treatment of consumption, and which contains the identical substance used by Professor Koch, has been dispensed by us for many years past under the name of *Tuberculinum*. The method of its preservation has, however, differed from Dr. Koch's, inasmuch as the tubercle bacillus and its productions have been ground down in the first instance with sugar of milk and bottled in the dry form. Some ten years ago Dr. Drysdale, of Liverpool, introduced *sepsin*—the production of certain bacilli which cause the putrefaction of muscle—as a remedy in the treatment of typhoid cases. This body has physiological and chemical characters resembling very closely those described by Dr. Koch as belonging to his preparation, and it has been found that a 66 per cent. solution of glycerine suggested by Dr. Drysdale has successfully preserved this substance for years. In our judgment, therefore, Dr. Koch has made an improvement on the old method of preserving tuberculinum by extracting it with glycerine solution. The homœopathic *Materia Medica* contains many remedies of the same class, which are designated as 'nosodes.'"

OBITUARY.

DR. JOHN MOORE.

It is with deep regret that we announce the death of Dr. John Moore, of Liverpool, at the age of 77. One among the earliest members of the profession to acknowledge the truth of homœopathy in this country, he has ever been a careful and skilful practitioner of medicine, and for 40 years an earnest advocate of homœopathy. As a medical man, he was a typical specimen of the best class of the British general practitioner. Thoroughly well informed on professional topics, taking the deepest interest in the welfare of his patients, and full of sympathy with them in suffering, he was at once their highly competent medical adviser and warm-hearted friend. Hence his popularity with all classes was great, and his professional success considerable.

JOHN MOORE was born in 1818 at Kilraughts, Co. Antrim, in the North of Ireland, and obtained his general education at the Belfast academy. Selecting the medical profession as his

vocation in life, he was in 1827 apprenticed to a surgeon-apothecary in Bermondsey. From thence he passed to Guy's Hospital, at the time when Sir Astley Cooper was the surgical luminary of that institution. He was admitted a Licentiate of the Society of Apothecaries in 1834, and a member of the College of Surgeons in 1835. He immediately settled in practice in Liverpool, being induced to do so by an old family friend, Dr. Hamilton, of Great George Square in that city.

In the year 1848, the subject of homœopathy was introduced to his notice, and he made a careful experimental study of it under the direction of the late Drs. Chapman and Hilbers. In 1849 he openly declared his confidence in it, and during that year, joined the staff of the Liverpool Homœopathic Dispensary. Cholera shortly afterwards made its appearance in Liverpool, and he, with other members of the staff of the Dispensary, worked assiduously in a well sustained effort to check its ravages, an effort which was crowned with a success that was in the highest degree gratifying.

In 1859, Dr. Moore took an active part in the debate at the Liverpool Medical Institution, when the majority of the members enacted a new bye-law, prohibiting any medical man being admitted a member thereof, who practised homœopathy, a law which, to the disgrace of the institution, still remains on its statutes. In the course of his speech on that occasion, Dr. Moore said:—

I entered this institution about 23 years ago, and everything went "pleasant as a marriage bell," until this horrid thief, homœopathy, came across my path—that was in 1847. It met me, or rather I met it, through Dr. Chapman; I ridiculed it then as much as you possibly can do now. Dr. Chapman, however, said that if I tested the medicines I should alter my opinion. I tested them steadily and regularly for 12 months in my own house. I afterwards joined the Homœopathic Dispensary, and attended there for some time before I announced my views to the world, and in 1850 I published a pamphlet, in which I distinctly stated my changed views, and I have never yet seen any reason to change the opinions I then published, or to deviate one iota from the principles of Hahnemann. In the matter of dose I give just as much as I believe to be necessary, often a grain or two grains, or a drop or two of the tincture, as the case may be.

"Dr. Turnbull has said that we give the same medicines that you do. You all practise on the homœopathic principles sometimes, and I believe that all diseases, when cured at all, are cured on that principle. If homœopathy is a delusion it is a very troublesome one, one which has cost me much labour, much pain and self-denial, and many a cold shoulder

from my old friends in the profession. But I really think that at any rate it must be something more than a delusion to have stood the test, as it has with me, of upwards of ten years, daily and hourly practising on that principle, and upon no other, except in incurable cases, where I adopt palliatives.

"In 1837 I listened, in Liverpool, to Dr. Lardner, when that gentleman, with far more clearness than has been manifested by Dr. Turnbull on the present occasion, proved the impossibility of crossing the Atlantic by steam. In 1838 three steamers crossed the Atlantic. So much, therefore, for reasoning, demonstration and argument upon principles of scientific truth. Patient experimental research is the only mode of deciding this great question; it is not to be put down by persecution or tyranny.

"Dr. Abercrombie has pointed out the responsibility resting on medical men in regard to every great truth, namely, that there is guilt in ignorance if knowledge is within their reach, and that there is guilt in that hardness of heart which hinders them from the reception of truth."

In 1870 he obtained the license of the Royal College of Physicians of Edinburgh, and a little later, the Homœopathic Medical College of Missouri conferred upon him the degree of M.D. (*honoris causa*). In 1883 Dr. Moore was the president of the British Homœopathic Congress held at Matlock Bath, when he opened the proceedings with an admirable address, entitled, "*A Bird's Eye View of Homœopathy in Great Britain, with special reference to the hostility of the medical profession.*"

In addition to the pamphlet already mentioned, *Homœopathy Briefly Explained*, Dr. Moore has published, at various times, many useful and practical essays on medical and surgical subjects, both in the *British Journal of Homœopathy* and in our *Review*.

Though his health has for several years been impaired by cardiac valvular disease, he continued in active general practice until a year ago, when he retired in favour of his son, Dr. Murray Moore, who, twelve months previously, had returned from New Zealand. On leaving Liverpool he went to reside at West Kirby, Cheshire, where, after an illness of two months, due to gouty endocarditis, he died on the 3rd ult.

Dr. Moore was well-known in Liverpool, not only as a successful practitioner of medicine, but as an active worker in connection with the congregation of George Street Chapel, with whose evangelistic efforts he had been intimately associated during the last forty years.

The funeral, which took place at the Necropolis, Liverpool, on a bitterly cold day in January, testified to the esteem in

which our deceased colleague was held by those among whom he had lived during so long a period of time. Hundreds of persons assembled at his grave side anxious to pay the last tribute of respect to one they had so much loved and revered. In addition to this large assembly of personal friends, were two deputations, one representing the committee of the Hahnemann Hospital, and the other the George Street Congregational Church. The medical profession was represented by all who practise homœopathically in Liverpool, together with a great number of those who must be reckoned amongst its opponents.

Dr. Moore leaves a widow, six sons and four daughters, all of whom are occupying honourable positions in different parts of the world.

In conclusion, we may truly say that by the death of Dr. Moore, all who have known him will feel that they have lost a true friend, an excellent practitioner of medicine, a thorough homœopathist, and a most honourable member of our profession.

CORRESPONDENCE.

THE DUAL ACTION OF DRUGS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Drysdale, in the paper read before the British Homœopathic Congress, and which is reported in the January number of the *Review*, speaks of the contrary action of medicines in large and small doses, and says, "neither he (Dr. Thomas) nor any one else will ever understand or explain the direct therapeutic action of drugs without acknowledging the double and opposite action of small and large doses in homœopathic cures."

I had thought that this fact of the opposite actions of certain doses was disputed very vehemently by many homœopaths, indeed, Dr. Drysdale himself, in criticism of Dr. Sharp's Leamington address in 1878, very strongly condemned this idea as false, and denied it as a "law fact"; it would seem that further experience has caused him to give the weight of his authority in a different sense.

This is a point of great importance, which the British Homœopathic Society should take up and investigate; if it be a "law fact," as I am persuaded it is, to neglect it is surely very dangerous, for it would lead us out from the crude dogma of similars, into the presence of an explanatory law.

Yours obediently,

GERARD SMITH.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

NICE.—In reference to our announcement in December that Madame MEYHOFFER is prepared to introduce a successor to her late husband's practice, it is perhaps right also to inform intending applicants that Dr. GOWING MIDDLETON is already in homœopathic practice at Nice, in charge of the *Villa Arson Sanatorium*.

A Review of Dr. BURNETT's new book on Consumption is unavoidably postponed.

Communications, &c., received from Dr. J. M. MOORE (Liverpool); Dr. MORRISON, Dr. BURFORD, Mr. KNOX SHAW, Mr. D. WRIGHT, Mr. WYBORN (London); Dr. STONHAM (Ventnor); Dr. HUGHES (Brighton).

BOOKS RECEIVED.

The Daughter: Her Health, Education and Wedlock. By William M. Capp, M.D. Philadelphia and London: F. A. Davis, publisher. 1891.—*Gedichte von Gottfried Kahl.* Leipzig. Verlag von Albert Möller. 1891.—*Homœopathy and Blood-letting.* By W. B. Clarke, M.D. Indianapolis, Ind.—*Five years' experience in the Cure of Consumption by its own Virus, presumably on a line with the method of Koch.* Illustrated by Fifty Cases by J. C. Burnett, M.D. London: Homœopathic Publishing Company.—Homœopathic League Tracts, No. 32, *The Revolution in Medicine.* London: Bale & Sons.—*Quatre ans dans un Dispensaire d'Enfants par le D. I. Lova.* Paris: G. Steigthal.—*The Homœopathic World.* London. Jan.—*The Chemist and Druggist.* London. Jan.—*The Monthly Magazine of Pharmacy.* London. Jan.—*The North American Journal of Homœopathy.* New York. Dec.—*The American Homœopathist.* New York. Dec.—*The New York Medical Times.* Jan.—*The New York Medical Record.* Dec. and Jan.—*The Chironian.* New York. Dec.—*The California Homœopath.* San Francisco. Dec.—*The New England Medical Gazette.* Boston. Jan.—*The Hahnemannian Monthly.* Philadelphia. Dec. and Jan.—*The Homœopathic Recorder.* Philadelphia. Nov.—*The Homœopathic Physician.* Philadelphia. Jan.—*The Clinique.* Chicago. Dec.—*The Medical Era.* Chicago. Dec.—*Birmingham Age-Herald.* Birmingham, Ala. November 15th, 1890.—*Bibliothèque Homœopathique.* Paris.—*Bib. Général de Therapeutique.* Paris. Jan.—*Journal de Médecine de Paris.* Jan. 18th.—*Revue Hom. Belge.* Brussels. Oct. and Nov.—*L'Union Homœopathique.* Antwerp. Oct.—*L'Homœopathie Populaire.* Paris. January.—*La Reforma Medica.* August. Mexico.—*La Médecine Hypodermique.* Paris. December, 1890.—*Allgem. Hom. Zeitung.* Leipzig. Jan.—*Populäre Zeitschrift für Homœopathie.* Leipzig. Jan.—*Il Policlínico.* Turin. Dec.—*Gazzetta Medica Di Torino.* Jan.—*Homœopathisch Maandblad.* Jan.—*Rivista Omiopatica.* Rome. Nov. and Dec.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORB, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW

—:0:—

THE RECENT DISCOVERIES OF KOCH AND
PASTEUR AS ILLUSTRATING THE LAW OF
SIMILARS.*

By MR. W. DEANE BUTCHER.

I HAVE chosen as a subject worthy of the Society's attention "the Recent Discoveries of Pasteur and Koch as Illustrating the Law of Similars," but herein I labour under two disadvantages. The subject is one so new, so open to debate, and the time for preparation so limited, that I have been tempted to throw on the members of the Society the task for which I felt myself unequal. You will see in the notice that the question I put before you this evening is merely "matter for discussion" rather than a fully matured and elaborated paper.

In my previous paper, "The Recent Discoveries in Physical Science as Illustrating the Law of Similars," I endeavoured to perform a humble, but, perhaps, useful task, viz., to ascertain whether our school, the *liberal* school of medicine, was in touch with, and abreast of, the most recent development of other sciences; and whether our theory of pharmacodynamics was in accord-

* Read at the British Homœopathic Society, Feb. 6th, 1891.

ance with the interpretation of the laws which govern the phenomena of molecular physics.

As you may remember, I endeavoured to prove that the law of similars was a universal law of molecular motion, governing all physical phenomena—a rule not only of pharmacodynamics, but of physics.

To-night I purpose to review the discoveries associated with the names of the two great bacteriologists, and trace the influence of their investigations on the modern conception of the law of similars.

First let me sketch as briefly as possible the researches of the great French savant.

Pasteur was born in 1822, and up to 1847 he studied chemistry. At that date his narrow conception of strictly chemical qualities associated with differences of chemical composition were troubled by the observation of the German mineralogist, Mysterlich, on the optical differences in two substances of the same composition, viz., the para-tartrate and the bi-tartrate of soda and ammonium.

His researches on the tartrates led him to the study of fermentation, which resulted in his world-renowned treatise on that subject.

“He who can explain the nature of fermentation,” said Robert Boyle, “will give an explanation of the morbid processes of fever and other diseases,” and it is to the great exponent of fermentation that we are indebted for the modern methods of research, and that scientific use of the imagination which has created a new era in the study of disease. The study of disease taken up from a new quarter—not by a healer but by an experimenter—by an enquirer trained in the rigorous methods of chemistry and physics, was destined to yield great results.

“All that lives must die,” says Pasteur, “and all dead matter must be disintegrated by the action of living matter.” Fermentation is this disintegration of matter that *has* lived, by matter that *is* living, this shaking to pieces of organised but dead material by the action of life.

Pasteur was the first to point out that putrefaction, like fermentation, had its origin in a living ferment.

In opposition to Liebig he showed that the phenomena

of putrefaction were due to the presence of living organisms which he called *Vibrios*.

The question of spontaneous generation next took his attention.

Hitherto all the world had been of the opinion of Aristotle that "Every dry body becoming moist engendereth animals," and of Van Helmont, who says, "It sufficeth to place a dirty shirt in an open bottle containing grains of corn. The ferment of the shirt, modified by the odour of corn, engendereth a transmutation of cheese into mice in 20 or more days. This have I myself seen," says he, "the mice being fully grown both male and female." In opposition to such ideas which were supported by both Buffon and Pouchet, Pasteur showed conclusively that there was no such thing as spontaneous generation, that *omne vivum ex ovo* was the one rule of nature which admitted of no exception.

In this connection he invented the method of sterilization, without which modern Bacteriology would be impossible.

We next find the French Government deputing Pasteur to inquire into the silkworm disease, that had created such havoc in the silk industry of the South of France. The cause of this disease, Pébrine, was found to be certain corpuscles everywhere present in diseased worms.

By a microscopic examination of the egg-bearing moth, and the destruction of all diseased eggs, he introduced an improvement in silk culture valued at many millions of francs.

But it is his subsequent studies of septicæmia and charbon, of anthrax, fowl cholera, and hydrophobia, with which we are most interested.

It was in March, 1865, that Lister, inspired by the teaching of Pasteur, performed his first great operation under antiseptic treatment, and it was the work on the fermentation of milk that suggested to Lister the method which has revolutionised surgery.

In his studies on chicken cholera, Pasteur first published his method of pure cultivations of bacteria.

The germs are sown in nutrient broths or jellies under such conditions that only pure air is admitted to them.

Under favourable circumstances the organisms will live for years. If these cultures, however, are exposed to lower temperatures, the germs gradually lose their virulence and their power of reproducing disease.

A fowl was inoculated with the weakened or attenuated virus. It became slightly indisposed, but soon recovered. If it was then inoculated with the strong virus it escaped unhurt, although a fowl unprotected by vaccination would be killed by a smaller dose. This was a true vaccination phenomenon.

The success of this treatment was shown by the fact that, by inoculating fowls with the attenuated virus, Pasteur has succeeded in reducing the death-rate of the poultry yards over a large area of France from 10 per cent. to 1 per cent.

Pasteur next turned his attention to anthrax, a disease well known in the East, and there regarded as the direct descendant of one of the plagues of Egypt. Here also his method of an attenuated virus was successful, and a second contagious disease was brought under control.

The bacillus anthracis was isolated by a young physician of Breslau, Dr. Koch.

Koch, moreover, showed that under certain conditions the bacillus breaks up into spores, which have the power of resisting a degree of heat which would prove fatal to the bacillus itself. He further succeeded in making artificial cultures of the germ in nutrient jellies and broths.

The greater resisting powers of the spores to heat had not escaped the attention of Pasteur, who was also working at the bacterium of anthrax, and in connection with this we read of an experiment which gives a wonderful insight into his inductive method of reasoning.

It is a well known fact that, although anthrax passes readily from one kind of animal to another, from quadruped to man and back again, it never attacks birds. Experiment had shown that a temperature of 44° C. is prohibitive to the multiplication of the germ; now birds have the warmest blood of all vertebrates, the temperature of their circulating medium being as high as 42° C. The bacillus, then, when in the body of a fowl, is at a temperature closely bordering on the prohibitive one, and further, being an ærobiotic microbe, it is handicapped by having to wrest its oxygen from the

blood corpuscles. Under these circumstances it does not thrive, and the fowl escapes a terrible disease.

Now Pasteur said to himself, "If the above reasoning be true, and we take a fowl and keep it under such conditions that the temperature of its blood is lowered, it ought when inoculated to take the disease." He therefore lowered the temperature of a fowl to 37° C. or 38° C. by placing its feet in cold water, and then inoculated it. Within 24 hours it had died of anthrax. He corroborated this experiment by chilling another fowl, inoculating it and allowing the fever to come to a head. Then he hurried it into a warm chamber and restored its normal temperature by wrapping it in cotton wool. In a few hours the returning heat got the better of the bacillus, and the fowl was soon restored to perfect health.

Pasteur applied his discoveries of attenuated virus also in this disease, and with such success that a million sheep and 100,000 oxen have been vaccinated for anthrax, and the insurance companies of France insist on vaccination before they will insure cattle.

Such is the man who has spent the last nine years in the study of hydrophobia or rabies, and in an endeavour to find a means for its cure.

In this disease the virus appears to attack the nerve centres, and to be reproduced more especially in the medulla oblongata.

Pasteur experimented for years until he was able to reproduce the disease with certainty by inoculation, although he was not able to isolate the bacillus. Rabbits inoculated with the virus showed a definite latent period of incubation of seven days duration.

As the poison has not been isolated, Pasteur makes use of a trituration of the spinal cord itself.

By heating this for 14 days at 25° C. the bacteria, if any, or at all events the disease-producing cells, are killed. A small quantity of the poison remains unaltered, and this is used as a vaccine.

An animal may be injected with a virus from a 14 day old cord, then with one 12 days old, &c., till the full strength of the fresh cord vaccine can be borne.

A dog thus protected is perfectly impervious to the bite of a mad dog, bite he never so madly, as has been proved over and over again.

But a still further advantage is gained. The bite of a mad dog would take some days, or weeks, or months before it would become strong enough, by recruitment in the blood, to poison the brain.

It has to take two days at least to form the poison, and seven days, the period of incubation, for the poison to act.

If, now, the poison be injected ready made, there is an interval of nine days during which the protective power of the artificial virus may act, and these small doses of the poison gradually inure the nervous system to its presence. This, and perhaps variola, are the only diseases in which treatment by vaccination has been attempted in the human subject.

The explanation of the *modus operandi* is not easy; but in the case of hydrophobia there appears to be what we may term a Mithradatic effect, *i.e.*, the nervous system is strengthened and hardened against the impact of a nervous excitant, by mere use and wont of a gradually increasing dose of the new poison, whereby a condition of tolerance is obtained.

We shall see in the discoveries of Pasteur's successor a still nearer approach to homœopathic methods and modes of thought.

CHAPTER II.—KOCH.

We can but briefly review the career of Pasteur's compeer—the great German bacteriologist, Koch—whose name we have already met in connection with Pasteur's study of anthrax.

He was brought into prominent notice by his discovery of the bacillus anthracis, and more recently by his supposed discovery of the comma bacillus of cholera. Although it is disputed by English authorities, this organism is universally accepted in Germany to be the true cause of cholera. His latest discovery, the bacillus of tubercle, led the way to the so-called Koch cure, which excited for a time a degree of enthusiasm unparalleled in the history of scientific discovery.

Associated with broncho-pneumonia, with phthisis, in scrofulous glands, in the skin of lupus, in the pus of scrofulous joints, and lastly in the expectoration and even the breath of phthisical patients, Koch demon-

strated the presence of a minute organism, the so-called bacillus tuberculosis. Whether the bacillus causes the tubercle, or whether the tubercular diathesis generates or facilitates the growth of the bacillus, is a question much debated and still unsettled.

I need not detain you with a description of the bacillus tuberculosis, a rough diagram of which I have here, and a slide of which you will find under the microscope, kindly lent by my friend Dr. Shuldham. I think that the balance of proof supports our belief in the existence of a true bacillary phthisis in which the introduction of the bacillus plays the part of the *vera causa*.

The following are Koch's postulates or conditions of proof, which must be satisfied before we can say any particular organism is the actual *causa causans* of a specific disease.

1. The organism must be found in every animal dead or suffering from the disease.

2. From this animal the organism must be cultivated through successive generations on nutritious media outside the body.

3. After going through many generations, or culture series, the cultivated organism must produce the disease afresh with all its characteristic symptoms on inoculating healthy animals.

4. In these experimental animals, before or after death, the organism must be found, and fresh cultures established therefrom.

Koch maintains that each of these conditions of proof has been abundantly manifested in the case of tubercle.

If tubercle be then caused by the invasion of pathogenic bacilli, and if they are capable of causing all the symptoms of tubercular disease by their mere presence in the body, we might naturally expect that a bacteriologist would follow the example of Pasteur, and seek for the method of cure by exhibiting an attenuated virus of the disease, as was done in anthrax in chicken cholera and in hydrophobia.

Such we find to be the case, for when, after some delay, Koch revealed the constitution and preparation of his remedy, we found it was in fact a product of the bacillary growth. It is interesting to follow the steps of the experiments which led up to Koch's discovery, and which were related at the last International Congress at

Berlin, where I heard from Koch's own lips the assurance that he had discovered an agent which, at all events in the laboratory and in the guinea pig—the *corpus vile* of the experiment—had arrested the progress of tuberculosis.

Long ere this Koch had isolated the bacillus, and had cultivated it on sterilised blood serum outside the body. The bacilli were sown in this medium and produced their like, generation after generation, as surely as seed produces wheat. A pure sterilised medium—pure air and a suitable temperature—was all that was required to procure a so-called pure cultivation of bacillus tuberculosis.

A tube of sterilised blood serum was inoculated with a platinum needle dipped in the cultivation. Islands of the bacillary growth spread over the surface till the whole mass became infected.

If now a Pravaz syringe was filled with this infected gelatine and injected under the skin of a guinea pig, the animal became tuberculous. In about six weeks the whole body was infested with tubercle.

Now Koch took two animals, No. 1 healthy, No. 2 which had been rendered thus tuberculous.

If No. 1, the healthy animal, was inoculated with a syringe full of the pure cultivation of bacillus, the wound did not heal except superficially.

In ten days a hard nodule appeared, which broke down into an ulcerating sore, getting deeper and deeper, till the animal died.

If No. 2, the tuberculous animal, was inoculated with the pure cultivation of the tubercle bacillus, quite a different condition of things resulted. The wound healed with a viscid secretion. No nodule was formed, but a shallow ulcer which healed rapidly without infecting the lymphatic glands. These phenomena occurred whether the injection was made with living bacilli or with a solution of dead bacilli, and this, whether the microbes were killed by heat, by cold, or by chemical means. This proved conclusively that the poisonous results were *not* due to a growth of living bacilli.

While the local symptoms thus differed, there was a corresponding difference in the general condition.

Comparatively *small* doses of the dead bacilli, triturated in water, killed tuberculous animals in a few

hours, whereas it merely rendered healthy animals tuberculous.

If, however, the dose was not large enough to *kill* the tuberculous animal, if the bacilli were diluted still further, the inoculated animal survived and began to improve.

If the injections of minute doses were continued every two days, the local ulcer healed (which it never did otherwise), the swollen lymphatic glands diminished in size, and the nutrition was improved. The animal was saved. The bacillary poison which was *fatal* to the healthy was a *cure* to the diseased animal. This, surely, is *similia similibus* with a vengeance.

But one disadvantage remained. Koch found that there adhered to the dead bacilli, with great tenacity, a poison whose peculiar property it was to set up local suppuration.

To get rid of this substance he dissolved out the active principle with glycerine, and thus produced a pure glycerine solution of the specific poison, untainted with dead bacilli and free from the substance which excited suppuration.

Koch's lymph, then, is a glycerine extract from a pure cultivation of the tubercle bacillus. The active principle can be procured as a colourless dry material, of which the ordinary lymph contains only about $\frac{1}{10}$ of one per cent.

Further on we shall find the dose to be infinitesimal as the remedy is homœopathic.

As might be expected, Koch's explanation of the *modus operandi* is not wholly satisfactory. It is too mechanical to satisfy those who have learned to look for a wider and deeper generalisation of pharmacodynamic action.

The action of the lymph according to his theory is a *Nach-impfung*, or after-poisoning, in which the bacillus is killed by an excess of its own poisonous excreta.

The substance thus isolated is, according to Koch, that particular product of the bacillary growth which sets up in the surrounding tissue the phenomena of tubercular *caseation*.

We may study its action—

1st. Locally on the tubercle.

2nd. Generally on the system.

I. The local theory.

We have in lupus or phthisis numbers of points invaded by living bacilli, and each colony is surrounded

by a softened and neutral zone in which there are but few invaders, but which is already infiltrated with the poison the result of the life processes of the bacilli.

If to the nutrient fluid, *i.e.*, the blood, some of this poison be added, the inflaming and softening processes going on in this area are quickened and the bacilli are killed by the excess of a poison similar to their own excretion.

Still further the process of caseation is set up, since the tubercle bacilli produce a poison which in a certain state of concentration kills the tissue around it, and causes it to pass into the condition called by the Germans the coagulation-necrosis of Weigert.

This necrosis may extend to only a part of the cell, the remainder of which in that case, with further growth, becomes a so-called giant cell.

This process is not confined to tubercle, but seems to be Nature's universal method of setting a bound to bacillary inroads.

Here is a rough diagram of the ordinary caries disease in teeth.

A is the area of bacillary infection. On examination microscopically thousands of bacilli will be found crowding the field, but around the infected area is another lightly shaded area (B) which is softened, infiltrated with the morbid products of caries, but not as yet invaded with bacilli.

It is as though Nature, to whom nothing is great or small, who cares for bacilli as she does for men, had carefully prepared around each colony of bacilli a neutral zone—an area of political influence as it were—into which any enterprising bacillus might emigrate at its will.

At all events, this neutral territory is destined ere long to be over-run by the present inhabitants of A or by their descendants.

This diagram might serve as well for a tubercle, and illustrate the phases of tubercular invasion.

Like all over-crowded communities, the inhabitants of A will be poisoned by the products of their own retrograde metamorphosis, the bacilli secreting a poison which, from *their* point of view, is destined to set up a modified and gentle solubility in adjacent territory, but

which, under certain circumstances, becomes most fatal to themselves.

Just as the Black Hole of Calcutta was poisonous to its inmates from the mere presence of carbonic acid and other death dealing exhalations of lungs and skin, so all living beings excrete products of metamorphosis which in too great concentration is fatal to themselves.

Fermentation, for instance, is a process so like bacillary disease that it may be taken as its type.

Fermentation is the growth of yeast; alcohol the excretion of yeast. When the alcohol reaches a certain strength, it destroys its progenitor, for, as you well know, alcohol, the result of fermentation, is the very best preventive and preservative against it.

To return to the lymph. In health in large doses it injures certain tissue elements, especially the white blood cells. In very small doses it produces extensive cell-necrosis in every spot where bacilli are vegetating.

That the remedy has a very general and serious influence on the bacilli themselves, none can doubt, who have made a microscopical examination of sputa or tissue after the Koch treatment.

On the table you will see slides which show this very clearly. In the second slide you will see symptoms of degeneracy in the cell debris—the uncertain outline—and the crescent and dumb-bell shaped *bacilli*, the result of Koch's treatment.

Fever, as you know, is the first and most noticeable symptom after injection. In this respect Koch has given to us an agent of great potency. Indeed the Koch lymph is the most certain fever-producer known. A rise of temperature from 98° to 104° is not uncommon in six hours, preceded by a rigor, accompanied in certain cases by rash, nausea, drowsiness, and other symptoms of profound general nervous poisoning.

It would be an interesting study to inquire what part this rise of temperature takes in the so-called Koch cure.

When studying the effects of *antipyrine*, *quinine*, and the many agents for reducing fever, so carefully worked out on the Continent, it has often occurred to me to wish for an agent which could produce at will, a certain, moderate and easily-controlled rise of temperature in the blood, instead of the reduction of temperature so universally desiderated.

It would seem that fever is exactly Nature's mode of chemically destroying the bacillary invaders of the blood, and of neutralising the poison they set free.

For what does a chemist do if he wishes to sterilise a liquid which will not bear a high temperature? He heats it to as high a temperature as the liquid will bear without decomposition. Further, if a temperature, say, of 103° will destroy the bacteria, we know that their spores will not be destroyed, being more resistant to heat they need time to develop. In their turn they need heating to arrest or destroy them. Hence the phenomena of intermittent fever.

1. Infection. Invasion of bacilli from marshy ground, &c.

2. A period of quiescence.

3. The bacteria grow—increase in numbers.

4. They secrete their appropriate poison.

5. The poison acts on the nervous system, causing depression, rigor, &c.

6. The nervous system reacts, fever sets in, the blood is heated, the bacillary activity subsides, they degenerate.

7. One, two, or three days intervene, till spores have time to develop, secrete poison anew, and the old vicious round begins again.

It may be that in Koch's lymph we have ready to our hand such an agent for securing a rise of temperature, at least, for cases of tubercular origin.

If it be true that the nightly rise of temperature in phthisis is indeed nature's effort to throw off the disease, to destroy the invader, then we may hope that in early cases, by imitating, we may aid nature's efforts—when the resisting powers are strong, when fever would not be fatal, an artificial fever may disorganise the bacteria. At the same time, experience has already shown us abundantly the extreme danger of lighting up at the same moment the slumbering fires or foci of infection.

Dose.

I have said that the dose of Koch's lymph was as infinitesimal as the action was homœopathic.

The lymph as it issues from Koch's laboratory at the Hygienic Institute of Berlin is a straw-coloured liquid containing, according to his own estimate only a trace of the septic poison—a fraction of one per cent. Hence

this would in our nomenclature be a 3x solution. A 10 per cent. solution of this is used for injection, thus reducing the strength to the fourth decimal dilution.

Now the smallest quantity of this dilution which has produced in Koch's hands a definite reaction is .001 gramme or 1,000th of this dilute solution; so that according to these somewhat rough experiments, the human organism reacts with certainty to the 1,000th of 1,000th, or one millionth of a cubic centimetre of the poison.

There is no doubt that it might usefully be used in still smaller doses, if submitted to careful proving and experiment by members of our own school.

We may hope for great results when we are able to introduce the remedy into the body by nature's own method of inhalation—and this gradation step by step, cautiously and continuously—and for dose we may also imitate nature's methods when we can estimate accurately the dose of bacterial poison absorbed while sleeping for a single night in a marshy hollow. For this is the dose which sets up a like disease, and the curative dose must be at any rate less than this.

Perhaps some of our members can give us the results of practical experience of treatment with isopathic remedies or nosodes, of which Koch's fluid is the last and most potent.

I have here a list of more than 100 so-called isopathic medicines, including *sepsin*, *tuberculinum*, *pyrogen*, *anthracin*, *variolin*, *scarlatinin*, *syphilitinum*, showing that the idea of curing disease by the exhibition of their products is a very old one.

Among these Dr. Drysdale's *tuberculinum* anticipated some ten years ago not only the remedy re-discovered by Koch, but the appropriate vehicle glycerine.

So that just as the method and the dose are in accordance with our tenets, so apparently did the idea emanate from our despised school.

I can only speak personally of the effects of *pyrogen* or *pyrexin*, the sepsin of beef, manufactured by Mr. Wylhorn, which has appeared to me to be of undoubted efficacy in cases of puerperal fever, pyæmia and the like.

In conclusion, I feel I have but touched one wing of a subject of so vast and growing an importance that no

medical man, and no school of scientific medicine can afford to neglect it.

Whether I have proved my thesis that these researches have an intimate bearing on the doctrine of similars I must leave to you to decide who have listened so long and so patiently to-night.

At all events, I think we may fairly take as proved, that the researches of Pasteur do support the doctrines of our school.

1. They illustrate the efficacy of vaccination both as a cure as well as a preventative—a doctrine which some of us hold in the case of variola as a necessary result of the law of similars.

2. They illustrate the use of animal poisons, which have always been favourite remedies with us, *e.g.*, *apis*, *lachesis*, &c., while neglected by other therapeutists.

3. They illustrate once again the doctrine that great results invariably spring from small causes. Indeed, the preparation of the rabies remedies and the pure cultivations, both in magnitude, in mode of dilution and preparation, and even in nomenclature, are homœopathic.

4. They confirm our belief in the selective power of remedies on certain organs and tissues.

5. They corroborate our guiding rule that the search for a cure is the search for a similitimum.

My task is even easier when we turn to Koch's studies.

Indeed, his first paper, as reported in the *Times*, might well have been written by a "Liberal."

1. His dose is infinitesimal.

2. His remedy acts fiercely on a diseased organism, feebly or not at all on a healthy body.

3. The doctrines of medicinal exacerbation and medicinal tolerance, both receive support.

4. In short, he has proved in his laboratory in Berlin, in 1890, what Hahnemann, with the prescience of genius, asserted 50 years before—

"Similia Similibus Curantur."

DISCUSSION.

Dr. HUGHES quite agreed with Mr. Butcher that the action of Koch's fluid was *apparently* homœopathic to the disease (tubercular phthisis) it was designed to cure. When we went below the surface, however, the case was not so clear. Koch's

account of the process was that the bacilli poison the protoplasm on which they feed, making it unfit for their pabulum, and that his fluid does this more rapidly and on a larger scale, so starving them out. Naturally therefore the two agents produce similar symptoms—fever, cough, &c., but since he could not think of drugs as acting in this way, he was unable to claim any curative effects obtained by Koch's fluid as examples of the law of similars. Neither could he make such claim for Pasteur's treatment, real or imaginary, in their efficacy. A patient protected by them is like one who has already had an attack of the disease to be guarded against, and this he considered was also the probable account to be given of the power of vaccination. On the other hand, in respect of the minute quantities required, Koch's treatment was a valuable testimony to one feature of homœopathy. In this matter he (Dr. Hughes) had long ago said that science was fighting our battle, and that we might wait for her to gain the victory for us. He asked Mr. Butcher if *omne vivum ex ovo* should not be *omne vivum e vivo*, as eggs were not always required for the process.

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

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

of remedies as stated by Hahnemann. Were not the symptoms produced the result of the organism reacting against the poison ?

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

Dr. CARFRÆ wished to intensify Dr. Dyce Brown's criticism of Dr. Hughes' remarks. He thought vaccination was a strong illustration of the law of similars. Dr. Hughes admits the fact that Koch's fluid produced all the symptoms of tuberculosis, but objects to its being homœopathic, because of the supposed mode of action. The one is a fact admitted by Dr. Hughes the other a theory which is generally accepted but may turn out to be quite wrong. But right or wrong the theory must give way to the fact.

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

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

Dr. GALLEY BLACKLEY said he had taken considerable interest for years past in the system of protective inoculations as practised by Pasteur and others, but had come to the conclusion, at least, in so far as concerned the inoculations with fluids still containing bacilli, that they were in no way allied to homœopathy. The successive cultivations of a bacillus did not at all resemble the dilutions of a drug, for as a matter of fact the number of the bacilli might increase to an unlimited extent, although their virulence gradually diminished and they could be tolerated when injected into the system of the animal whom it was desired to protect, as in the case of anthrax, or cure, as in the case of rabies. Dr. Dyce Brown had spoken as if the tuberculation of an animal by Koch had been accomplished with the so-called lymph: this, it need hardly be said, was not the case. The tuberculation was performed either by feeding the animals on tuberculous material or by means of injections containing bacilli. It was curative effects alone that were claimed for the finished product known as Koch's fluid. In claiming Koch's liquid as a homœopathic specific it should not be forgotten that it did not at all fulfil the conditions laid down by Drysdale in his definition of a specific, viz.:—that its whole physiological action should be absorbed into its therapeutic effects. Replying to Dr. Hughes' suggestion that the fever produced by Koch's injections was probably that of destruction, he said this could not be maintained; the fever was undoubtedly primary: he had seen a dose of half a milligramme injected into a child with strumous dactylitis; within eight hours the temperature rose to 105.5 and was down again next morning below 100; all that there was to show in the way of local trouble being that the diseased finger joint was swollen to double its size but in no sense destroyed. Whatever might be in store for the fluid as a remedial agent there could be no doubt that in cases of lupus it had produced effects such as no other remedy, either external or internal, had ever produced in the same space of time.

Dr. CLARKE said he would not retail to members the three last leading articles of the *Homœopathic World*. They had doubtless been read already. He fully agreed with Mr. Butcher that the treatments of Pasteur and Koch, in so far as they were curative, were homœopathic. In reference to Dr. Hughes' remarks, he would say that drugs had a lofty scorn for explanations. If a substance which had the power of producing certain symptoms could also cure these when otherwise brought about, that substance acted homœopathically, no matter what the explanation. He had used *nosodes* and he found them very effective agents. He agreed

with Hahnemann that the method of preparation did so alter them as to make them not identical but similar. He could not endorse all the methods and doctrines of Pasteur and Koch, nor did he rate them at so high a figure as Mr. Butcher, but they had certainly brought the doctrine of *nosodes* to the front, and it would have to be dealt with by homœopaths. He had used *tuberculinum*, the *nosode* used by Dr. Burnett, and with very good results. He had also used *pyrogen* lately, with good effect, in a case of debility after typhoid.

Dr. BURWOOD thought the profession, as well as the public, were losing their heads in connection with this matter. We had all heard of the "grape cure," and the "milk cure," and other cures; the term "cure" here really meant treatment, and the Koch treatment at present had certainly not been a "cure" in the proper acceptation of that term. He would like the Koch treatment to be tried in the early months of childhood for the *prevention* of tubercle, as vaccination was employed for the prevention of small-pox. It might interest the Society to know that one of the earliest patients, he believed the third inoculated in London, was his patient, a lady, and had been under his care for twenty years; during this period, off and on, she had been subject to lupus in the face; as soon as it began to appear she would have the usual homœopathic remedies, the condition gradually improving and the face for two or three years remaining tolerably well. Then another outburst, and so on. The last attack or relapse no kind of treatment seemed of any use for, so Dr. B. suggested consulting an eminent specialist, who said in six months he would cure it. At the end of three months the lupus was worse than ever. She then saw Mr. J. H., who confirmed the diagnosis and advised a line of treatment, wishing to see the patient in six weeks; at the end of that time, the face being no better, he advised that the Koch treatment should be tried at once, and on the next day she had the first inoculation by Dr. H.; she had eight injections, with the usual reactionary fever. Strangely, however, the face trouble was not affected in the slightest degree, but instead an old slumbering pulmonary trouble which had been quiet thirty years was roused into activity with most distressing cough, &c., &c., and now, after eight weeks residence in a surgical home, the patient has to return to the country with her face as bad as ever, and her lung much worse. So much for the Koch cure in this case.

Dr. DUDGEON thought before we claim anything as homœopathic we should first ask, Is it successful? In reference to Pasteur's inoculation for hydrophobia there was a long list of fatalities; the death rate from hydrophobia since he began his inoculations had been raised in France instead of being

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

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

CARDUUS MARIANUS.

BY R. E. DUDGEON, M.D.

THIS plant, which was such a favourite with Rademacher, who found it an excellent remedy for acute and chronic affections of the liver, gall-stones, gastralgia, hæmoptysis, hæmatemesis, metrorrhagia, &c., has not received so much attention from homœopathic practitioners as it deserves. In 1882 Dr. Windelband, of Berlin, wrote an article in the *Berliner Zeitschrift*, in which he related the marvellous results that he had obtained from its employment in varicose ulcers, of which he had many cases in the practice of the Homœopathic Dispensary of Berlin. He says: "The forms that came under our treatment were chiefly fully developed ulcers of bluish or brownish red colour, with ichorous discoloured granulations, and usually surrounded by brownish-coloured dilated veins, with jagged, callous borders, easily bleeding, and caused by a blow, the bursting of a varix, following eczema, rarely consequent on inflammation of the connective tissue, most frequently caused by scratching an eczematous skin. The pains were usually moderate; sometimes the patients complained of burning in and around the ulcer. The most tiresome symptom was the constant itching, which was worst when the ulcer was commencing to heal." He had been favoured with large numbers of such cases, both at the dispensary and in private practice, and had had little or no success with many homœopathic remedies, such as *carbo veg.*, *bellad.*, *rhus.*, *puls.*, *hamamelis*, *graph*, *sulph.*, &c. He was led to the knowledge of the healing powers of *carduus* in such ulcers in this way: A labouring woman of middle age, who had had six children, and had to do a great deal of housework, came under his care for inflammation of the liver, which left a chronic swelling of that organ. After trying many homœopathic remedies in vain, he at last resolved to try Rademacher's remedy. He gave the drug in a decoction of the seeds as Rademacher first directed. The liver disease rapidly improved under this remedy, and he was surprised to find that some "colossal" varicose ulcers, with which the patient had been tormented for five or six years, were completely healed in a few weeks without any external treatment except the occasional and irregular employment of a simple bandage. This case led him to employ

the same medicine in tincture of the seeds in his dispensary practice, and it proved so successful that of 196 cases of varicose ulcers of the legs of all varieties of degree 145 were completely cured by *carduus* alone, though the patients, who were mostly women of the lowest class, continued to go about their work. The only external application was an ordinary flannel bandage, and when there was much burning or itching a wet compress or an oiled rag. As these chronic varicose ulcers are usually of a most intractable nature, a veritable opprobrium medicinæ even under homœopathy, and with prolonged rest on the part of the patient, it is interesting to all practitioners to know the success that has attended their treatment by *carduus marianus*. Dr. Windelband gave the tincture of the seeds in the first dilution or mother tincture, five drops three times a day. I may observe that the tincture or decoction of the seeds was what was used by Rademacher and Windelband, and by Reil and Buchmann in their not very satisfactory provings. The *British Homœopathic Pharmacopœia* directs that the tincture should be made from the root and seeds, but as there is no evidence that any medicinal virtue is contained in the root it should certainly not be used in preparing the tincture.

In the *Berliner Zeitschrift* of August last, Dr. Kunze has an article on *carduus marianus*, which gives us a futher insight into its medicinal powers. After remarking that in the latest works on *Materia Medica* of the allopathic school no mention is made of this drug, and that it has rarely been used even in the homœopathic school, he says:—

“The chief spheres of action of *c. mar.* are diseases of the liver, bile and spleen, and various affections caused by derangements of this organ, such as asthma, cough, pleurodynia and local rheumatism, especially of the intercostal muscles, diaphragm and abdominal muscles; also gastric ailments, digestive disturbances, gastro-intestinal catarrh. It has a marked effect on the venous system, especially when the affection of the vessels is owing to hyperæmic state of the liver and obstructive congestion of the portal vessels, but it seems also to have a specific relation to the venous system unconnected with any affection of the abdominal organs. Epistaxis, metrorrhagia, hæmorrhoidal flux, hæmoptysis and hæmorrh-

temesis, as also various ulcers of the legs, have frequently been cured by *c. mar.*

“The first and chief indication of *card. mar.* is hyperæmia of the liver, of the biliary apparatus, and of the portal system, and jaundice. It is suitable for both the acute and chronic forms of hepatic hyperæmia. The symptoms that chiefly indicate its employment are: more or less distension and tenderness of the right hypochondrium with pressive, throbbing or shooting pain on right side of abdomen, below short ribs through to spine, also extending through chest to right shoulder. Clinical experience has taught that in liver affections with great tenderness, but without swelling of liver or stoppage of bile, *carduus* is superior to other remedies. There is present an inclination to take a deep breath, but the pains are aggravated by that and by movement. In very acute cases this hepatic hyperæmia assumes the form of a bilious fever or so-called acute hepatitis, or as typhlitis, or with an array of symptoms resembling peritonitis puerperalis, or as cough with stitch in the side (false pleurisy).

“This chronic hepatic hyperæmia is often attended by chronic pleurodynia in either hypochondrium, pain in cæcal region accompanied by emaciation, dirty yellow complexion or hectic fever; sometimes hæmorrhages ensue, epistaxis, hæmoptysis or hæmatemesis, metrorrhagia, sciatica and intercostal myalgia. A common complication is icterus and gastro-intestinal catarrh. Indications for *card. mar.* are dull headache, especially in forehead or temples, confusion of head and vertigo, epistaxis, bitter, pasty, flat taste, eructations, heartburn, white tongue, especially when it is white in the centre and red at tip or sides, or only white on one side, at the same time vomiting of a sour green fluid. The stools are at first generally brown and of firm consistence, normal, neither constipation nor diarrhœa, later they become bright yellow, pappy, and diarrhœic. The urine is at first bright yellow, then brownish tinted, alkaline or acid, with a glittering scum and cloudy sediment. The gastro-intestinal catarrh is sub-acute; there are sometimes attacks of gastralgia, the pains being contractive; at this climax vomiting, cold rising from precordium to throat, ending with a feeling of spasmodic constriction in throat. I may mention that *card.* is

sometimes useful in the vomiting of pregnant women, or such that occurs in the morning before meals, is watery and tasteless. Some recommend it in gall-stone colic, but I cannot do so.

“Melancholy as a consequence of hepatic disease is cured by *card.* in suitable cases. There is rarely absent a cough, which is sometimes dry, sometimes with expectoration of mucus, streaked with blood or sanguineous. In the morning thick yellow sputa, and expectoration with difficulty, there are at the same time stitches in the side and evening fever. The patients complain of dyspnœa.

“Here is a specimen of a cure of hepatic hyperæmia. A woman, aged 45, of greyish-yellow complexion, who had been subject for several years to hepatic colic, had been suffering for a week from her periodical pains. They commence in the middle of the abdomen and extend thence to the scrobiculus cordis and right hypochondrium where they remain. The precordium was so sensitive to the slightest touch that she cried out, and thorough examination was impossible. An hour later, before she had taken any medicine, she got an attack of colic with very little vomiting, great dyspnœa, feeling of suffocation and great exhaustion. This attack went off in the afternoon without medicine, and then there ensued chill and heat. When carefully examined next day, the whole right hypochondrium was found to be distended and extremely painful, with febrile symptoms, so that hepatitis might almost have been suspected. Tongue loaded, rather pasty; urine reddish-yellow, turbid, scanty and strongly alkaline. The patient got *tinct. card. mar.* 10 to 15 drops five times a day. Next day much better, completely cured after three days.”

Dr. Kunze points out the similarity of the above symptoms to those obtained by Reil in his proving of the drug, which may be read in the second vol. of the *Cyclopædia of Drug Pathogenesis*.

“In acute or sub-acute gastro-intestinal catarrh *card. mar.* given in doses of several drops of the tincture several times a day, is so very useful that the slighter cases are removed in two days, the severer ones in five to seven days. Even chronic cases are cured in a relatively short time.

“ A woman, aged 64, had been suffering for two years from anorexia, persistent nausea, frequent vomiting of food, of which she could only eat the lightest kinds, pains in precordium and right hypochondrium. The last few months she had, in the evening, palpitation of the heart, chill lasting quarter-of-an-hour, spasmodic drawing in calves and hands and numbness of fingers. Tongue moderately furred, steel grey, taste bitter, urine acid, bright yellow, cloudy; headache. After taking for two days some remedies which had no good effect she got *tinct. card. mar.* Next day the evening attack did not come on and she felt better generally. Some hæmoptysis occurred, but that she had often had. After taking the medicine for fourteen days all her symptoms disappeared.

“ In spasms of the stomach *carduus* is superior to most of the usual remedies. If the pains are contractive, if vomiting occurs at the climax, if there is cold rising from the precordium to the throat, combined with feeling of spasmodic constriction, if there is pressive, shooting pain in the right side of abdomen spreading to the back or shoulder, one may rely on seeing good results from *carduus*.

“ Chronic hyperæmia of the spleen, and its attendant affections are not insusceptible to the action of *carduus*. It removes the following symptoms which may be due to the spleen: chronic pleurodynia in left hypochondrium, hæmatemesis, ague and intermittent neuralgia. I have seen sequelæ of malarious and typhoid fever repeatedly yield to this medicine.

“ A widow, 50 years old, who had been ailing for 10 years, complained of loss of appetite, bitter taste, constipation, tension or pain in precordium and liver. A few days ago she got a feeling of hot undulation in precordium, with anxious oppression, followed a few hours later by a black, tar-like stool mixed with blood. She now felt not only pains in the liver, for which she had been latterly taking *quassia* without effect, but also pressure and shooting in the region of the spleen, which was swollen and tense. *Card. mar.* was prescribed. Next day the liver pains had completely gone, but the spleen remained tender to pressure; on the 2nd or 3rd day she lost blood by stool, but 10 days after taking the *carduus* there was no more swelling or tenderness of the

spleen, and the patient felt better than she had done for years, while continuing to take the medicine.

“ In former days *carduus* was given for ague. Tournefort relates the following case: A young woman, aged 25, complained for a week of violent pains, which began at the right ear, passed through the temple down to face and neck, did not invade the left side and recurred two or three times a day; pain in both sides, especially in the middle. Every day about 3 p.m., she has an ague-fit, with chill, heat and sweat, lasting from 1 to 2 hours. She is weary, lies in bed, has no appetite, bitter taste, tongue thinly furred, deep yellow urine, with glittering scum and cloudy sediment. For the last six months the menses have come on every fortnight, lasting three days and generally pale coloured. In the interval she has continual leucorrhœa. On account of her anæmia she got *iron*, and for the gastric malarious symptoms *carduus mar.* at the same time. The ague and periodical neuralgia disappeared in a few days, and in three weeks the leucorrhœa and anomalous menstruation were cured.

“ Numerous cases have occurred where *card. mar.* has cured pains in the hepatic or splenic region accompanied by hæmoptysis or expectoration of viscid, lumpy mucus, and evening fever. Even phthisis pituitosa and slight or severe bronchial catarrhs have been cured by it.

“ A man, aged 62, had suffered for six months from cough with copious purulent expectoration in enormous masses, and for the last 14 days had, in addition, hectic fever. He complained of shooting in the left side and pains in the chest; the left lobe of liver was painful to pressure and swollen, the tongue coated yellow. No appetite. Prescribed *tinct. card. mar.* In three days the shooting pain was gone, the liver free from pain. After four weeks the expectoration had quite ceased. *Ferr. acet.* was given simultaneously for the anæmia, and the patient was quite cured.

“ Hæmorrhage from the lungs connected with hepatic disease is curable by no other medicine so readily as by *card. mar.* It is also of great use in hæmoptysis dependent on disease of spleen, with swelling and shooting in that organ and relief by lying on left side. Acute and chronic sore throats, and chronic asthma when connected with hepatic or splenic derangements yield to this remedy.

“An emaciated man of 40, with a yellowish grey complexion, had suffered for several years from asthma with severe cough with more or less expectoration of thick sputa. His general health was pretty good. Auscultation revealed sibilant and mucous râles, the right hypochondrium was swollen and painful. The left lobe of the liver was most sensitive and felt hard. Moderate pressure immediately caused difficulty of breathing and cough. He was never free from asthma, the breathing always panting and the voice hoarse. Any exertion increased the dyspnœa. At night the asthma was not so tiresome as the cough, which only towards morning became loose. As the affection evidently depended on disease of the liver, *card. mar.* was given. In a week the patient felt better, and after a fortnight the asthma and cough were gone. The patient now left off the medicine, but as his chronic liver malady was not quite well, the asthma and cough returned. He resumed the medicine, and after going on with it for a considerable time he was quite cured.

“I have already said that *card. mar.* is a valuable remedy in various hæmorrhages; certain it is when these depend on affections of liver or spleen *carduus* is very efficacious, but it would seem also to be a good remedy for hæmorrhages independent of disease of those organs. Professor Rapp says it is, next to *bryonia*, the best remedy for the habitual epistaxis of young persons having a psoric origin. I have already given examples of its power over hæmoptysis, hæmatemesis and passage of blood by stool. But it is also decidedly useful in metrorrhagia. This is often not an idiopathic affection of the uterus, but dependent on disease of the liver, spleen (or kidneys). In real affections of the liver and spleen we are not always able to find an actual enlargement of or severe pain in these organs. The previous occurrence of typhoid, intermittent fever, icterus or pneumonia may lead us to infer the existence of some alteration in the liver or spleen. This inference is strengthened by the presence of digestive derangements, disposition to diarrhœa or constipation, bitter taste, coated tongue, yellow colour of temples and corners of the mouth, muddy urine, light-coloured stools, satiety after very little food, sensitiveness of the hepatic region to pressure. In affections of the spleen or liver a

peculiar complexion resembling anæmia. In a former paper I mentioned the good effects of large doses of *bursa pastoris* in metrorrhagia, but that *card. mar.* is a valuable remedy the following case will show :—

“A young married lady, aged 27, who had already had two children, had suffered for eight years from frequent attacks of metrorrhagia, coming on at menstrual period. The hæmorrhage lasts twelve to fourteen days, and then leucorrhœa ensues. She suffers from costive bowels, is emaciated, yellow about temples and corners of mouth, bitter taste, and is very irritable. Her last child is 6 years old. Various gynæcologists have examined her, and declare there is no idiopathic uterine affection, but the liver is not swollen. For the last six months she had suffered from periodic hemicrania. She has undergone much treatment at the hands of celebrated physicians in various places, but without any good result. The yellow colour of the temples and the digestive symptoms point to an affection of the liver; hæmorrhages attendant on liver disease demand *carduus mar.* She began to take the tincture on the sixth day of the discharge. After a few doses the discharge decreased, and after two days stopped completely, and no leucorrhœa followed. On continuing the medicine the next period was much less, and lasted only five days. The lady recovered her health, her complexion became normal, and her bowels regular. After a few months she declared that the ‘miraculous drops’ had cured her.”

Dr. Kunze then alludes to Dr. Windelband’s experience of the efficacy of *card. mar.* in varicose ulcers, mentioned above, and he then goes on :—

“It is a specific in local muscular rheumatisms dependent on liver disease. This rheumatism only attacks the abdominal muscles. It sometimes spreads to the hip and the thigh, and even down to the ankles, and there are often pains under the short ribs and in the sacrum.

“A married lady, aged 34, who had been confined four weeks previously, during her convalescence got an affection of the peritoneum, with tearing, shooting pain on both sides of abdomen, sometimes concentrated in the centre of the abdomen, where it gave her much pain on taking a deep breath. *Card. mar.* in three days

completely removed this rheumatic affection of the abdominal muscles.

“These abdominal pains accompanying liver affections may be so violent as to make us suspect peritonitis, but their rapid cure by *card. mar.* shows that this was not the case.

“A widow, aged 30, of greyish yellow complexion, complained of continued severe pains in the centre of the abdomen, especially severe in the right mesogastric region. On pressure, or on the slightest touch of this part, which was hard and distended, the pain was very violent. Loss of appetite, tongue slightly coated, considerable fever. After taking *card. mar.* for three days all the symptoms disappeared.

“The following case will show its power in rheumatic affections of sacrum, hip and thigh: A woman, six months pregnant, complained of violent pains in the right hip, which extended to the middle of the thigh and ran down to the ankle. Along with them was violent sacral pain. She can only crawl along, limping and dragging her leg. The pains are particularly violent on rising from a seat and become gradually slighter on walking. Under the right short ribs she feels a slight tenderness on pressure, but no pain. After a week of *tinct. card. mar.* she was completely cured of her rheumatic ailment.”

I have frequently employed with advantage the tincture of *card. mar.* in cases of congestion of the liver, but from Drs. Kunze's and Windelband's observations it seems to have a much more extensive sphere of action than it has hitherto been credited with, except by Rademacher, to whom indeed medicine is chiefly indebted for a knowledge of its therapeutic virtues.

THE NECESSITY OF RECORDING OUR FAILURES AS WELL AS OUR SUCCESSES.*

AS ILLUSTRATED BY THE TREATMENT OF ENLARGED TONSILS WITH BARYTA CARBONICA.

By E. M. MADDEN, M.B., Edin.

MR. PRESIDENT AND GENTLEMEN,—The mere title of my paper is almost sufficient to ensure my object in bringing it forward at this meeting, namely, to open a discussion

* Read at the British Homœopathic Congress, 1890.

which I hope may be of practical use, for I take it we shall all agree that it is as necessary and useful to discard fallacies and avoid disappointment as it is to add to the list of therapeutic truths and strengthen our confidence in the power of medicine to give relief.

It is a truism as old as human thought that we each individually learn as much by our failures as our successes, and we must all have made frequent notes of methods of practice lauded as useful, if not infallible, which in our hands have proved practically worthless, and which we have long ceased to try.

In how few cases, however, do we feel it to be, as I maintain it is, our duty to publish the results of our experiences for the benefit of others and the advancement of our art by the elimination of error; or it may well be, in some cases, for the benefit of ourselves, by learning from others wherein we had failed in the right application of the treatment or the proper selection of cases for its exhibition?

Into which of these divisions the particular instance I am bringing forward will eventually fall, must remain for those who follow me to decide.

When I first entered upon the study of homœopathy I had the inestimable privilege of doing so under the personal guidance of Dr. Hughes, the author of by far the best treatises on homœopathic *Materia Medica* and therapeutics, at least in our own language, and, as we are all glad to swear *in verba magistri*, and to regard them as all but infallible, I am delighted to be able to follow his lead in this direction, as I have with the greatest satisfaction and confidence in almost every other; and can only regret that I did not from the first accept his dictum instead of laboriously and painfully proving it for myself.

Why *baryta carb.* was ever expected to cure chronic amygdalitis it is somewhat difficult to see. The symptoms in its proving, in Allen's *Encyclopaedia*, which refer to the throat, seem to be all taken from Hahnemann's *Chronic Diseases*, but they point very much more to a condition of acute inflammation than of chronic hypertrophy, while there is a marked absence of throat symptoms in the new *Cyclopaedia of Drug Pathogenesis*, which leaves one in doubt (in the absence of the promised criticisms on the Hahnemannian provings) whether such

symptoms may not have been observed in sick persons while taking the medicine, or that they were noted in ordinary provers after taking a few doses of a high dilution. Several of the symptoms, too, while evidently those of some acute angina, are marked as being observed after 18, 28, and in one case 39 days!

As these recorded symptoms may not be quite fresh in your memories, perhaps you will pardon me if I quote a few of the most important: "After chilliness, and heat, and bruised feeling in all the limbs, an inflammation of the throat with swelling of the palate and tonsils which suppurate, and on account of which he cannot open the jaws, neither speak nor swallow, with dark brown urine and loss of sleep." "Attacks of choking in the throat after dinner, when sitting and writing, with sensation as if the thyroid gland were pressed inward, which thereby impedes respiration." "Sticking in the throat worse when swallowing, with dryness, in the evening." "Smarting pain in the throat when swallowing, though most on empty swallowing; therewith the throat is painful externally on both sides to the touch." "Rawsness and smarting in the throat after a night-sweat, more painful on empty swallowing than when swallowing food." "Swelling of the sub-maxillary gland."

I suggest then, in the first place, that such provings of *bar. carb.* as we have from Hahnemann, even if we admit them as genuine, would lead us to expect it to be of use in acute tonsillitis, but not in chronic hypertrophy.

In practice, too, this is just what I have found, viz., that in a certain number of cases of acute angina with threatened quinsy, *baryta carb.* has appeared to have the power to abort it, and a speedy recovery has taken place in from two to four days without pus having formed at all.

These cases, however, have been comparatively few in my own practice, certainly not more than one in four, still in these few it has appeared to be well marked.

On the other hand in not a single case of chronic hypertrophy have I ever been able to trace the slightest effect from it.

I am not going to weary you with details of cases, nor is this the place to publish them, but I will simply state that I have tried it in very many cases, at least 50 if not more; I have persevered steadily with it for from two to

three months, giving it in all dilutions from 3x up to 12c, but with such uniformly negative results that I have now quite given it up in despair.

More than this, I have asked several colleagues for their experience, and find it to have been precisely the same as my own; and if, after further comparing of notes with those who hear and those who may read this paper, it proves that the general experience of our body is to the same effect, I would ask, has not the time come when this should be publicly acknowledged? and should not *baryta carb.* be henceforth excluded from the list of medicines one should consult in treating a case of chronic enlargement of the tonsils?

I hope that in the discussion which may follow, we shall not be led off on the one hand into the consideration of the causes proximal or remote of the condition of hypertrophy in the tonsils, nor on the other into the comparative merits of the various other remedies recommended for its treatment, as these questions, though full of interest in themselves, are outside the scope of my paper. I have introduced this instance merely as a striking example of the necessity for putting on record our failures with equal faithfulness to that with which we are most of us ready to report any striking cures. Here we have a case of constantly recurring disease, of easily recognised symptoms, and in every text-book I have seen this medicine occupies a prominent place among those which should be given; whereas there is good reason to believe that its use will only cause a waste of valuable time, disappointment, and not impossibly, in the patient at least, a loss of faith in the system in accordance to which it is supposed to be prescribed (though really, as I have shown, it has very little, if any, right to this claim)—all which results are due to the silence of those of us who, having fairly tried it, have proved to our own satisfaction that it is useless, and have neglected to sound a warning note to save others from a similar pit-fall.

We had recently an example of the value of a public confession of failure, when Dr. Goldsborough read a paper before the *British Homœopathic Society* on Diphtheria, and stated that he had given a somewhat extensive trial to *merc. cyan.*, and had rarely, if ever, found it of any service. In the course of the discussion

which followed it was pointed out that Dr. Goldsborough had used only the 3x dilution, whereas Dr. Villers, to whose report of its use we are indebted for its introduction into this country, never gave it lower than the 6c, and found its efficacy apparently increased by going still higher up the scale. Following this hint Dr. Goldsborough was afterwards able to report that when he gave it in the 6c or higher dilutions he had been most gratified, and thought it the most useful medicine we possess for this terribly serious complaint. I may perhaps add that I also had been trying it in the lower dilutions with very little if any success, and that it was after reading this discussion I again tried it in the 6c with such success that I am now never without some in my pocket case and have great confidence in it.

Possibly some such light may be thrown upon the cause of my failure to cure enlarged tonsils with *bar. c.* I notice, for example, that Dr. Hughes, who, in his earlier edition had merely said he had never seen any benefit follow its administration; in his later one says it may be found useful in those cases which are the result of repeated attacks of an acute inflammation. If this is so I should suppose that these cases must be very few, and certainly, so far as my experience goes, sufferers from frequent attacks of quinsy—and there are many such—do not, as a rule, have hypertrophied tonsils, and those whose tonsils are hypertrophied, though very liable to all kinds of superficial anginas, from a simple catarrh up to a severe follicular ulceration, are very rarely attacked by a true quinsy; and so far as acute attacks are concerned, it is undoubtedly in the true quinsy, and not in superficial inflammation, that *bar. c.* has proved itself curative.

I am fully conscious that my paper is very slender both in matter and construction, and quite inadequate to the importance of the meeting at which it is to be read, but I have endeavoured to be concise, to stick to the point, and, if possible, make my point, which, though a small one, is, I think, an important one in principle; and if it leads to practical results in other directions and in abler hands, it will have fully answered the purpose with which I have introduced it, and you will feel, I hope, that your time has not been altogether wasted in listening to it.

DISCUSSION.

The PRESIDENT remarked that the question Dr. Madden had considered was a very important one. He would like to make a few remarks, but time was getting on, and he would defer them for the present.

Dr. CLARKE said they were very much indebted to Dr. Madden for bringing this question before them. What he would like to point out was that if a failure was to be of any service they must have all the notes of the case. If the failure was to teach them anything they must take notes of the case, so as to be able to follow it all through and find out where their mistake was. The mistake, he thought, was in giving *baryta carb.* for enlarged tonsils. If they did that they would probably never do any good. But if they gave *baryta carb.* to a patient whose whole condition corresponded to *baryta carb.* they would cure the tonsils as well. At least, such had been his experience. He had used it, he believed, more in acute cases than in chronic, but he had seen it given in chronic cases too. He would like to have the notes of Dr. Madden's cases, with all the symptoms written out.

Dr. NANKIVELL thought *baryta carb.* was a medicine which in chronic cases of enlargement of the tonsils was certainly disappointing. He had very seldom used it absolutely alone, so that he could not say whether local treatment had not had something to do with the improvement of the tonsils while the *baryta carb.* had been given. But he had found it useful after cases of acute quinsy. They know perfectly well that acute quinsy was very apt indeed to recur when it had once been set up. So far as he could recollect, he did not think he had had a case of recurrence of quinsy since he had begun to use *baryta carb.* directly convalescence was established. That practically was all he had to say on the matter.

Dr. HAYWARD said he was very pleased indeed with Dr. Madden's paper, but somewhat disappointed for all that, for this reason, that he was quite under the impression Dr. Hughes had taught him that it was in acute tonsillitis that *baryta carb.* was indicated, and not in chronic.

Dr. MADDEN: I said so.

Dr. HAYWARD said he thought Dr. Madden had been taking the treatment of chronic from those directions. All he had to say was that his experience quite corresponded with that of Dr. Hughes.

Dr. PULLAR said he had used *baryta carb.* with great success and used it very frequently, mostly in acute cases, where the sphere of the medicine as defined by Dr. Hughes exactly corresponded. But he had also used it even in chronic cases

with a fair measure of success. He did not, however, think that it was nearly so satisfactory in these cases. *Calcarea phosphorica* was the medicine he had found of much greater value in chronic cases, and *iodine*.

Dr. POPE said that with regard to chronic tonsillitis there was a remark of Dr. Carroll Dunham's well worth remembering. You have, he said, enlarged tonsils, it is true, but you have in addition to that a state of general ill-health more or less; and when asked what to give for chronic tonsillitis, he said something to this effect: "Don't look at the tonsils, but look at the patient." (Hear, hear.) He advised them to prescribe for the symptoms of ill-health which the patient exhibited, and then felt assured that the tonsils would diminish in size. *Baryta* was not a specific for chronic enlargement of the tonsils, unquestionably. With regard to the dose of *cyanide of mercury* in diphtheria, and the absolute necessity which some would seem to think existed for giving it in a more or less high dilution, he would like to remind the Congress of the large series of cases treated by Dr. Selldén, a district medical officer for some part of Sweden, where diphtheria was exceedingly rife, where the mortality had been something like 50 to 60 per cent. as a rule, and where, when the use of *cyanide of mercury* came into vogue, it was reduced he believed to three or four per cent. He did not use a sixth dilution, but on the contrary, if he recollected rightly, the dose was something equal to the second or third decimal of their scale. In St. Petersburg Dr. Erichsen said he used *cyanide of mercury* in a dose like the 300th, 400th or 500th of a grain, or something of that kind, and had had very successful results. So he did not think that Dr. Goldsborough's failure in this case was altogether due to his having given a moderately sized dose of *cyanide*, but that he had got hold of some particular case to which the *cyanide of mercury* was not strictly homœopathic. (Hear, hear.) They were all very much obliged to Dr. Madden for bringing this subject before them, and his paper would be extremely useful in showing up a medicine which had obtained credit through having been copied from one book to another, without having really deserved it.

Dr. HAWKES said he was much obliged, with the rest, for Dr. Madden's paper, but he did not so read Dr. Hughes. He took it that he warned him years ago that it would not have much effect in chronic tonsillitis. Further than that, he could bring the same charge against nearly every medicine as regards enlarged tonsils. He had been very unsuccessful with medicines in the case of enlarged tonsils, and he was now following very much the advice of a surgical friend, who

declared that there was no harm in removing them if they were absolutely obstructive.

Dr. DYCE BROWN: I certainly agree with Dr. Madden in not having found *baryta carbonica* of much use in chronic enlargement of the tonsils, but in certain cases, properly indicated, it is of very great value.

The PRESIDENT said he had had some little experience in cases of enlarged tonsils, and he had given *baryta carb.* in all dilutions from the second decimal up to the sixth, and he believed even up to the twelfth, but with him it had been a very unsatisfactory drug indeed. He was speaking of cases of pure chronic enlargement. At the same time he was not prepared to say that if he had carried out his treatment with higher diffusions he might not occasionally have met with more success. But it had been a very unsatisfactory mode of treatment, and in earlier days he had found in very extremely chronic cases the guillotine the speediest and most satisfactory agent, after trying medicinal treatment for a length of time. He now occasionally saw some of his cases where an operation had been performed many years ago, and had been attended with the greatest possible success, and satisfaction on the part of the patient. He did not know a more unsatisfactory series of cases than these cases of enlarged tonsils. At least, that was his experience, and it was a tolerably wide one. But not only in these particular cases, but in all, it was very important and it would be very advantageous if they could only make up their minds to have the moral courage in future to acknowledge their failures as well as their successes.

Dr. MADDEN, in reply, said he could only thank them very much indeed for the kind way in which they had received and criticised his paper. Time would not permit him to further enlarge upon the subject, but he hoped that future editions of their text books would, when treating of tonsillitis, strike out this medicine, or state that it was only very rarely useful, and that in the majority of cases its results were apt to be disappointing rather than beneficial. (Applause).

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY.

*Case of Chyluria in a child 17 months, cured by
Phosphoric Acid.*

By H. WYNNE THOMAS, L.R.C.P., Lond., M.R.C.S., Eng.

THE following interesting case seems worth recording. While attending the child's brother for bronchitis, the

mother drew my attention to this patient, saying that he was always wanting to drink water, and that instead of growing he seemed to be getting smaller.

Fred. L., age 17 months. Father a coachman, for some years in this neighbourhood.

Dec. 10, 1889. Child is small and thin, looks weakly. For the last four months has been suffering from frequency of micturition, and passes milky urine. Is always hungry and very thirsty, but never seems satisfied. Sleeps well, and otherwise seems pretty well. Has never had any previous illness, never suffered from worms.

Urine looks like milk. Specific gravity varies from 1012-1020. Acid. On boiling a slight increase in cloud, which is not affected by the addition of *acetic acid*. Under the microscope are seen numerous brilliant oil globules varying in size. After standing two hours a creamy layer rises to the surface, which by about twenty-four hours has fallen to the bottom. On shaking with *ether* an opalescent jelly rises to surface. This milkiness has been increasing up to the present time; is very marked early in the morning before breakfast; is least noticeable before dinner, and most marked again about two hours after dinner; but is never absent. I prescribed for him *acid phos.* 3 x. m. iij, three times a day.

Dec. 20.—Urine is much the same; child seems stronger. Repeat medicine.

Jan. 3, 1890.—Urine is much better; patient is less thirsty; micturition less frequent. Repeat.

Jan. 10.—Urine has gradually improved and for the last three days has been quite clear. To continue medicine for three weeks.

Dec. 1st, 1890.—I saw the child to-day. He is growing fast, looks much healthier, and his mother says that there has been no return of the urinary trouble.

Dr. E. M. Madden also saw the case with me and confirmed the diagnosis.

ON HÆMORRHOIDS.*

By DR. McKECHNIE.

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

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

Hence, patients coming to us under the influence of this distressing malady of piles, requiring, as it some-

* Read at Bath before the Western Counties Therapeutical Society.

times does, prolonged and patient treatment of various kinds, are often unable or unwilling to give the time, trouble, and patience needful to work out a real cure, and desire, especially now that anæsthetics and anti-septics are to the fore, the speedy riddance of their painful and disgusting encumbrances.

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

Our method of treating a case of piles must be largely modified by the conditions which brought about the attack, and the extent of the mischief done. It is scarcely needful for me to say anything here about the influence of occupation in this matter. Whenever a case of piles comes under our care, we may be pretty sure that stasis and distension have been going on for long before we were applied to, and indeed for long before the patient himself became conscious of any embarrassment; so that even if he now seeks one's aid he has been first trying some treatment of his own, or his neighbours, and putting off the application to his doctor as long as might be; but that now some error of diet or drink, some chill adding to the embarrassment of the circulation, or a purge which, while softening the stool and stirring up the muscular coat to action, has brought about additional congestion of the hæmorrhoidal plexuses, and while swelling yet further the superior plexus has irritated the sphincter and hindered the lower plexus from returning its current to the superior, the mucous membrane thus becoming irritated and congested, and thereby the arteries dilated, and I think on taking the whole pathological condition in view, one will scarcely wonder at the distress and suffering

witnessed in a case of inflamed piles, and one's first thought should be how to give relief, to free the occluded veins, and though it may seem most scientific to try and relieve at the nether end, yet so much is to be done and so much more promptly at the *locus in quo*, and that by heat and moisture combined, either by steaming, by fomentation, or by the hot hip-bath, any of them well applied, but especially the first, will give great relief, and enable the patient generally to return the obtruded swelling through the sphincter. There are two points in this connection however. I am constantly surprised to find that medical men do not sufficiently attempt to teach their patients: The first being the instructing them in the endeavour to return the protruded mass, the need to bear down as if in defecation—to relax the sphincter, in fact—while the tumid mass is being gently and equably pressed up; and, second, the value of some grease to lubricate the mass at the time. Once get it within the sphincter the strangulation is over for the time, there is a certain relief afforded, and the patient begins to feel that something is being done. In cases of fluent piles, however, it may be better to use a warm moist sponge as a medium for making the needful pressure.

It may be well, then, to consider the need or the advisability of relieving the bowels, and to find out if the rectum is loaded with hardened fæces or not.

In many cases it is worth while, and I have a great liking, when needful, for the *pulv. glycyrrh. co.* (Prussian preparation), which I think better than an enema, although it takes 12 hours to get an action; but the means employed should depend rather on the habits of the patient, his fears and prejudices, what should be done, and before all, on the state of the fæcal masses themselves.

If the enema is used in a case of inflamed piles, I think thin warm gruel, with a plentiful admixture of olive oil, is the best.

Then comes the consideration of the real drug treatment of the case, and I think one should at once administer *aconite* or *belladonna*, or perhaps give them alternately, being guided very much in this matter by the indications given by the thermometer, general febrile conditions being the predominant indication for *aconite*,

and local inflammation and active congestion for *bella-donna*. In children with inflamed piles I always take *chamomilla* well into consideration.

The dietary, of course, should be very carefully managed, and should generally be but slightly azotised, not fatty nor alcoholized—leaving the patient but little else than farinaceous, vegetable and fruity foods—all spices should be avoided, as they undoubtedly tend to irritate the part affected. This leads one to the consideration of one medicine, viz., *capsicum*, which I have found of use in inflammatory piles, with frequent small mucous stool, and intense tenesmus after it. *Capsicum* seems to be of use in fluent as well as blind piles, but the bleeding when it occurs in such a state is rather a general oozing than a hæmorrhage from the varices themselves.

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

Perhaps the most important considerations are now the sex of the patient and the habit of the bowels. If constipation is habitual, if there is a feeling of obstruction or of dryness, if the stools are dry and hard and in largish masses, either smooth or of agglutinated scybala, one may think of *æsculus*, and especially if there is a dull aching pain over the lumbo-sacral region. Before *æsculus* was brought well before the profession as a remedy in hæmorrhoids with constipation, one was in the habit of looking principally to *nux vomica* and *sulphur*, one or both in such cases, but everyone seems to think *æsculus* has almost superseded them in such cases.

Let me say here, that for many years I have made a strong point in chronic or habitual hæmorrhoids, of getting my patients to adopt the practice of emptying the rectum at night, before going to bed, rather than the usual one of doing so in the morning. The disturbed part has the time of the night's rest to recover itself, and the patient is much more likely to be able to go about his duties next day. It is often difficult to establish the habit, for the bowels are apt to relapse into their old

established method, will not go at night, and will go in the morning, but the patient should be encouraged to persevere for the gain is great.

After *æsculus* I scarcely think there is a better remedy than *pulsatilla*, whether for acute or chronic, whether fluent or dry, whether in male or female. Its marked influence on the venous system, its still more marked influence on the digestive functions and on the mucous membranes, wherever they may be, should point to *pulsatilla* as a medicine bringing about a group of symptoms very closely similar to that we find in piles; of course where the special temperament or constitution is peculiarly marked we may look for the more striking effect, but there can be no doubt that *pulsatilla* suits many cases even amongst men.

It is by no means only the female sex that is to be influenced by this potent drug. Wherever passive congestions, and especially where there is tendency to chronic catarrhal conditions, *pulsatilla* should be taken into consideration. Even constipation is not absolutely a contra-indication; but when one has hæmorrhoids, dyspepsia, catarrhal tendency, varicosis elsewhere than the rectum, dysmenorrhœa or spammenorrhœa, it ought to suggest itself to one before almost any other drug in our *Materia Medica*.

Sulphur covers so much the same lines as *pulsatilla* as to call for consideration in such cases, but the points in which it is more distinguishable from it are the presence of constipation and of severe itching about the anus.

Sulphur comes in alternately with *æsculus* or with *nux vomica* in a large number of cases where there is constipation; two or three days of the one and two or three days of the other I find a convenient arrangement.

Nux is called for most among men, especially those who are given to the use of alcohol. (People who are subject to piles should, as a general rule, become abstainers). The constipation of *nux* is accompanied by a feeling as though the bowel would not or could not empty itself, and often there is frequent and ineffectual urging to stool. What does come is hard and dry, with pressure on the sacrum, and often burning feeling about the whole region. The stools are not wanting in bile, although the liver and its portal circulation are most affected by it. The piles are large and blind.

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

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

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

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

My time is running short, but there is one medicine, viz., *muriatic acid*, I must mention which I have found often of very great value, and it is especially among people who are advanced in years, and whose piles continue to trouble them. The piles are large and painful, very tender, and suggest that ulceration has taken or is likely to take place.

In such cases there is a general adynamia, and commonly an offensive odour of the breath or other secretions are present.

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

The great requirement is the careful and continual cleansing of the rectum, which must be effected with as little disturbance of the part as possible, almost absolute rest being needed by the patient. *Calendula* as a local application is most useful, and I have heard *hydrastis* equally vaunted.

The bowels must be kept in a soluble condition, if possible, by means of appropriate diet, *e.g.*, fruit, tamarinds, &c. I am quite inclined to think that *cocaine* in a weak solution is not only justifiable but of great use in such cases.

I have used *ignatia*, *œsculus*, *graphites*, and many other medicines with more or less success, but I have derived most benefit from the two latter. I can say that I have cured a good many cases of fistula in and without the knife; in fact, I consider this much more tractable than the affection I last spoke of, but it requires rest for its treatment and careful nursing and syringing.

The remedies I have used have been *silicea* almost exclusively, and *calcarea* a little as internal remedies, and *calendula* and *hydrastis* as local applications.

I have at present temporarily under my care a patient who was cured of fistula by our colleague A. C. Clifton some good many years ago—about fifty—and who remains cured still.

There are many other medicines which have been employed, some that I have myself formed some estimate of, but I will not keep you longer at this time, but hope to hear some of the results of your practice in this direction.

OVARIOTOMY AT THE LONDON HOMŒOPATHIC
HOSPITAL.

By G. H. BURFORD, M.B.

Assistant Physician to the Gynæcological Department.

IN the later half of November last, Dr. Hughes asked me to receive into the hospital a patient suffering from a large ovarian cyst. In due time the girl came up to town and was placed under my care. The abdomen was considerably distended and rapidly increasing in size, she had recently suffered some acute abdominal pain, and her general distress was such that she expressed a very emphatic desire for operative relief.

A consultation was held at the hospital, at which, in view of the character of the case, there were present the consulting staff, Dr. Dudgeon, Dr. Dyce Brown and Dr. Yeldham, as well as the physicians and surgeon serving on the active staff. The recorded opinion was unanimously for prompt operative treatment, and the diagnosis that of ovarian multilocular cyst.

On Thursday, December 4th, I completed an ovariectomy on this patient, with the assistance of Mr. Knox-Shaw. At the operation there were present Dr. Hughes, Dr. Dudgeon, Dr. Roche, of Norwich, Drs. Blackley, Moir and Carfrae and Mr. Wright. The usual median incision was made, the peritoneal cavity opened, and the fluid contents of the cyst discharged through a Wells trocar. Nearly a half of the tumour consisted of solid adenomatous growths, and to allow the removal of the cyst the incision was somewhat extended, parietal adhesions broken down, and the whole mass delivered from the abdomen. The pedicle was deligated by three interlacing ligatures, the abdomen flushed with warm boro-glyceride solution and a glass drainage tube inserted. Under Dr. Day's anæsthesia, there was no vomiting nor straining during the operation.

The convalescence was good and devoid of any symptom of gravity. Some troublesome intestinal distention after the first week, and some dysuria, ultimately yielding to *cantharis*, gave the most trouble; while a few days before leaving the hospital a carbuncle made its appearance over the sacrum.

A fortnight ago the patient wrote to me expressing the great gratification of herself and her friends at the

immunity from suffering she now enjoyed. I also have recently received the assurances of Dr. Hughes as to her general health and progress.

In the history of this case three notable points demand special attention.

First, complete amenorrhœa existed for six consecutive months prior to operation. The patient menstruated regularly up to May last, since which time no period had come on. This symptom of amenorrhœa concomitant with an ovarian cystoma is by no means usual. Mr. Knowsley Thornton stated a short time ago that menstrual excess, under these conditions, was the rule. Here is an instance of exactly the reverse.

Secondly, this growth was peculiar in its rapidity of formation. The first appearance of distension was noticed by the patient only some two or three months before admission; and during the last month the cyst had nearly doubled in size. The solid elements weighed some seven pounds, and the fluid removed was nearly a gallon. The rapidity of increase suggested to one of the consultants the idea of malignancy—a state of matters fortunately not verified by examination.

Thirdly, the dysuria, a late and frequent symptom, vanished in Dr. Hughes' hands under the use of *cantharis* 3. While in the hospital *cantharis* 3x had been prescribed with only moderate benefit. I am assured by Dr. Hughes that *cantharis* is very liable to aggravate if given in low dilution. In this instance the progress under 3x was certainly not nearly so manifest as that made while taking the 3.

20, Queen Anne Street,
Cavendish Square, W.

THE ACTION OF BRYONIA ALBA IN MÉNIÈRE'S DISEASE.

By MR. DUDLEY WRIGHT.

Assistant-Surgeon to the London Homœopathic Hospital.

I AM able, through the kindness of Dr. Byres Moir, under whose care the patient formerly was, to report the following case, which may be of interest, inasmuch as he has now for six months been free of a disease which for

a considerable time totally prevented him from following his occupation.

Richard R., a butler, aged 33 years, first consulted Dr. Moir on December 14th, 1889, complaining of giddiness, buzzing and other noises in the ears, chronic constipation and occasional attacks of vomiting. He said that he had been subject to these attacks for over a year, and that in the last year he had lost twelve pounds in weight. There was deafness in the left ear, the patient being only able to hear a watch on contact. He at first received *hydrastis*, but as that did not improve matters, on December 30th *salicylate of soda* was given and continued for five weeks, with the effect of considerably relieving the attacks of giddiness and vomiting, but in no way altering the constipation. The attacks, however, returned with increased severity at the end of February, 1890, and continued on into March, on the 22nd of which month he was admitted into the hospital. Previous to this *cocculus*, *tabacum* and *sulphur* had been used, but without effect. On admission I obtained the following history from him (March 22nd, 1890). Up to about two years ago he had always enjoyed good health, but had always been liable to constipation. He had never had gout or jaundice. Family history only shows that there is rheumatism on his father's side. The present illness came on in the summer of 1888. It commenced with a sudden attack of giddiness, vomiting and cold sweating, which came on without any warning whilst at his ordinary occupation. The attack lasted about half-a-day and left behind it great prostration and headache. It was not followed by jaundice.

About two or three days after this he woke up one morning and found that he was deaf in the left ear, and thinking it might be due to the ear being "stopped up," he put his finger into the ear to clear it out. This immediately brought on a severe attack of giddiness and faintness which lasted the greater part of the day.

At this time he first noticed a loud hissing sound in the left ear, like a steam engine, and this has lasted up to the present time (date of admission). Constipation still present.

During the first year the attacks would come on about every four months, and if he was standing when an attack came on he would occasionally fall down, but

during the last year the attacks have been much more frequent and of much greater severity, and if standing when the attack appeared he would always fall. During the attack he has never lost consciousness, never bitten his tongue, or passed his urine or fæces involuntarily.

Within the last few months he has always noticed that the attacks have been preceded by a copious flow of thick saliva.

The patient was a sallow complexioned man of fairly good build. The arteries seemed in good condition, pulse 52 per minute, fairly full and quite regular, and the tongue was clean though pale and flabby. Examination of the heart, lungs and abdominal viscera gave negative results. The throat and fauces were normal, there was a decayed upper left bicuspid. Hearing power in the right ear was very good, being able to hear a watch at 3½ feet, and there was good bone conduction. On the left side the watch could only be heard at 4 inches, and bone conduction both for watch and tuning fork was deficient, though not abolished. The high notes of the piano were heard best. Beyond a slight retraction of the posterior and upper segment of the left membrana tympani nothing abnormal was noticed. The patient says that formerly he had been advised to perform Valsalva's method of inflation of the middle ear, but that he dreaded doing it as it brought on the giddiness. The patient further stated that he had always eaten well, but was not much of a drinker, and that he thought he was "a very bilious man."

Cocaine hydrochlor. 8 mj. t.d.s. was ordered, and he was put on fish diet. The former was in four days changed to *sodæ salicylatis* gr. iii. t.d.s.

On March 29th, a week after admission, he had the first attack whilst in the hospital. At 11.30 a.m. giddiness suddenly came on and lasted about half-an-hour. The things in the room appeared to be going round him, travelling from right to left whilst he kept still, he shut his eyes but this did not relieve him. There was no vomiting but great nausea, and he said that he thinks he would have vomited had he moved at all. The attack was immediately preceded by the flow of sticky saliva, but there were no auditory auræ or sensations beyond the constant hissing in the left ear. The following night at 12 o'clock he had another attack

which came on after dreaming heavily. He awoke up and felt the saliva flowing, and this was followed by exactly the same symptoms as above described, the whole attack lasting an hour and a quarter. The next night there was another attack lasting about an hour, and he was ordered *glonoin* 2x, pil. 2, to be taken if he felt an attack coming on. About four days after he had a flow of saliva and he immediately took the pilules and no giddiness or nausea followed. The good effects, however, were not produced a second time. *Nux vomica* 3x, *sulphur* and *opium* 1, together with a pint of hot water at bed-time, were all tried but failed to stop the attacks and relieve the constipation. The patient was discharged on May 1st, and sent to Folkestone for a fortnight, where he had five or six attacks, and this sort of thing continued on into July, when he came back as out-patient to the hospital, when amongst other complaints he said that he always noticed that the giddiness came on if he suddenly got up from the sitting or lying posture. Upon this symptom, combined with the man's general condition and the constipation, I prescribed *bryonia* 1x, 2 pilules to be taken every three hours, and to be carried about him to take before he felt an attack coming on.

The same day he returned to Ramsgate where he had been staying for two weeks, and he began taking the medicine regularly. In two days he felt an attack coming on whilst out walking, immediately he took two pilules and it was stopped; a few days later the same thing occurred, and since then up to the present time (Jan. 12, 1891) he has not had a single attack of vertigo. The bowels, moreover, soon after taking the *bryonia* commenced to act regularly, and have done so up to the present. The medicine was continued for one month. Examination now shows that the hearing power in the right ear is $3\frac{1}{2}$ ft.; left ear, 15 inches. Bone conduction as good as before on the right side, not quite so good on the left as on the right, but very much better than before. No change in the membrane of either ear.

The above, I think, is a fairly typical case of Ménière's disease, or labyrinthine vertigo. That some labyrinthine change was present is sufficiently shown by the impaired bone conduction on the diseased side, and apart from the constipation there were no other derangements likely to

have caused the vertigo by reflex action. The most remarkable thing about the case is the ready way in which it responded to the *bryonia*, and it is for this reason I bring the case forward. The patient himself thoroughly believes that it was this remedy which has cured him, and I am very much inclined to the same belief. I should much like to know of any other cases treated by similar means with success or failure.

21, Leinster Square, W.

NOTES AND COMMENTS.

IN AN AMUSING NOTE, the *British Medical Journal* (Feb. 7th) complains that "the homœopaths claim to have anticipated Koch" in his new treatment of phthisis. The question of priorities does not interest us much, and we gladly leave others to fight it out. The broad fact remains that for several years a few medical men in England and America have used a preparation of tubercle bacilli in selected cases of phthisis. That this preparation (*tuberculinum*) was merely an attenuation of phthisical sputum is, we believe, true. But, provided the presence of tubercle bacilli be proved (and the products of their existence granted) it appears to us not to be very wide of the mark to state that the old *tuberculinum* is an agent analogous to Koch's fluid. The chief difference—in principle, not, of course, in the mode of preparation—is that Koch's remedy is apparently the more homœopathic of the two. It, at least, is modified by being passed through the guinea-pig (and by cultivation?) while it is less clear that the attenuation of the virus does, strictly speaking, modify it. If the *tuberculinum* be only a dilution of the actual "poison" of phthisis (bacilli and products), then, as was pointed out in the discussion at the last meeting of the British Homœopathic Society, its use is isopathy and not homœopathy, unless the extreme dilution really renders it a "tertium quid."

We are much more interested in the question whether the action of Koch's fluid be homœopathic or not. This we must still regard as *sub judice*. If the substance will produce in the healthy human subject a condition closely resembling that which we call pulmonary phthisis, or consumption, or will produce a condition closely resembling any stage thereof; if this same substance will also cure that condition (phthisis) otherwise acquired, or a stage of that condition (phthisis) similar to the stage it will bring about in the healthy—then and only then does the substance act homœopathically—or, in other words, then and only then is it a homœopathic remedy. (Homœopathic *tuberculinum*, however, we are bound to say, does fulfil these conditions). And we need hardly say that under these circumstances the remedy is homœopathic by whomsoever it be discovered, prepared or prescribed. In our December issue we gave reasons for believing that Koch's fluid might prove to be a homœopathic remedy for phthisis. Little or no additional information bearing on the question has been brought to light, either from the pathogenetic or the clinical side. Pending the further testing of the disease-producing power of the fluid on the healthy subject, we suggest that our *confrères* should work, though it be *to some extent* in the dark, from the clinical side, by using the fluid in doses not likely to produce aggravations and carefully recording the results (if any).

We presume that the *British Medical Journal* speaks of the "*secreta*" of homœopathy and of the "*esoteric mysteries*" of the system, because it desires that the truths of homœopathy *may* long remain hidden from the knowledge of the profession. We cannot but think this attitude altogether out of keeping with the scientific spirit of the times and of the *Journal* itself in most other

matters. Homœopathy has no secrets any more than has the *British Medical Journal* or the Royal College of Physicians. But it were surely wiser to put its claims frankly, openly and unbiassedly to the test than to throw over it a mantle of darkness. Homœopathy has always courted unprejudiced examination and the test of experience; if it be a false system, then the sooner it is exposed and done away with the better; if it be a true one, the sooner its truths are acknowledged and profited by, the better for all concerned.

We can hardly be responsible for the list of delicacies to which Professor Reyburn and his New York "homœopathic drug vendor" treat the readers of our contemporary!

REVIEWS.

The Dignity of Woman's Health, and the Nemesis of its neglect.

By ROBERT REID RENTOUL, Doctor of Medicine. London: J. & A. Churchill. 1890. A pamphlet for women and girls.

The Daughter: Her Health, Education and Wedlock. By WILLIAM M. CAPP, M.D. Philadelphia and London: F. A. Davis. 1891. Homely suggestions for mothers and daughters.

BOTH these popular little works have for their object the instruction of woman respecting the physiology and care of their own pelvic organs and of their general health. The authors of both works hold that "the ignorance concerning the simplest matters of personal and household hygiene and physiology is often most surprising" (Capp), and it is, we may add, truly lamentable. The first mentioned work is divided into five chapters, and treats of menstruation and its domestic and hygienic management, of the fitness of woman for "continuous work," and of "who should marry." We have not space for quotations, but may summarise Dr. Rentoul's most important advice as follows:—1st. During the first few months of menstrual life the studies and active exertions of a girl should be stopped. 2nd. That at each monthly period study and exertion should be less than usual, and that excessive exertion such as dancing, tennis, &c., should

especially be avoided. 3rd. That woman is consequently not constructed to undergo "continuous work." 4th. That "selection," from the health point of view, should obtain in the choice of a partner in life, and that such selection is not only wise but that its neglect is "an offence (p. 194) against all the laws of morality, honour and health." Respecting the practicability of some of these views, we leave our readers to judge after perusing them *in extenso* in Dr. Rentoul's interesting pamphlet.

Dr. Capp's little book of 140 pages deals with topics concerning "the infant, the child, the girl, the wife," besides giving a chapter entitled "general suggestions upon health." Its sphere is thus more extended than the work of Dr. Rentoul. The advice given respecting the management of infants is in the main sound, and such as English medical men would approve. The unwisdom of much cradle rocking and of walking the room with fretful babies is alluded to, as also that of loading the air which they breathe with perfumes. One point, which is entirely un-English, is the statement that a complete bath is rarely desirable for infants in the early days of life. Local cleansing only is recommended. We have seen this stated in other American works. That the washing of infants which English nurses and mothers are accustomed to may not be essential to a moderate amount of health and comfort is proved by this American custom, and still more so by that of the Chinese, who do not wash their infants for many months. That the skin must act better for thorough and regular cleansing is, on the other hand, indisputable. The author recommends that children be not taught the letters of the alphabet until about nine years of age, and states that children taught from that age by good teachers rank the same at 12 years of age as children who have begun study much earlier. Our own experience would agree with this, provided that good use have been made of the early years to build up the health of the child. We may say, without endorsing every detail in these interesting little works, that our readers may safely recommend and introduce to young wives, and to mothers for their daughters, either of them, according as their personal requirements or those of their children are in question.

Principles of Surgery. By N. SENN, M.D. Philadelphia and London: F. A. Davis. 1890.

DR. SENN, whose labours in the field of intestinal surgery in America has given him a European reputation, has presented to the profession a new book with the above title. Much of the practice of surgery remains unchanged, but even modern text books are out of date with regard to the latest develop-

ments of the science of the art, such rapid strides having been made, especially in bacteriology. Senn has therefore endeavoured "to connect the modern science of bacteriology more intimately with the etiology and pathology of surgical affections." The earlier chapters are devoted to the ground work of surgery, repair and inflammation, but even here the development of bacteriology necessitates some change in modern surgical nomenclature. Senn draws a distinct difference between regeneration, which is a plastic aseptic inflammatory process and inflammation, which is always caused by the presence of one or more kinds of pathogenetic microbes. He is an adherent of Metschnikoff's theory of phagocytosis, and illustrates a phagocyte in the process of devouring an anthrax bacillus. This doctrine has met with considerable opposition, and will need further confirmation before it can be generally accepted, but it is important to see that Senn favours the theory. The chapter on Pathogenetic Bacteria is very interesting and important, especially as it attempts, and ably too, to throw light on many points difficult of explanation, with regard to the causation of some of the morbid processes by bacteria. The questions are treated under the heads, "Bacteria outside the body;" "Presence of pathogenetic bacteria in the healthy body;" "Localisation of bacteria," &c. Surgical diseases of bacteriological origin are very fully discussed, their etiology being very carefully gone into. The book is exceedingly interesting, and though written from the point of view of an enthusiastic bacteriologist, contains much that must carry conviction to the most sceptical. Medicinal therapeutics naturally plays a small part in the book; but we noticed that he condemns *calciun sulphide* as useless in influencing suppuration; this is probably because its efficacy would not square with the bacteriological origin of suppuration.

Five Years' Experience in the New Cure of Consumption by its own Virus. Illustrated by fifty-four cases. By J. COMPTON BURNETT, M.D. London: The Homœopathic Publishing Company. 1890.

DR. BURNETT'S treatises are always original, interesting and instructive. This one is especially so, and its interest and value are enhanced by its appearance at a time when Koch's new remedy for tuberculosis is creating such a *furor*. Dr. Burnett has been employing this same remedy, prepared differently, however, for five years, with the results he here records. Any real advance in the therapeutics of precision is sure to be on homœopathic lines, and here we have Koch's "discovery" anticipated by the school which is tabooed by the

"orthodox" old school, although when brought out with a flourish of trumpets by a well-known "allopath," Dr. Koch, the medical world rushes into it madly.

Dr. Burnett uses a preparation of tuberculous matter in which the microscope has revealed the presence of bacilli. This is diluted in the usual homœopathic method to the 30th centesimal, the 100th and 200th dilutions, and the doses are given at infrequent intervals, usually every six or ten days.

Koch, who injects his remedy subcutaneously in small but still comparatively tangible doses, maintains that it is inert if taken by the mouth, while Dr. Burnett proves that when much more highly diluted it is efficacious to a remarkable degree when given by the mouth, and, as we have said, at infrequent intervals. The two statements are quite compatible. It is well-known that the poisons of deadly serpents are innocuous when swallowed, and yet the medical experience of homœopaths is that these same poisons, *lachesis*, *crotalus* and *naja* are medicines of immense value when given by the mouth in "high" dilutions.

Next, is "*tuberculinum*" (we note that Koch proposes to call his remedy "*tuberculin*") or as Dr. Burnett proposes to call it "*bacillinum*," homœopathic or isopathic? It looks at first sight to be isopathic. But it is quite possible that the extreme amount of dilution may so alter the virus as to practically make it no longer an *idem* but a *simile*. At all events in a strong dose it produces symptoms similar to those that Dr. Burnett shows that it cures. We may therefore consider it homœopathic and not isopathic.

Another point of interest is that while Koch's doses invariably produce severe febrile disturbance, and dangerous or even fatal aggravation of the patient's state, the 30th and 100th dilutions do not in the least aggravate or cause any disturbance. In one of Dr. Burnett's cases, however, it is right to notice that he states that a slight increase in the symptoms preceded the amelioration, and in another case, a lady stated that the remedy "tried her very much."

Now for the results.

Koch has been successful in only a limited sphere of tubercle, viz., in lupus, and even then not uniformly, while in consumption the results are too few to judge of, and those recorded have not been brilliant.

Dr. Burnett, on the other hand, gives 54 cases, some of undoubted phthisis, others of "consumptiveness," and others of other forms of scrofulous or tubercular disease, many of them completely cured, while others were markedly ameliorated, the case being finished up by other homœopathic

remedies. Both Koch and Burnett find that in *advanced* phthisis the remedy fails, and, although there is no evidence that the infinitesimal doses hasten the fatal end, there is ample evidence that Koch's larger doses do so. It seems evident that if Koch and his followers wish to obtain better results the dose must be very largely diluted. Dr. Burnett's cases are extremely instructive on this point. He used the 30th largely. Now he states that he rarely goes below the 100th, and gives it only at intervals of about a week. And certainly his success is remarkable. We forbear to quote cases, some of them, of course, better than others, for want of space, but we regret this the less, as it is desirable that the cases be read all through. One thus gets a much better idea of the scope of the remedy in different forms of disease than by perusing a single case or two. A strong and interesting point in these cases is, that Dr. Burnett is able to record permanent cures, the interval of time that has elapsed since the treatment of most of them being sufficient for the purpose.

We strongly advise our *confrères* to procure and read one of the most original and instructive little works that has appeared for many years past.

A Cyclopædia of Drug Pathogenesis. Edited by RICHARD HUGHES, M.D., and J. P. DAKE, M.D. Part xiv. *Sulphur*—*Valeriana*. London: E. Gould & Son. New York: Bœricke & Tafel. 1891.

WE have much pleasure in mentioning the appearance of the fourteenth part of the *Cyclopædia of Drug Pathogenesis*, now so near its completion. In this number is completed the pathogenesis of *Sulphur*. It also contains a full description of the following important drugs—*Tabacum*, *Terebinthina*, *Thuja* and *Uranium*. Of these, after *Sulphur*, *Tabacum* seems the most interesting, and is fertile in useful suggestions.

The editors again make appeal for contributions to the Appendix, which may be sent to Dr. Hughes, Brighton, Eng., or to Dr. Dake, Nashville, Tenn., U.S.A.

Bœnninghausen's Therapeutic Pocket Book for Homœopaths to use at the bedside and in the study of the Materia Medica. A new American edition by Dr. TIMOTHY FIELD ALLEN. Philadelphia: The Hahnemann Publishing House. 1891.

MOST of our readers are familiar with this work, and all should become acquainted with it who do not already know it. It may truly be called a repertory of *characteristics*. There are seven sections. The first includes mind and intellect; the 2nd, "parts of the body and organs"; the 3rd,

“all the sensations and complaints”; the 4th, “sleep and dreams”; the 5th, “fever”; the 6th, “conditions, or aggravations and ameliorations”; 7th, “relationships.”

The “pocket book” does not profess to be a complete and detailed repertory, and is consequently of most use to those already familiar with the symptomatology of the *Materia Medica*. For instance, under Music (in the 6th section) all the drugs which have symptoms aggravated by music are given—a list of some 24. The symptom itself must be sought for in sections 1, 2 or 3; the aggravation is found in the 6th. It will not always follow that the symptom and the condition have previously been associated either pathogenetically or clinically. But it is believed that a truly characteristic “condition” runs through the whole of the symptoms of a drug. That this is often the case is undoubtedly true; but it is equally true that it is not always so. Consequently the warning of Dr. Allen’s preface must not be overlooked. “It must be borne in mind constantly that it (the ‘pocket book’) is intended only as a guide to the proper remedy, and in no way should be used to supersede the *Materia Medica*.” This is and always must be true of any repertory or index. It is also to be borne in mind that, although from the pen of Bœnninghausen, the repertory can only be as good as its sources are reliable. Of the reliability of these sources differences of opinion exist. Many other symptoms than absolutely pathogenetic ones are included in the index. With this warning (which of course applies equally to all other repertories hitherto published) we feel sure most of our readers could use this work with advantage. Its regular use could not fail to ensure a more thorough knowledge of the characteristic features of the *Materia Medica*.

Dr. Allen has enlarged the book by the addition of many new remedies. His wide experience in the study of the *Materia Medica* is well known.

The “pocket-book” is printed on well rolled paper, with clear type, and it is portable ($4\frac{1}{2}$ in. by $6\frac{3}{4}$ in. by $\frac{3}{4}$ in.), and well bound in morocco.

PERISCOPE.

MEDICINE.

NOTES ON BACTERIAL DISEASES.—The refractory state of the body to a second attack of measles, scarlet fever, small pox, is well-known.

The frog and fowl enjoy immunity from bacillus anthracis, which is fatal to man and larger animals, such as sheep and

oxen ; but the interesting point is, if the temperature of the frog be raised and that of the fowl be lowered, they are both rendered liable to anthrax (Pasteur).

This refractory state can be produced by inoculation of an allied disease (*e.g.*, vaccinia in case of small pox), or of the disease itself, modified by passage through another animal.

The refractory state is produced by inoculation of a virus, modified by cultivation outside the body. Tressant and Chauveau found that by heating cultivations of the bacillus anthracis rapidly to a comparatively high temperature, they at the same time attenuated its virulence.

Again, this refractory state can be produced by introducing into the system definite chemical products, resulting from the action of pathogenic organisms on cultivation media.

Micro-organisms generate products which are deadly to themselves and capable of arresting their growth, a fact long known in connection with fermentation organisms.

Filtered chicken cholera boullion (containing no organisms), when inoculated, produces the disease. The lymphs or vaccines used by Pasteur owe their value to certain definite albumoses which they contain.—Dr. S. Delépine, on Bacterial Diseases, *Lancet*.

FATTY HYPERTROPHIC CIRRHOSIS OF THE LIVER.—M. Charles Luzat (*Archives de Médecine Expérimentale*, Tome II., p. 282), gives a case of the above, which was observed in the Hôpital Saint-Antoine, under the care of Professor Hoyem. The symptoms had existed about four years, but the acute symptoms had lasted about two months, and were jaundice and abdominal pain, of greatest intensity at the epigastrium, with vomiting about two hours after food. There was no black colour of vomited matter. The vomiting was only immediately preceded by nausea and relieved him at once. For a month before he came into hospital the vomited matters were black, and the stools were loose and black. He was a man-cook, 34 years old, who had drunk a great deal, four litres a day some days.

During life, cancer of stomach was suspected and he was brought to the hospital on account of copious hæmatemesis with melæna. He died in a state of stupor the day after he was admitted into the hospital. After death the stomach was found dilated, and there was no tumour nor ulcer.

The liver was found projecting below the false ribs, cirrhotic, and with a number of vegetations on its under surface.

The microscopic examination of these vegetations showed that they were points of fatty hepatic tissue which had resisted fibroid infiltration, but no reason why is given. A very complete histological examination of the liver was made.

ON THE CHANGES IN PERIPHERIC NERVES IN DIABETES MELLITUS, is the title of a paper by Dr. Anché, of Bordeaux, in the *Archives de Médecine Expérimentale*, Tome II., p. 695. A number of cases are cited, and the following conclusions are drawn. It has been proved that peripheral neuritis is developed in the course of diabetes without any other apparent cause, and that the symptoms are not uncommon. The symptoms affect the motor and sensory nerves, the nutrition and the vaso-motor system. The picture is often like that of alcoholic neuritis, for which it is likely to be mistaken unless the urine is examined for sugar. The pathogenesis of the symptoms is not to be exclusively attributed to the irritating action of the sugar on the peripheral nerves. The symptoms are probably due to many causes, anhydæmia, acetonæmia, the derangement of general nutrition which affects the nerves as well as other tissues, and perhaps the action of chemical substances, at present ill-defined, which circulate in the blood of diabetic patients.

ON THE TREATMENT OF EXCESSIVE VOMITING BY KREOSOTE. Dr. Peter Kaatzer (*Berl. Klin. Wochenschrift*, Dec. 29th, 1890, p. 1227) gives a case in which *kreosote*, prescribed for phthisis, had the effect of checking very troublesome vomiting in a pregnant woman. Dr. Kaatzer attributes the effect to the destruction of tubercular bacilli in the stomach. [This explanation *à-la-mode* is not in accordance with the homœopathic use of *kreosote* in cases of vomiting, as one-thousandth part of a drop of *kreosote* would not be likely to kill many bacilli.]

J. GIBBS BLAKE.

SURGERY.

A CASE OF NEPHROLITHOTOMY (FOLLOWING NEPHRECTOMY) FOR TOTAL SUPPRESSION OF URINE LASTING FIVE DAYS; COMPLETE RECOVERY AND GOOD HEALTH FIVE YEARS AFTER THE OPERATION.— Mr. Clement Lucas read the notes of this case before the January meeting of the Royal Medical and Chirurgical Society. This case was mentioned by the medical journals at the date of the operation, in 1885, as a case of exceptional interest, but the author had delayed publishing it until sufficient time had elapsed for a judgment to be formed as to the permanence of the cure. The patient was still enjoying the best of health and freedom from pain, discomfort and hæmaturia, which, for seventeen years before her right kidney was removed, were almost constantly present. The operation for total suppression of urine was one that the author had long considered justifiable, and he had on more than one occasion previously publicly advocated its performance. The patient had been under

the care of Mr. F. D. Atkins, of Sutton, Surrey, to whom much credit was due, both for the original diagnosis and for the promptitude with which he acted when the total suppression occurred. F. F., aged 37, was first admitted into Guy's Hospital on June 22nd, 1885. There was a strong family history of consumption. For seventeen years she had suffered from hæmaturia at intervals, and for nine or ten years this had been accompanied by pain on the right side of the abdomen, and for seven years a tumour, diagnosed as a floating kidney, had been felt on that side. On July 14th the right kidney was removed by lumbar incision. It was a mere shell containing masses of stone and weighing 21 ounces. The wound healed completely, and she left the hospital convalescent on Aug. 10th, just within a month of the operation. All went well for three months. She had returned to her household duties, was free from pain and hæmaturia, and much satisfied with the result of the operation. On Sunday, October 24th, 1885, she was suddenly seized, between 7 and 8 a.m., with agonising pain in the back and left loin. The pain passed through the loin to the front of the abdomen and groin. About eight o'clock she passed a little urine, but from that time all secretion stopped. Vomiting commenced about half-past eight on the same morning, and was continued at intervals and whenever anything was taken. Mr. Atkins was called to see her and found the bladder empty. Vomiting and anuria continued throughout Sunday, Monday and Tuesday. On Tuesday Mr. Lucas met Mr. Atkins in consultation and advised operation. The symptoms continued without cessation on Wednesday, when she was brought to London, but Mr. Lucas's medical colleagues still advised him to postpone operation until a further trial had been given to diuretics, and in deference to their opinion he waited another day. On Thursday afternoon, the fifth day of anuria, the patient became drowsy and weaker, so that it was difficult to rouse her to obtain answers to questions.

Her pulse was weak, her temperature 99° , and she had become less sensitive to pain and indifferent to what was passing around her. Ether was given, and Mr. Lucas cut down on her remaining kidney and discovered a conical stone acting as a ball-valve to the top of the ureter. The stone was rather more than three-quarters of an inch in length and from three-eighths to five-eighths in diameter. Urine began to drip away out of the wound as soon as the pelvis of the kidney was opened, but the pelvis was not found much dilated. For twelve days all urine was passed by the wound in the loin. Then an ounce and a half was passed with great pain from the bladder, and the quantity

gradually increased. After the nineteenth day all urine was passed naturally. The wound ran an aseptic course, and the patient's temperature scarcely rose above normal. Healing was complete ten weeks after the operation. During the last five years she has been employed in household duties and has enjoyed good health. The patient was exhibited, together with her right kidney, which was excised, and the stone removed from the left kidney for total suppression of urine.—*Lancet*, January 17th, 1891.

OPHTHALMOLOGY.

ON SOME POINTS IN THE DEVELOPMENT OF CATARACT.—A paper with this title was read, and a discussion followed, at the December meeting of the Ophthalmological Society. The points raised are of considerable importance with regard to the possible arrest of the development of cataract by medicine. Mr. W. A. Brailey, the author, stated that, excluding the congenital and zonular cataract, and also those secondary to local or general diseases—such as glaucoma, iritis, or diabetes—seven per cent. of the total cases seen in private practice were found to have some degree of opacity of the lens; but in only one on the average out of these seven, was the cataract sufficiently advanced to justify operation. From the records of all his patients with immature cataract that had been re-examined within the last two years, it was found that 45 per cent. of them remained absolutely unchanged for the worse; the interval between examination and re-examination varying between three months and eight years. Four other cases were slightly better as regards vision, thus making 58 per cent. in which the sight had not deteriorated. Twenty-three per cent. had become decidedly worse, inclusive of four cases (18 per cent.) in which the cataract was sufficiently advanced to justify removal under ordinary circumstances. The slight improvement of vision in 18 per cent. of the cases was attributed to the hygienic measures adopted with regard to the use of the eyes. It was observed that the cataracts, which had remained stationary, were mainly of the cortical variety; whereas those getting slowly and steadily worse were chiefly nuclear.

The President (Mr. Power) said . . . the rate of development of cataract varied much in different individuals, and probably depended in part on constitutional causes, but in some cases the progress appeared to be delayed by hygienic precautions, such as rest for the eyes and attention to the general health. He was unaware of the condition ever actually disappearing spontaneously.

Dr. W. J. Collins mentioned the case of a woman in whom cataract had been diagnosed by Sir William Bowman 25 years previously and a sketch made. The cataract was still immature.

Mr. McHardy said that evidence was wanting that much use of the eyes hastened the maturation of cataract, and that he advised patients to make free use of what vision remained.—*Ophthalmic Review*, Jan., 1891.

CALENDULA AS A DRESSING.—Some time ago, during one of the discussions at the British Homœopathic Society, Dr. Hughes deplored the substitution of direct antiseptics in the dressing of wounds instead of the use of such old vulneries as *calendula*. Objection was, however, raised, that good as *calendula* undoubtedly was, that it was impossible by its use to ensure that strict antiseptis which is so necessary for the rapid healing of wounds. This difficulty is now being overcome in the surgical wards of the London Homœopathic Hospital by the use of the following ointment:—*Tr. calendula*, ʒ i.; *ol. eucalypt.*, ʒ i.; *lanolini*, ʒ i. This makes an excellent dressing for granulating surfaces, ulcers, and such similar wounds, the surface rapidly healing. The granulations in some cases are apt to become too exuberant, when a dry dressing of *boracis* lint should be applied for a few days. A nice ointment may also be made by using ʒ i. of *boroglyceride* 50 per cent. instead of the *eucalyptus*.

C. KNOX SHAW.

LARYNGOLOGY, ETC.

LARYNGEAL AFFECTIONS (LUPUS AND TUBERCULOSIS) TREATED BY KOCH'S METHOD.—Dr. Michael (Hamburg) gives a very complete account of his own experiments and collected records of cases treated by this method. The whole matter is summed up in the first part of his paper which we give in his own words:—"The great discovery of Robert Koch is already well known to all readers of this journal (*Journal of Laryngology*) from the numerous publications which have appeared in the daily and medical journals. It is, therefore, not necessary to dwell on the great importance of the new treatment so far as laryngology is concerned; it is now time to collect as completely as possible the experiences of different observers upon the efficacy, the dangers and the limits of the new treatment. Only by experiments can be answered those important questions which concern laryngology, and are the most interesting for the moment. These are: (1) Can a certain diagnosis be made by the medicament? (2) Is the new treatment a true specific

for laryngeal phthisis and lupus? (3) Must it be combined for this purpose with a local treatment? (4) Is the swelling produced by the local reaction so great that tracheotomy often or ever is called for? Having had occasion to observe just lately nearly thirty cases treated by this method, I would answer these questions in the following manner: (1) Laryngeal tuberculosis and lupus laryngis in all cases are influenced by the lymph in a similar manner, which remains inefficacious in other diseases, so that a certain diagnosis can be made from the local and general reaction. (2) It may be said, though with the greatest reserve and scepticism, that the treatment has an influence on the local state, and that this influence is a favourable one. It is not yet time to say if a complete and durable cure can be obtained. (3) The limits of the power and effect of the method are not yet known; it is, therefore, not yet the time to combine with it any local treatment. (4) In spite of great degrees of swelling in the majority of cases (in all which I saw myself) no stenosis has arisen during the period of reaction, nor has any existing stenosis been increased. I have formed the impression that the direction of the swelling of the tissue is a vertical one. In some cases it was possible to see during the reaction period more of the larynx than before. It will not, therefore, usually be necessary to perform tracheotomy, but it will be judicious to place the patients under medical observation, and to have all prepared for operation in case of unfortunate exceptions."

The writer then quotes other observers—Dr. Hertel's notes of eighteen cases in the clinic of Prof. Gerhardt; Dr. Lublinski; Dr. Grabower (two cases); Profs. Fraenkel (seven cases); Bergmann (five cases); Schuitzler (twenty-five cases); and others—in all of which reaction was observed, in two tubercular growths were spontaneously removed, but all observers agree that it is too soon yet to record any complete cure.

INJECTION OF PILOCARPINE IN AURAL AFFECTIONS.—Dr. Adam Politzer, Vienna (in *Lancet*, Jan. 3, 1891), gives results of treatment of various ear troubles with *pilocarpine*, which he uses in a two per cent. solution of the *muriated pilocarpine*, 2 drops being injected subcutaneously, or 6 to 8 drops through the Eustachian catheter into the *cavum tympani*. The treatment is chiefly indicated in labyrinthine lesions, and seldom, if ever, in middle ear troubles. Hence the indications for its use are air conduction of tuning fork sounds better on the diseased side than bone conduction; low notes better perceived by air conduction than high ones; and, lastly, other symptoms

pointing to implication of the labyrinth, as giddiness, total inability to hear the watch through the head bones. It is contra-indicated when in extreme deafness the bone conduction is better than that through air, and the low tones are hardly, if at all, heard through air, whilst the high tones are very well heard, these symptoms pointing to middle ear trouble. If no benefit results after 15 injections they should be discontinued. Any unpleasant symptoms, *e.g.*, faintness, too free diaphoresis, and salivation may be counteracted by a 1 in 400 solution of *atropine sulph.* The only condition of middle-ear trouble in which it can be used with benefit is that in which there is slight swelling of the mucous membrane and slight secretion of mucus. Here the Eustachian injections combined with Politzerisation may be of use; but it must never be used in dry or sclerotic catarrh.

FOREIGN BODY COMPLETELY OCCLUDING RIGHT NASAL PASSAGE FOR THIRTEEN YEARS.—H. R. Davies (*Lancet*, Nov. 15, 1890) reports a case of the above, in which he removed the obstruction, which consisted of "mortary" *débris* and gravel, this having obtained entry 13 years previously.

VERATRUM VIRIDE FOR EXOPHTHALMIC GOITRE.—(*Journal of Mental Diseases.*) Patient *æt.* 35. Very prominent exophthalmos, anæmia, and much debilitated, thyroid much enlarged and mind deranged. *Veratrum viride* given in 3-drop doses night and morning, to be gradually increased to the utmost limit of tolerance. At the expiration of 12 months from the beginning of treatment (the disease having lasted 12 years) the symptoms had entirely disappeared, and there has been no relapse since.

IODIDE OF SODIUM IN DIPHThERIA AND MEMBRANOUS LARYNGITIS.—Dr. Jackson (*Omaha Clinic*) recommends the above very strongly. He gives it in 5 to 10 gr. doses every three hours.

GALVANO-PUNCTURE OF HYPERTROPHIED TONSILS.—Dr. Kellog (*New York Medical Times*, November, 1890), prefers galvanopuncture to amputation by means of the guillotine. He seldom finds it necessary to apply *cocaine*, and the results are much more satisfactory. Its only drawback is that the whole treatment cannot be carried out at one sitting, but requires the attendance of the patient once a week for several weeks.

HUMMING NOISES IN THE EARS OF NERVOUS ORIGIN.—Jonathan Hutchinson (*Archives*, October, 1889) describes a peculiar form of noises in the ears met with even in young people. It is unattended by any deafness, but may in time lead to failure in hearing. It is made worse by drinking tea and coffee, and relieved by drinking wine, and hence the symptom is worse after breakfast and relieved after dinner. If tea or coffee be taken after the wine the symptom does not

appear. It is always symmetrical and appears to be closely allied to the deafness produced by *quinine*.—D. WRIGHT.

DISEASES OF CHILDREN.

ALCOHOLIC HEREDITY IN DISEASES OF CHILDREN.—In a paper read before the North American Medical Association, Dr. T. D. Crother brought forward a number of cases in which diseases in children were modified by the existence of an hereditary alcoholic tendency. Many of the children showed a marked liking for alcoholic drinks and medicines; the administration of medicines in the form of tinctures at once developing a strong craving. In addition to whatever other disease they suffered from there was always neurasthenia and defective control of the brain centres which manifested themselves in various different ways. In some there was an abnormal hyperæsthesia of the senses, the children being much disturbed by noises, and by change of light and surroundings; in some various skin disorders and nutrient troubles were prominent; in others there was precocious development of brain and nerve force, the brain being extraordinarily receptive, but at the same time instable; there was a tendency to sudden liberation of nerve energies, whether in violent passion, or in work, play or study, to be followed by extreme prostration. The general principles which should govern the treatment are: 1. The avoidance of any form of alcohol and of narcotics of all kind. 2. The pathological tendency is to become alcohol takers and meat eaters, hence the diet should always be non-stimulating and farinaceous, and the meals should be regular; the use of tea and coffee should also be prohibited or restricted. 3. Careful attention to hygienic surroundings. 4. Every kind of extreme should be guarded against, and especially should there be no undue forcing of the mental faculties.—*Medical Reprints*, Dec. 15th, 1890.

PERITYPHLITIS IN CHILDREN.—Dr. J. Lewis Smith, in a paper on collected cases of perityphlitis in children, asserts that in 49 fatal cases perforation took place in 37, and concludes that in most cases of perityphlitis perforation of the appendix is the proximate cause. The foreign bodies in the appendix, whether impacted faecal matter or other hard bodies, by their pressure cause necrosis of the epithelium, the intestinal microbes invade the exposed subepithelial tissue, septic inflammation is set up which extends through the coats of the appendix and invades the peritoneum, and perforation takes place through the softened wall. An abscess then forms outside which is usually localised, but in some cases the perforation sets up diffuse peritonitis, and if left to themselves the

localised abscesses most usually burst into the peritoneum with the same result which is usually fatal. Favourable results usually occurred if the pus evacuated through the abdominal wall or into the rectum or cæcum. The greatest fatality occurred in children under six years of age, eleven out of twelve of whom died. Treatment is directed first to the prevention of suppuration; for this end the bowels are kept at rest, an icebag applied over the cæcum and an aqueous extract of opium given every two hours; the use of laxatives is avoided. If in spite of this treatment an abscess forms laparotomy is performed, the abscess cavity thoroughly washed out, and, if possible, the diseased appendix is removed. The use of the exploratory needle for the purpose of diagnosis is strongly condemned as being likely to carry infection from the abscess to healthy peritoneum traversed by the needle on its withdrawal.—*New York Medical Record*, Dec. 9th, 1890.

NOTABILIA.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

WE are requested to insert the following circular :—

“The organization and executive management of the Fourth Quinquennial International Homœopathic Congress has been placed in charge of a committee, consisting of the executive committee, and eight other members, of the American Institute of Homœopathy.”

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

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

“The usual five days session of the American Institute of Homœopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday,

June 16th, 1891; the Congress will assemble Wednesday, June 17th, and continue one week, namely, Wednesday, Thursday, Friday, Saturday morning (with rest Saturday afternoon and Sunday), Monday and Tuesday; closing on Tuesday, June 23rd."

ORGANISATION.

"The Congress will accept as members all homœopathic physicians, in good standing in recognised Homœopathic Medical Societies; and from places where such societies do not exist, physicians with suitable credentials. Delegates will be received from any and all homœopathic institutions, and will be expected to prepare reports of them. Visitors will be admitted, whether physicians or laymen, who may be interested in the subject of homœopathy."

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

SUBJECTS FOR CONSIDERATION.

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

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

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

POST-GRADUATE LECTURES.

DURING the past month lectures (as announced) have been delivered by Drs. Burford and J. Galley Blackley. These have been of an extremely practical nature, and we hope to publish *résumés* of some of them at a later date. The present series will be concluded by the following lectures by Mr. Knox Shaw:—

March 6th.—“The Diagnosis of errors of Refraction and Anomalous Action of the Ocular Muscles.”

March 18th.—“Adenoid Vegetations of the Naso-Pharynx.”

DEVON AND CORNWALL HOMŒOPATHIC COTTAGE
HOSPITAL AND DISPENSARY.

THE annual meeting of the supporters of this Charity was held on the 5th ult., the Mayor presiding. The medical staff was represented by Drs. Cash Reed and Alexander. The report stated that the finances were in a more satisfactory condition than last year, and that the committee were looking for more suitable premises, the in-patient accommodation being too small. Total attendances at dispensary 8,479; visits paid 9,989. The attendances were rather smaller than the previous year, owing to the absence of any epidemic such as occurred last year. The medical officer's report stated that “compulsory notification had done much to stamp out zymotic disorders.”

SUSSEX HOMŒOPATHIC DISPENSARY.

THE annual meeting of this dispensary was held in the Town Hall at Brighton on the 3rd ult. The report acknowledged a generous gift from the Earl of Dysart with a promise of further help. The balance sheet showed a small balance in hand, both in the general fund and in the building fund. Inconvenience had been caused by the temporary premises rendered necessary by the alterations, but the committee hoped in the course of a few weeks to return to their own building. The record of work done compared favourably with previous years. Dr. Hughes, Dr. Belcher and others were present.

DR. DRYSDALE AND DR. KOCH.

REFERRING to the introduction and use of *sepsin* or *pyrogen* by Dr. Drysdale, the *Liverpool Daily Courier* (28th Jan.) says:—

“Our townsman, Dr. Drysdale, makes no claim to have anticipated Dr. Koch's method for the treatment of consumption. But Dr. Drysdale was the first to make use of the poison of bacteria as a therapeutic agent. This was made known in a pamphlet published in London by Bailliere, Tin-

dall, and Cox in 1880, entitled *Pyrogen*. The rationale of the plan is briefly as follows:—It is well known that what is called blood poisoning is produced by the growth of bacteria in the tissues and the blood. The researches of numerous bacteriologists, among whom Koch has a distinguished place, have established the fact that the multiplication of the bacteria and the poisonous effects they produce on the system have a double and separable origin, viz., that the multiplication of the bacteria takes place by the ordinary laws of animalcular growth, while the poisoning is produced by a secretion from those same bacteria. Now, if it is possible to use this poisonous secretion as a medicinal agent, it is plain it must be separated from the self-multiplying microbe from which it has its origin; otherwise there would be no means of regulating the dose which would be thus always unlimited, and would tend simply to hasten death rather than have any curative effect. The most obvious means is therefore to kill the bacteria by the agency of alcohol or heat, or in other ways. We thus get rid of the self-reproductive element, and can study the poison and regulate the dose of it like any other common chemical agent. The bacterial poison here spoken of is called *sepsin*, and, when injected into the veins of dogs, is found to produce violent fever, from which the animal recovers perfectly in a day or two if the quantity of poison used was not too great. On the homœopathic law of similars this *sepsin* ought to be a remedy for the fever that attends blood poisoning and allied morbid states. On these principles *sepsin* was prepared by Dr. Drysdale and Mr. Paterson, of the Borax Works, and has been frequently used as a remedy since. The mode of preparation may be briefly described as destroying the bacteria by heat or alcohol, and then dissolving the *sepsin* in distilled water, and adding 66 per cent. of glycerine. This forms an amber-coloured fluid similar to that described by Koch. The above is, no doubt, a similar process to that used by Koch, but of far less importance, as he has discovered the mode of applying it in the case of the specific bacillus which is the exciting cause of tubercular consumption and scrofula, whereas Dr. Drysdale's process applies to the much more restricted sphere of the fever of blood poisoning and typhoid."

NAME OF KOCH'S FLUID.

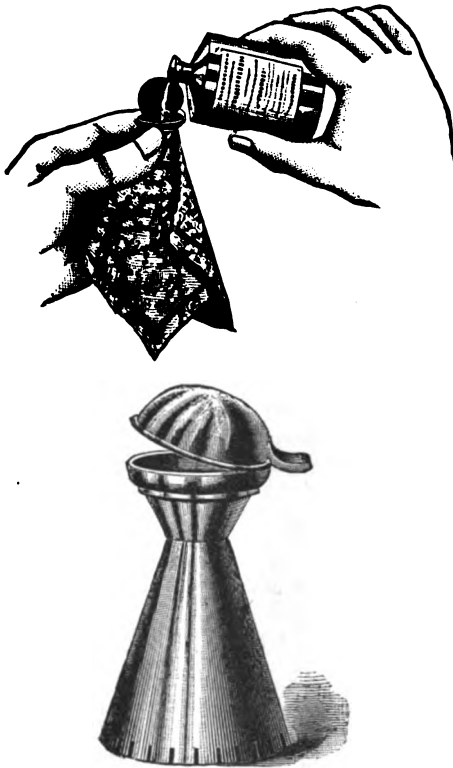
"THE new supply of Koch's lymph is sent out in bottles labelled 'Tuberculin, Dr. Libbertz,' so that, after having had all sorts of names, such as 'Kochin,' 'Koch's fluid,' etc., bestowed on it by amateur godfathers, the lymph may now be considered officially christened; not that the name itself is

new—in No. 1,571 of the *British Medical Journal*, on page 299, a homœopathic 'remedy' is spoken of—a dilution of phthisical sputum, which is called 'tuberculinum.'—*British Medical Journal*, Feb. 14th.

Herr Lutze has devised a method of dispensing single doses of *tuberculin*, properly diluted for use, in sealed phials.

PACKARD'S ETHER INHALER.

This inhaler was invented some six years ago by Dr. Horace Packard, of Boston, U.S.A. It has been in use in several large hospitals, and by practitioners in private practice since that date, with most satisfactory results.



It consists of a metal cup, shaped somewhat like an hour-glass, or two cones placed end to end. In addition there is a cloth bag about 6 by 10 inches, into which is slipped a piece of perforated card-board to give stiffness and at the same time.

to allow air to pass through. This bag is then folded round the lower half of the ether cup and secured by safety-pins forming a conical cap, which fits accurately over the nose and mouth. The ether is poured into the cup, the lid is closed to prevent external evaporation, the ether runs down into the lower part and escapes by fine slits in the edge drop by drop on to the inner folds of the bag. When a patient is to be etherised, the anæsthetic should be used very sparingly *at first* in drop doses, in order that the lungs and trachea may become accustomed to their new conditions, thus avoiding choking, coughing and gagging. If this precaution be taken, the cone need not be removed until anæsthesia is complete; in the convulsive stage, the symptoms of distress, alarming to a novice, pass away within a few seconds if the ether be pushed, but linger if the cone be removed under a mistaken desire to give the patient air. During the operation, the cone may be held two or three inches from the face.

The advantages of the Packard inhaler are its simplicity, cleanliness and cheapness, together with ease in administration of the anæsthetic. The patient is not forced to breathe the same air over and over again.

THE DRINK BILL FOR 1890.

We quote from the *Lancet* the following paragraph, the importance of which will be so obvious to every reader, and especially to every medical man, that it needs no comment.

“It is appalling to find that the Drink Bill of 1890 amounts to £139,495,470, an increase of £7,282,194 over the sum of the previous year—all common-sense and medical science notwithstanding. It is said to be equal to one-twelfth of the estimated income of all persons, to one-fifth of the National Debt, and to be eight times more than the income of all the Christian churches. It is not our business to moralise on this expenditure. To us it means so much: cirrhosis, Bright's disease, gout, rheumatism, insanity, &c., disabling employment, taking the pleasure out of the life of families and bread out of the mouths of children. The Drink Bill for last year is larger than for any year but that of 1878, when it was more than 142 millions of pounds.”

“BOARD” SCHOLARS AND ANATOMY.

“Doctors are sometimes astonished to find what Board Schools are doing for the rising generation.. Not long ago a dirty little urchin was brought into one of the hospitals crying, ‘I have fractured my radius!’ An examination proved that he was right.”—*Charity*, Jan.. 15th.

OBITUARY.

DR. J. L. MARSDEN.

WE regret to have to announce the death at Clive Vale, Hastings, on February 6th, of Dr. Marsden, M.D., M.R.C.S., in his 76th year.

JAMES LOFTUS MARSDEN studied in Edinburgh under Liston, graduating M.D. and L.R.C.S. Edin. in 1837. He then went to Exeter. While practising there a medical friend who was visiting him cured him in twenty-four hours, with globules, of a form of catarrh that usually lasted a fortnight. He then took this friend to see several patients, and the results led Dr. Marsden to try homœopathic medicines on his own account. This was at first done quietly, in connection with his large dispensary practice. In 1850 he went to Vienna and Paris, partly on account of health and partly to study the homœopathic treatment at the fountain head. After this he settled in Malvern, acquiring a large and lucrative practice, and remained there 20 years. From Malvern he removed to Grosvenor Street, where he practised for some nine years. He was then seized with paralysis, and as mitral disease existed he became incapacitated. Two other paralytic attacks followed at long intervals, and severe attacks of bronchitis were added. The loss of his only son, by drowning, and heavy money losses, proved a great shock to him; although he never murmured, the brightness of his life was gone. He was twice married, and leaves a widow and a daughter. In 1856 he published an interesting book, *Notes on Homœopathy*, now unfortunately out of print.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

INTERNATIONAL HOMŒOPATHIC CONVENTION.

GENTLEMEN,—Allow me to direct the attention of your readers to the approaching fourth quinquennial International Homœopathic Convention, the circular of which appears in your present issue. I continue to receive from over the water favourable accounts of the preparations that are being made, and the committee of management have every reason to expect a large and profitable gathering. I hope that some of our colleagues here are thinking of being present; and that others will have contributions to make to the material for discussion. I shall be pleased to act as intermediary in announcing such intentions or forwarding such communications.

Yours very faithfully,

RICHARD HUGHES,

Permanent Secretary.

Brighton, Feb. 20, 1891.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

We are requested to state that Mr. REID, formerly of Kent Road, Southsea, has retired from practice, and is now living at Bowmanville, Ontario. Dr. S. P. ALEXANDER, his partner, has succeeded him in practice.

Mr. KNOX-SHAW has removed from St. Leonards-on-Sea to 19, Upper Wimpole Street, London.

We are asked to state that Mr. W. AUKLAND (from Messrs. E. GOULD and SON) has purchased the old-established business of Mr. T. CASELY, 46, Camden Road, N.W.

Communications, &c., have been received from Dr. BERRIDGE, Dr. BURFORD, Dr. DUDGEON, Mr. KNOX-SHAW, Mr. DUDLEY WRIGHT (London); Dr. HUGHES (Brighton); Dr. BUTCHER (Windsor); Dr. S. P. ALEXANDER (Southsea); Dr. C. W. HAYWARD (Liverpool).

BOOKS RECEIVED.

A Practical Manual of Gynecology. By G. R. Southwick, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine, L. M. Rot. Hospital, Dublin. Boston: Otis Clapp. 1891.—*Benninghausen's Therapeutic Pocket Book for Homœopathic Physicians.* By Dr. Timothy Field Allen. Philadelphia: The Hahnemann Publishing House. 1891.—*A Cyclopædia of Drug Pathogenesis.* Edited by Richard Hughes, M.D., J. P. Dake, M.D. Part xiv. *Salphur-Valeriana.* London: E. Gould & Son. New York: Boericke & Tafel. 1891.—*The Homœopathic World.* Feb. London.—*The Chemist and Druggist.* Feb. London.—*The Monthly Magazine of Pharmacy.* Feb. London.—*The Sunday Sentinel.* Feb. 1. Indianapolis.—“*The Children's Home.*”—*Methodist Recorder Supplement.* Jan. 15.—*Beliefs Concerning Materia Medica.* By Charles Mohr, M.D. Philadelphia.—*A Note on the Probable Discovery of Snake-Bite and Cholera-Cure.* By the Municipal Commissioner of Baroda.—*The New York Medical Times.* Feb.—*The North American Journal of Homœopathy.* Feb. New York.—*The American Homœopathist.* Feb. New York.—*The New York Medical Record.* Jan. and Feb.—*The Chironian.* Jan. 5th, 20th, Feb. 2nd. New York.—*The Homœopathic Physician.* Feb. Philadelphia.—*The Homœopathic Recorder.* Feb. Philadelphia.—*The Medical Era.* Jan. and Feb. Chicago.—*The Medical Advance.* Dec. and Jan. Chicago.—*The Southern Journal of Homœopathy.* Dec. and Jan. New Orleans.—*The Californian Homœopath.* Jan. San Francisco.—*Schedule of Missouri Institute of Homœopathy.* 1891.—*The Medical and Surgical Record.* Jan. Omaha.—*Gazetta Medica di Torino.* Jan. 25th, Feb. 5th, 18th.—*The Homœopathic Envoy.* Vol. i., March, 1890-91. Lancaster and Philadelphia. E. P. Anstruty. 1891.—*The New Remedies.* Jan. Gross & Dellridge. Chicago.—*Recue Hom. Belge.* Feb. Brussels.—*Bull. Général de Thérapeutique.* Feb. Paris.—*Allgem. Hom. Zeitung.* Feb. Leipzig.—*Leipziger Populäre Zeitschrift für Homœopathie.* Feb.—*Homœopathisch Maandblad.* Feb.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW

—:0:—

OUR PUBLIC FLESH AND MILK SUPPLY IN
RELATION TO HYGIENE.*

BY J. S. HURNDALL, M.R.C.V.S.

THE invitation to read a paper before your Society was **accepted** by me rather as a compliment to that branch of medicine of which I am a member of the mere rank and file than to myself as an individual, and at the same time a courteous advance on your part, as I believe, to institute a closer union between the two branches of the profession; and I use the term "the profession" advisedly, meaning to convey the idea, that practically I look upon the work of the medical practitioner and the veterinarian as one; certainly the pathology of the human subject and the lower animals is to all intents and purposes one, notwithstanding the fact that we find forms of disease peculiar to one class of animal from which all other classes have so far seemed to be exempt; again, there is a remarkable one-ness in our therapeutics; the remedies, which after obtaining a full list of the totality of the symptoms you rely upon, I find equally applicable under like circumstances; furthermore, coming nearer home to the subject of this paper, are not the

* Read before the British Homœopathic Society, March 5th, 1891.

sanitary laws which you observe and desire to see carried out for the better health of your patients as applicable to the lower animals? In claiming for my own profession so close and intimate an alliance with your own, I hope I shall not be esteemed too familiar; for my object in appearing in your midst to-night is not to breed contempt, but, if possible, to cement a closer bond of friendship between your *confrères* and my own, between you, gentlemen, and myself.

I have selected the subject of HEALTH because there we meet on common ground; it is, I am well aware, your practice at these meetings to discuss subjects of vast importance affecting the action of drugs on the principles laid down by the revered Hahnemann; and those of you who know me best are well aware that there is no more loyal follower of that great man than myself; moreover I revel in the study of therapeutics; the study of micro-organisms, fascinating though it no doubt is, does not, to me, compare in interest with therapeutics; but, had I offered for your consideration some of my own poor thoughts, based it may even be on experience, respecting the pathogenetic and therapeutic actions of one or more drugs on one or more different animals, it is just possible I might have succeeded in interesting you; it would not, however, have been even a step in the direction I have indicated as being one of the reasons of your flattering invitation to me to appear in your midst this evening; it would have been a subject of no interest whatever outside this room, or, at all events, outside the number of the profession who follow the principles of Hahnemann.

In point of fact, I am, by your permission, proposing to reverse the order of things; instead of discussing how to cure some form of disease, I propose to ask you to consider how best to prevent disease, so far as that is possible by protecting people from the risks they now daily incur by taking into their systems in the form of nutriment deleterious substances only too well calculated to undermine health and sow the seeds of various pathological conditions, some of which are curable and some, so far as is known at present, which can, alas, only be described as incurable.

No doubt it is against the interest of the practitioner to encourage the observance of sanitary laws, and to

adopt prophylactic measures, that is, so far as the annual income is concerned. I have often heard this assertion combatted; and glib and plausible arguments have been advanced affirming that the public gladly pays for advice that the scientific man can offer on hygiene. Does it? Possibly in a few isolated cases! Some great man, with his pockets already well lined, and a mighty good balance at his bankers, will perhaps receive a handsome fee for advice on some important sanitary problem affecting either a whole parish or the palatial residence of a member of the peerage; but how about the struggling practitioner? Will it pay him best to urge the adoption of measures to prevent diphtheria and scarlatina or to have plenty of cases, attend them assiduously and make some splendid cures; a few losses by death only serve to intensify the value of the cures, and to prove what a clever man he is!

Again, as to the veterinary surgeon. Which pays best, to advise measures to hinder the spread of an epidemic like influenza, or to allow it to take its course and have plenty of cases to attend, to be followed by good bold accounts at quarter-day?

I submit to you, gentlemen, it does not take long to answer these queries!

Happily, however, for the public weal, there are those in our professions who, conscientiously desirous of serving faithfully their day and generation, put on one side all personal interests, cheerfully and gladly advocating measures that tend to save this already too suffering world from unnecessary pain, and this often against strong opposition on the part of that portion of the public entrusted with its purse strings. Such being the case, I anticipate that the subject I have ventured to submit to you this evening is one that will commend itself to your judgment and approval; and imperfect though I know my effort will be, I sincerely trust it will in some measure serve to arouse in your minds an awakening interest that will stimulate each one, according to the measure of his influence, to do what within him lies to promote the establishment of such improvements and provisions in connection with the distribution of flesh and milk as the urgency of the circumstances warrant us in demanding of local authorities.

In the public interest it is of the first importance that flesh consumed as food should be wholesome; and not only wholesome, but nutritious. On whom does the public mainly rely for guarantee of good faith in this respect? Unfortunately the public has no practical knowledge of what is sound flesh and what is not; it must therefore trust to some one; and that some one is generally the butcher. No doubt a very respectable following of this trade consists of honest upright men; but is the majority so, think you? I put it to you; assuming that you were all absolutely poor men with only a few pence in your pocket to spend on the article of flesh, and with the pangs of hunger gnawing at your stomach, would you care to purchase all and everything that the majority of butchers tell you in their usually hilarious, jovial style of description, is good meat? I trow not! Furthermore, let us for the nonce assume that every butcher is an unimpeachably honest man, who would not for worlds deceive the public by selling diseased flesh nor offer horse beef in lieu of that of the ox; may not the butcher himself be imposed upon for lack of that knowledge which none but the veterinary surgeon possesses? Personally, I am firmly impressed with the conviction that he can and frequently is so imposed upon. And the matter is not rendered any more satisfactory, as regards the protection of the public interests, by imposing the responsibility upon the medical officer of health to decide what is and what is not healthy, or on the other hand diseased flesh, and whether or not it is fit for consumption. I consider that those gentlemen who hold public appointments as medical officers of health deserve a great deal of sympathy. Probably, in the majority of instances, the appointment is a valuable one, and one that it is desirable to secure. In view of the large number of applicants for such public appointments, it would not do for the candidates to open up a preliminary discussion with the local authority in order to point out that they were not qualified for certain of the duties which the authority in its wisdom included in the work required of its officers. That would be by far too risky a procedure, lest the coveted prize should slip from the grasp; and so it comes to pass that these gentlemen are, *nolens volens*, compelled to undertake responsibilities, to discriminate upon which they have

had no special training, and for which they possess no qualifications whatever. I reiterate, they deserve a great deal of sympathy; but only up to a certain point is this sympathy deserved, and that point is when they have served the office long enough to discover their own unfitness for these duties, when, I contend, the local authority should be apprised of the mistake; but experience serves to show that medical officers of health are intensely human, and rather than make such an admission as these circumstances would require, the duties of meat inspecting are carried out as best they may under existing conditions.

I submit, gentlemen, that so important is the subject of meat inspection, that not only ought every carcase, whether of the ox, sheep or pig, to be carefully examined, but the examination or inspection should be invariably conducted by a member of the Royal College of Veterinary Surgeons, who by special qualification, experience and character, is fitted for and officially elected to the position of Public Inspector; and that none but veterinary surgeons should be eligible as candidates for the appointment. Moreover it is most desirable that all private slaughter houses should be abolished with a view to the thorough and complete fulfilment of the inspector's duties; this of course refers to large towns and districts where public abattoirs could be established, concerning which no theoretical sophistries could be advanced against location and public convenience; in isolated country districts, where population is not sufficiently large to warrant an expenditure of money out of local funds such as would be requisite to provide a public abattoir, it should only be legal for butchers or meat purveyors to obtain their stock from the dead meat market, which should be duly certified by the inspector as fit for food before it could be allowed to be taken from the market.

I am desirous of impressing upon the minds of gentlemen present how important it is, in view of the public well-being and general health, that legislation of a very radical character should be effected; but before there is the slightest hope of arousing an active interest in the subject to an extent sufficient to overcome all the red-tapeism that will have to be confronted in order to make anything like a practical advance in the direction I have

briefly suggested, some measure must be devised to educate the public to protect itself, and I know of no better means than that of first convincing the medical profession of the importance that attaches to this subject, and relying upon its active co-operation in promulgating the teaching. But here comes in a difficulty. Your profession reads that Klein is of opinion that a scarlatinal epidemic was due to infection from cows themselves, while members of my own profession say no. The infection certainly may possibly have been conveyed from some other source through the medium of the milk, but it had nothing whatever to do with the cows. It is quite natural that many of you should attach more importance to Klein's opinion than to that of the veterinary profession, provided you do not think for yourselves, and this may result in a want of unanimity of action. Dr. Klein's conclusions were, in my judgment, altogether unwarranted and extremely unfortunate; their consideration certainly will come in more appropriately in that portion of my paper which refers to milk, but I mention it here in passing as a proof of the danger that is likely to arise if even such an authority as Dr. Klein meddles in investigations for which he has had no special training, more especially on account of the weight attaching in the lay mind to any opinion he may advance on this and kindred subjects; indeed, I am of opinion that Dr. Klein is in no small degree responsible for any delay that may for a time take place in promulgating sanitary legislation. No doubt the doctor himself, many members of your profession, and that portion of the public which interests itself in the subject, are of opinion that he has done very much to foster wholesome sanitary legislation. I am sorry to say I think very differently.

It may be objected that the investigation which I refer to, as conducted by Dr. Klein, had nothing whatever to do with meat inspection; and I admit that directly it had not; on the other hand, it was a function properly devolving upon a veterinary surgeon having special reference to the communicability of disease between man and animals, for which reason I felt justified in commenting upon it at this stage of my paper. I have already expressed the opinion that it is dangerous in the public interest for members of the medical profession to

assume responsibilities in connection with our flesh and milk supply for which they have had no training, and I quote this instance of Dr. Klein's experience as evidence in support of my argument. I shall now revert back to the consideration of various abnormal conditions which present themselves in connection with the flesh of different animals used for food, including of course a *résumé* of the diseases of which animals may be the subjects, and which in my judgment render the carcasses unfit for consumption, with a view to show how necessary it is that systematic inspection should be instituted.

In determining whether flesh should be passed as healthy and fit for consumption, there are many points which have to be borne in mind; they may be taken in the following order: colour, odour, moisture, texture and firmness as the leading features for consideration; these again may be subdivided according to the many variations which frequently present themselves; for instance as regards the colour, flesh may be extremely pallid, due in one case to the character of the food upon which the animal has been fed, and at another time to a development of disease such as dropsy; from this it will be observed that a practical acquaintance with pathology is essential if an inspector is to perform his duties properly.

Again, the colour may be of a yellow tinge; this may be due to food or a diseased condition of the liver.

Other hues, such as magenta, scarlet, mahogany, brown, green, and even black are observed in animal flesh, each of which indicates its own peculiar condition, and has to be taken into consideration when determining the fitness or otherwise of such flesh for human food. The odour of flesh is best determined upon immediately after slaughter, as it is then most readily detected; fermentation, decomposition, food, drugs or some pathological development each in its turn, may be responsible for any deviation from the normal odour, as also is the age of the animal.

In forming a judgment as to the moisture one has to bear in mind how long the animal has been slaughtered; the state of the atmosphere, whether damp or dry, to which the carcass is exposed; the age of the animal and its general condition, and the extent to which it was bled when slaughtered.

These are but a few of the more important points that the experienced inspector has to bear in mind in the performance of his duties, though they by no means represent the full complement of knowledge he ought to possess ; I leave it to you, gentlemen, to say whether you are of opinion that a medical officer of health is qualified to undertake duties of this character. But after all the inspector's chief functions are to decide whether the flesh of animals which have been the subjects of some definite form of disease is or is not fit for human consumption. Various opinions are held upon this point, I very much regret to say, even by veterinary surgeons, but I should obviate any difficulty arising out of differences of opinion thereupon by making it compulsory that the carcasses of all animals which have suffered from any of the following forms of disease should be condemned : viz., pyæmia, septicæmia, anthrax, hog cholera, small pox, trichinosis, hydatid disease, dropsy, tuberculosis, and parturient fever. Professor Walley, Principal of the Royal (Dick's) Veterinary College, Edinburgh, than whom there is no one (whether veterinary, medical or lay) better qualified to offer an opinion upon the subject now under consideration, in his appendix to *The Four Bovine Scourges*, states, when considering what is marketable and unmarketable meat as follows :—

“About this question, as about all others connected with this subject, a vast difference in opinion exists ; and it cannot be answered without including in its discussion the third question also.” The third question referred to by the Professor is as follows : “Is the inspection of meat, as a rule, in proper hands ?” He then proceeds to say : “In the very great majority of instances inspectors of meat look only at the bare carcase, and that, too, after it has been dressed and hung up for a period of twenty-four or forty-eight hours ; and not infrequently even after it has been quartered. If the flesh is tolerably firm, dry, devoid of unpleasant odour or flavour, is not much altered in its normal colour, and the carcase sets, it is passed as marketable and fit for food. If the reverse of these conditions obtains, it is rejected, though in some districts good is condemned which would be passed in others. Thus one inspector would reject a carcase which was dark in colour, even though otherwise all right, while another would pass it without hesitation.

“We shall see the same divergencies in opinion when we consider the second question—viz., ‘What is innocuous, what nocuous?’—and I think that much might be gained if the Legislature—by aid of competent authorities—would authoritatively settle the question as to what should be considered fit for food and what unfit. It should decide too, independently of particular diseased conditions, primarily, between two principles for the guidance of inspectors. These are (a) Is the inspector to take into consideration collateral circumstances? (b) Is he simply to be guided by the condition and appearance of the carcase after it has been divested of all organs and appendages and prepared in the usual way for sale?”

Probably no single individual has given more careful or dispassionate consideration to the subject of meat inspection than has Professor Walley, and personally I look to him as a leading authority, whose opinion is deserving of the most respectful attention. In thus quoting from the Professor's work, which treats very fully of this subject, it is my aim to draw your attention to the fact, that while individually I claim to hold very strong views upon the urgency of legislation for the better protection of the public health, where it is affected by the flesh and milk supply, I am by no means an isolated advocate of such. Professor Walley has both in season and out of season done very much to try and arouse the authorities to a sense of their duty, and has been an earnest and conscientious worker in this direction for the public weal. I thought it would be interesting to you gentlemen who represent an important section of the medical faculty to learn that there is among the veterinary profession a goodly muster who recognise the importance of assisting your profession in its efforts to inaugurate prophylactic measures for the better protection of your patients against the ravages of devastating disease, and I hope to convince you that a systematic practice of inspection is a most important step in this direction.

My opinion is that the inspection of meat is a question that has not yet had that consideration and attention from sanitarians that its importance demands, and I hope to so fully arouse your interest in the subject that henceforward you will one and all bring your influence to bear upon it and that you will never

allow an opportunity to pass of awakening influential clients and the public generally to the fact that steps are urgently required for prompt legislation, and by this means it is to be hoped that pressure may be brought upon Parliament with a view to the speedy adoption of some enlightened measure. According to Professor Walley the inspection of meat has for the most part been carried on hitherto in a very perfunctory fashion, and by men whose general training has not in any way fitted them for the office. It might seem from what one hears and sees that any person (no matter what his previous occupation) is qualified to act as a meat inspector. Thus we hear of retired tradesmen, such as shoemakers, of superintendents in the employ of public companies, of gatekeepers of slaughter-houses and other persons in a similar position being employed not only as meat inspectors, but also as superintendents of slaughter-houses, and probably there is not one in a hundred of these who has received any scientific or practical training to fit him for the office."

Professor Walley also goes on to say: "Again we find that legislation affecting the subject is of a very diverse and unsatisfactory character—various regulations having only local effect being in force in different parts of the country: and further, that in many districts slaughter-houses are private property and not under the supervision of any official, competent or otherwise." After hearing this statement, which is from the pen of one whose experience of the subject is second to none in the kingdom, I would ask what are your feelings about the risks you run in your own persons without considering your clients at all? When questions such as these are crying aloud for interference, and being treated as though they did not exist, there is nothing like bringing the matter home to the individual, hence I put it to you so far as regards yourselves.

But to make it more impressive I propose to deal with one form of diseased meat, which comes into the market daily in vast quantities, about which various opinions are held as to its nocuity, I refer to the flesh of animals affected with tuberculosis. I think if I deal with this one form, of what I believe to be dangerously risky food, it will suffice without going into details of the many other forms of noxious flesh that is only too often palmed off

upon an unsuspecting public ; about these your acquaintance with pathology will enable you to draw your own inferences as to dangers which are imminent, and you will no doubt be able to appreciate the responsibility lying at the door of those whose eyes are open to such startling facts. Without making any attempt to define the pathological characteristics of tubercle—for before an audience like the present such an effort would be superfluous—I ask your consideration of the question of the use of the flesh of tuberculous animals for human food ; and I may as well state at once, in order to obviate the necessity of repeated reference to my authorities, that I am indebted mainly to Professor Walley's work on Meat Inspection, and to the *Journal of Comparative Pathology and Therapeutics*, edited by Professor McFadyean, Lecturer on Anatomy at the Royal (Dick's) Veterinary College, for evidence and cases in support of the line of argument I propose to rely upon. There is very little doubt that tons upon tons of flesh belonging to animals which are the subject of a tubercular diathesis are consumed, and that without any apparent injury to the consumers ; but inasmuch as it has been proved that phthisis may be introduced into the human system by consuming tubercular flesh, I contend that the risk is far too serious to be incurred with impunity, and that therefore no carcase affected with tubercular lesions should be passed for human food. Professor Walley very pertinently remarks that “ it may be argued that there is no direct proof of the transmission of tubercle from animals to man by the consumption of flesh ; such proof, it need scarcely be said, cannot for manifest reasons be obtained, but the mass of indirect proof in favour of such supposition is enormous, and if our arguments against the use of such flesh are based only upon analogies and deductions they are sufficient to warrant us, in view of the great gravity of the question, in prohibiting the sale of tuberculous flesh for human consumption. Very recently a most striking example of the effects of consuming the flesh of a tuberculous animal has been brought to light by a French physician in the case of a young woman who rapidly became consumptive as the result of devouring the imperfectly cooked bodies of tuberculous fowls.”

Professor McFadyean has translated from a paper read by M. Arloing at the recent International Congress held

in Paris the following among other experiments to show the nocuity of tuberculous flesh :—

“Let us at the outset prove very clearly the nocuity of the flesh coming from tuberculous animals. That has been demonstrated by two varieties of experiment. 1. The ingestion of the flesh of tuberculous animals having all the appearances of healthy flesh. 2. The inoculation of the juice extracted from such flesh. Of the first kind we shall content ourselves with citing a few. Those of Gerlach and of Johne with the raw flesh from animals attacked with tuberculosis 8 or 22.5 per cent. became tuberculous, and of 46 subjects fed in the same manner by Johne 13.1 per cent. contracted the disease. M. Peuch caused two young pigs to consume 5 kilogrammes of raw flesh without bone in ten days. At the end of two and three months these animals presented discrete glandular tuberculosis. Thus the passage of suspected flesh into the digestive tube can communicate tuberculosis. Moreover, M.M. Straus and A. Wurtz have shown in some experiments, *in vitro*, that the virulence of Koch's bacilli is with difficulty destroyed by the gastric juice. “The cooking to which food is submitted can diminish the danger, but it is impossible to rely on that for the destruction of the virulence. In fact to obtain this result all the virulent particles would require to be heated to over 70° C. for half an hour. But in practice this temperature is not always uniformly attained and maintained throughout the whole thickness of the masses of flesh submitted to the cooking. Let us add, to complete the information on the rôle that may be attributed to cooking, that in 62 experiments in which Johne administered notoriously tuberculous flesh, after having submitted it to cooking in boiling water for ten to fifteen minutes, 35.5 per cent. of the animals were infected.”

From the same source we learn that a series of experiments were performed by M.M. Nocard, Chauveau, Arloing, Galtier, Peuch and Veyssière to test the effect of inoculation with the juice of meat of tuberculous animals: first impressions concerning the expected results of such experiments would probably favour the idea that these would be more decisive than by ingestion into the digestive canal; such, however, did not prove to be the case, and one reason assigned for this is that the virulent bacilli are very irregularly distributed among

the muscles, and that in many portions from which the juice for inoculation purposes might be expressed the virulent bacilli may frequently be absent. These gentlemen made 47 experiments, employing 137 animals, 13 of which became tuberculous, which gives a proportion 9.4 per cent. that were infected by inoculation, while the average number of animals infected in Gerlach and Johne's experiments by ingestion amounted to 17.8 per cent. Such results as these, whatever may be their effect upon your minds, fill me with concern, and serve to convince me that ordinary prudence dictates that effective measures should, from a sanitary point of view, be taken to prevent the consumption of tuberculous flesh. I do not mean to infer that bovine tuberculosis is alone responsible for the spread of the disease among human subjects, but that it is due to this source either through the ingestion of flesh or milk in a very large degree I am fully persuaded; hence the importance, in my opinion, of early legislation to ensure a proper system of inspection of all carcasses, and the inclusion of tuberculosis in the schedule of the Contagious Diseases (Animals) Act. It is not improbable that some of the more sceptical among your number may be disposed to raise a doubt as to the probability of risk of infection on account of the power of resistance against infection on the part of the human subject, and the consequent minimum of risk in consuming tuberculous flesh. I have met with many such sceptics, men who are never satisfied with anything short of direct proof before they accept anything; but when I think of the large mortality due to tuberculosis, I confess to feeling that if we err at all it should rather be on the side of sacrifice than of caution. In a report of the Committee of the North of Ireland Branch of the British Medical Association, held in Belfast in December, 1889, which appears in the *Journal of Comparative Pathology and Therapeutics*, it is stated that "In man 10 to 14 per cent. of all deaths are due to tuberculosis. 150,000 it has been said die annually in the British Isles of consumption." Such a statement as this, I contend, is sufficiently serious to make the most careless ponder. The same report in dealing with the infection of man from the lower animals states: "The probability of the transmission of the disease from animal to man rests on

the following points: (1) The disease is the same in man and animal; (2) Man is very susceptible to the disease; (3) Animals, which are much less susceptible than man, become affected by experimental inhalation, ingestion and inoculation. It is, therefore, a fair deduction that man may become affected by the same methods, Practically, it might be said, it must be by one or other of these methods, although not experimentally."

For my own part I cannot see that any other deduction can be drawn from experience; the wholesale condemnation of affected carcasses seems to present a serious difficulty in the minds of some to anything like effective legislation on account of the heavy pecuniary loss that would be inflicted on individual owners of cattle, so large a proportion of the bovine population being in greater or less degree the subjects of this fell disease; but surely, gentlemen, you will not allow such an insidious objection to influence you against appealing for legal protection against a disease so cruel and destructive as tuberculosis. The loss must be borne by someone; the question is who? It certainly does not seem fair that individuals should be ruined for the country's good, hence, theoretically, the responsibility seems to devolve upon the country: but this is no part of the present argument; the conditions are so urgent, and of themselves call so loudly from a moral standpoint for effective reparation that it does not do to stop to think of consequences, at all events in the present instance; the effective method of dealing with that side of the question must be left to financiers and political economists, who can no doubt easily find a way out of the difficulty, and that without imposing any unfair burden upon the individual. Tuberculosis is only one form of disease, albeit the most terrible, that the public has a right to be protected against. I have already enumerated a number which, in point of fact, does not include all, and I reiterate the statement that public slaughter-houses, subject to official inspection, are a *sine qua non* to the health of the nation, and the compulsory inspection of every carcase of whatsoever animal that is killed for human consumption, conducted on fixed lines and rules, is positively necessary; and I further assert that until these are legalised by statute we have no protection whatever against the spread of disease through the

medium of flesh used for the support of life. I am conscious that I have but inadequately expressed such ideas, on this important subject, as I desired to convey; my object has been to show that for the better protection of the public health sanitary legislation is imperative, and, whereas the medical faculty is the natural conservator of health, I hope I have not failed in showing you that legislation is not only necessary but well within the compass of possibility, provided active measures are taken to ensure it; and I know of no body of men better able to force on such measures than is the medical profession.

I must now pass on to that portion of my subject which refers to milk consumption. Many are the perils which beset the national health from the use of this most simple and natural article of diet, and whereas children and invalids who, in all probability, are constitutionally more susceptible of disease than are healthy and full-grown persons, rely in a very large measure upon milk for support and nutriment, it becomes a matter of the first importance that the public supply from all sources should be subjected to such critical supervision as to render it, humanly speaking, practically impossible for milk to serve as a disseminator of disease in itself, or as a factor in the dissemination of disease from other sources. There is at the present time in force a Dairies, Cow-sheds and Milk Shops Order, which is supposed to be enforced by district local authorities; it is, however, practically, and to all intents and purposes, a dead letter. Were it enforced and carried out in its integrity there would not be much to desire beyond such improvements from time to time as experience is almost certain to suggest. The reason why it is not properly enforced is probably that suitable persons fully empowered have not yet been appointed. I therefore satisfy myself in the present instance by reminding you that, whereas suitable measures are in force they are nevertheless not carried out efficiently, and I pass on to show how important it is that systematic efficacy should be imparted to existing legislation. I have already shown you that the bovines are terribly responsible for the spread of disease, and the poor cow is deservedly made accountable for very much; but there are members of the medical profession who

would put more upon her than she really deserves. I refer of course, for illustration of this, to the investigations made by Mr. Power and Dr. Klein, which were included in the Annual Report of the Local Government Board, 1885-86. As the result of his investigation, Mr. Power was led to believe that the milk from the Hendon cows did not become infected through introduction from human scarlatina, but that the infection was due to a diseased condition of the cows themselves; and Dr. Klein, who investigated the ailment among these Hendon cows, seems to have arrived at similar conclusions. Since that time Dr. Klein, presumably in support of his first theory, has stated that he has ascertained that a micro-coccus is present in the blood of persons suffering from scarlatina identical morphologically with the organism he obtained from the Hendon cows.

Professor J. Wortley Axe, of the Royal Veterinary College, who also acted at the time as Consulting Veterinary Surgeon to the British Dairy Farmers' Association, also made an independent investigation of this notable Hendon outbreak. He found that said outbreak was nothing more than an easily recognised and well-known eruption confined to the teats of the cow only. The subjects of the eruption show no constitutional signs of disease, as the appetite remains unimpaired, the flow of milk continues undiminished, and the internal body temperature is normal. The eruption is essentially contagious and capable of transmission from one animal to another by the hands of the milkers, and the disease may be communicated to a person milking if he has an abrasion or cut on the hands. The disease is of common occurrence all over the country, and easily recognised by stock owners.

Professor Axe traced the origin of this outbreak to three cows purchased out of a herd of 30 or 40, and discovered that they had this eruption before they were introduced to the Hendon herd. Their milk was consumed in the place they came from, but no one developed scarlatina there. Other cows of this herd were sold to various dairymen in and around London, but no cases of scarlatina could be traced to the dairies into which these cows had been brought. It only appeared among customers of the one dairy at Hendon.

After closely examining the whole of the circumstances from start to finish, Professor Axe winds up his report as follows :—

“Reviewing the facts stated above, I am of opinion that the disease which prevailed in the several herds referred to above, had a common origin, being in all directly or indirectly derived from the Derby cows. Five dairies were thus infected, but coincident scarlatina was unknown in the customers of four of them, and the inference becomes irresistible that the London epidemic, which has been imputed to the fifth, had its origin in some obscure source connected with the dairy by channels which enquiry has failed to reveal.” Professor McFadyean who, like Professor Axe, is a recognised authority upon veterinary pathology, makes this case, together with another similar one that took place in Dundee, the subject of withering sarcasm in an editorial article in the *Journal of Pathology* for September, 1889. He taunts the medical practitioner or officer of health for so readily falling back upon a teat eruption of the cow as the source of a scarlatina epidemic, because such a line of reasoning is simple, and makes no special demand upon the investigating capabilities, while to trace the contagion to a human source would involve considerable time and trouble. It certainly does strike one that before gentlemen occupying the social and professional positions of Mr. Power and Dr. Klein promulgated such theories as they did concerning the origin of this scarlatina epidemic they would have not detracted from their own dignity had they first consulted with recognised veterinary pathologists, if for no other reason than the desirability of sparing the public an altogether unwarrantable scare, and the infliction upon the dairyman's trade of an unfair and damaging imputation. I believe I shall be quite within bounds if I state that not a member of the veterinary profession throughout the United Kingdom would support the theory of Mr. Power and Dr. Klein; but when, as in the case of Dr. Anderson, of Dundee, a member of the medical profession, who is also medical officer of health, ascribes an outbreak of typhoid fever to an eruption on cows' teats, we pass from the sublime to the ridiculous. There are those who think the medical profession has gone crazy on the subject of micro-organisms and their influence in the

development of disease; and certainly the importance which Dr. Klein seems to attach to his discovery of the micrococcus before-mentioned will not be without its effects upon the minds of such persons.

Wherever micro-organisms peculiar to infectious disease are present, there is no doubt that milk is a peculiarly attractive vehicle for their transmission, and it thus becomes a factor in the dissemination of disease; it may be extremely difficult to trace the origin to its source; through this medium it is probable many epidemics are established; the specific disease is carried from one centre to another; the cholera germ, the typhoid fever germ, the germs of small pox, scarlet and typhus fevers and diphtheria may and very probably frequently are conveyed by milk from one place to another, but not one of these, as developed in the human subject, can be ascribed to the cow through her milk; the affections of the cow which are capable of transmission to the human subject through the medium of milk are aphthous fever, anthrax, tuberculosis and pyæmia. I am not aware that it has been satisfactorily cleared up how in aphthous fever the virus declares itself, but there seems to be good reason to believe that it is essentially in the quality of milk, and that the latter is not merely a vehicle for conveying the virus from its external manifestations in the cow; when, however, we come to consider how anthrax is conveyed from bovines to the human subject, we have only to remember that the vegetable organism known as the bacillus anthracis, microscopically examined, may always be observed in the milk of a stricken cow.

Time will not permit me to refer more fully to these diseases, as I wish to draw your attention still further to tuberculosis. There is no mistake about an animal suffering from aphthous fever or anthrax, but tuberculosis is much more insidious in its onset and development, and less easily recognised. Fowls, sheep, goats, and pigs may and frequently do fall victims to it, but above all other descriptions of animals, bovines are most susceptible.

The question we have now to consider is whether the infective principle of tuberculosis can be conveyed in milk. In the case of animals various experiments have been made, which appear to leave no reason for doubt

that it can, and the circumstantial evidence in favour of its infective properties to the human subject are, to my mind, so strong that they cannot with any show of reason be rejected or trifled with. I will deal with these latter first by quoting from Professor Walley. He says:—

“In 1872 I lost a child in Edinburgh under circumstances which allowed but of one explanation, viz., that he had contracted mesenteric tuberculosis through the medium of milk. In a paper read at the meeting of the National Veterinary Association, held in London in 1883, Mr. Cox, of the Army Veterinary Department, related the particulars of a case which inevitably led to the same conclusion, as did also Mr. Hopkins, F.R.C.V.S., of Manchester. Dr. Fleming has also referred to a similar case as occurring in the child of a surgeon in the United States, and a short time ago a case of mesenteric tuberculosis by the inhibition of milk occurred in the child of a well-known veterinary officer of the Privy Council.”

Professor Axe, of the Royal Veterinary College, London, in a pamphlet entitled *Milk in Relation to Public Health*, relates the following suggestive coincidence:—

“A few years ago Mr. Maw, veterinary surgeon, residing in a north country town, forwarded to me, at the Royal Veterinary College, the lungs of a calf largely invaded with tubercular disease. In the summer of the following year I was desired by him to visit a cow, which he stated to be suffering from chronic inflammation of the mammary gland. After a careful inspection of the animal, I arrived at the conclusion that she was the subject of tuberculosis, and that the affection of the gland was essentially of that nature. On expressing this opinion I was reminded of the calf whose lungs I had examined in London some time previously, and afterwards informed that it was the offspring of the cow in question. While we were conversing together, a little boy, about eight or nine years old, came into the yard having a handkerchief tied round his throat. On enquiring the reason of this investment, I was referred in explanation to swellings and ulcerations of the glands about the throat and neck which presented all the usual indications of tubercular disease. On asking the boy if he drank milk from the cows on the farm, he replied

'yes,' and supplemented the answer by the statement that he was very fond of it."

From Dr. Fleming's work entitled *The Influence of Heredity and Contagion in the Propagation of Tuberculosis*, I find the following case referred to as having previously been related by Dr. Stang of Amborach:— "A boy, five years old, apparently strong in constitution, and descended from healthy parents, whose progenitors were exempt from hereditary disease, was attacked with scrofula, and died in four weeks from miliary tuberculosis of the lungs and enormous hypertrophy of the mesenteric glands. When making the autopsy it was accidentally ascertained that some time before the parents had to destroy a cow which, according to the testimony of the veterinary surgeon, was affected with pulmonary phthisis. The animal had been a good milk cow, and for a long time the boy had received a quantity of the milk immediately after it was drawn." These facts are, to my mind, quite sufficient to make any thoughtful man pause. It is true all the cases lack, in a measure, that positive proof which some minds demand; but many a man has been hanged on more slender evidence. I now pass on to the experimental investigations respecting tuberculous milk. I shall not trouble you with the inoculation experiments as I prefer relying on experience gained from ingestion, and in the first place I shall quote from the researches of Dr. Bang, Lecturer at the Royal Veterinary College, Copenhagen, a translation of which appears in Professor McFadyean's *Journal of Pathology*: Dr. Bang made a series of feeding experiments on eighteen rabbits and eight pigs; these animals received besides the milk only vegetable food, and after the milk was suspended water in the place of the milk.

Some of these animals received raw milk and some milk heated to various degrees, viz., 60°, 65°, 70°, and 75° C.

Of those fed with raw tuberculous milk both rabbits and pigs were all tuberculous in a marked degree; those which partook of the milk heated to 60° and 65° showed slight traces of tuberculosis, while those which had it heated to 70° and 75° C, when killed some time after the experiment was commenced, gave no evidence of infection, except two pigs which took milk heated to 70° and

afterwards showed caseous and calcareous deposits in different lymphatic glands ; but Dr. Bang was not perfectly satisfied that these pigs were not previously affected with the disease.

Professor Axe, in his before-mentioned pamphlet, remarks as follows :—

“ My own observations and experiments on the communicability of tuberculosis by the agency of milk have been very conclusive, as the following experiments will show :—(1) Two young pigs were fed almost exclusively on the milk of a tuberculous cow for ten days. On the twenty-first day after the last meal one of them showed slight indications of ill-health, which were marked by dulness, a harsh dry skin, a frequent short cough, discharge from the nose, and a watery condition of the eyes. On the fortieth day this animal was destroyed, and examination after death showed distinct evidence of tubercle in the lungs, lymph glands and intestines. (2) Gave a negative result. Of three kittens fed with milk from the same cow, two developed generalised tuberculosis ; and the result in the third case was negative. Additional testimony to the sometimes infectious property of milk is afforded by Herr Albert Schwerte. This gentleman, in referring to an outbreak of tuberculosis in a herd of cattle, states that owing to the prevalence of the disease, the milk of the infected stock was given to a number of pigs, the result being that they were soon observed to waste and give evidence of disease. In a few weeks many of them died, and on being examined after death all the appearances and changes characteristic of the disease were noticed in the various organs of the body.”

I think the foregoing facts are quite sufficiently serious to convince almost anyone that something of a practical and definite character should be done to protect the public against the probability of infection by the consumption of this most useful, natural, and nutritious article of diet. It has already been shown that, in addition to conveying the germs of certain diseases from the animal which produced it to man, it is also a very ready recipient and mechanical conveyer of the germs of numerous other contagious or infectious diseases. It may also become contaminated with all sorts of offensive and hurtful matter, through absence of proper cleanli-

ness on the part of the milkers, so far as regards their own hands and the state of the cow's teats; in consequence of objectionable surroundings in filthy sheds, which are frequently located in districts of a most loathsome character; for want of properly cleaning the cans in which the milk is delivered; and also suitable methods of conveyance when the milk is brought from a distance, so as to preserve it from accumulation of dirt while *in transitu*.

Much greater care is required on the part of cow-keepers and dairymen than is at present taken, in consequence of the readiness with which milk is affected by the food cows eat, or with medicinal agents, or foreign substances accidentally passing in with the ingesta. I remember when, during my course of study at the R. V. C., I attended the lectures of the late Professor Tuson on Chemistry, how he related an instance of a number of cows which were pastured on fields also used for rifle practice, how the said cows became the subjects of lead poisoning, and that distinct traces of lead were found in the lacteal secretion as the result of simple chemical tests. A similar experience he also related concerning some cows pastured on land adjoining some lead works. From this you will observe that not only is milk an attractive medium for poisonous substances outside the body, but that it will in course of secretion readily hold in solution from the blood material highly detrimental to those who thereafter partake of it. In further proof of the readiness with which it partakes of the character of food, to remind you that cows fed to excess on either swede turnips, carrots, or parsnips, imparts a flavour most decided of such food, and the same occurs when aromatic drugs have been used in large medicinal doses. In the face of such experience it is not difficult to understand what dangers attend its consumption if proper care is not taken to prevent the animals taking anything, either accidentally or wilfully, into the system that might be injurious to life.

To point out all the sanitary and hygienic requirements peculiar to dairy management in detail would furnish material sufficient for a paper in itself. Already my very disjointed remarks have been far too much drawn out. I must, therefore, content myself with the

hope that in my imperfect attempt to interest you on a subject of such vital importance to the public health, I shall at least have succeeded in arousing attention to a matter that calls aloud for prompt and effective legal measures.

Apart from these, no doubt the medical profession could, if it would only take it up, set an example of how hygiene and sanitation ought to be brought to bear on the conduct of businesses for milk production and distribution by taking pecuniary interest in a model dairy farm, which should be conducted on very strict lines, to serve as an example of how the thing ought to be done; and if it did, the profession would never have cause to regret it, for not only would a great philanthropic work be thus instituted, but a most satisfactory investment for money would be established.

DISCUSSION.

Dr. MOIR thanked Mr. Hurndall for the satisfaction the paper had given him. He had often talked over the matter with Mr. Hurndall, and thoroughly agreed with him as to the necessity of careful inspection. He often recommended his patients to take the Jewish meat, as he believed it was thoroughly well inspected. Meat refused by Jewish butchers was sold to and bought by Gentiles. He wished to ask Mr. Hurndall about Jewish customs, and also as to the method of slaughtering. He was convinced that tubercle was spread by milk. The feeding of cows had much to do with generating disease. Many cows were brought up from the country and kept in sheds without fresh air or exercise for months, and their milk must be unwholesome. He asked what form the disease took in the men infected by the Hendon cows.

Mr. WRIGHT agreed with Dr. Moir as to the influence of milk on children. He had seen diarrhœa occur in children when the food of cows was changed.

Dr. TALBOT was greatly interested in the paper. He said Americans were much struck by the open and alluring way in which meat was exposed for sale in the streets in this country. It might pick up germs in that way. In America meat was not exposed. Some danger would perhaps be averted by the adoption of the new law of "protection" in the States. All meat exported had to be inspected.

Dr. WRIGHT (of America) had only been in the country twenty-four hours, and he had observed the great amount of meat exposed for sale. In America most of it is kept in ice

chests, and only a little exposed. He explained the meat inspection in New York.

Dr. NEATBY asked if bacilli had been shown to be present in the milk of tuberculous cows.

Dr. COOPER was exceedingly well pleased to have the subject brought before the Society. Disease in cattle is due in a measure to the neglect of vegetation, which has its effect on animal life. Referring to the Hendon epidemic, he had heard that one of the cows had been taken to Wimbledon, and the houses which were more largely rented and where most milk was consumed were those where most disease occurred. The disease was probably due to the milk. It was traced to one dairy. He could not speak for the pathology of the question. He would have liked a little more description of tubercle in animals. He understood that the diagnosis was not always quite clear.

Dr. BURFORD expressed his thanks to Mr. Hurndall for his paper. Many lines of thought were opened. He was glad he had entered into the imperial aspect of the question. Gradually everything was coming under Government inspection, and meat and milk should be inspected as well as other things. Doubtfully diseased animals should be excluded for the sake of the poor, as they would eat anything that was called meat—the cheapest they could buy. In some diseases it was easier to diagnose the disease from symptoms than *post mortem*. He was not sure that Government inspection was always likely to be efficient. Individual effort must not be neglected. Milk could be sterilized by boiling and meat by proper cooking. He alluded to the statement that there is a connection between cancer and pork-eating. He thought it would be safest to be vegetarians for the present.

Dr. CLARKE mentioned an incident which might explain how disease germs get into milk. He had seen, outside a dairy shop, empty milk-tins standing, and small street boys climbing up them, their dirty hands on the rims and their dirty heads inside. If they had any infectious disease about them the next delivery of milk would spread it all round the neighbourhood. Some incident of this kind might be the unexplained cause of the epidemic which Dr. Klein thought was traceable to the cows.

Dr. GALLEY BLACKLEY thought the giving of raw flesh to animals by way of experiment was not very conclusive. In the cooking a chop or steak it was surely much above 70° C. He quite agreed with Mr. Hurndall as to the insufficiency of present inspection. As regards milk, a safe and reliable disinfectant for milk was a desideratum. He had tried several things, and among others *sulpho-silicate of sodium* proved

effective ; *boroglyceride* and *glacialine* are also used. He agreed with Dr. Burford that the hearty co-operation of scientific men all round might do much. We medical men stand in need of more pathological and sanitary training, He mentioned a case of tapeworm in a gentleman who drank waters at a foreign mineral spring in a field where cattle grazed.

Dr. DUDGEON (in the chair) thought Mr. Hurndall had made out a good case for veterinary inspection. Doctors (he spoke for himself) know nothing about animal diseases, and were quite unequal to the post. The terrific picture of diseases that may be caught from animals almost made him incline to vegetarianism. He was consoling himself with the statement of foreign doctors that goats were immune from phthisis, but he was sorry to hear from Mr. Hurndall that even goats might take the disease. However, those who have tasted goat's flesh would pronounce it a poor substitute for beef or mutton. Other diseases may be taken from other animals. Trichinosis is taken from pigs in Germany, where (*pace* Dr. Galley Blackley) raw food is eaten. Jews in Germany are very subject to a tapeworm which is said to be taken from fish. Jews in travelling, when they cannot get meat from their own butchers, eat fish. It is especially from pike and carp that it is caught. We may take advantage of Koch's discovery in one way. As he has found by inoculating guinea-pigs he makes them immune from tuberculosis, so if we inoculate our children with his fluid, when they grow up to years of discretion (or indiscretion) they will be able to eat tuberculous meat without fear! Then there is another disease that may be taken from animals. A lady whom he attended had serpiginous ulcers in her mouth at a time when the foot-and-mouth disease was rife. She had nothing wrong with her feet. When she boiled all the milk she took (and she drank a good deal) she soon got well of the ulcers.

Mr. HURNDALL (in reply) said, in reference to Jews' slaughtering, that bleeding does not get rid of pathological diseases. Jews are very particular. They refuse the carcass of any animal which shows any sign of disease. The feeding of animals does make much difference in the milk. He had no doubt Dr. Moir was correct in attributing the diarrhoea in his case to the feeding of the cows. The men inoculated from the Hendon cows showed elongated ulcers, exactly like those on the cows' teats. Referring to the use of ice chests, he said housewives did not like meat that had been in ice, as it made it uncertain in the cooking. Tubercle bacilli are found in milk in large numbers. Dr. Cooper was right in his statements about vegetation. He blamed landlords for not seeing

to this. He was glad Dr. Cooper had spoken strongly on the Hendon investigation. All the milk infected did come from one dairy; but the point was that no scarlatina occurred from the forty other cows sent to other dairies. Dr. Cooper asked about the detection of tubercle. There are many cows found tuberculous *post mortem*, when there is nothing to show it during life. Tuberculous cows could be fattened. Bacilli are found more in the organs than in the flesh. It is only when far gone that the flesh is affected. Dr. Burford had said that milk might be boiled, but he did not think boiled milk was very palatable. He thought rich people required protecting as much as the poor. Regarding veal, he thought on the Continent calves were not slaughtered at so early an age as with us. The tape-worm in Dr. Blackley's case probably came from the excreta of a dog. Tuberculosis is found among cows of the short-horn breed more than any other breed, while the Ayrshire breed are almost, if not entirely, free from the disease. The reason generally assigned for its prevalence among short-horns is that the most noted and fashionable sires were tainted with tuberculosis, and so handed down the seeds of the disease from generation to generation.

A CASE OF TUBERCULAR LARYNGITIS: TRACHEOTOMY PERFORMED, FOLLOWED BY CESSATION OF THE DISEASE.

By ALEXANDER H. CROUCHER, M.D. & C.M., Edin.

I HAVE called this case one of tubercular laryngitis, and I think the account which I append of the morbid processes which occurred during the progress of the disease will justify me in so classifying it; it seems to be one in which the primary seat of the disease was in the pharynx, in fact commencing as a tubercular pharyngitis it ended in a tubercular laryngitis.

The interest of the case centres in the fact that a cure seems to have been brought about by the operation of tracheotomy, which no doubt in allowing the diseased larynx rest, by diverting the air from pursuing its natural course through the larynx, has brought *vis medicatrix nature* to the front, with a cure resulting thereby.

Tubercular manifestation in the pharynx is much more rarely seen than in the larynx. Guttman and Gublinski are of opinion that one per cent. of tuberculous patients have the disease in the palate and pharynx, whilst

another observer notes only one case occurring in the pharynx out of 1,817 cases of general tuberculosis.

According to Dr. Lennox Browne, Heinze states "that among 4,486 consecutive autopsies made at the Pathological Institute of Leipzig, pulmonary phthisis was the cause of death in 1,226 instances, and of these 51.3 per cent. had ulcerations in the larynx;" and he further says "that ulcerations were never found with tuberculosis of other organs when the lungs were intact."

The proportion of males to females affected by this disease is said to be about three to two. The onset of pharyngeal tuberculosis generally occurs late in the course of pulmonary phthisis; this case here narrated seems to be one of the exceptions to the general rule, occurring as it did without obvious lung trouble.

Dr. Lennox Browne, in his work on *The Throat and Nose and their Diseases*, mentions two cases of tubercular pharyngitis occurring two and three years previously to any pulmonary disease showing itself. This author says, in speaking of tubercular pharyngitis, "its occurrence as a primary manifestation of the tubercular diathesis is at least doubtful, but still as possible as that of tubercular laryngitis. All arguments to this effect are met by the fact that no case is recorded of a patient dying with either disease in which the lungs are found healthy, and in this connection we can but admit that the ear is less likely than the eye to detect early manifestations. My own belief is in accord with that of Schech, who has been forced to the conclusion that the pharynx is only apparently attacked primarily; in other words, that prior to the outbreak of pharyngeal tuberculosis, tubercular deposits exist in other organs, although the fact cannot always be demonstrated."

This case is one in which the contention above mentioned can only be definitely settled by a necropsy, which it is to be hoped may be long deferred, as seems very likely.

In discussing the advisability of tracheotomy in tuberculous laryngitis, Dr. Lennox Browne says: "I am not at all prepared to admit that absolute rest of the larynx is likely to follow tracheotomy on a tuberculous patient whatever the stage. On the contrary, in no disease is a tube so ill-borne or so liable to set up increased inflammatory irritation and ulceration. More-

over, in no disease is more likely to occur the untoward risk of what we may call collapse of the larynx—a not unfrequent result of tracheotomy, which was first pointed out by Liston, and has since been insisted on by Whistler. Nor can I agree that the larynx can be more effectively treated by topical measures after tracheotomy than before, for on account of the disposition to collapse just mentioned the larynx is almost invariably far more difficult to examine, as also to be treated internally, after a tracheotomy tube has been introduced.”

“I must, therefore, with all respect to the many able laryngologists who advocate tracheotomy in tubercular laryngitis, offer my uncompromising opposition thereto, hardly excepting cases of urgent dyspnoea, in which it is considered as permissible by Solis-Cohen, Morell Mackenzie, and Krishaber. I certainly would not perform it except at the request of the patient or his friends, and not even then without very plainly stating that, although death by actual suffocation might be thereby averted, life would hardly be prolonged, and that only at some considerable expense of suffering and lingering distress.”

I am not in a position to combat these arguments, and will merely relate now the following case as showing that in this, as in other diseases, no inviolable rule as to treatment can be laid down. The ultimate result of this case still remains one which the future only will reveal, but as it is now fifteen months since tracheotomy was performed, the prognosis may at any rate be considered favourable, as the patient's general health is now excellent and the local trouble nil.

Wm. B., æt. 13, an intelligent lad, came under my care at the Eastbourne Homœopathic Dispensary on August 28th, 1888. By occupation he was an errand boy. Patient complained of sore throat, which he said had commenced in the previous March, producing gradually difficulty and pain in swallowing, with great accumulation of mucus in the throat, also much hacking cough. All these symptoms, with loss of flesh, were increasing, and he applied for relief.

History.—At the present time patient's mother is suffering from advanced carcinoma uteri; there is no ascertainable history of phthisis in any members of the family; he has one brother and two sisters who appear

to be enjoying good health ; he has always been able to get sufficient food, and during the day time, at any rate, had the opportunity of getting plenty of fresh air when following his occupation, which also necessarily exposed him to the vicissitudes of our climate. His previous health has been fair since he got through the first three years of his existence ; he was a delicate baby, and was during that period rickety, his legs having been crooked, his head large, and the fontanelles late in closing.

When seen on August 28th, 1888, the following was the lad's condition : he was rather short for his age, his muscular development below the average, and the muscles flabby ; he was thin in all parts except his face, which was of the square type. The whole head was large, the forehead protuberant from excessive ossification of the centres of the frontal bone, the vertex flattened, and what had been the site of the anterior fontanelle presented a depression ; there was considerable expansion at the eminences of the parietal bones, the teeth were in fairly good condition, and evidenced no signs of notching, as described by Hutchinson. The face was pale and pasty looking, and patient complained of general weakness and languor with perspiration on the least exertion.

The tongue was fairly clean, appetite good, there was odynphagia, but not dysphagia ; bowels acted regularly, there was no vomiting.

On examining the throat, which was a very difficult matter (as the use of a spatula, or introduction of any like instrument into the throat invariably brought on retching and coughing), the following was seen : The mucous membrane lining the buccal cavity was pale in colour, at the back part of the throat was a great accumulation of tenacious yellowish-white mucus, coating the tonsils, palate, and posterior pharyngeal wall ; on getting rid of this secretion by rinsing the mouth, the parts at the back of the throat were seen to be of an angry red colour, the tonsils enlarged and ulcerated, the palate especially at its posterior border thickened and nodular, the uvula enlarged and apparently somewhat œdematous, the pharyngeal wall irregularly swollen, raw looking, and coated with secretion as described above. The voice was thick in character, but not hoarse. Examination of the heart and lungs revealed nothing abnormal beyond the

heart's action being rapid. The conformation of the chest was good, there being no narrowing. In the mornings the efforts to get rid of the accumulation of secretion caused hawking and retching.

Perspirations at night were present and the temperature was raised.

Patient was given *iodide of arsenic* 3x \mathfrak{m} iv. t.d., *oleum morrhuae* 5 i nocte maneque, and told to gargle his throat with salt and water. He was not very skilful in doing this, and never managed it well on account of the retching caused thereby. He was ordered increased nourishment, extra milk, eggs, and beef-tea.

Sept. 18th.—Much the same condition. To gargle with *iodine* and water, 5 drops of the B. P. tincture to half-a-tumblerful of warm water. His weight at this time was 5 st. 6 lb.

Oct. 2nd.—Reports having lost 2 lbs. in weight, but feels better in himself. Cough is troublesome, of a hacking, irritating character.

Oct. 9th.—*Kal. bichrom.* 2x \mathfrak{m} i. t.d.

Oct. 16th.—Rep. *kali. bich.*, and *sulphur* 3x \mathfrak{m} iv. to be given morning and night in addition.

Oct. 30th.—*Potass chlor.* given internally and as a gargle.

Nov. 13th.—*Syrup hypoph. co.* (Fellows), half-a-teaspoonful in water three times a day, and throat to be painted with *glycerine of alum* night and morning. No improvement noticed in the condition of the throat.

Dec. 6th.—*Glycerine of hydrastis* 1-6th ordered for painting the throat.

Dec. 12th.—The uvula appears to be partially eaten away; the part remaining is thickened annularly. All the food now taken is soft in character on account of the severe pain caused in swallowing. All meat is minced prior to swallowing it. *Maltine* ordered. *Mercur. biniod.* 3x grs. v. t.d. Discharge more purulent.

Jan. 3rd, 1889.—As regards the uvula, *non est inventus.* *Merc. biniod.* and *glycerin hydrastis* repeated.

On the next day patient left Eastbourne and went away to Brenchley for five weeks' country change of air.

Feb. 19th.—Has returned from the country, and says his appetite has improved, and that he has rather less pain in swallowing, has rather a healthier appearance. The throat looks in much the same ulcerated

condition, quantities of tenacious yellow mucous hanging around, which is now tinged with blood. The odour of the breath is unpleasant, but there is no fœtor, nor has there been any during the course of the illness. The cough is very troublesome and the voice hoarse. The lymphatic glands of the neck are slightly enlarged.

In the early part of March patient was admitted into St. George's Hospital, London, and remained there till June 5th, when he went to a convalescent home at Wimbledon. During all this time he had been losing ground rather than gaining. Dyspnœa gradually became worse, and while at Wimbledon he lost his voice. He was re-admitted into St. George's about the middle of July, and returned to Eastbourne in the beginning of August.

Twice during his stay in St. George's Hospital (on account of the dyspnœa) instruments were got together for the performance of tracheotomy, but the urgent symptoms passed away and the operation was not done.

Treatment there consisted in sprays, inhalations, and applications applied to the larynx by a brush. For the odynphagia he sucked *cocaine* lozenges. While in the hospital he was said to have had congestive symptoms in the right infraclavicular region.

The surgeon under whose care Wm. B. was while in St. George's Hospital, has courteously given me a description of the laryngoscopic appearances as observable in March, 1889, which I append: "Arytænoids and ventricular bands and epiglottis irregularly thickened, presenting a nodular appearance. A few days later, laryngoscopic examination under cocaine, ventricular bands irregularly thickened, arytænoids in similar condition, only the anterior half of the left vocal cord visible, rest of it hidden by the swollen ventricular band. Left vocal cord paralysed in the cadaveric position, on the right side the vocal cord can be seen in phonation appearing from beneath the nodular masses on the ventricular band."

On August 7th, 1889, Wm. B. again came under my care. His general appearance had much altered for the worse since I saw him five months before; he was emaciated, his eyes sunken, the expression anxious, skin hot and dry, and pulse rapid. Dyspnœa was great, he could walk with great difficulty, tongue foul, great accu-

mulation of muco-pus about the fauces. The veins on chest numerous and distended, cough violent, and nocturnal sweats present; altogether he was in a distressing condition. There was marked cyanosis increased on the least exertion, the power of vocalisation was reduced to a whisper. With all his sufferings he never murmured. His mother told me that at times she thought he could not live another minute, the breathing was so bad at times, and that his nights were awful. I told the mother to send for me when a very bad attack came on, as something might be done.

On August 9th, about 9 p.m., I received an urgent message to come at once as Wm. B. was dying. I went to the patient's home, and found him lying on a couch struggling for breath, with his mother fanning him. The dyspnœa came on in paroxysms, and during the intervals patient lapsed into a semi-conscious condition, the breathing, though quick, becoming very shallow. The skin was livid, with a cold damp sweat thereon, the extremities cold. The parents having acquiesced that the windpipe should be opened, I procured a fly and took the lad to the Leaf Homœopathic Cottage Hospital, and with the assistance of Dr. Walther performed the high operation of tracheotomy. *Cocaine* was injected into the skin over the upper part of the trachea, and Dr. Walther administered *chloroform*. There was very little difficulty in the operation, and that only caused by the struggling movements in the efforts to breathe. After the trachea was opened the relief was immediate, the long-drawn inspirations showing (if I may use the expression) how hungry the respiratory centres were for a larger supply of oxygen than had been doled out to them. Scarcely any blood was lost. For several days following the lad was in a critical condition from weakness and prostration, but the unceasing care and attention of our matron brought him through.

On August 10th the temperature was 101° F., and for the succeeding month varied from 99° F. to 100° F. The pulse on August 10th was 140 beats per minute, and varied from 100 to 120 for the next three weeks, when it fell to 80 and remained thereabouts. The expectoration, which was excessive for a week and required constant removal, gradually diminished, and from being purulent and bloody became mucoid and clear.

In the first instance a bivalve tracheotomy tube was used, but as this caused irritation, and some discomfort on swallowing, a Durham's tube was introduced on August 22nd, and retained with perfect comfort, and much less cough followed its introduction. *Aconite*, *phosphorous*, and *arsen. iod.* were the medicines used after the operation.

Patient was discharged on September 7th, his general appearance having wonderfully improved.

During the early part of this year patient was re-admitted for strumous ophthalmia of right eye, which was rather intractable; he was, however, cured in a month.

In June of this year (1890) the cervical glands were enlarged on the right side, and he looked ill. About this time, however, he got some light work to do, and with it good food, and in a short time he again put on flesh, and has remained well since. He is able to be out in all weathers, and can run a short distance without getting very much out of breath.

The tube is removed and cleaned once in three or four months, but he is unable to do without it. I examined the patient on October 28th, 1890, and then found him in the following condition:—Voice hoarse and husky, but more distinct than four months ago; no pain in throat on speaking nor on swallowing.

Breathing only slightly embarrassed on exertion. Occasional cough, but only a little clear mucus is got rid of; has had some severe colds in the head lately, but no chest trouble; no blood has been seen in the expectoration for nine months.

Patient has to chew his food carefully, and swallow both solids and fluids slowly, or else sometimes a little passes into the larynx and causes choking. He has found that hot liquids excite a little cough from setting up a tickling sensation.

There is no dulness in the chest, and the veins on the surface are only slightly visible. The cervical glands are a little swollen. His weight is six stones, nine pounds.

Examination of the throat shows a small nipple-like elevation where the uvula was originally placed, the mucous membrane is of normal colour, the interval between the posterior pillars of the fauces is narrowed,

apparently from contraction ; there are no irregularities of the surface to be seen.

With the laryngoscope the vocal cords are seen to move, the right with more freedom than the left one. In the inter-arytænoid fissure, nearer to the right than the left vocal cord, is a small nodule of whitish colour ; the epiglottis looks shrunken, and has lost much of its substance, so that its efficiency as a valve is partly lost. The little secretion that is seen is simply mucus. The mucous membrane looks normal in colour. Beyond removing and cleaning the tube occasionally, no treatment is going on at present, but I have advised him to begin cod's liver oil now that the weather is colder.

The stenosed condition remaining in the larynx is, I apprehend, incurable.

Eastbourne, November 6th, 1890.

A CLINICAL CASE.

By E. W. BERRIDGE, M.D.,

Member and Corresponding Secretary of the International
Hahnemannian Association.

Case of Gleet cured by Natr. Mur., Canth., Rhus., Merc.

1870, Oct. 6th.—Mr. O., aged 23, consulted me for a chronic gleet. He had gonorrhœa two years previously ; it was treated allopathically, but a gleet remained. He then used injections, which stopped the gleet for three or four days only. Afterwards he used stronger injections, consisting of nitrate of silver ; these caused great pain, chordee, and the formation in the urethra of three lumps, which subsequently became one. He then used a catheter daily for six weeks, after which the lump disappeared. Since then he has had gleet at times, sometimes lasting three months at a time. Inguinal glands hard and enlarged ever since the gonorrhœa. Has only had gonorrhœa once, and never syphilis. His present symptoms are : slight milky discharge from urethra since July ; uncontrollable urging to urinate every two or three hours for last three days (this first appeared after the nitrate of silver injection, and then came on every half hour for six weeks) ; urinates only a little at a time ; slight uneasiness at end of urethra on

walking; itching in urethra during urination; if he attempts to hold the urine all the muscles of the body feel tense, and relax again when the urine is passed; when the urging comes on he cannot retain the urine more than three or four seconds; has to rise every night to urinate; drinking alcohol increases the gleet; inguinal glands hard and enlarged; injections of arrow-root stop the discharge temporarily, but increase the itching.

Diagnosis of the Remedy.

Itching in urethra during urination. *Ambr., graph., lycop., mezer, natr. mur., nux vom., oleum an., petrol., sarsap., thuja.*

Frequent urging, with scanty discharge of urine. *Natr. mur., nux vom., oleum an., petrol., sarsap.;* and many others which have not the former symptom.

Urethral pain on walking. *Acon., alum., bellad., berb., chelid., ignat., merc. corr., mezer., natr. mur., strych., thuja.*

White discharge from urethra. *Canth., caps., cinnab., copaib., cupr. ars., ferr., kali c., kobalt., laches., merc., natr. mur., nitr. ac., petrosel., puls., sep., sulph., tradesc., thuja., zinc.* Milky discharge is so described under *copaib., kali c., natr. mur., petros., sep.*

This reduces the list of remedies to *natr. mur.*, which also has the nocturnal urination and swelling of inguinal glands, though the hardness has not yet been recorded under that remedy. The tension of the muscles on attempting to retain the urine is a very characteristic symptom, but is not as yet to be found in the *Materia Medica*. *Natr. mur.* is also the great antidote to crude doses of *nitrate of silver*.

I prescribed one dose of *natr. mur.* 1 m. (Jenichen), and ordered him to abstain strictly *absque Baccho et Venere*, which, however, he did not do.

Oct. 13th.—Improved next day. Uneasiness, itching, and tension all gone; less discharge and urgency; has only once had to rise at night to urinate; can hold urine easily for four hours; glands unchanged; can now drink sherry and porter without increasing the gleet.

Oct. 22nd.—Discharge the same; urging nearly gone, but increased by beer or wine; has not had to rise to urinate. Since taking the medicine stool more scanty

than usual (pathogenetic action of *natr. mur.*) ; glands smaller, no pain therein, even on violent exercise ; alcohol increases the gleet, but to a less extent than before.

Oct. 31st.—Urging less, not increased by wine, stool as at last report ; glands in left groin are smaller, in right, natural ; can easily hold urine six hours ; discharge for last three days rather increased and more sticky ; when urinating smarting in urethra, about an inch from extremity ; for a few days stream of urine has been double.

As the improvement seemed to have nearly ceased, and new and important symptoms had arisen, a new remedy had to be selected.

Diagnosis of the Remedy.

Stream double. *Argent. nitr., cannab., canth., petrol., rhus., thuja.*

Discharge viscid. *Canth., kali. bichr., mezer, natr. mur., selen., thuja.*

This reduces the list to *canth.* and *thuja*. Both of these have smarting in urethra during urination. The present symptoms giving no further clue to the remedy, I examined those which had previously existed. Both remedies had swelling of urethra, but only under *canth.* is recorded, 776, "urethra swollen internally," the urethral swelling of *thuja* being situated at the extremity. (See symptoms 1620, 1622.) I therefore prescribed one dose of *cantharis* 1 m. (Jenichen).

Nov. 11th.—No urging ; left inguinal glands rather painful on moving ; discharge has been much better, but is now increased from indulgence in ale, wine and tobacco ; smarting less severe and less often ; stream not so often double.

Nov. 19th.—Smarting less ; stream double at times ; no pain in groin ; discharge much more watery ; feels a hard swelling in urethra. Here was an old symptom returning, coincidentally with an improvement in the more recent symptoms. Usually this is a sign that the remedy is attacking the disease at its deepest roots, and ought therefore to be allowed to act without interference of any kind ; but in this case I concluded that it was due to his dietetic indiscretions, and that an appropriate remedy should be selected at once, more especially as

canth., being neither antipsoric, antisyphilitic, nor antisycotic, is a remedy of comparatively short and superficial action.

Diagnosis of the Remedy.

Swelling of interior of urethra. *Canth.*, *led.*, *merc.*, *nitr. ac. rhus.* Stream double; *canth. rhus.* (and the four others already quoted, which have not the swelling).

As *canth.* had just been prescribed, *rhus.* remained the only simillimum, and I gave one dose of *rhus. tox.* 2 m. (Jenichen).

Nov. 26th.—On 20th and 21st discharge increased (had drunk spiced ale); since then much less, and has ceased entirely at times. No smarting since 21st; stream not double; pain at times in groin on walking; during last week has smoked and taken more wine than usual, but nevertheless is better.

Dec. 3rd.—Discharge unchanged; does not feel the lump; stream double for the last week; for a few days smarting in the urethra near the glans on beginning to urinate; three days ago penis felt very hot to the touch, but not subjectively. Here were two new symptoms, and as the discharge persisted and the double stream had recurred, it showed that the last remedy had completed its work, and could do no more.

Diagnosis of the Remedy.

Heat of penis. *Aur. sulph.*, *bell.*, *canth.*, *caust.*, *cocc. c.*, *euphr.*, *ferr.*, *jacar.*, *merc.*, *mezer.*, *plat. mur.*, *rhus. v.*, *sepi.*

Urethral pain on commencing to urinate. *Arsen.*, *cann.*, *canth.*,* *caust.*, *clem.*, *daphn. ind.*, *ferr.*, *iris*, *merc.*, *merc. sol.*, *natr. ars.*, *plumb.*, *prun. sp.*, *secal.* (Smarting on commencing to urinate is only under *plumb.* and *secal.*).

This eliminates all except *canth.*, *caust.*, *ferr.*, *merc.*, of which *canth.* had already been given, and of the remaining three only *merc.* has the swelling in urethra, which formerly was an important feature of the case. I gave one dose of *merc. v.* 200 (Lehrmann).

Dec. 10th.—Discharge has ceased at times; is no worse to-day, in spite of drinking all kinds of wines last night, and dancing from 9 p.m. to 4 a.m.; the smarting ceased, but returned to-day, lasting nearly all the time of urina-

* In another case of gonorrhœa, I cured a scalding pain in urethra, near root of penis, on beginning to urinate, with one dose of *cantharis* 1 m. (Jenichen.)

tion (probably the result of "mixing his liquors"); stream not double; stiffness in groins at times when walking fast.

Dec. 17th.—Discharge less, ceases at times; smarting less; stream double at times if bladder is not full; groins unchanged; still some swelling of glands.

Dec. 29th.—Discharge very slight; no smarting; stream not so double; groins better.

Patient now considered himself sufficiently cured to cease consultation, and so did not return. I did not see him till Nov. 11th, 1881, when he consulted me for gravel. He then informed me that the old symptoms soon ceased entirely, without further treatment, and never returned.

Comments.

(1). This case shows the evil effect of injections, so frequently resorted to by unscientific physicians. These *soi-disant* pathological prescribers are really ignorant of true pathology, or they would recognise the fact, discovered by Hahnemann, afterwards further elaborated by Bœnninghausen and Kent, and now admitted by some of the more advanced of the allopathic school, that this disease is not always a merely local inflammation, but an external manifestation of a deep-seated and long-lasting miasm or diathesis, to which Hahnemann gave the generic name of sycosis. This being so, how can local treatment cure? It may sometimes, by virtue of a crude homœopathicity to the local condition, relieve the more acute suffering, but it leaves behind troublesome chronic symptoms; and what is worse it frequently causes a complete suppression of the disease, resulting in a metastasis to more internal and vital organs, thereby infecting the entire system, and producing a condition of ill-health, which, unless the strictest homœopathic treatment be resorted to in time, continues during the lifetime of the patient, terminating in a painful death. My experience in the treatment of both gonorrhœa and syphilis has been that the disease is very easily cured homœopathically, provided it has not been suppressed or complicated by improper treatment. In these cases it is far more difficult to cure, and a long period must often elapse before the combined effects of the disease and the doctor can be removed and the patient restored to perfect health. It can, however, be done with care

and patience ; and in these cases the improvement in the health of the patient is generally accompanied by a temporary return of the suppressed symptoms, which in turn disappear permanently under the action of the homœopathic remedy, which finally eradicates the disease root and branch.

(2.) The value of what Bœnninghausen called the *Anamnesis*, or the past condition of the patient, is shown by this case. It sometimes happens that two or more medicines seem equally indicated by the present symptoms. In such cases we should carefully examine the past symptoms, and also the hereditary pre-dispositions ; these will then decide the choice. Hahnemann's grand doctrine of the treatment of chronic diseases, which he divided into the three well-known genera of psora, syphilis, and sycosis, is simply in its essence the doctrine of Anamnesis. In order to eradicate a chronic disease we must select a remedy corresponding not only to the present but also to the past condition of the patient ; in other words, the totality of the symptoms must be those of the entire constitutional condition from first to last. Hence the remedies which alone can permanently eradicate chronic disease must be those which have a long-lasting and deep-seated action like that of the morbid process to which, under the law of *similia*, they are opposed.

3. The question has frequently been raised to what extent the curative action of our remedies is hindered by dietetic and similar transgressions. Hahnemann, in his *Organon*, lays down strict rules of diet in order to avoid interference with the medicinal treatment ; but it must not be overlooked that at the time he wrote thus he chiefly used the 30th potency. It is conceivable that the much higher potencies which have been prepared since then, some of which Hahnemann used in his later years, may not be so easily thwarted in their action. On this subject I may say that I have from the first used the highest potencies almost exclusively, and I have never found their curative action hindered in this manner, though I take Hahnemann's word for it that such rigid rules are necessary where the 30th (and perhaps the 200th) potencies are used. The only rules of diet and regimen that I find needful are that the patient should abstain from whatever disagrees with him or tends to

aggravate the disease. In the above case the patient more than once caused a relapse by indulgence of alcohol (the very worst thing he could have taken), but the homœopathic remedy acted in spite of all. Perhaps still higher potencies would have prevented the aggravation from alcohol altogether.

(4.) Lastly, I would call attention to the antidotal power of *natr. mur.* to the effects of crude *nitrate of silver*. This latter remedy is often used most unscientifically, not only as an injection to dry up a discharge, but as a caustic application to granular eyelids, or for ulceration of the os uteri. The result is that the disease is suppressed, and the last end of that patient is worse than the first. In all such cases *natr. mur.* should be first studied. It will often be found to correspond to the totality of the symptoms, both natural and medicinal; while if it only corresponds to the latter, and no remedy be found applicable to the entire group, these medicinal symptoms must be attacked first; and thus the effects of the poison having been removed, the physician obtains a true picture of the disease itself and the selection of remedy is facilitated.

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ON IDIOPATHIC SYMMETRICAL GANGRENE.

By C. W. HAYWARD, M.D., C.M.

(Concluded from page 110.)

CASES which have an important bearing on the relation of peripheral neuritis to this disease are reported by different observers.

Mormstein (quoted by Hochenegg, *Ueber Symmetrische Gangrän und Locale Asphyxie*, Vienna, 1886, p. 35) had a patient, a man aged 51, for whom amputation of the right leg in the upper third was performed, on account of gangrene of the foot, which had commenced two months previously. A week after the operation he died with a high temperature. His urine was natural. The gangrene had led to the separation of the first, second, and fifth toes, whilst the third and fourth were isolated; but the skin over all the toes was involved in the gangrenous process as well as that covering the heel, the

inner side of the foot and the dorsum. The vessels generally of the lower extremity were free from abnormal contents, only in the capillary vessels adjacent to the gangrenous focus were microscopic hyaline thrombi present. The posterior tibial artery showed many calcareous plates, but no thrombi adherent to them. The posterior tibial nerve was greatly thickened in its lower part; microscopic investigation showed great wasting of the myelin with collapse of Schwann's sheaths, and chronic inflammatory proliferation of the interstitial connective tissue, especially in the parts close to the gangrenous area. The nerves in the left sound limb showed similar changes to those in the gangrenous limb.

The nerve roots of the lumbar region were only affected with neuritis on the right side. Brain and cord were markedly anæmic, and the examination of the viscera gave negative results. This case cannot be definitely classed as Raynaud's disease, but the double-sided affection of the nerves, more extensive on the gangrenous side, is very suggestive.

Pitres and Vaillard (*Archives de Physiologie Normale et Pathologique*, 1885, p. 106) narrate cases.

The first was a young woman, aged 24, of feeble intelligence from childhood, but from 18 began to suffer from tremors and stiffness of limbs, until at length walking became impossible, the lower limbs passed into a state of extreme contracture and the patient was bed-ridden and demented. After a time the feet were noticed to be cold, blue and insensitive, they gradually became gangrenous; the left foot underwent spontaneous amputation and the right was all but separated. Numerous eschars appeared in various parts of the body, many of these suppurated, and the patient died from exhaustion. On post-mortem examination the tibial arteries were seen each to terminate in a cicatricial cul-de-sac, which was surrounded by fleshy granulations. In no part of the arteries of the lower limbs were adherent thrombi found, only here and there soft clots. The aorta and its branches and the veins of the limbs generally were healthy, and the examination of the viscera gave negative results. In the nervous system there was found chronic hydrocephalus of the lateral ventricles, and some undue adhesion of the pia mater to the cortex of the hemispheres, and the skull was greatly

thickened. There was a slight diffuse sclerosis of the dorso-lumbar part of the cord, affecting the whole of the antero-lateral columns, and the whole of the posterior columns, except their anterior fifth. The spinal ganglia and nerve roots, so far as they were examined, were natural. The principal nerve trunks were carefully examined throughout the body. Those of the upper limbs were normal, and the nerves of the thighs were also normal; the anterior and posterior tibial of both sides presented changes of varying extent, but which were fairly symmetrical. The changes consisted in extensive atrophy of nerve fibres with empty sheaths, presenting numerous nuclei, and at long intervals, varicose dilatations, which contained masses of granular protoplasm and drops of myelin. Between the fibres in many places were found abundance of leucocytes, infiltrated with small granules, and having the aspect of Gluge's corpuscles. Their second case is that of an old woman, aged 56, a rag gatherer, who had been subjected to great hardships, and for six months, along with a sensation of considerable fatigue, had found that in walking she no longer felt the soil on which she trod. Two months before her admission to hospital, bullæ formed on the soles of her feet. These she pricked and they gave her little trouble. About the same time she began to suffer from obstinate diarrhœa. Three days before admission the feet became swollen, painful and covered with reddish patches on the dorsal surface. Fresh bullæ formed on the feet; they were perfectly cold, and anæsthesia on the left side extended up to the ankle, on the right side to the middle of the tarsus. The line of separation formed at this level on both sides, but the patient died from exhaustion and diarrhœa before actual separation had taken place. Post-mortem examination showed neuritis of the plantar and tibial nerves, but the vessels of the limbs were natural, and the brain, spinal cord, and viscera were also natural. Pitres and Vaillard meet the objection that in the above case the neuritis might have been consecutive to the gangrenous process by recording the results of an examination of peripheral nerves in a case of gangrene of embolic origin. The nerves in the gangrenous extremities were found to be normal throughout.

They are inclined to regard the peripheral neuritis

in their cases as the cause of the gangrene, and they hold that most of Raynaud's cases of gangrene were of like origin. Dr. Wigglesworth (*Pathol. Trans.*, 1887, p. 61) records a case of very extensive peripheral neuritis in a woman, aged 26, who was the subject of epileptic dementia, and of chronic Bright's disease, and who suffered repeated attacks of spontaneous gangrene of fingers and toes.

Hoehenegg (*Ueber Symmetrische Gangrän und Locale Asphyxie*, Vienna, 1886) admits the soundness of the conclusions of Pitres and Vaillard on their own cases, but disputes the universality of their propositions. He reports a case of a man, aged 51, who developed gangrene of the left hand independently of vascular causes. The *post-mortem* examination showed chronic hydrocephalus and syringomyelia. Only a slight degree of atrophy was found in the peripheral nerves, and was held to be secondary to the cord lesion. Hoehenegg maintains that the gangrene was caused by the central lesion, but in view of the existence of the nerve changes, slight and non-inflammatory though they were, this conclusion seems hardly satisfactory. But we find cases of severe neuritis in which we get no gangrene, or where the gangrene is not proportional to the neuritis present.

Hughes, of St. Louis (*Western Medical Reporter*, 1887), relates two cases of severe plantar neuritis. The pain in both cases was intense, being especially severe at a patch under the calcaneo-cuboid joint, and the plantar aspects of the four inner toes. In the first case there was pallor of the foot and toes, but no erythema. In the second case there was flushing of the parts. Cases of severe peripheral neuritis in which gangrene did not follow, or where the gangrene was not proportional to the neuritis, are related by MM. Joffroy and Ch. Achard (in the second number of *Archives de Médecine Experimentale*). The first case is one in which other conditions were associated with this affection. It is the record of a case in which well-marked symptoms, as severe and persistent pain, followed by muscular paresis and wasting of all the extremities, occurred about nine months before the patient's death from an attack of cerebral hæmorrhage and pneumonia. Degeneration of nerve fibres was found in the main nerve trunks of the limbs in varying degree, but in all more marked in

the peripheral nerves. In addition there was found obliterating arteritis in the nerves, *e.g.*, in the sciatic, and it was to the resulting loss of nutrition that the neuritis was attributed. Indeed a parallel is drawn between the changes thereby produced in a nerve trunk and those of cerebral softening from arterial thrombosis. It is remarked that had the patient not succumbed to pneumonia, senile gangrene would have developed and might have been referred erroneously to the neuritis, whereas both conditions would have owned the same origin, *viz.*, obliterating arteritis.

The next case is a case of tabes, complicated with cutaneous gangrene, in the left great toe, but with neuritic changes far more marked in the nerves supplying some of the other toes. Hence the writers do not attribute the gangrene to the neuritis, nor could they assign pressure as its cause; but refer the gangrene as well as the neuritis to the disease of the cord.

Another factor in the production of peripheral neuritis in this case was the presence of tuberculosis, from the effects of which the patient died.

In the same journal MM. Dejériné and Sollier relate an interesting case dealing with the subject of "peripheral tabes," to which M. Dejériné had previously drawn attention. The case was one of a man aged 54, who for fifteen years had suffered from inco-ordination of the lower limbs, marked lightning pain, and disturbance of sensation. The patellar reflex was, however, present. This patient also died of phthisis. The spinal cord and nerve roots were found to be healthy, but there was very marked peripheral neuritis, especially in the cutaneous nerves of the lower limbs, less marked in the muscular nerves, and slight in the cutaneous nerves of the hands. The sciatic nerves were quite normal.

These cases seem to oppose the theory that the neuritis causes the gangrene, as in the first case the neuritis was due to obliterating arteritis in the sciatic nerves, and the neuritis was from want of nutrition to the nerves; a similar condition was present in arteries in other parts. In the second case the neuritis was much worse in the toes which did not gangrene, than in the toe which did gangrene—proving that the gangrene was certainly not proportional to the neuritis present; although the neu-

ritis probably was an important factor in its production. The presence of this neuritis cannot, then, I think, be said to offer a satisfactory explanation for the occurrence of the gangrene. It may, by interference with the trophic condition of the part, predispose to gangrene; but that it is the essential and only cause is, I think, disproved by these cases. The evidence yet is conflicting, as it has been demonstrated that peripheral neuritis will not of itself cause gangrene—at least it has been proved that in many cases it does not do so; while in other cases where gangrene occurs peripheral neuritis is the only demonstrated lesion. This agrees with the statement of Dr. Barlow (appendix to Raynaud's *New Researches*, *op. cit.*) that peripheral neuritis *alone* will certainly not produce gangrene.

The evidence certainly points to the lesion being in the nervous supply of the parts. That this essential change is not central is, I think, proved by the specimens of the pons, medulla and upper part of the cord, which accompany these notes; although a state of irritation (perhaps depending on some change to be hereafter demonstrated) of the cord, as suggested by Raynaud, would produce the condition.

Specimens vi. and vii. demonstrates the presence of a severe peripheral neuritis, as was also proved in Case III. This would account for the interference with the circulation of the parts beyond, but not for the state of contraction of the arterioles generally, if this is present.

There is some evidence to prove that this spasm is general—as it was observed in the eye in Raynaud's Case I, new series—and also in a general blanching which occurred in Case V, the eyelids and lips especially showing it, previous to the signs of local asphyxia in the extremities manifesting themselves. The spasm may therefore be general, but the parts where radiation is greatest, viz. : fingers, toes, ears and nose, are the parts where the condition produces the most severe results.

In this spasm the venules, as well as the arterioles, take part, producing the stage of local syncope (Raynaud *op. cit.*). The succeeding stage of local asphyxia is caused by the relaxation, especially of the venules, and the blood stagnates in the venous trunks.

Hæmoglobinuria is frequently associated with the disease.

Dr. Barlow (*op. cit.*) cites several cases. One by Mr. Hutchinson (*Medical Times and Gazette*, 1871, Vol. II, p. 678) where the urine became dark often after exposure to cold. Dr. Wilks (*Medical Times and Gazette*, 1879, Vol. II, p. 207) had a case of a boy, aged 16, with symmetrical gangrene, where the urine was at different times dark in colour and gave the guaiacum test. Granular casts and *débris* were present, but on several occasions no blood corpuscles could be found. At a later period, however, some blood corpuscles were present. Dr. Southey (*St. Barthol. Reports* XVI, 1880, p. 15) gives the history of a patient having passed black urine in some of her attacks, but during her stay in hospital with symmetrical gangrene, though a trace of albumen was present, there was no record of hæmoglobinuria. In a second case by Dr. Southey (*op. cit.*) there was for several days a true intermittent hæmaturia caused by external cold to the surface of the body. Sometimes the blood was apparent by its colour or sediment, but at other times its presence was only detectable by the guaiacum test. This case was probably, at times at all events, one of hæmoglobinuria. Dr. Barlow records a case (*Transact. Clin. Soc.* XVI, 1883, p. 179) where the onset was marked by epigastric pain and hæmoglobinuria. The dark urine only appeared once after a given attack. It gave the guaiacum test, and under the microscope pigment and oxalates, but no blood corpuscles.

Dr. Dickinson had one case (*Renal and Urinary Affections*, Part III, 1885, p. 1185) which is important, as the history shows that the typical attacks of intermittent hæmoglobinuria were on one occasion replaced by a typical attack of the paroxysmal local asphyxia affecting one hand, and unattended with the usual urinary affection.

Dr. Druitt (*Medical Times and Gazette*, April 19, 1873) in his own case showed that he suffered from ague and also distinct attacks of hæmoglobinuria, related to cold, exposure and worry. The attacks were associated with marked proneness to numbness, tingling and blueness of the extremities, the blue patches at times being suggestive of imminent gangrene.

Dr. John Abercrombie (*Archives of Pediatrics*, Oct., 1886), had one case where in certain attacks of local

asphyxia, chiefly affecting the hands, the child passed urine of sp. gr. 1023, and with $\frac{1}{10}$ albumen. It gave the guaiacum test, and microscopically oxalates and some amorphous material, but no blood corpuscles. Dr. Cavafy (quoted by Dr. Barlow, *op. cit.*), also reports a boy, aged 12, suffering from paroxysmal hæmoglobinuria for five years, and the ears were noticed to be very cyanosed when the boy was chilly, and ached as he got warm. Subsequently gangrene of both ears set in, and relapsed several times in successive winters.

Dr. Abercrombie (*op. cit.*) holds that this is due to the same cause as the Raynaud's disease, and the presence of bile sometimes noticed (as in Case VIII) to spasm of the hepatic vessels.

Hæmaturia sometimes occurs. In Dr. Southey's second case (quoted above) it was present for some days. It was certainly present in Case I, the blood corpuscles being present in large numbers. Also it was probably present in Case II. It was found also in Case V, and occurred here in paroxysmal form, the attacks always alternating with the attacks of local asphyxia, as the ophthalmic changes alternated with the local asphyxia in Raynaud's Case I, new series.

A hæmorrhagic tendency is noticed in many cases, as in these cases of hæmaturia, and also in Case II bleeding occurred from the eyes and nose. In Case XV there was menorrhagia at first; in Case III the patient coughed up blood, although no disease was found in the lungs. Dr. Warren (quoted in *St. Bartholomew's Hospital Reports*, 1880, Vol. XVI, p. 23) had a case where hæmorrhage from the nose took place "frequently for over a period of two weeks" before the affection of the fingers began.

The interference with vision which is sometimes noticed (as in Case VIII) probably depends on spasm of the ophthalmic vessels, as demonstrated by Raynaud (Case I, New Series).

Spasm of the arterioles alone could probably not account for the condition. Mr. Duncan (quoted by Dr. Affleck) gives his opinion that it could not do so.

It is doubtful whether the stagnation of the blood in the veins could cause the gangrene in these cases; it might cause œdema, but of itself it could probably not cause the gangrene.

Raynaud says (*op. cit.*, p. 182), "I would say that in the present state of our knowledge, local asphyxia of the extremities ought to be considered as a neurosis characterised by enormous exaggeration of the excitomotor energy of the grey parts of the spinal cord, which control the vaso-motor innervation." While allowing that such a condition might cause the symptoms met with in this disease, we must maintain that so far as the evidence goes at present, peripheral neuritis appears to play a more important part in their production.

That peripheral neuritis can cause gangrene has been shown by Pitres and Vaillard, probably owing to the spasm produced in the vessels and the interference with the trophic condition of the part.

But that peripheral neuritis does not necessarily cause gangrene, even when severe, is proved by the cases of MM. Joffroy and Achard, and by many cases of peripheral neuritis, recorded by others, where no gangrene occurs.

All we can yet state is that in this disease peripheral neuritis has been demonstrated, and also spasm of the arterioles. It is extremely probable that the cause of the gangrene is to be found in the neuritis; but evidence has not yet been collected which will point out to us the cause of the neuritis, nor the exact relation of the neuritis to the gangrene, and why gangrene should occur in some cases of neuritis and not in others.

These points can only be cleared up by further evidence, and by further opportunities for observation and research, as to whether it is the acuteness of the neurosis, or some special form of neurosis, which causes the gangrene in cases of this disease.

THE "TRANSFER TREATMENT" AND SUGGESTION.

By C. LLOYD TUCKEY, M.D.

MANY of the readers of this *Review* will doubtless remember two articles which appeared in *The Fortnightly Review* in July and August, 1890, from the pen of Dr. Luys, entitled "Recent Discoveries in Hypnotism," and a

short account of a visit to La Charité Hospital will perhaps prove interesting. Dr. Luys described such wonderful things that I was impelled by curiosity to attend his clinique in the course of my autumn holiday. I was accompanied by a medical friend, and we found no difficulty in entering the ward and watching the application of the "transfer" treatment. Dr. Luys and his assistants were most kind, and readily showed us the curious experiments described in *The Fortnightly Review*. Several patients were undergoing the new treatment, and we had the opportunity of watching their progress for three or four days, and of questioning them as to their feelings and symptoms. Many of them spoke with enthusiasm of the progress they were making, and in a few cases it was possible to note an improvement from day to day. The process was simple enough. The patient was directed to sit down and grasp the hands of a profoundly hypnotised subject, and Dr. Luys passed a heavy magnetised bar of steel up and down both sitter's bodies, especially pressing on the cardiac and abdominal regions. A shiver would be seen to pass through the hypnotised subject's frame, and he would begin to complain of suffering from the same symptoms as the patient had experienced. The doctor questioned him as to the symptoms and then assured him that they would be cured and would not return; much in the same way as the hypnotiser deals with his patients. In the meantime the patient looked on and saw the transferee writhing in his pains, imitating his voice, gait, gestures and demeanour generally, and if he was an imaginative person it is quite likely that he felt better from witnessing this vicarious suffering. When the doctor thought it was enough, he told the subject to wake up and to feel no more pain, and as a matter of fact he did not remember on waking what he had gone through in the somnambulic state, but went away feeling apparently none the worse, and gratified by a gratuity from the patient whose disease he had shared. Dr. Luys contends that the subject not only shares the disease but partakes of the personality of the patient, and demonstrates this by showing how a female recipient will assume a masculine voice and carriage when sitting for a male patient, and will complain of the beard being pulled if one approaches the face too closely. It is not a little

surprising in this age of science to find a man of Dr. Luys' undoubted honesty and attainments seriously upholding practice of this kind; but the alleged discovery of Dr. Brown-Séguard's elixir of life affords another example of a distinguished physiologist allowing himself to be led astray in his old age. One is taken back to the time of Perkins and his metallic tractors to find a parallel for what is now taking place in Paris; and be it remembered that remarkable cures did follow the application of Perkins' instruments and of the wooden imitations which the physicians of Bath caused to be tested in their hospital practice.*

What then is the explanation of the results which follow such methods of treatment? It is summed up in the word "suggestion." The imagination is profoundly affected by the hope and expectation of cure, and this in itself is sufficient to bring about a healthy change in the hypochondriacal, hysterical, and *malades imaginaires*. But among the patients we questioned were some who suffered from well defined organic disease; one gentleman affected with aortic insufficiency assured me that since his visits to Dr. Luys he had recovered his appetite, had slept well, and been able to walk uphill and upstairs, whereas previously he had been sleepless, without appetite, and almost bedridden. A man suffering from paralysis agitans declared he felt a different being, but as far as we could see there was no lessening of his tremor, though the young woman who acted as his transfer reproduced his disordered movements most faithfully. It is evident that in nearly all diseases there exist symptoms—often the most painful part of the malady—of functional nervous origin, and it is these symptoms which are largely met by hypnotic suggestion and other treatments which appeal to the imagination or the subconscious mind. I consider that it is the duty of a physician to relieve suffering in any way, as long as it is not immoral or hurtful; but no one visiting La Charité Hospital could say that the treatment by transfer, as practised there, is free from terrible abuses. It is a sad

* *Vide Influence of the Imagination in Health and Disease*, by Dr. Haek Tuke.

sight to see to what a deplorable condition of mental instability and inanity the unfortunate subjects have been reduced by continual hypnotisation and experiments. Of course the experiments carried out on such subjects, and under such hysterical conditions as exist in Dr. Luys's clinique, are valueless from a scientific point of view; and the phenomena he obtains from the action of the magnet, different coloured balls, and with medicines at a distance, have been sought in vain by other investigators. I have found my subjects perfectly unsusceptible to the magnet, until I have told them that contact with it will always produce pain in the part touched, but henceforth they have always realised my suggestion, and complained bitterly when touched by it. When one considers that the personality of a subject in the profounder hypnotic states is in complete abeyance, and that his mind is a blank page, to be written on at the dictation of the hypnotiser, we see how absolutely necessary it is to guard against conscious and unconscious simulation, and how utterly Dr. Luys's experiments are wanting in the only conditions which only could render them of any value.

As bearing upon the above remarks I may state that I purposely asked Dr. Luys if the magnet influenced all somnambulists in the same way, and he answered that it did. If he had been more cautious, and had replied that only some subjects were sensitive, one would have been more inclined to believe in the genuineness of his results. The only way of testing the so-called magnetic sense described by Reichenbach is by the electro-magnet, which can be "made" or "unmade" instantaneously in a manner impossible for the subject to guess by ordinary sensuous impressions. The inquirer will find in the first volume of *The Proceedings of the Society for Psychological Research* a report of some experiments made to determine the existence of this sense. The experiments were carried out under rigorous scientific conditions, and the result was to quite prove that certain persons do possess the faculty of perceiving certain effects from the poles of an electro-magnet when in action. But from this to the propositions laid down by Luys is a very long step.

SUGGESTIVE NOTES ABOUT LEPROSY.

By JOHN DRUMMOND, L.R.C.P., Edin.; M.R.C.S., Eng.

WHILST acting as surgeon-superintendent on the barque "Umvoti," during the years 1888-89, I had several cases of leprosy under my charge, and I frequently saw a leprous girl at the Durban depôt, who had been maintained there a year at the expense of general revenue. She mixed freely with the other inmates of the depôt, and no restraint was put upon her actions. Many were the cases scattered about the Colony, and no apprehension of the disease spreading to others had then taken hold of the public mind.

Some of the cases brought under my notice were of a doubtful character, and as they improved during the voyage, under the treatment which I believed would be useful, I think I am justified in throwing them out as examples of old and neglected cases of syphilis. Others, however, were well marked in type, and I extract a brief history of three of these from my official medical diary.

Ranau, a single man aged 43 years, has contraction of the fingers, with the loss of the first and second joints of the ring finger of the left hand, and the loss of the first joints of the ring and second finger of the right hand. He has little or no sensation in the hands or left foot, but he is conscious when I pinch his right foot. He came to Natal in 1878 and enjoyed good health until four years ago. "I then felt a numbness" he says "in my hands and feet, and sores broke out, like blisters, and afterwards my fingers got twisted and contracted, and some of the sores seemed to eat into the joints, and I lost a part of the fingers" (as already described). He has never suffered much pain.

Boodoo, a single man, aged 37, has been ten years in the Colony. He had never heard of leprosy in his family, and he is confident he never suffered from syphilis. "Two years ago my feet began to ache, with a burning and tingling sensation, which kept me awake at night, indeed I used to get up and put them in cold water to get relief. Afterwards sores formed on the soles and rotten pieces of bone came away; it was a long time before my hands began to be sore." The hands and feet are now contracted into useless stumps, several of the fingers and toes are missing, and those

which remain are twisted and deformed. A deep, dry, eroding ulcer situated on the outer side of the ankle joint threatens eventually to sever the foot from the leg. There is complete loss of sensation in both the hands and the feet, so that he suffers no pain and is unconscious when I pinch him. There is not much discharge from the ulcers, the granulations have a dry, glazed appearance, and the ichorous serum which stains the dressing is devoid of fœtor. His general health and spirits are good, and he takes his food quite heartily. During the voyage I dressed the sores with *unguentum resinæ, carbolic acid, and oxide of zinc*, and he took five minims of Fowler's Solution night and morning.

Sukari has lived six years in the Mauritius and ten years in Natal, his parents are living and healthy, and he is the only one out of a family of seven who ails anything; he never had syphilis, and always had good health until four years ago, when he was working on a sugar estate, and often complained of heat and tingling in his feet, which made field labour irksome; after standing all day his pain at night prevented him sleeping, and his feet seemed to swell, and felt as though they would burst. "My feet," he said, "then began to get quite numb, and ulcers formed on my toes. I was sent to the hospital at Durban, but they got no better, and fresh sores kept breaking out; and as some dead bone was found Dr. Bonnar cut off half my left foot, but the wound has never healed, and I lost two toes on my right foot; and about six months afterwards my hands began to be bad, and fresh sores keep breaking out. The skin feels dead, and I do not know when you pinch me without I see you. I am not ill of myself, and am always ready to eat my food."

The natives use the Chaulmugra oil, which is found in the forests of the Malay Peninsula and in Southern India, both externally and internally. They make an ointment with one part of the oil, mixed with one of yellow bees' wax, and three of mutton suet. Two of my native dispensers, who had seen a fair amount of Indian practice, spoke highly of its virtues, and as a local dressing it may be as suitable as anything else, as it is aseptic and stimulating. The earliest symptoms of the disease point to disordered innervation, for prominence is given to sensations of tingling, numbness, and burning in the

extremities. These symptoms are followed by loss of power and of sensation, with contraction of the flexors of the limbs, dragging down the toes and fingers, and then nutrition is impaired, and blisters form on the skin, which gradually develop eroding, deep burrowing ulceration, passing through joints and bones, and the destruction which ensues, though much slower than, is just as certain as, that which would follow in the wake of an arrest to the circulation through the veins or arteries, as in moist or dry gangrene. These symptoms point to *arsenic*, and in a recent number of the *Lancet* Dr. Barton, of Norwich, relates two instructive cases of peripheral neuritis produced by slow arsenical poisoning.* At the recent meeting of the British Medical Association at Birmingham, Mr. Jonathan Hutchinson "referred to the opportunities offered in connection with skin diseases for the study of therapeutics and for observations on the action of drugs. *Arsenic* of course, stood foremost amongst those concerning which we have collected important and even astonishing facts. How the drug acts we know not, neither do we know the real nature of the malady which we cure. It may not always cure it, but it always changes it for the better. He who would unravel all the mystery of how the bullous eruption may be cured and the scaly one changed, how the skin may be made clear in one case and muddy and brown in another, how peripheral neuritis may be produced, to end finally, unless prevented, in some severe form of paralysis or death, and how in rare instances the nutrition of the skin may be so influenced that keratosis, and even cancer, may be the result, will certainly find that he has his work cut out for many years." The speaker in this pregnant sentence touches the keynote of homœopathic therapeutics, and, as in all other diseases, we must look for the remedy of leprosy amongst those drugs which act within the same pathogenetic sphere, and *arsenic* appears to me more closely allied to the incipient phenomena of this dreadful malady than any other drug with which I am acquainted. My opportunities for investigation were limited to the voyages between Durban and Calcutta, and the cases were not only confirmed, but

* See also *M. Hom. Review*, August, 1890, p. 483.

had passed beyond the hope of cure; but I had reason to feel sanguine that the treatment was at least beneficial, although the pure sea air, the generous diet, and the entire rest which the voyage afforded, may have done much to restore the general condition of the sufferers.

Shenstone, Malvern,
March, 1891.

AN ACCIDENTAL PROVING OF ARSENIC.

By FRANK NANKIVELL, M.D.

In May, 1889, Mrs. T., æt. 37, consulted a well-known London physician, and received the following prescription:—

R. *Arsen. alb.* 2x ʒij.
S. V. R. ʒij.

Sig. Seven drops thrice a day after meals.

She was suffering from ovarian neuralgia, and the treatment proved effectual. The medicine was taken for about a week, and seems to have produced no bad results. The neuralgia, however, recurred a short time ago, when she was not in a very satisfactory condition of general health, and she obtained a fresh supply of the medicine, and took it as ordered for ten days. At the end of that time she sent for me, and I found her in bed with a hurried, hard, rather small pulse, and anxious expression of countenance. There was a constant feeling of uneasiness in the cardiac region—"as if there were pressure inside the heart," the patient described it—and frequent and rather severe attacks of palpitation. There was diarrhœa, six motions having been passed during the day; they were preceded by griping, and there was a more or less constant burning sensation referred to the hypogastrium. Itching of the lower lids had been complained of for two or three days, but the patient did not at the time suspect that it was due to the medicine; for the last day or two itching was also felt in various parts of the body. The state of the eyes was peculiar. They were glazed and dull-looking, and there was some dimness of the sight; but there was none of the lachrymation or "ferretty" appearance peculiar to *arsenic*. Slight nausea was felt after each dose, but as the dose

was taken after a meal it was at first supposed to be due to indigestion. The state of the tongue, which was covered with a thin greyish coat, and the slightly metallic taste, was supposed to strengthen this theory.

Much palpitation and cardiac distress was felt for a week or ten days, during which it was necessary to keep the patient absolutely quiet. There was no cardiac anxiety, but a distressing feeling of pressure or distension. The attacks of palpitation seemed to be benefited by *aconite* 1x. On my second visit I found that there had been hæmorrhage from the vagina, which, however, was not repeated after the first day; this occurred just midway between two menstrual epochs, and must have been due to the *arsenic*. The diarrhœa ceased at once on stopping the medicine, and the only symptom that persisted any time, save of course the cardiac symptoms as above, was the irritation of the eyelids. The amount of *arsenic* taken daily was $10\frac{1}{2}$ drops of the 2nd decimal dilution, or 105 drops in all. This would be equal to 126 drops of *liquor arsenicalis*, ζ ii. of which contains 1 grain of *potassæ arsenitis*.

60, Kirkdale, Sydenham.

NOTES AND COMMENTS.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.—In our last number we published the circular of the Committee inviting co-operation in the work of this important gathering from our British colleagues. Although the time at which the meeting has unfortunately been arranged to be held effectually prevents any European physician actively engaged in practice from being present at it—the responsibility for which rests entirely with the American Institute of Homœopathy—we may, by contributing to its transactions through the General Secretary, Dr. Hughes, do somewhat towards preventing it being international merely in name, and our American colleagues from posing as the sole representatives of homœopathy throughout the Universe!

We believe that the preparation of a report of the History of Homœopathy in Great Britain has been entrusted to a gentleman singularly competent to undertake it. We therefore invite our medical brethren to contribute papers on *Materia Medica*, on the therapeutics of special forms of disease, and in surgery. However justly annoyed we may feel at having, by the arrangements of the Committee, been precluded from the possibility of being present on this very interesting occasion, we ought, in order to fulfil our desire to promote the interests of homœopathy, to do what we can to render its proceedings at once useful and successful.

The Hahnemannian Monthly of March informs us that "The Fourth Quinquennial International Homœopathic Congress to be held at Atlantic City, beginning on Tuesday morning, June 16th, 1891, is an *assured* success. In point of numbers it will be an *overwhelming* success." That the meeting will be large we do not doubt, that it will be interesting and useful is unquestionable, while that it will be full of pleasure to all taking part in it goes without saying; but that it will be international except in name has, as we have said, been rendered almost impossible.

THE EDUCATION of the old-school in the common-sense of dosage is progressing. In the *British Medical Journal*, Feb. 28th, in a review of a new book by Dr. Stockman, of Edinburgh University, on *Materia Medica*, when noticing the recent adoption of small doses of *sulphur* in chronic bronchitis and rheumatism, the writer says: "It is probable that when large doses of insoluble drugs, such as *sulphur* and the *salts of bismuth*, are administered, a very small proportion is absorbed or exerts any remedial action, the greater part being eliminated, practically unaltered, with the *fæces*." One would have thought that this would have been perceived long ago.

REVIEWS.

A Practical Manual of Gynæcology. By G. R. SOUTHWICK, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine; L.M. Rotunda Hospital, Dublin. Boston, Otis Clapp & Son. 1891.

THE strong point of Dr. Southwick's book is the paragraph on internal or constitutional treatment. The indications for homœopathic remedies are given with unusual clearness and fulness, and in many instances illustrative cases are quoted. The author strongly believes in there being a constitutional element in most local conditions, and that it can be largely met by constitutional treatment; to this he has consequently given special attention, and with the best results. Only a few can be specialists in gynæcology, but every general practitioner meets with cases of pelvic derangement in the female subject, which it is either unnecessary or impossible to send to the specialist. For such, the volume before us is the most valuable we know; and the specialist may often refer to its pages with advantage, especially in some of the cases which may be termed functional. The chapters for instance on pruritus and dysmenorrhœa contain many fruitful suggestions.

The present is the second edition of Dr. Southwick's work. It does not claim to be a complete treatise, and to maintain its *practical* usefulness omission has been made of some of the rarer diseases, as well as of "the discussion of various theories current in gynæcology."

The work is well illustrated, many of the illustrations being taken from Hart and Barbour's work. Several of these again are modifications from Schultze, whose writings on the normal position of the pelvic organs have revolutionised our ideas on this subject.

Local treatment and minor surgery are fully discussed, and all the statements are clear and mostly reliable. No great confidence is placed in local applications, though instructions and indications for their use are given.

A few points we have noticed on which the author is at variance with other authorities or with our own experience. For instance, we are surprised that directions for the use of stem pessaries should still be issued; the presence of Neisser's gonococcus, *if found in the epithelial cells*, is regarded as diagnostic of gonorrhœa. The author, however, admits that in this belief he has not the support of many other authorities. Chapman's spinal hot-water bags have proved a failure in our hands. The chapter on electricity in diseases of women is a moderate and judicious one; extravagant statements respect-

ing its value in fibroids are not indulged in. Massage in gynæcology finds a place in this edition, and this section is well written. We are glad to see that the character of Dr. Southwick's work is so well kept up in this edition.

Annual of the Universal Medical Sciences: A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by CHAS. E. SAJOUS, M.D., and Seventy Associate Editors. Illustrated with chromo-lithographs, engravings, and maps. In 5 volumes. 1890. F. A. Davis, Philadelphia and London.

OUR notice of this, the third issue of *The Annual*, has been unavoidably delayed. It is impossible to do more than generalise in remarking upon a work of such magnitude and comprehensiveness. "Nothing succeeds like success," and the fact that *The Annual* still exists is the best proof of its value and usefulness—the best, at least, after a personal test. We may safely say that everything of importance that has been written, spoken, and done in the art and science of medicine throughout the whole world receives notice here in its appropriate place. A glance at the index will show the progress of the year in any department, and for detail reference has only to be made to the body of the work. For illustrations of the class of references we will turn, as before, to the chapter on Therapeutics. A long list of conditions in which *antipyrin* is given includes, besides pyrexia and various neuralgias, asthma, pertussis, chorea, acute rheumatism, hæmoptysis and other hæmorrhages (locally), renal colic, uric acid diathesis, sun-stroke, and convulsions. Its dangers are illustrated by the case of Tuczek, previously referred to in this journal (vol. 33, p. 659), in which coma, dyspnœa, irregular cardiac action, and tonic and clonic convulsions were caused. Several authors point out that such complex chemical substances as *antipyrin* should be given alone, as the chemical composition is not sufficiently well known to foretell what compounds with other substances may be formed. The active principles of *cinchona*, for instance, are all precipitated by *antipyrin*. Many instances of the homœopathic use of drugs and of the use of drugs brought to prominence by homœopaths are given, e.g., *arsenite of copper* in bowel troubles, *barium chloride* for varicose veins and aneurism, *bryonia alba* in various hæmorrhages, including epistaxis, *cactus grandiflorus* in heart disease, *calcium sulphide* in "spasmodic and convulsive disease," *chimaphila* as a diuretic, *cicutine* in epilepsy, *cimicifuga* in neuralgia, *conduragin* in carcinoma, *euphrasia* in coryza, *gelsemium* and *veratrum viride* as febrifuges, *hamamelis* in varices and hæmorrhoids, *hydrastis*

in pharyngitis and leucorrhœa, *rhus tox* in rheumatism. It is interesting to note that during the period covered by this, the third issue of *The Annual*, two authors are found to write in favour of blood-letting in a variety of conditions. We may remark that our own and other homœopathic journals would have furnished the Editor of the Therapeutic chapter with much reliable information on drugs already included in this volume and on others not mentioned. As so much homœopathy is included in its references it would be well to go to the fountain head. We have quoted from the chapter on therapeutics to show the extent and variety of information given, and to show how the appropriation of homœopathic remedies goes on. But to most of our readers the section on general medicine and surgery and on the special departments will be more really useful than the therapeutic section. We should state here, however, that reference is made to many cases of poisoning, which are of value to the homœopath.

We cannot too strongly urge our readers to possess themselves of the *Annual* (either the present or the forthcoming issue). They cannot fail to find it a really profitable investment, especially if living in the country and away from medical libraries.

PERISCOPE.

LARYNGOLOGY, ETC.

HÆMOPHYSES IN APPARENTLY HEALTHY PERSONS.—Dr. David Newman (Glasgow) reports five cases of hæmoptysis in apparently healthy persons. In three which had been under observation for four years hæmoptysis was suspected to be from the lungs, but was proved to be from the upper air passages. In one, quoted as an example of phthisis ab hæmoptœ, the blood was derived from the upper air passages, and inspired into the minute ramifications of the lung. In a fifth case hæmorrhage took place occasionally over a period of fully three-and-a-half years, during which the patient was otherwise healthy, and no physical signs of pulmonary disease was discovered until within eight months of death.

The author wishes to demonstrate by these cases that hæmorrhage from the upper air passages may easily be mistaken for true hæmoptysis, or bleeding from the pulmonary parenchyma, and the process by which hæmorrhage from one part may be simulated by bleeding from another renders the diagnosis in certain cases very difficult.

In every case a careful examination of all parts of the upper air passages for a lesion to account for the hæmorrhage

should be made, and if none be found the case should be treated as one of pulmonary disease.—(*Jour. Laryng. Rhin.*)

CARDUUS MARIANUS.—“Hæmorrhage from the lungs connected with hepatic disease is curable by no other medicine so readily as by *card. mar.* It is also of great use in hæmoptysis dependent on diseases of the spleen, with swelling and shooting in that organ, and relief by lying on the left side. Acute and chronic sore throats, and chronic asthma when connected with hepatic or splenic derangements, yield to this remedy.”—(Dr. Kunze, quoted by Dr. Dudgeon, *Monthly Hom. Review*, March, 1891).

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

C. W. HAYWARD.

TINCTURE OF THUJA IN TRACHEOTOMY.—*Journ. Méd. de Paris*, Dec., 1890. The author (Dr. Coculet) recommends *tinct. thuja* to destroy the fleshy vegetations which cause the irritation in the region of the canula.

PILOCARPINE IN DRYNESS OF THE TONGUE.—J. G. Blackman, *Brit. Med. Journ.*, June 14th, 1890. The author recommends *pilocarpin* gr. $\frac{1}{10}$ — $\frac{1}{10}$ in the form of a gelatin lamel, allowed to dissolve on the tongue, previously moistened with water. A moderate flow of saliva is thereby produced, which lasts for twenty-four hours.

ETIOLOGY PROGNOSIS AND TREATMENT OF EXOPHTHALMIC GOITRE.—*Gazette des Hôpitaux*, Nov. 20th, 1890. Jaccoud. Etiological factors, chiefly mental emotions, *e.g.*, shock or prolonged depression, and heredity.

Prognosis: Always serious, and disease ends fatally in one-fourth or one-fifth of all cases.

Causes of death: Marasmus, due especially to incessant cardiac activity, and also in a less degree to digestive troubles. Vomiting, icterus, diarrhœa and urinary troubles, albuminuria, glycosuria.

Treatment: The author advises iron for anæmic cases, and considers hydro-therapeutics and electricity of great value. Warm douches, after a time tepid, and gradually diminished in temperature until cold, each being of 25 to 30 seconds' duration to begin with, and given daily. The best form of electricity is that of weak continuous ascending currents on both sides of the neck. Simultaneous galvanisation of pre-

cordial region and faradization of neck, as recommended by Charcot, is of value.

He warns against the careless use of ice over the thyroid body, as there is danger of inducing gangrene of the skin stretched over the swelling.

RELATION OF NASAL DISEASES TO EYE TROUBLES.—*Journ. of Ophthal., Otology and Laryngology*, July, 1890. Dr. Bissell, Rochester, N.Y., in a short but very able article gives an account of our present knowledge of this relationship. He draws attention to the fact, 1, that "the blood supply of the two organs is such as to favour the extension of trouble in one to the other"; 2, "The passage of inflammatory conditions through the nasal duct is not improbable"; and 3, "That the nerve supply, both cerebral and sympathetic, brings them into very close relationship." As example of eye troubles traceable to abnormal conditions within the nose, he gives as most frequently observed symptoms classed under the head of asthenopia. "Pain after using the eyes, especially in the morning. Photophobia is a weak feeling in the eyes, as if patient could not keep the lids open; worse in the morning. Smarting of margin of the lids and slight hyperæmia of the conjunctiva, passing off in two or three hours after rising." The morning aggravation is important, and due to pressure produced by the swelling of the erectile tissue of the nose during the night, the nasal affections producing this being hypertrophies of the turbinates and marked deviation of the septum, and less frequently polypi and adenoid tissue.

Second in point of frequency come derangements of the the lachrymal apparatus, either as epiphora, due to mere excitation of the lachrymal gland, the sac and nasal duct being normal, or as blennorrhœa of the sac and stricture of the nasal duct, due from direct extension of a congestion of the nasal mucous membrane into the nasal duct.

The third group is that of reflex circulatory disturbances, such as iritis, conjunctivitis, keratitis, &c. Lennox Browne reports a case of glaucoma not improved by iridectomy, but cured by removing a nasal polypus. Ziem reports six cases of diminished vision with venous hyperæmia of the papilla, relieved or cured by treatment of the nasal condition.

DUDLEY WRIGHT.

GYNÆCOLOGY.

PRURITUS VULVÆ.—Dr. E. M. Hale reports cases of pruritus ani et vulvæ cured by topical application of menthol. One case, occurring during pregnancy, gained complete relief from one application of menthol ointment of the strength of

twenty grains to the ounce. Another case, after the failure of local dressings of borax and sulphate of soda, required a series of six applications before complete cure was effected. In both, the pruritus did not return.

Graphites and Petroleum.—In chronic pelvic lesions of inflammatory origin, these two remedies are well to the front. In the *graphites* case the skin is rough and dry and marked constipation exists. The menstrual flow is lessened and delayed, leucorrhœa watery and profuse. Pruritus also is often present, but precedes the periodic flow.

Petroleum relieves a pruritus that follows the period, being excited by the menstrual flow. Here, again, the skin is harsh and dry, but vesicles and pustules are frequently present; the period is anticipated and free. The leucorrhœa also is more viscid than in the *graphites* case.

In both these types of lesion the skin excitation is defective, and the first step essential in permanent cure is to take the necessary measures to renew a healthy and vigorous tone therein.

Sepia.—In pruritus vulvæ, *sepia*, though often indicated, is said merely to relieve, never to cure. Much more favourable results are recorded from *collinsonia* in this lesion.

CANTHARIS IN PUERPERAL MANIA.—When characteristic urinary symptoms precede and accompany the attack, and the facial aspect is pale, yellow, and wrinkled, *cantharis* may be indicated, with such concomitant symptoms as aggravation on touch, on the sight of any dazzling object, bright eyes, and dilated pupils.

XANTHOXYLUM IN DYSMENIA.—A very striking case is recorded in the *Hom. Journal of Obstetrics*, of aggravated dysmenia with scanty flow. The patient was very restless, and pain was ascribed to the region of both flanks rather than to the centre of hypogastrium. The pain was so acute that each spasm caused a flow of tears. *Xanthoxylum* given every half hour caused complete disappearance of the pain after the fourth dose. A week's medication before the next ensuing period with *xanthoxylum* caused an entirely painless period to be passed, after which the dysmenia vanished.

OPERATIVE TREATMENT OF PELVIC ABSCESS.—Wilcox gives in the *North American Journal* details of three cases which have been effectively dealt with by abdominal section, and which illustrate the delay and danger incident to tapping.

Case 1 presented the signs and symptoms of suppurating hæmatocele. She was seen when *in extremis*, and operation immediately performed. An abscess sac in the broad ligament was found, aspirated, and the whole sac drawn out and

treated like a broad ligament cyst. The patient made a good recovery.

Case 2 was an instance of post-puerperal abscess which had ruptured into the bladder. On operation, a doughy mass of tissue was exposed in the pelvis, and a series of small abscesses evacuated. The mass of exudation lent itself to enucleation, the sinus leading into the bladder was tied, and the operation concluded. This patient also did very well during convalescence.

Case 3 belonged to the well known type of pelvic abscess rupturing into the rectum. The abscess sac had alternately closed and discharged itself for a period extending over five years. On operation, the opening into the sac was stitched to the abdominal wall, a fibroid present was also removed, and although the thinned rectal wall was torn, the opening has spontaneously healed.

These cases well illustrate the advisability of Lawson Tait's method of attacking pelvic abscess through the abdominal walls. The abscess sac is thus treated on sound surgical principles, and the wearisome delays, the perpetual recurrences, and the constitutional demoralisation due to vaginal or rectal tapping—measures which ought to be obsolete—totally avoided.

G. H. BURFORD.

NOTABILIA.

THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

WE are requested by Dr. Hughes to insert the following:—
“The American Institute of homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary, in conjunction with the fourth quinquennial International Homœopathic Congress at Atlantic City, N.J., beginning Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

"All members of homœopathic medical societies will have equal rights as members of the Congress, and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the executive committee.

"It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics and the specialities will have their place in the discussions, the interests of homœopathy will furnish the main topics for consideration. It is proposed that one entire day—'Materia Medica Day'—shall be devoted to the subject of the homœopathic materia medica, and the consideration of questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of the condition and advancement of homœopathy in all the countries of the civilised world.

"A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea coast of New Jersey, sixty miles south-east of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of 400 miles are nearly 4,000 physicians. Atlantic City has, during 'the season,' a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore, and the West and South. She has ample hotel accommodation for 25,000 guests.

"The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodation for 800 guests, and the 'pavilion,' in which the Congress will assemble, is a large room on the first floor with a seating capacity for 800 persons. The meeting of the Congress will occur during

'the season,' but the United States Hotel will be practically at our exclusive disposal.

"The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be by far the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families."

OXFORD HOMŒOPATHIC DISPENSARY.

THE report for 1890 shows this dispensary to be flourishing and doing much good.

The number of patients for the year was 748. Over 800 visits were paid. Mortality 2 per cent. The physician is Dr. Guinness.

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

WE have once or twice lately noticed the new Homœopathic Hospital which was started last year. It was sufficiently ready for the reception of patients in September. At present the number of beds is small, but it is hoped that funds may come in to such an amount as will enable the Committee to fill the vacant space with beds. From September till the end of 1890, the Report states that 12 patients were admitted at the Dispensary, there were 1,012 patients treated during the year, and 727 visits were made at patients' houses. The medical officers are Drs. Neild and Pincott. Mr. Tester is the dental surgeon.

THE HAHNEMANN CONVALESCENT HOME AND HOMŒOPATHIC DISPENSARY, BOURNEMOUTH.

THIS valuable institution continues its good work, and is, we are glad to see, in a more satisfactory financial condition than last year. In the Home 147 patients were treated, with seven deaths. One of the great advantages of this home is that patients, if suitable cases and likely to benefit, are permitted to remain for a considerable period of time. Six months at Bournemouth (or even three) is no small privilege, and may save many a life which otherwise would be thrown away. The out-patient department grows, 790 visits having been paid during the year. The medical report remarks that no patients have yet been treated by Koch's method, no lymph being obtainable. But it expresses the belief of the medical officers

that it acts on lines "parallel to, though not identical with our special therapeutic law." An experience of *years at least* will be required to determine its true curative value. This is undoubtedly a correct view, and one which has been largely overlooked.

HOMŒOPATHY AT OXFORD.

We understand that some zealous (lay) homœopaths of Oxford and neighbourhood have formed themselves into an association, "for the purpose of promoting homœopathy in Oxford, Oxfordshire and the adjoining counties." A meeting was held under the presidency of the Mayor, on the 10th ult. The precise lines of action of the "Oxford Homœopathic Association" were to be discussed at a subsequent meeting of the committee, but the object was, it appeared, to be attained by the circulation of literature, the arranging of lectures, &c. A "Balliol man" had offered to lecture upon homœopathy. One of the speakers suggested that the treatment of animals would be of use in spreading a knowledge of homœopathy; another gentleman urged the Association to secure for the city the services of a good surgeon acquainted with homœopathy. We doubt not that this association, if carried on with the energy and prudence with which it has commenced, will prove a real boon to the city, to poor and rich alike.

VACCINIA AND VARIOLA.

In the "Weekly Epitome of Current Medical Literature" of the *British Medical Journal*, February 28th, a case is recorded which is of such importance that we extract it. It has been contended that the "similarity" between vaccinia and small pox fails in that the former only shows, as a rule, vesicles where the punctures have been made, while the eruption of the latter is general over the body. Though this is generally true, yet a few cases have been recorded sufficient to establish the fact that the vaccinia eruption may occur in parts of the body far off from the punctures. Here is another one.

"Gaucher (*Annales de Derm. et de Syph.*, January, 1891) brought before the Paris Dermatological Society, on January 8th, 1891, the case of a child that had been vaccinated with calf lymph. Eight days after the vaccination there were three good vaccine pustules on each arm. On that day the pustules became excoriated, the fever became severe, and the infant refused to suck. On the ninth day numerous pimples appeared resembling vaccine pustules. On the eleventh day a general eruption was present on nearly the whole body, occurring in places where auto-inoculation by rubbing was

not possible. Some of these pustules advanced to umbilication, others became arrested in their evolution. Whilst the eruption progressed the general state grew worse, the lungs became engorged, and the child died with symptoms of asphyxia. *Post-mortem* examination showed intense congestion of both lungs, without hepatisation, spleen enlarged, and softening of the congested kidneys. In the liver scattered yellowish islands of fatty degeneration were found."

MEDICAL CHICAGO.

A CALCULATION has just been made of the number of doctors and medical institutions in Chicago. It seems there are in that city 1,621 doctors, orthodox and otherwise; 352 dentists, 574 druggists, 147 nurses, 27 chemists, and 18 microscopists. The city is blessed with no fewer than eight medical colleges, four of which are regular, two homœopathic, one "electric," and one "physio-medical." There are besides three colleges of midwifery, five of dentistry, and two of pharmacy, with nine training schools for nurses. The number of medical, dental, and pharmaceutical journals published in the city is 18. There are 34 hospitals, 19 dispensaries, three "policlinics," and last, but not least, a Pasteur Institute. In addition to these, there are 23 charitable and benevolent institutions of a miscellaneous character.—*North Hants Journal*.

PROFESSOR LIEBREICH'S REMEDY FOR TUBERCULOSIS.

CANTHARIDES has long been known to have an action on the respiratory mucous membrane; but it is only lately that it has been suggested that it should be used as a remedy for tuberculosis. Liebreich uses from the 1-50th of a decimilligramme upwards. The drug is used subcutaneously. No cures are reported; indeed, the report laid before the Berlin Medical Society on the 4th ult. were decidedly unfavourable. In a recent lecture the Professor assigned as a reason for the rare use of *cantharides* internally that Dr. Grönefeld (residing in England in the 17th century) was prosecuted for thus administering it. Dr. Grönefeld used *cantharides* to cure renal affections. Liebreich's method has, it is stated, produced kidney disease. The curative use of the drug was homœopathic; the theoretical speculative use of it serves to bring into relief the value and the "similarity" of the older treatment, if it does nothing more.

THE DANGER OF UNBOILED MILK.

MANY people have a rooted objection to the taste of boiled milk, and, as a matter of fact, that liquid is generally drunk unboiled. The public will, perhaps, be more inclined to

depart from the beaten track when they read of the following case brought to the notice of the Académie de Médecine by M. Ollivier, one of the physicians of the Hôpital des Enfants Malades. Clinicians are moving heaven and earth to exorcise the ogre tuberculosis, and, in our anxiety to discover an antidote for the ravages of the terrible bacillus, we are apt to forget the old adage, "prevention is better than cure." The case related by M. Ollivier was that of a young lady aged twenty, whose family and personal health antecedents were excellent, but who had the misfortune of being brought up in a school where, in the space of a few years, six out of thirteen girls had fallen victims to tuberculosis, two being cases of tabes mesenterica. The young lady succumbed rapidly to tuberculous meningitis. An examination of the udder of the cow, which had for nine years supplied the school with milk, was, after death, found to be the seat of extensive tuberculous lesions. M. Mocard emphasised the contention of M. Ollivier that unboiled milk should be banned, however healthy the cow yielding it may appear, by relating how the lymphatic glands of a calf in seemingly excellent condition, which, to the great disappointment of its owner, had died after a few days' illness, had been found stuffed with bacilli. A short time afterwards the mother of this calf—a fine beast, to which had been allotted numerous prizes—died in her turn, and the udders, lungs, and lymphatic glands were discovered to be tuberculous. The lesson taught by these two interesting communications is plain: avoid unboiled milk.—*Lancet*, March 7th, 1891.

THE PHARMACEUTICAL SOCIETY OF TASMANIA.

We notice with pleasure the formation of a Pharmaceutical Society in Tasmania, with head-quarters at Hobart.

As usual homeopaths take a good place on the Council, as they do also in Victoria, where Mr. Pleasance is a member; in New Zealand, where Mr. Pond is one, and in Queensland, where Mr. Field is to the front.

In Tasmania, Mr. H. T. Gould, of Hobart, was elected at the head of the poll for the Council, receiving the votes of every member, and Mr. Styant Browne, of Launceston, was returned for his end of the Colony.

Mr. Gould was also appointed one of the four (4) examiners and has for some years acted as honorary secretary of the Hobart Chemists' Association. The Tasmanian Pharmaceutical Society is working with the Medical Court, which has had control of the examinations since 1842; in fact Tasmania in this respect is well in advance of any of the other Colonies of the mother country itself, as all chemists have had to

undergo an examination at the hands of the Medical Court of Examiners since the date mentioned (1842) or nearly half a century ago. If the medical men and chemists everywhere would work together as they do in Tasmania, it would be much more satisfactory both to the profession and the trade.

TUBERCULINE.

THE following lines and charade were written by one of the "cases" recently under treatment by Professor Koch's method, at the Chalmers Hospital, Banff, and were communicated by Dr. Wm. Fergusson to the *Lancet* of March 7th, 1891.

I feel this mundane sphere's a fraud—
A gift not worth the giving;
That things are going to the bad,
And life's not worth the living.

It is not that the world is false,
Though false it is and vain:
That makes no riot in my pulse;
That brings my head no pain.

It is not that my love's unkind,
Though that is also true;
I bear *that* now with equal mind,
For it is nothing new.

It is not that I am in debt—
None ever gave me credit—
Nor am I turning crusty yet,
Though unkind folks have said it.

You ask, "Whence then this clouded brow—
This world dissatisfaction?"
I am inoculated now,
And this is the "Reaction"!

CHARADE.

I.

My *first* lies at the root of things,
With homely earth is soiled,
Yet at the festive board of kings
Is always welcome boiled.

II.

My *second* o'er the level green
Impels the polished ball;
Where "cannons" rattle it is seen,
Yet loves the peaceful "stall."

III.

My *third* around the green earth lies,
No angel ever saw it;
'Twas never viewed by mortal eyes,
Yet men must somewhere draw it.

IV.

When wasting sickness crowns the ill,
By hapless men endured,
My *whole* fresh strength and hope instils,
And whispers "Be thou cured."

OBITUARY.

It is with extreme regret we announce the death, on March 7th, of Augustus Cronin, L.D.S.I., at his residence, 26, Harley Street, Cavendish Square, London, aged 49. He had been in failing health for a considerable time, and retired from practice October, 1889. He held the appointment of dental surgeon at the London Homœopathic Hospital for many years, and he was also a member of the Odontological Society and the British Dental Association. All who knew him must feel that they have lost a sincere and agreeable friend.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—On p. 200 of this month's *Review* in your notice of Dr. Allen's re-issue of *Bœnninghausen's Pocket Book* you remark that it includes "many other symptoms than absolutely pathogenetic ones," and you go on to say, "this, of course, applies equally to all other repertories hitherto published."

From the way in which the remarks are made readers will be apt to conclude that you mean that other than pathogenetic symptoms have been included knowingly and intentionally into every repertory hitherto published. If this is your meaning, I think you will, on reflection, admit that your assertion is not quite correct, for there is at least one honourable, viz., the *British* (or *Cypher*) *Repertory*, in which no symptom has been admitted unless it was thought to bear the stamp of being *truly pathogenetic*. And such is the condition on which symptoms are being admitted into the forthcoming

re-issue of the Throat, Nose and Ears chapters, now in course of preparation.

If you will be good enough to allow me to reassure your readers on this matter, you will oblige

Yours truly,

JOHN W. HAYWARD.

61, Shrewsbury Road, Birkenhead.
March 4th, 1891.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, daily, 2.30; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications, &c., have been received from Dr. BURFORD, Mr. WRIGHT, Mr. WYBORN, Mr. CROSS, Mr. CASTELLOTTE (London); Dr. HUGHES (Brighton); Dr. DRUMMOND (Malvern); Mr. MARTIN (Manchester); Dr. C. W. HAYWARD (Liverpool); Dr. THOMLEY (Bolton).

BOOKS RECEIVED.

The Annual of the Universal Medical Sciences. F. A. Davis: London and Philadelphia. 1890.—*The Homœopathic World.* March. London.—*The Chemist and Druggist.* March. London.—*The Monthly Magazine of Pharmacy.* March. London.—*The North American Journal of Homœopathy.* March. New York.—*The American Homœopathist.* Feb. New York.—*The New York Medical Times.* March.—*The Medical Record.* Feb. 14th, 21st, 28th, March 7th. New York.—*The Chironian.* Feb. New York.—*The Hahnemann Monthly.* March. Philadelphia.—*The New England Medical Gazette.* March. Boston.—*The Clinique.* Feb. Chicago.—*The Medical Advance.* Feb. Chicago.—*The Medical Era.* March. Chicago.—*The Homœopathic Envoy.* March. Lancaster.—*The Southern Journal of Homœopathy.* Feb. New Orleans.—*Annual Report Bournemouth Convalescent Home.* L'Homœopathie Populaire. March. Paris.—*L'Union Homœopathique.* Jan. Antwerp.—*Allgem. Hom. Zeitung.* March. Leipzig.—*Populäre Zeitschrift für Homœopathie.* Feb., March. Leipzig.—*Homœopathisch Maandblad.* Feb., March. Gravenhage.—*Gazetta Medica Di Torino.* Feb. 25th, March 5th, 15th.—*La Reforma Medica.* Sept., 1890. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 60, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW

—:o:—

THE IRRITABLE MUCOUS MEMBRANE OF THE
GOUTY SUBJECT.*

By J. GALLEY BLACKLEY, M.B., Lond.,

Senior Physician to the London Homœopathic Hospital.

GENTLEMEN,—In looking over the voluminous literature of gout, it has always appeared to me that too much space is given up to speculations upon the precise nature of the disease, and too little to its more subtle manifestations. So far as its commoner and more tangible phases are concerned, there is no lack of knowledge, but it is surprising how little has really been done to reduce to something like order the material we possess in the accounts of its effects upon internal organs, more especially those where the mucous membranes are chiefly involved. It is for this reason that I have ventured to choose as the subject of my paper for this evening the irritable mucous membrane as it occurs in the gouty subject. There is a common saying in Germany that two things are inevitable to mortals here below, "death and the third class of the order of the red eagle;" if for "mortals" you substitute "medical men," then I think we may say that sooner or later the gouty patient with a sensitive mucous membrane is sure to present himself.

* Read before the British Homœopathic Society, April 2nd, 1891.

With acute gout and with chronic gout so far as it affects the joints, or leads to the well known local deposits of urate of soda, I do not propose to deal. It is with the latent, or suppressed form, that we are concerned this evening; in fact, with the entity which goes for want of a better term under the name of the "gouty diathesis," and the evidences of which are frequently seen only in disturbances of the respiratory, digestive, urinary, or cutaneous systems or of the brain.

I.—*Respiratory Sphere.*

In order to give you a connected idea of what the effects of gout are upon the respiratory mucous membrane, I will endeavour to draw a picture, from the life, of a patient whom I have in my mind's eye at the moment; reminding you that the respiratory tract is a continuous mucous membrane, commencing with the conjunctiva and continued through lachrymal ducts, nasal cavities, pharynx, larynx, trachea, bronchi, and bronchial tubes to the finest bronchioles and their terminal air-cells.

CASE I.

Mrs. T., aged 55, is a well-preserved lady of sanguine temperament, German by birth, rather inclined to *embonpoint*, with gouty antecedents and a history of undoubted attacks of gout, in the shape of articular gout (of which traces are still evident in distorted finger joints), eczema, asthma, deafness, urate of soda deposits, and passing of red gravel. The conjunctivæ are usually slightly injected, and the lids somewhat red at the edges, and she frequently complains of a gritty feeling under the eyelids (no tophi are to be seen in the conjunctivæ). The nasal mucous membrane is pale, somewhat swollen, and rather inclined to a dusky hue; coryza occurs on the slightest provocation, and is generally accompanied by much stinging and smarting about the posterior opening of the nares; the tongue is large, pale, covered with a thin whitish coat; uvula relaxed, pale or dusky, not pink, and showing dilated veins. The epiglottis and neighbouring parts somewhat turgid and injected. The voice is usually rough and apt to assume the ægophonic character, especially after exposure to damp, and this is usually followed by a loud barking or ringing cough. Breath sounds over cricoid, trachea and bronchi usually

harsh or stridulous. At the margins of the lungs in front and behind, are limited patches of over-resonant lung, indicating slight emphysema. Breath-sounds are everywhere somewhat harsh and expiration prolonged, and a slight mucous râle is usually heard over various parts of the chest. As regards the alimentary sphere, primary digestion is good, and the patient takes an ordinary diet with whisky as a beverage (freely diluted of course). She is frequently troubled with attacks of bilious diarrhœa, and has some piles. The urine is free from albumen, but has from time to time contained sugar. Uric acid is usually present in quantity and is voided as red gravel. This I may remark is a fairly typical case, and affords a good idea of the quiescent stage. So far as the urinary symptoms are concerned, it may be taken as even more characteristic. The writer of the article on gout in Quain's *Dictionary of Medicine*, in speaking of the connection existing between gout and uric acid, is of opinion that in chronic gout, uric acid is deficient in the secretions and urea is steady. This is quite opposed to my own experience, which has been almost invariably that the uric acid is in excess whilst the daily excretion of urea is diminished; this is, in fact, what one would expect if we look upon urea as the ultimate product of the oxidation of nitrogenous waste material. In some at least of my cases I have found the percentage of urea in the urine and the total daily excretion to be below the average, whilst free uric acid has been as constantly present.

You will doubtless have gathered from my description that such a patient is constantly in a condition of unstable equilibrium, and liable to acute catarrhal attacks. These may arise from a variety of causes, cold, fatigue, emanations from decaying vegetable matter, (particularly mouldy straw) &c. Independently of the fact that these acute attacks differ but little from those seen in non-gouty patients, to attempt anything like an exhaustive description of them would require a whole evening, so I will not attempt it. I may, perhaps, be permitted, however, to give you, firstly, another sketch, from the life, of an acute respiratory catarrh occurring in a patient who at the best is in what I have called a condition of unstable equilibrium; and secondly a few points of interest relating to such attacks generally, more especially in the matter of treatment.

CASE II.

Mrs. X., æt. 68, has suffered with occasional attacks of articular gout for more than 25 years, and has visited nearly every foreign spa of any repute in the treatment of gout. In her ordinary or quiescent condition she affords an excellent example of the class of case I attempted to describe; the condition which may in a few words be summed up as "irritable mucous membrane." Caught a cold on October 5th whilst returning from Bath, and sent for me on the 10th. This resulted in a prolonged sojourn indoors, during which time, to relieve the distressing night cough, I snipped off about $\frac{3}{8}$ in. of elongated uvula. Bronchial symptoms remained troublesome, and the patient, although rising at 11 every day, remained in one room. Expectoration was almost nil, but coryza persisted for ten days; ten or a dozen handkerchiefs were used daily. Menthol and boric acid snuff so long as used relieved this, but did not cut it short. The patient complained of much pain behind the sternum, striking through to left shoulder-blade, and in the left hypochondrium. For this *bryonia* and *kali bichromicum* were used with good effect. Inhalations of the oil of *pumilio pine*, prepared according to the Throat Hospital pharmacopœia, gave considerable relief, as did also the use of the *chloride of ammonium* inhaler. *Arsenicum* and *kali hydriod.* were given internally most of the time. The muscular pains in the shoulder spread to the trapezius muscle on both sides, and in the hypochondrium became aggravated to such an extent that I prescribed a course of massage at the hands of an experienced masseuse. This had been commenced less than a week, when one day (Jan. 1st, 1891), after a morning temperature of 99°, the patient was seized at 4 p.m. with a rigor, and on my seeing her the same evening I found the temperature 101°, skin hot and dry. *Aconite* was given. Next day the afternoon temperature had risen to 101·8; slight perspiration had occurred in the night, but the skin was again dry. The attack rapidly developed into one of lobular pneumonia, and its further progress will best be understood by reference to the chart which I here hand round. The patient made a slow recovery, the attack of pneumonia being followed by one of pustular eczema, and this in its turn by one of general pruritus.

Coryza occurring in the gouty patient is usually of the variety called fluent, and may often be cut short by the use of a snuff composed of menthol, boric acid, and ground coffee.

If in spite of treatment the catarrh should descend still further, it usually attacks fauces, pharynx and larynx simultaneously. When examined in a good light (which by the way in gouty patients is frequently not the easiest possible operation on account of the extreme irritability of the fauces) we find the mucous membrane everywhere has lost its pale and smooth surface, is florid and uneven with the surface capillaries very much distended, a small vein along the front of the uvula being especially prominent. The epiglottis, false and even true vocal cords are red and injected, and as would be expected the voice becomes raspy in consequence and the frequent cough is of a noisy barking character. Acute laryngitis is fortunately rare, but the sub-acute form is exceedingly common in gouty patients. The cough is frequently very distressing, especially in the night, being kept up by the mechanical irritation due to the lengthened uvula. This troublesome state of matters may be at once relieved by snipping off a portion of the pendulous uvula by means of a curved pair of scissors after first well spraying the uvula with a three or four per cent. solution of cocaine.

Chronic bronchial catarrh, commonly called chronic bronchitis, is of such exceeding frequency, both in the out-patient rooms and in the wards of all hospitals, that I will not waste the time of those present by attempting to describe the symptoms of a disease well known to all. It will naturally be asked in what respects cases of chronic bronchitis occurring in gouty subjects differ from the rank and file of the cases met with in hospital practice. I will therefore enumerate what I consider to be the chief points of difference between an average case of chronic bronchitis as met with in hospitals and the same thing occurring in an undoubtedly gouty subject.

Firstly, then, we have the history of the patient, which on careful scrutiny will usually furnish a record of gouty troubles of a more or less pronounced kind, either in the shape of articular gout, of attacks of eczema, of asthma, of red gravel, or of renal colic, with voiding of uric acid

calculi. In patients over 60, deafness, if associated with the corresponding opacity of the *membrana tympani*, will frequently furnish a clue as to the nature of other obscure bronchial ailments. In the actual condition of the patient we usually find more or less distortion of joints, especially of fingers and toes. If actual eczema be not present, it is exceedingly common to find an irritable patch of skin on one or both shins, generally slightly pigmented, and frequently presenting marks of cicatrization of an old ulcer. The urine as a rule is dense and hyperacid, depositing uric acid crystals when an acid is added to it. As regards the bronchial catarrh itself, it is usually of the variety known as *catarrh sec.*, the amount of expectoration being sometimes exceedingly small, differing completely in this respect from the humid variety as we know it in hospital practice, where the quantity is generally enormous, and where bronchiectasis, due to dilated bronchi, with night sweats and clubbing of finger-ends is so common. Genuine attacks of spasmodic asthma I look upon as almost pathognomonic, for these will be found on careful examination to alternate with other undoubted outbursts of a gouty character, as eczema, indigestion, or articular gout. Attacks of dyspnoea closely simulating asthma (so-called bronchial asthma) are also very commonly met with. These, as was pointed out eighteen years ago by my father, are due not to spasm, but to a temporary cedematous condition of the mucous lining of the smaller bronchial tubes, and culminate usually in copious expectoration of clear serum-like fluid. Emphysema, although commonly met with, usually occurs only to a limited extent, and does not actually endanger life as in so many of our hospital cases.

II.—*Alimentary sphere.*

Here the gouty diathesis, or poison if you will, makes its presence known by disturbances affecting parts of the alimentary mucous membrane. It has been urged by some authors that these are merely internal disorders occurring in gouty persons and differing in their nature and treatment in no respect from those usually observed, or, in other words, that they possess no specific gouty character, but there can be little doubt that the

gouty diathesis if generated in a constitution too weak to develop the local affection in the extremities is productive of various disorders affecting internal organs, most frequently those of digestion and excretion. When, moreover, in connection with the generation of the gouty diathesis the constitutional powers have been greatly impaired and the functions of excretion weakened, numerous internal disorders result whether the patient may have experienced a fully formed fit of gout or not. It is a common experience, at least under homœopathic treatment, that patients who in middle life have suffered from attacks of articular gout, at a later stage are sufferers only from affections of the excretory, respiratory, or alimentary organs.

Commencing with the buccal cavity and its contents, we find the lining membrane pale, smooth and somewhat pearly in appearance; it presents distinctly less unevenness of surface than is met with in a young healthy subject. The gums are apt to be spongy, and are often retrocedent, leading first to exposure of the neck of the tooth and finally to loss of the same without caries, an affection perfectly well known to the dentist under the name of Rigg's disease. For this reason our patients are not infrequently edentulous, or at best have but the substitute provided by the dentist.

The tongue is large, smooth, pale, not indented at the edges, and usually covered with a thin whitish coat; not seldom, too, it is very sensitive to the contact of acids or spices from the presence of cracks down the centre.

The patient constantly complains of dryness of the mouth, and occasionally there is an abundant growth of *Leptothrix buccalis* to be found on examination near the hinder molars. (This ought to direct one's scrutiny to the urine, for it is by no means uncommon to find this condition of mouth associated with temporary glycosuria.)

Little need be said as to the condition of the soft palate, uvula, and pharynx, except that they too are usually pervaded with the same feeling of dryness, a condition of things which naturally enough leads, even after very complete mastication, to real or fancied inability to swallow.

A condition of subacute œsophagitis, with severe pain referred to the cardiac end of the stomach, is by no

means rare during the progress of gouty indigestion. The pain is aggravated by swallowing, and is produced equally by liquids or solids.

In the stomach itself we have gastralgia, usually alternating with other symptoms. The appetite is usually fastidious or impaired, but not seldom unnaturally keen, a symptom probably caused by the condition of vascular erethism of mucous membranes, which is a special feature of the disease, and a symptom moreover which requires to be studiously disregarded by the watchful physician. Distension and pain at the epigastrium, acid or acrid eructations, nausea or vomiting, painful oppression, flatulence, palpitation, with mental depression, anxiety, or hypochondriasis. Tenderness and fulness in the region of the liver are common symptoms, with constipated clay-coloured or olive-green stools, indicating lack of healthy bile. That the functions of the liver are often seriously interfered with is also sufficiently indicated by the frequent occurrence in gouty patients of a certain type of temporary or even permanent glycosuria.

Although constipation is the rule, attacks of bilious or abilious diarrhoea are frequent in individual cases. These may be preceded by severe pain in the region of the gall-bladder, sometimes amounting to true hepatic colic with its usual concomitants of icterus, bile in urine and general pruritus. In patients habitually constipated hæmorrhoids and pruritus ani are almost invariably present, and the contractile power of the large intestine has usually been largely interfered with by steady use of aperient medicines or enemata. The patient's anxiety on this score is usually almost amusing, a period of 48 hours passed without a stool being a sure prelude in the patient's mind to an attack of stercoraceous vomiting, and this in spite of all the cheering assurances of the physician to the contrary.

Our patient occasionally has attacks of true colic, especially after exposure or after eating indigestible articles of food, colic which reminds me always of the true lead colic I saw in the wards of the Gumpendorff Hospital in Vienna in 1870-71.

It will be noted that all these symptoms may be truly styled functional or nervous, very rarely inflammatory.

In order to impress upon your minds the most ordinary of these gastric and intestinal symptoms in their quiescent state, I will again give you a sketch from the life of a patient who even at his best suffers either constantly or at frequent intervals from disturbances of the alimentary tract; usually from catarrh, frequently but by no means always associated with bronchial catarrh.

CASE III.

Mr. S., aged 72, of sanguineo-nervous temperament, tall and erect; retired merchant; a Yorkshireman by birth, but has lived 40 years in London. Has lost nearly all his teeth, all but a very few of the lower incisors being replaced by artificial ones. He has been a sufferer for many years from gastric and bronchial catarrh at frequent intervals, occasionally from eczema, asthma, jaundice, or glycosuria, and more rarely from slight articular gout. He is at all times extremely anxious about his health, and when ill becomes positively hypochondriacal. Has been treated homœopathically for the last 40 years. In his ordinary quiescent condition his complexion is ruddy and he is moderately stout (12 stone). His tongue is large, not indented, smooth on the surface, pale and covered with a silvery fur. The fauces and pharynx are smooth, bluish, and show numerous enlarged veins. He suffers from flatulence as a rule, and frequently from distension at epigastrium and palpitation (sometimes very severe). The appetite is usually keen and he has an inordinate love for sweet things. Takes very little wine, no beer or spirits. Liver usually normal in dimension and no fulness to be made out over the gall-bladder. Bowels usually regular; has piles which do not bleed. Urine generally deposits crystals of uric acid when allowed to stand, and after the slightest cold a copious deposit of amorphous urates. Sp. gr. averages 1022, and rarely rises above 1028, even when sugar is present, as happens occasionally. Bilious diarrhœa usually due to some error in diet occurs somewhat frequently, and the patient has had one attack of hepatic colic since I knew him, although no gall-stones were passed, only inspissated bile. Also several attacks of bronchitis.

I have referred to the occurrence at times of a saccharine condition of the urine in gouty subjects. This occurs with considerable frequency, and should be looked for in all patients who are the subjects of gouty dyspepsia. Probably the reason why it is so frequently overlooked is that the amount of inconvenience to the patient is so slight; the urine is rarely increased in quantity and but little in specific gravity, and the percentage quantity of sugar is as a rule small. Without venturing upon speculations as to the causation of glycosuria, I would merely mention as a somewhat significant coincidence that such cases as I have seen have invariably been in dyspeptic subjects, and usually such as were liable to definite liver attacks in addition to other gouty troubles. This form of glycosuria is usually, though not invariably, transient, a few weeks or months at most being its usual duration. I have, however, one patient, an old man of 75, who has been a sufferer for five years to my knowledge. It is important to be on the *qui vive* for the probable occurrence of such a symptom, and quite as important to let the patient or his friends know of it and of its probable cessation within a few weeks, for failing this it is by no means uncommon for the patient to consult another medical man, who pronounces the case to be one of diabetes, and suggests either a visit to a well-known specialist or a six weeks' sojourn at Carlsbad, either course being, as I think, totally unnecessary. It is, in my opinion, precisely this class of cases of temporary glycosuria that have earned for Carlsbad a reputation for the cure of genuine diabetes, a reputation which I should be only too glad to see justified in practice; but so far I am bound to say that all the cases of undoubted diabetes which I have seen after a sojourn at Carlsbad have returned uncured. To commence with, I find that the symptom may be disregarded altogether; I have never seen any ill-effect from this course, and spontaneous cessation of the saccharine condition of the urine has always occurred within three or four months, except in the single case I have mentioned above. Even in this last the only troublesome condition associated with the glycosuria is cataract in one eye, and it is hard to say that this would not have occurred in any case.

DISCUSSION.

Dr. HUGHES said Dr. Galley Blackley's paper was interesting, and showed great research, but it did not contain much food for discussion, as he did not go largely into therapeutics. He would like his opinion on a case of an old gentleman who had much flatulence with tenesmus of bladder and rectum two hours after luncheon, though he had no trouble after his other meals. He had had gout, and during the present illness he had had gouty grumbings in the toes. Hot mustard foot-baths had removed the pains, but not helped the intestinal trouble. He asked if our diagnosis of gout made any difference in the selection of remedies as distinguished from simple affections.

Dr. DYCE BROWN thought the subject of great interest. He thought nineteen-twentieths of chronic catarrhal cases were dependent on gouty diathesis. We don't now see so much acute gout, but we see the results. The symptoms vary immensely in individual cases. He did not think the diagnosis helped much in the treatment. He thought one main feature was getting the skin to act by lamp or Turkish bath; also regulating the diet, which should be light, not comprising much meat, with fruit and vegetables. Of medicines *sulphur*, *merc. biniod.*, or *corrosivus*, *lycopodium* and *natrium muriaticum* were the chief. His experience was that constipation with flatulence was the rule, and not diarrhoea, as in Dr. Blackley's cases. Cases where there is uric acid sand were the exception; amorphous urates were the rule.

Dr. E. B. ROCHE mentioned a case of alternating irritable lung and eczema; all these symptoms were removed after marriage. He believed the cause was worry, which had affected the liver, and in his opinion the liver had much to do with gouty manifestations.

Dr. DAY mentioned a case of frequent micturition in an old gentleman who was gouty. The case proved intractable to remedies.

Mr. DUDLEY WRIGHT had seen a case in an elderly woman who had constant calls to micturate, which *nux* and *sulphur* alternately relieved. She had weak irritable heart and some edema. He asked Dr. Blackley if he had met with gouty seborrhea of the external auditory meatus? There was itching of the canal, which led to scratching, which resulted in a slight moist exudation. This lasts some days, and then tends to disappear. He would like to know what remedies Dr. Blackley had found useful for it. He had seen a patient who had cough from lung irritation, which condition was cured by keeping the feet warm.

Mr. KNOX SHAW thought Dr. Blackley's paper afforded much food for thought. He had noticed gouty diathesis affecting certain organs of the body. Mr. Hutchinson described the "gouty," or "hot, irritable eye," and Mr. Shaw had confirmed his observation. Generally in the night, the eye becomes painful and hot, and yet when looked at there is very little to see. Here the diagnosis of gout was helpful. He thought Dr. Dyce Brown's opinion that the diagnosis was not very helpful was contradicted by the treatment Dr. Dyce Brown described. He was often able to pronounce a patient gouty by finding concretions of urate of soda inside the conjunctiva as well as tophi in the ear. The former cause much irritation, and need removing. In his experience, when there is frequent micturition not due to enlarged prostate, it is due to a highly acid condition of the urine. This is relieved by medicines. There is another point. He was anxious to know the relation between gout and sugar in the urine. Patients came to oculists for failure of vision. He had had several cases with hæmorrhagic condition of retina. There had nearly always been sugar. The patients had not the faintest idea that anything was wrong with them. The sugar is not permanent, and may disappear without relieving the condition of the retina. He asked Dr. Hughes to keep his patient without his lunch.

Dr. DUDGEON (in the chair) regretted with Dr. Hughes that the paper was not of a more therapeutic character. He believed that much was laid to the door of gout which was more properly attributable to alcohol. He had met with cases which had been called gout by a number of doctors, which were evidently due to over indulgence in alcohol. On inquiring into the habits of a gouty gentleman, the latter said: "I take nothing gouty; I only take whisky." This Dr. Dudgeon prohibited, and he lost all his "gout." He had, on the other hand, seen exquisite cases of gout in teetotalers, without even a suspicion of hereditary tendency. A great desideratum is a real specific for the gouty diathesis.

Dr. GALLEY BLACKLEY (in reply) regretted that he had not ventured into the region of therapeutics. He thought the paper itself would afford ground for discussion. Dr. Hughes' case he should certainly put down as gouty. He agreed with Dr. Dyce Brown that the taint is transmitted. He believed that the diagnosis of gout made a distinct difference in the treatment. He also thought we had at least two powerful specifics in gout—*sulphur* and *arsenicum*. These are contained in the springs recommended for gout. Among others *lycopodium* is the most useful. He questioned Dr. Dyce Brown's statement that urates were always found; that was not his ex-

perience. When there was no catarrh, there was uric acid; when catarrh appeared, there were urates. He believed the liver was much involved in gout. An east wind tried gouty patients much. He had frequently met with gouty seborrhea of the external auditory meatus. *Sulphur* given internally and applied as ointment cured this. He was much interested in the "irritable eye" mentioned by Mr. Shaw. He had met with one marked case. He had alluded to the gouty conjunctiva in his paper. He endorsed Mr. Shaw's advice to Dr. Hughes about his case. He agreed with Dr. Dudgeon that most gouty patients would be better without alcohol in any shape.

THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF SERPENT VENOM.

By ALFRED C. POPE, M.D.

It has been the special privilege of physicians who derive their knowledge of the action of drugs from the effects drugs have been found to produce on the human body, and, for their selection of a remedy for diseased states, upon the principle of *similia similibus curentur*, to introduce into medicine, as remedial agents, the contents of the poison bags of several varieties of snakes. Of these the chief are the *crotalus horridus*, the *lachesis trigonocephalus* and the *naja tripudians*.

Between the poisonous effects of these three varieties, there is a very striking similarity. The nature of the fundamental change produced by each is, probably, the same, but the degree of change, the intensity of the action of each differs. In all three, it is a more or less profound alteration in the constitution of the blood which is the cause of the forms of disease they excite and resemble. The *crotalus*, however, is by far the most intense and thorough hæmatic poison, the *lachesis* being somewhat less so, the neurotic symptoms it occasions are less obscured by the violence of other changes, and therefore appear more distinctly in the provings, and the same is true of *naja*. I shall therefore consider each separately.

Crotalus.

The action of the *crotalus* poison upon man and the applications which may profitably be made of this poison in the treatment of disease have been, perhaps, more thoroughly studied than the pathogenetic effects and therapeutic uses of any other drug. This important

work has been performed by Dr. Hayward, senior, of Liverpool. His exhaustive essay is contained in the first volume of a work entitled, *Materia Medica: Physiological and Applied*, of which it occupies 280 pages. *The Cyclopædia of Drug Pathogenesis* contains a full record of all the most trustworthy provings of, and the most characteristic cases of poisoning with it, together with the details of some sixteen experiments by it on the lower animals and the *post-mortem* appearances presented by them.

It has been denied that serpent venom when introduced into the body by the mouth is poisonous. Much controversy has arisen on this point and many experiments have been performed to decide it. The investigations of Sir Joseph Fayrer, Dr. Richards and Dr. Brunton have, however, conclusively proved that poisoning does take place by absorption of the venom through the mucous surfaces. Further, the successful use of serpent venom by homœopathic physicians during the last fifty years is of itself amply sufficient testimony to the power of this animal poison to operate when taken by the mouth.

The evidence, therefore, on which we rely to exhibit the effects of the *crotalus*, as well as other species of venom, is partly such as is afforded by provers who have voluntarily swallowed the poison, partly such as is supplied in the records of cases of persons bitten by the rattlesnake, and also in experiments made upon the lower animals with the view of tracing the tissues especially disorganised by it.

When taken by the mouth, the first symptoms are usually a feeling of listlessness, indifference, stupidity and a weakness of memory. Then comes headache—a dull, heavy feeling in the forehead, with pressure upon the eyeballs, and a burning feeling in the eyes; there is some deafness, the ears feel hot, and as though they were stopped up. Pains are felt in the bones of the face, bruised, tearing and drawing, and extend down the neck to the shoulder. There is a sour, rancid taste in the mouth, with pressure at the epigastrium and heart-burn. A pressure is felt over the umbilical region, and a deep pain like burning; a stitch in the region of the spleen, as though one had been running. As the pain in the abdomen increases, diarrhœa sets in. Urine is

increased in quantity and of a dark colour. The voice becomes hoarse and weak, the larynx painful on pressure. Sneezing is followed by a stitch in the right chest, and over the sternum, increased by pressure but not by deep breathing; throbbing and bruised pains in the lateral region of the chest, worse on touch and movement. The sensation of a bruise over the arms and lower extremities in various parts is repeatedly felt by the provers; the limbs are tired and almost powerless; cramp and coldness are also felt, and pains in the knee and other joints are described as "like gout." There is great drowsiness during the experiments, a restless dreamy sleep, from which the experimenter awakes in the morning with a bruised sensation in all his bones.

Taken by inoculation—for Dr. Hayward's enthusiasm in making a complete research led him to inoculate himself with one-sixth of a drop of venom—most of these symptoms occurred, but in a much more decided manner. When thus taken hypodermically there is greater depression; the pulse, at first raised ten beats above the normal, in half-an-hour sinks ten below that point, and feels small, soft, and empty, and is very easily compressible. There is a sinking sensation at the epigastrium, with a craving for stimulants. This is particularly interesting, as alcohol is regarded as the most effective antidote to the bite of a rattlesnake; and while a human being is under the influence of the poison it is almost impossible to produce intoxication with it. As much as three pints of whisky have been given to a young lady 17 years of age without exciting the least evidence of intoxication, during her treatment for one of these bites.

Vertigo and headache—a sense of frontal congestion—were considerable and enduring. Urine was scanty, of a high colour, sp. gr. 1031. Boiling rendered it paler and greenish; nitric acid made it a little darker, but it remained clear. Another portion, to which caustic potash was added, became milky, and, on boiling, a darker green than that acted on by the nitric acid. Twelve hours later the urine became more copious and had a sp. gr. of 1014. Very little exertion set the heart beating rapidly, and caused an aching pain at the lower angle of the scapula. The weakness of the heart was very considerable, and remained for some time.

The joints were especially painful, stiff and aching, and bruised feelings in the thighs were particularly trying.

In the case of a young lady who submitted to the same operation, giddiness came on in about two hours; she felt as if the muscles of the neck were too weak to support the head, and eventually she was obliged to go to bed. On waking the following morning, the headache had disappeared, but she "could not think, comprehend, or remember distinctly."

Drs. Humbolt and Manzini inoculated many persons with *crotalus* venom as a prophylactic against yellow fever.

"The symptoms of the inoculation appeared in the following order. At the moment of inoculation, there was vertigo which soon passed away. There was also a nervous trembling, which is rarer, but which lasts a longer time. After seven hours, the pulse is permanently modified; it is either too frequent or too slow, stronger or weaker. In eleven hours, there is febrile heat. At the end of fourteen hours, there are headache, want of appetite and thirst. At the end of sixteen hours, the countenance is red, conjunctiva injected, epiphora. The swelling of the gums is observed from the commencement. At the expiration of eighteen hours, pain is felt in the gums, the margins of which are reddened around the teeth; pain of the salivary glands, and in the direction of the different branches of the nerves of the face and teeth. In nineteen hours, there are pains in the lower jaw and in the direction of the sub-maxillary nerve, and lassitude. In twenty hours, bitter taste, drowsiness, coryza and œdema of the face. In twenty-two hours, a constrictive sensation of the throat, without any visible alteration of the mucous membrane. In twenty-three hours, yellow jaundice. In twenty-four hours, hæmorrhage of the gums. In twenty-eight hours, yellowness of the sclerotic and shivering. In twenty-nine hours, angina tonsillar. In thirty-hours, pain in the region of the kidneys. In thirty-six hours, swelling of the eyelids. In thirty-eight hours, pain in the muscles and joints. In forty hours, toothache. In seventy-two hours, swelling of the lower lip. At different hours, sexual excitement. During convalescence, itching of the skin, cutaneous eruption of various kinds."—*Cycl. Drug. Path.*, quoting from Newland, *On Crotalus Horridus*, 1868.

As Dr. Neidhard remarks, "these inoculated people resembled exactly sufferers from the initial stage of yellow fever."

As an illustration of the effects of poisoning from the bite of the serpent, the following case, quoted from the *Cyclopædia of Drug Pathogenesis*, is a fair one:—

"A woman, stepping on her doorstep with bare feet on a rainy night in October, was bitten on the great toe of the right foot. She imagined that she had been scratched by a young cat, so that terror and fear could not, in this case, have such influence as is usual in cases of snake-bite, and could not therefore increase the danger.

"Immediately she had walked five or six steps, she fell down as if fainting. She had violent burning pain in the leg of the bitten side, and great swelling and burning sensation as far up as the thigh. After five minutes, there were violent pains in the front part of the head. After ten minutes, violent vomiting of food (this lasted for several days following each meal). After one hour, there was dryness in the throat, with violent thirst, and red, watery, tearful eyes. After eight hours, there was much œdematous swelling of the whole body. After ten hours, the whole head and especially the face were much swollen; there were also burning pains in the trunk, lasting several days with great sensibility, increased by touch. There were also great oppression of the chest, with evident inflammation of the lungs and bowels. Great languor and delirium. After ten hours the swelling gradually decreased; marble-like green, yellow, and bluish spots remained, and only departed after the entire disappearance of the swelling. Swelling and discolouration extended to the loins of the bitten side."

In other cases, besides swelling of the limbs, there have been blisters containing a yellowish fluid, in others vesicles. In one of these, a woman, bitten in the right thumb, an eruption of three or four small vesicles accompanied with "bite" pain appeared on the site of the original wound three months after her recovery. In a few days they dried up and disappeared, but recurred every three months for six or seven years; during the next three or four years they did so at indefinite intervals, but always at longer periods than three months, and afterwards for seven or eight years (when the case

was reported in the *American Medical Recorder*) there was no return.

In the case of a man bitten in February in his right hand, after nine days the hand and arm were spotted like a snake and continued so all the summer. In the autumn his arm swelled, gathered and burst, and then away went poison, spots and all. The parts in the immediate neighbourhood of the wound not only swell exceedingly, but very generally become gangrenous.

The *post-mortem* appearances may be represented by the following case, though they are somewhat spoiled by the fact that the man appears to have been a drunkard. "Much fluid blood followed on cutting into the scalp, and still more from the sinuses of the brain, perhaps nearly a pint. The arachnoid, covering the hemisphere, was raised into vesicles by a deposit of serum beneath, giving it the appearance of a blister. The veins of the *pia mater* were much injected. The brain substance was also congested. There was no extravasation of blood. There was very little blood in the heart, it having perhaps run out from its fluidity. There were no ecchymoses in the stomach. The mucous coat of the small intestines exhibited patches of inflammation throughout its whole length of a lively red colour, and of various diameters, from 6 to 12 or 18 lines, and very close in succession, especially in the jejunum. The liver was somewhat yellow. The muscles were brownish instead of red. The bitten limb was tumefied from effusion of serum in the cellular tissue. The blood was universally fluid."

In another case the liver had a livid appearance. Dr. Mitchell (*Researches upon the Venom of the Rattlesnake*, pp. 94-95) says "Amongst the most constant and curious lesions in cases of secondary poisonings are the ecchymoses which are found on and in the viscera of the chest and belly; most frequently affecting the intestinal canal, they may and do occur in any cavity and on any organ; . . . this leakage of blood into the serous cavities and areolar interspaces is plainly due to the loss of coagulating power in the blood, or to alterations in the vascular tubes or to both. . . . It seemed to me that, however various the seat of the affection, it was in all organs and tissues alike in its character. In other words, owing to the changes in the blood or tissues or both extravasations are met with in the lungs, brain,

kidneys, serous membranes, intestines and heart. As a result, we have functional derangement grafted on the main stem of the malady, and the accompaniments of bloody serum in the affected cavities, bloody mucus in the intestinal canal, and bloody urine in the bladder."

As the condition produced by *crotalus* venom is one of true toxæmia, one where the fibrin of the blood is dissolved and its corpuscles necrosed, so it is in that class of disease of which this state of the blood is the pathological basis, that it has been found most useful. Further, it is called for in persons of a broken-down constitution, persons whose health has been ruined by alcoholic excesses or by malarial fevers.

Among the various formidable diseases of this type with which the physician is called upon to deal, in one part of the world or another, there is none which is calculated to inspire him with greater anxiety than is the dreaded yellow fever of the Southern States of America. In its treatment the veteran Dr. Holcombe, of New Orleans, who is perhaps more thoroughly acquainted with this fever than any other physician, was, I believe, the earliest observer to note the homoeopathicity of *crotalus* to it. Writing in 1853—when the nature of the action of *crotalus* was only known roughly and far less precisely than that of *lachesis*—Dr. Holcombe (*N. A. Journal of Hom.*, Vol. iii., p. 498), after pointing out the value of *arsenic* in the second stage of yellow fever, says:—

"In looking for a complemental medicine to alternate with *arsenic*, in order to fill up the morbid picture, we keep it in view that it must be capable, chemically or otherwise, of deteriorating and devitalising the blood, so as to give rise to hæmorrhages and extravasation, and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable or mineral, do this more uniformly and effectually than the virus of serpents. With some of these poisons, particularly *crotalus* and *lachesis*, we have been made tolerably well acquainted through the zealous and useful labours of Dr. Constantine Hering. They are remarkably similar in their action, like the isomorphous substances in Dr. Blake's interesting experiments. We chose the

lachesis, and the results were so satisfactory that *crotalus* was used only tentatively in one or two hopeless cases."

Dr. Neidhard, of Philadelphia, in 1868, gave very emphatic testimony to the usefulness of this drug in yellow fever, and also in a bilious remittent of a very malignant character which he had frequently met with in the neighbourhood of his city.

In the elaborate Report of the Commission of eleven physicians, who had had considerable experience in the treatment of this fever during previous epidemics, appointed by the American Institute of Homœopathy to investigate the therapeutics of the epidemic of 1878, the concurrence of opinion among those who had actively engaged in the treatment of cases of the great value of *lachesis* and *crotalus* in the second stage was stated to be very striking.

In the course of many cases of epidemic—cerebro-spinal meningitis, purpuric spots indicating the blood-degeneration which is the basis of this formidable disease, together with great cerebral depression will be better met by *crotalus*, than any other medicine, except perhaps *phosphorus*.

In typhus, in its malignant or petechial form *crotalus* will probably be found to influence the profound blood poisoning which exists more surely than *arsenic* or *phosphorus*.

In puerperal fever and in pyæmia this form of serpent venom is oftentimes clearly indicated.

In malignant pustule, and where glanders from the horse has been communicated to man, *crotalus* is better worthy of our confidence than any other medicine. The general condition of a glandered man resembles in many striking particulars the descriptions we read of persons who have been bitten by the rattlesnake.

Cases of variola, scarlatina and measles in very severe and fatal epidemics will, now and again, be met with in which *crotalus* may be prescribed with some hope. In variola the chief indication is the purpuric character of the eruption and hæmorrhage from the bowels. In scarlatina, it is in its most malignant form alone that it is likely to be useful. Dr. Hayward records a very striking case of the almost invariably fatal form of this fever (*Mat. Med. Phys. and Applied*, vol. i., p. 363), in which *crotalus* was very promptly remedial. The patient was a girl of nine years of age. Scarlatina of the very

worst type was apparent on the 5th of October, 1870.
By the morning of the 7th—

“ All the symptoms were worse, the throat way nearly closed, and she breathed with difficulty, with an occasional interruption as though from the swollen condition of the fauces ; the fauces and tonsils appeared softened, jelly-like and as if gangrenous, and the head was thrown backwards and upwards as far as possible. There was retching when anything was given by the mouth, even a teaspoonful of cold water would provoke it, and the matter brought up consisted of mucus reddened with the blood apparently oozing from the mucous membrane, or resulting from the gangrenous state of the fauces, with some blood in streaks as if forced out by the retching. After retching she always fell back on the pillow moaning, in a very weak and low voice, as though dying ; she also sank down in the bed in a state of stupid lethargy like a dying typhus patient. The breathing was sighing, jerky and intermittent, and there was a loose tickling almost incessant cough, as though from trickling of the mucus into the larynx ; the pulse could scarcely be felt, the rash was only faintly visible and was brown and rough. Appreciating now the hæmorrhagic character of the attack, *crotalus* was given internally in the 4th attenuation, a drop in a teaspoonful of water, dropped slowly into the mouth every half-hour. *Cantharis* ϕ was also poured on the compress, which was applied over the tonsils in order to raise the cuticle with the object of applying *crotalus* to the denuded cutis. In the afternoon she appeared to be dying. The *cantharis* having raised the cuticle around the throat, this was removed, and the wet compress was sprinkled over with *crotalus* 3rd trituration, this was renewed after an hour and then every three hours. There was no retching after the first application of the *crotalus* to the denuded cutis, not even when beef juice was administered, but the respiration and pulse remained the same. In the evening as I sat by her bedside, expecting every moment to be her last, I noticed that she gradually became less distressed, and during the night she dozed at intervals. Real sleep followed, and her breathing gradually became less hurried and irregular, and some degree of consciousness was manifested, the eruption though dark increased, and as the day advanced, brightened in colour, and all the distressing symptoms receded rapidly. The day following her appetite returned and in a few days she was practically well.

In this case the symptoms corresponded closely to those characteristic of *crotalus* poisoning ; the remedial action of the venom was rapid and well marked ; while

a severer test of the power of a medicine to control an apparently hopeless condition could scarcely be applied.

In measles of the malignant type, especially when hæmorrhage from the nose is present, or purpuric spots are noticeable, *crotalus* will doubtless prove equally useful.

Some cases of diphtheria, cases where the degree of prostration is greatly out of proportion to the extent of deposit on the tonsils, where the difficulty in swallowing is unusually great, respiration much impaired and lividity of the lips and face is apparent, in such as these *crotalus* is indicated.

Erysipelas, when it occurs as the result of septic poisoning, or in the course of some zymotic disease, or when idiopathic it is of a very low typhoid type, *crotalus* will, in many instances, be useful. It has been given with great advantage in erysipelas occurring after vaccination. Dr. Hughes, in a letter to Dr. Hayward, informed him that Dr. Talbot, the Professor of Surgery in the Boston University, had told him that in a severe attack of lymphangitis and septicæmia following a dissection wound from which he made a good recovery he had relied on *crotalus*.

In the treatment of carbuncle and of traumatic and senile gangrene, the local and general symptoms of *crotalus* point it out as a medicine which is well calculated to assist in promoting recovery. Indeed, where septic poisoning is present there is, generally speaking, no more useful remedy than *crotalus*. Further, in cases where septic poisoning is to be apprehended—as in genile gangrene, where a portion of the foot is dead and sloughing is still proceeding—a persistent use of *crotalus* will materially aid in preventing absorption of the discharges and consequent septic fever.

In peritonitis, when occurring as a part of some zymotic or septic disease and in typhlitis and perityphlitis, met with under the same circumstances, this medicine will often be required. Especially will it be useful when there is vomiting attended by much drowsiness or giddiness, or if the vomited matters contain much green slimy mucus or uncoagulated blood.

Where jaundice occurs as one of the products of general toxæmia, *crotalus* will be called for, as it will also where, in a similar condition, the kidneys are con-

gested. When this takes place, for example, in the course of very malignant scarlatina, it will be especially useful.

It is an appropriate medicine in general dropsy, which, in the words of Dr. Hayward, is "not necessarily dependent on organic disease of any of the great central organs, but is rather an expression of a debilitated or softened state of the capillaries, or a general breakdown of the vital powers, and particularly if this has resulted from chronic alcoholism or from septic or zymotic or other degrading or debilitating disease." *Op. cit.*, p. 380.

The well-known hæmorrhage-producing property of *crotalus* has led to its use in intra-ocular hæmorrhages. "It has appeared to hasten the absorption of extravasations into the vitreous, though more favourable results have been obtained from its use in retinal hæmorrhage. It has been of service in the extravasations into the retina, dependent upon various forms of retinitis, but it is especially adapted to those cases which result from a degeneration of the vessels, and are non-inflammatory in their origin."—*Ophthalmic Therapeutics* by G. Norton, M.D., 2nd edition, p. 74.

While the foregoing formidable morbid conditions constitute those in which the power of this venom is most conspicuously exercised for good, there are others of a less serious character in which it is sometimes indicated, and has been found useful. These I will briefly notice.

It is homœopathic to some headaches, especially when occurring in persons in a low state of health. The pain is dull and aching, or throbbing and shooting in the left forehead. It is associated with confusion and loss of memory, and is aggravated by any attempt at mental exertion. Headache with vertigo, nausea and vomiting is often present in diseases otherwise indicating *crotalus*.

There is a laryngeal tickling cough excited by any pressure on the windpipe, by talking or taking a deep breath in which *crotalus* is as well indicated as *lachesis*, and which *lachesis* has repeatedly cured.

In bronchitis, pulmonary congestion and pneumonia, when either occurs in the course of some septic disease, *crotalus* will be useful. It may also be expected to be of some service, when the patient is one whose constitution has been deteriorated by long-continued illness and in whom gangrene of the lung appears to threaten.

Further, Dr. Hayward has found it beneficial in

pertussis, when there was great debility and marked cardiac weakness; when the attacks were followed by puffiness of the face, epistaxis, lividity of the lips, or when there was a threatening of pulmonary œdema or paralysis.

In malignant disease Dr. Hayward suggests that hypodermic injection of five minims of the 1st centesimal attenuation every few hours. In other cases the 3rd to the 6th centesimal are all sufficient.

(To be continued.)

MODERN METHODS OF PRECISION IN PELVIC DIAGNOSIS.*

By G. H. BURFORD, M.B.

Assistant-Physician to the Gynæcological Department.

THE function of the specialist is essential, no less in a community of letters than in one of labour. Since the age of Socrates the broad dogma of specialism has been accepted all through time; and the sphere of individual work narrowed, that its character might have more of precision. The specialist must justify his existence by contributing results obtainable only by concentration; though his intellectual range is limited, he gains in mental intensity what he loses in mental proportion; his office is contributory to the general sum of human knowledge.

Now the principle of devolution is nowhere more necessary than in the study of the phenomena of morbid states of the human body. These manifestations are so Protean, and withal always within the sphere of antecedent and consequent, that their study is as promising as its sub-division is necessary. The more philosophical our conception of abnormal conditions, and the wider our purview of the sphere of cause and consequence, the more successful shall we be, because the more resourceful, in our use of natural forces for the renewal of health. And within the area of enquiry, no fact but has its function, no knowledge but is germane to the end in view, the restoration to the normal.

The organs involved in the perpetuation of the species are in such a condition of unstable equilibrium, and so liable to the assaults of traumatism, that special study is requisite for the desirable attainment of special skill in their treatment in disease. But in order to gain a clear

* A Post-Graduate Lecture delivered at the London Homœopathic Hospital on February 6th, 1891.

conception of the abnormal, we must have a vivid and abiding image of the normal as a foil. So I will sketch the chief details in the background of the normal condition, that the outlines of the unnatural and diseased may stand out in bold relief.

On making a vaginal examination, search carefully for the right and left ischial spines. Through the spines the pelvic equator may be drawn. The cervix uteri is located on this line, exactly midway between its extremities. Thus if the cervix be below the equatorial plane, there may be present prolapse, cervical hypertrophy, or downward displacement due to tumour pressure. If the cervix be nearer one or other ischial spine, we have uterine displacement, due usually to contracting parametritis, or broad ligament cyst; if above the equatorial plane, the displacement may be due to tumour adhesion, dragging up the uterus in the direction of growth; and so on.

What is the normal position of the corpus uteri? Most book diagrams are hopelessly wrong about this. Projections have largely been made from examinations after death, or from a sense of artistic fitness; and only of late years have the painstaking and thorough investigations of Schultze shown that the normal position of the uterus is at right angles to the vaginal long axis. The anterior uterine wall lies exactly apposed to the posterior bladder wall, the latter viscus being distended more or less; the fundus uteri is found immediately behind the symphysis. The long axis of the uterus follows a line drawn from the upper border of the symphysis to the coccygeal tip, the line being a little curved. And the vaginal end of the cervix is about 2 or 3 cm. distant from the coccyx.

This then enables us to form a clear conception of the normal relative locus of the cervix and the corpus uteri.

METHODS OF DIAGNOSIS.

For the exact investigation of the lesions of the pelvic viscera we amplify our diagnostic methods into the synthetic, the graphic, the tactile, the instrumental; and when the diagnosis has thus become limited to a few alternatives, we add thereto the special. These consecutive procedures will now be treated in detail.

I.—THE SYNTHETIC METHOD.

Hegar directs that we should always commence diagnosis by cross-examination, and in this procedure we have various necessities to consider. The necessity

for diagnosis ; the necessity for prognosis ; the necessity for constructing a variable that shall resemble in its essentials a constant—the variable being the patient's condition, and the constant the drug proving. Beside these requisites there are larger issues upon which information is required. The effects of heredity ; the mutual exclusion of types of disease ; the secondary effects of local lesions distributed over other organs and tissues in the body. All these lines of enquiry, whose results bear notably on the condition of our patient before us, can only be made fruitful by careful observation and comparison. To this end we adopt a schema broad enough to include all essentials, and detailed enough to comprise all the elements of the case. Here, as elsewhere, we are utterly unscientific where we are not methodic. Subjoined is a copy of the printed form, with space for insertion of detail, that is in use at the London Homœopathic Hospital.

Name : *Age* : *State*
Children : *Miscarriages* : *Last Confinement*
Last Cata. :

Menstruation : *Last Cata* : *Duration*, *Quantity*, *Nature* :
Comparison : *Interval* : *Concomitants* : *First Cata* : *ut supra* : *Regular* or *no* : and *since*.

Pain : *During Period*, *Interval*, or *both* : *Duration* :
Exact Days : *Maximum* : *Nature*, *Locality* and *Radiations* :
Aggravation and *Amelioration*.

Bladder : *Urging*—*Day* or *Night*, or *both* : *Dysuria*.

Primæ Viæ :

Other Notable Conditions :

GENERAL CONDITION.

1. *Temperament* : *Diathesis* : *Condition*.
2. *Previous History* : *Exanthems*—*vaccination*.
3. *General Aggravation and Amelioration of Symptoms*.
4. *Eyes*.
5. *Head*.
6. *Heart and Circulation*.
7. *Urine*.
8. *General Symptoms* : *Heats and Flushes* : *Extremities* : *Fainting Fits* : *Petit Mal* : *Body Pains*, &c.

The immense importance of accurately transcribing all details of a case consists in this : that without such carefully written descriptions no general deductions can be made. Thus in a recent trial at the Law Courts,

large damages practically hinged on a correct answer to the question "Does free bleeding occur as the earliest hæmorrhagic condition in carcinoma uteri?" The response of the specialist was made as the outcome of some years careful and detailed registration of history and symptoms in gynecological cases.

II.—THE TACTILE METHOD.

Modern gynecology dates from ten years back, and corresponds with the perfection of the bi-manual method. On this point Lawson Tait is most emphatic: "The old-fashioned mechanical school, the teaching of the speculum, the sound, the caustic stick and the pessary has been practically killed." Schultze, the most finished of German diagnosticians, writes: "The sound is seldom used by us now to find out the position and shape of the uterus, because a much better knowledge is obtained on these points by bi-manual palpation." For accuracy and ease in diagnosis, the bi-manual method far surpasses all others, taken singly or collectively.

For the effective and profitable conduction of the bi-manual, the appointments and preparations are:

(a) The table or couch: of sufficient height to obviate stooping on the part of the examiner; of sufficient hardness to allow free local examination with ease; it must be approachable on both sides; it should have also two foot rests at the end.

(b) Complete unloosening of all garments down to the skin; the removal of corsets.

(c) Empty rectum and bladder.

Place the patient in the dorsal position, and commence by *Examination of the abdomen*. Then, with the knees well drawn up, still in the dorsal decubitus, proceed to

Vaginal examination with the forefinger; with the other hand over the symphysis, the fundus can be crowded down in the pelvis; and the relations and position of all the pelvic viscera determined. Next, place the patient in the

Left lateral position: The parametria and Douglas' pouch can be still better explored.

Rectal examination should always follow, as many points can be better and more clearly determined after vaginal examination. Inspection may, if necessary, be conducted for perineal tears, labial abscess, urethral caruncle, &c.

These procedures complete an ordinary bi-manual examination. In no instance is it *necessary* to introduce the sound; in few cases will the speculum give more information than is obtainable by the *tactus eruditus*.

The following schema we adopt to register the result of the tactile method of examination, supplemented by instrumental aid when necessary.

PHYSICAL EXAMINATION.

Abdomen: Contour: Parietal thickness: Skin: Tension: Sensitivity: Abnormal conditions: Auscultation: Percussion: Palpation, deep and superficial: Measurements, A, B, C, D, E, F, G.

Pudenda and Perineum: Lab., maj., min.: Meatus: Cystocele: Rectocele: Perineal Body: Neoplasm: Proxidentia: Ducts.

Vagina with Portio V.: Introitus: Calibre: Sensitivity: Neoplasm. *Portio V.*: Position: Direction: Mobility: Size: Laceration: Hypertrophy: Atrophy: Sclerosis: Ectropion: Neoplasm: Softening.

Cul de Sacs: R.: L.: A.: P.: Dimensions: Contents: Resistance: Sensitiveness.

Bimanual Examination: *Uterus*: Size: Position: Contour: Consistence: Deviation: Ant. Segt.: Post Segt.: Mobility or Fixation: Fundus: Corpus. *Parametria* R. and L.: Free: Rigid: Contents: Contracted: Resistance: *Douglas P.*: Contents: Resistance: Tubes: Ovaries.

Speculum: Volsella: Dilatation and Exploration: Curetting: Microscope.

Vesical Exploration: *Bony Pelvis, Coccyx, &c.*:

Rectal Exploration: *Diagnosis*:

Mammæ: *Treatment*:

III.—THE GRAPHIC METHOD.

The results of local examination should always be sketched as well as described. For vividness as well as accuracy, for a sound general conception and correct proportion of detail, this method is pre-eminently a method of precision. Indications of site, of intimate relation, of size, of form and outline, of direction of growth—all these can be represented much more quickly and much more accurately by drawing than by description. Outline diagrams are all we need concern ourselves with, and we will consider how best to utilise them. For pelvic purposes three planes of section are

enough—the plane of the pelvic brim, the median antero-posterior pelvic plane, and the transverse plane. These three planes for drawing correspond respectively to conditions as found in the upright position, the usual left lateral position, and the position as lying on the back. To these may be added an outline abdominal sketch for delineation of tumours, &c.

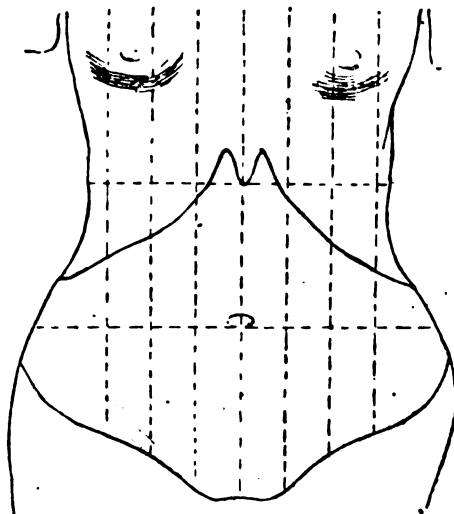


Fig. 1.—Outline diagram for sketching Site of Abdominal Tumours, &c.

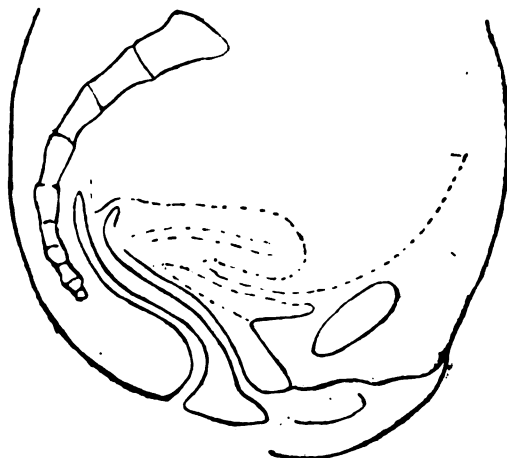


Fig. 2.—Patient lying in Left Lateral Position.

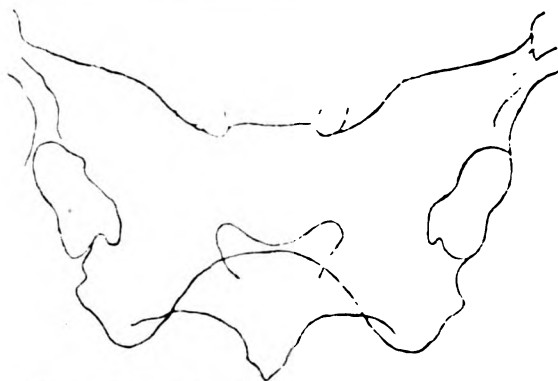


Fig. 3.—Diagram corresponding to Dorsal Decubitus.
Pelvic Viscera to be sketched in.



Fig. 4.—Diagram corresponding to Plane of Pelvic Brim.

These diagrams are prepared by Schultze, and are those in use at the Vienna and other great German schools for the same purpose. These four outline diagrams give the condition of things from all aspects of examination, and together they tend to that accuracy in diagnosis, which is the aim of every practising gynecologist.

IV.—THE INSTRUMENTAL METHOD.

It is sometimes requisite to supplement the tactile method by the use of instruments designed to verify or

amplify the information already given by the bi-manual. The sense of sight is thus requisitioned by the use of the

Speculum.—This instrument has conducted to much bad pathology and much ineffective treatment. In vaginal lesions, *e.g.*, vaginitis granulosa, it is very useful; in abnormal cervical conditions, *e.g.*, a presenting polypus, epitheliomatous fungosities, &c., it also has its vogue; but in all uterine lesions it is utterly useless, and very often misleading. In cervical conditions, too, let it be remembered that lacerations in the cervix were for many years unnoticed and almost unknown, consequent upon the use of Ferguson's speculum, which does not exhibit them *ad naturam*.

When it is desirable to use a speculum, Ferguson's is undoubtedly the best, or the smaller Holland's modification. The Sims' duckbill, or better, Heywood Smith's modification is most useful; with this should always go Simon's spoon for keeping up the anterior vaginal wall.

Uterine Dilators.—These are of the highest service for allowing more intimate exploration of the cavum uteri when required. Never use such weapons as the metal pronged dilators; they are dangerous and unscientific. By far the best and safest are Hegar's dilators of glass or ebonite. After use it is well to lay in the uterine mouth an iodoform pencil; if this be done unpleasant after results may with certainty be avoided. The posterior—or anterior—cervical lip must be steadied by a double hook, but never attempt with this to draw the uterus down if any lateral pelvic deposit exist.

The Curette may then be used to detach shreds of membrane, fungus granulations, sloughing uterine tissue, &c., or more guardedly for obtaining small quantities of neoplasm for microscopic examination.

The Intra-Uterine Speculum is an instrument at present wholly undeveloped, but from which ere long surprisingly accurate information may be obtained. I shall recur to this subject at some future date.

The Sound.—Only in the rarest cases is the use of this instrument necessary. All the information it gives can be secured with more certainty and less risk by a careful bi-manual examination.

V.—SPECIAL METHODS.

When diagnosis has been narrowed to a few alternatives certain special combinations of simple methods are necessary for the final determination of the physical condition. In the examples of some of the more frequently recurring abnormal conditions, which are appended, such procedure is evidenced.

EARLY PREGNANCY.

The history of one or two periods missed is always suggestive; but this requires to be supplemented by Hegar's sign, which in early pregnancy, even of one and a-half months, is never wanting. "The uterus in early gestation loses its pear-shaped outline, and becomes bellied out in its lower segment in all the transverse diameters; this is most readily felt in the anterior cul-de-sac."

This is an unfailing sign of early pregnancy. I have demonstrated it again and again to pupils and assistants in my out-patient clinique, and in every case with success. Quite recently a patient was sent to me in whom I diagnosed early pregnancy of about two months. She went home, communicated with her local medical attendant, who flatly denied the diagnosis. A miscarriage at the fourth month settled events even to this gentleman's satisfaction.

II.—UTERINE FIBROIDS.

Almost every pelvic mass is diagnosed by the unskilled as a uterine fibroid. I have seen pelvic exudation, pregnancy, malignant disease of the pelvic organs, ovarian cyst, pelvic abscess, all in their turn asserted to be uterine fibroids! That uterine fibroids are common is beyond doubt; but that other pelvic lesions with solid elements are also common is not sufficiently frequently remembered.

The synthetic method is essential here in recording menorrhagia or amenorrhœa, pain or merely neurotic explosions, a history of previous pyrexia, or an a-febrile course, a cachexia, a traumatism, or a purulent gush. The tactile method will shew an absence of adhesions, an enlarged, often nodulated, uterus, a freedom from peritoneal irritation or effusion, and a normal cervix. The graphic method will represent the exact size, position and relations of the uterus for comparison in esti-

mating progress. Abdominal measurements for purposes of precision are worse than useless, if used alone, to determine size.

III.—UTERINE CARCINOMA.

No form of uterine lesion is heralded or accompanied by so great a diversity of symptoms as uterine carcinoma. Bleeding may be present or absent; pain may be considerable or nil; rectal and vesical symptoms may be marked or wanting; and cachexia may be obvious or of very late development. Yet the synthetic method is here of great value, if only to record the varying times at which the classical symptoms may make their appearance in the history of the lesion. The tactile method is much more serviceable, but this requires to be used with great care, for a sclerosed cervix may be called a schirrhus, or an epithelioma diagnosed as a benign papilloma. In advanced cases there is no room for doubt, in early developments the removal of a small piece of tissue by the curette for microscopical examination will generally decide the question.

IV.—PROLAPSUS UTERI.

In minor degrees of prolapsus the exact amount, or even the presence, of prolapse requires careful consideration. The synthesis will reveal some urging to micturition, aggravated during the day, but relieved on adoption of the horizontal posture. The tactile method will always show, if the patient strain, a commencing descent in the anterior cul-de-sac, continuing until the cervix, and finally the posterior cul-de-sac (in advanced cases) are thrust in the direction of least resistance, toward the vaginal introitus. The bulging of the anterior cul-de-sac on straining is, in however slight degrees of prolapsus, never absent.

These conditions are cited to show the necessity of adopting the various methods of diagnosis in each appropriate case, and the impossibility of accurately determining the condition if all sources of information be not drawn upon. To become a master in the art of diagnosis requires incessant practice, but care and discrimination can be evidenced by all. Not only elaborated method, but *nous* is required to give success in diagnosis, and unclassified experience is often of no avail.

ON DR. HUGHES' INDEX TO THE CYCLOPÆDIA.

BY J. DRYSDALE, M.D.

As Dr. Hughes has expressed a wish that his paper on this subject at p. 658 of this *Review* for 1890 should receive a more full and minute criticism than was possible at the meeting of the Congress, I send this contribution to the subject. Three different subjects were discussed in the paper. The first was whether the symptoms in the *Cyclopædia*, which are understood to have already gone through a process of revision and sifting such as can be done without actual reproof, should be farther revised and sifted more thoroughly by the same means before the *Index* was made. On this subject I think we are all practically agreed if we recognise the fact that there are two degrees of completeness of revision—one of which can be used at once with the knowledge at present at our disposal, and the other requiring reproof and exhaustive study of each medicine. This last must necessarily be so slow that it cannot be available for our *Index*, but must be dealt with first in successive volumes of *Materia Medica* similar to our *Materia Medica Physiological and Applied*. On this we are all pretty well agreed, as I see that Dr. Hughes, while willing to accept all help then available from the plans of Drs. Wesselhœft and Sutherland and the discussion raised by them, does not propose to postpone beginning the *Index* till the value of the chart plan is finally settled and the whole *Materia Medica* sifted through it. I think, therefore, we shall all be glad to accept any further revision that Dr. Hughes may find possible before making the *Index*. The second point was whether the *Index* should be restricted to the *Cyclopædia* as the name implied. To this, however, Dr. Hughes himself adds, as is natural and proper, Hahnemann's *Materia Medica*, and in this we shall all agree. But in addition I think it should be, if possible, so managed that the *Index* should include all trustworthy symptoms from whatever source up to the day; for there is nothing more disheartening to the practical man in using a book of the dictionary kind, than the consciousness that something is probably wanting in the information afforded by it. This reference to other sources than the *Pathogenic*

Cyclopædia and Hahnemann would, no doubt, add to the difficulty which the absence of the schema puts in the way of making the index-references, as will be noticed farther on. This additional difficulty might be obviated by incorporating in the appendix to the *Cyclopædia* all the newer fragmentary trustworthy symptoms which may be deemed worthy of a place in the *Index*. If all this is done the "simple" index which has so often been asked for will assume the dimensions of a great work, viz., the revision of all the symptoms of our vast *Materia Medica* up to the day, and the invention of a *Repertory* which will enable us in the quickest and easiest manner to match the enormous mass of the natural symptoms of disease with the almost equally enormous mass of symptoms in our *Materia Medica*. So here we are again exactly in the same position in which we were nearly 30 years ago when the Hahnemann Publishing Society deputed a Committee to enquire into the best mode of making a *Repertory*, and the response was the production of the *British or Cypher Repertory*. For Dr. Hughes gives us to understand that that plan will not do, and he does not say that any of the plans (chiefly American) that have been invented since will do. He will have to invent a new plan. There is plenty of scope for improvement, and as we are all deeply interested in the result I send my quota to help the judgment on the past experience in *Repertory* making, and the principles on which such a work must be founded.

I am glad to notice that in most important points Dr. Hughes is in agreement with the makers of the *Cypher Repertory*. In the first place he prefers the schematic to the alphabetical order of the *Index*, which has been adopted by Allen, and in a great many of the American local repertories which are becoming so common in the endeavour to supply the felt want of a complete *Repertory*. The alphabetical order has an appearance of simplicity and completeness which is captivating at first sight, but we soon find that owing to the great variety of synonyms and modes of expression for what is practically the same morbid state, it is impossible to identify a symptom by its conditions and concomitants without hunting through possibly a dozen initial letters.

For example, in Lee's *Repertory*, of which Dr. J. H. Clarke says "it is in point of arrangement the best I know," we find under the heading of "Anxiety, apprehensive of death," at p. 15, a list of 98 medicines, 8 of which have conditions or concomitants; while under Fear of death, at p. 40, we have a list of 75 medicines, of which 18 have conditions or concomitants; while again, under Death, fear of, at p. 23, we have another list of 36 medicines, of which 11 have conditions and concomitants. No doubt many of the medicines appear in two or all three of these lists, but many do not appear in all three, nor are the conditions and concomitants the same in the three lists; therefore it is plain that to get all the information which this *Repertory* can afford, we have to search three widely separated lists. Again, under Obscene, at p. 57, we find "in speech *lil.*, see lewdness." On turning to that word at p. 52 we find a list of 14 medicines, and one, viz. *pla.*, specified in lewd talk; while at p. 66, under speech, we find "obscene, *aur.-bel.-stram.*" Thus, again, there are three separate places (and there may be more) where you must look before you get complete information on one symptom. This defect runs through all the alphabetical and verbal plans of repertory, and is to my mind a fatal defect. I would like to know how Dr. J. H. Clarke likes to have to look under 3 or 4 widely separated heads when he wants all the information his [best of all] *Repertory* can give on any particular symptoms. I conclude that all repertories or indices on the alphabetical and concordance plan are unpractical and unworkable unless you have unlimited time at command. On this point the *Cypher Repertory* committee have been followed by Dr. Hering, who says at p. 18 in his *Analytical Therapeutics*, Vol. I.: "The greatest stress is laid in the following work on the entire *abolishment of the alphabetical arrangement* Our many repertories have suffered under this most miserable of all 'orders,' taking up our time and wasting it by increasing the difficulties." The greatest care has been taken in the *Cypher Repertory* to bring all the varieties of any symptom into one place under its most general denomination, and with all the conditions and concomitants at the same place. In fact an essential point in the *Cypher Repertory* is that any paragraph or heading

to which medicines belong must be exhaustively complete and contain every medicine which produces that symptom in any of its numerous varieties. The next important principle to be kept in mind in tracing the resemblance of medicinal to morbid symptoms is the *succession of symptoms*. The assemblage and succession of symptoms are the elements on which diagnosis is founded, and of these the succession is often the more important and definite. How often have we to tell our patients to wait some hours or days till the succession of the symptoms enables us to pronounce on the nature of the disease! Therefore, in addition to an Index of the assemblage of the symptoms or elements of each symptom on the same plane as it were, it is necessary to have a department indicating any succession of symptoms or information in a narrative form such as is represented in the fourth section of the *Cypher Repertory*. These three principles, viz., the schematic order, and not the alphabetical; the exhaustive completeness of each heading; and the fourth section will, I doubt not, be accepted from the first by Dr. Hughes, and these form a great if not the chief part of the merits of the *Cypher Repertory*, without taking the *Cypher* into account. Those who are not acquainted with the *Cypher* should read Dr. Nankivell's paper on *Repertories* in the *British Journal of Homœopathy*, vol. xxiv. Dr. Nankivell states that "putting the *Cypher* altogether aside, it [the *Cypher Repertory*] still continues more useful than any other *Repertory*, from the very complete arrangement of its parts, and its careful subdivision of all the large headings, more especially the pains" (p. 283). And again: "Thus far we have examined the plan of the *Repertory* apart from the system of *Cypher*, and have found that even if the *Cypher* were blotted out from its pages, it gives more than any other available English *Repertory*. For instance, let us take the following symptom, 'tension of the abdomen at morning in bed with dyspnœa and anxiety.' Looking up 'tension' in Chap. xiv., we find a list of 44 drugs, and on looking into the next column to the condition, we find under 'morning in bed' only *staph.*, then on looking down the column to the list of concomitants, under 'anxiety' *moschus* and *staph.*, and under 'dyspnœa' *arg. nit.* and *staph.* *Staph.* is therefore the medicine and the only

one which produces this symptom. Now this cannot be done with the common *Jahr.*, and if any one doubt the statement let him try it" (p. 285). I assume therefore that when Dr. Hughes comes to address himself to practical repertory-making he will be constrained to follow in the footsteps of the *Cypher Repertory* committee to a large extent, and also that he will find it necessary to make as little change as possible in Hahnemann's schema to which we are all accustomed, more especially as any changes or improvements which may be suggested may all be added as sub-arrangements of the generalities section, which comes in between lower extremities and sleep or fever. Practically the real objection is to the cypher in repertory making, and Dr. Hughes hopes to be able to get all the advantages of it by simpler means. He says (p. 665 of *Mon. Hom. Rev.*, 1st Nov., 1890), "and then the cypher, most ingenious in conception, but alas! most abominable in effect. '*Monstrum horrendum, informe, ingens, cui lumen ademptum.*' It has been a spectacle for gods and men to see the workers with it toiling on at their task, knowing that they were condemning their results to be unsaleable and unused. It is surely time to recognise that the world—the homœopathic world, that is—is not worthy of it, and to bury it decently out of sight."

Dr. Hughes has, I have always understood, never seriously tried to understand or practically use the *Cypher*, or indeed any *Repertory*, owing to his distrust of the minute symptoms in the *Materia Medica*, preferring to trust to a more general correspondence of the drug and the disease. Now I yield to none in the appreciation of the need of, and the desire for, the purification of the doubtful symptoms, and am proud to have my name associated with those of the committee of the *Pathogenetic Cyclopædia*. Nevertheless I recognise the necessity of a rapid and easy mode of reference to the minute symptoms of the *well-proved medicines*, as essential to carrying out the homœopathic method as Hahnemann directed. Now I assert, in opposition to the merely theoretical dictum of Dr. Hughes, that from long experience on my own part and that of many other practitioners, that the *Cypher* is far the easiest and quickest mode of finding in the *Materia Medica* and matching in disease those symptoms compounded of

several elements as Hahnemann desired should be done. I thus assert that the "horrid monster" is a creature very easily tamed and made to work in harness, while the blindness spoken of really applies to the critic and the idle and careless listeners who have never taken the trouble to examine the matter for themselves. Let us consider Hahnemann's model cases published in the *Materia Medica Pura*, and opportunely reprinted by Dr. Clarke in this same number of the *Monthly Homœopathic Review* containing Dr. Hughes' paper. The second of these cases is one of what we might call gastric catarrh, but the pathological name gives little or no help in the choice of the remedy. That depends entirely on the accurate matching of the eight symptoms present with those in the *Materia Medica*.

Let us take the second of the symptoms: "At night (2 a.m.) sour vomiting." On this Hahnemann remarks "*Stramonium* and *nux vomica* cause vomiting of sour and sour-smelling mucus, but as far as is known not at night; *valerian* and *cocculus* cause vomiting at night, but not of sour stuff." *Pulsatilla*, however, produces sour vomiting at night, and, therefore, as far as this symptom is concerned, represents the homœopathic *simile*. From this we learn that, in Hahnemann's judgment, to get the true homœopathic correspondence all the elements of a symptom must not only be found in the pathogenesis, but they must be found together in the same symptom—that it will not do to have sour vomiting in one symptom and night vomiting in another, and then by clubbing these elements together to imagine that we can obtain the pathological *simile* of the disease to be cured.

On this point I follow Hahnemann implicitly, but it would lead us too far from our subject to enter on the question of the alleged pathological as contrasted with symptomatic treatment which has a kind of practical bearing, although I consider it is founded on an error, and that there is only one treatment possible, viz.: the pathological; and the so-called symptomatic is, or ought to be, merely the pathological carried out to a far more minute degree than the state recognised by coarse morbid anatomy alone to which the word pathological is usually applied. In the present case, the sour vomiting at night indicates a far finer diagnosis of the patho-

logical state than the statement that we had to deal with a gastric catarrh in which vomiting and sourness were present. And this leads us to perceive the extreme value of the cypher in any repertory which aspires to guide us to the use of the *Materia Medica* in the minute and correct manner which Hahnemann inculcated. For instance, under the heading "sour vomiting" we find in an ordinary repertory 28 medicines, and under "vomiting at night" 22 medicines, but no information is given as to which, if either, of these have both elements of the symptom, and then farther if they have them in the same pathogenetic symptom. Apparently the shortest process by which this knowledge can be obtained is to compare the night list with the sour list, write out the names of any medicines that are found in both, and then refer to the *Materia Medica* in the case of each to see if both these qualities occurred in the same symptom. How many busy practitioners, professing to follow Hahnemann, really take all this trouble which is cast upon them by the imperfection of the verbal system of repertories? For contrast this with the cypher system. By it you have merely to add a short symbol to the name of the medicine, and thus all its qualities can be linked to all other rubrics to which it can belong. Here, for instance, the letter p, added to the name of the medicine, stands for sour vomiting, so by simply looking through the shorter list, viz., "at night," we can see in a second or two that only ca-c and pul have this sign of sour among a list of 22 which produced vomiting at night. When this simple plan of cyphering is carried through all the elements of the symptoms it is hardly possible to exaggerate the boon thus conferred on the practitioner in the facility thus afforded to finding the exact correspondence of the symptoms such as Hahnemann requires, or the annoyance daily and hourly experienced by those who have to depend on mere verbal repertories, without the facility of linking the elements by means of the cypher. For instance, in the otherwise handy *Cough Repertory* of Proctor and Simmons, which I often use in the absence of the cough chapter of the *Cypher Repertory*, we have no means of finding any double or treble points of correspondence of the pathogenetic and the morbid symptoms except the clumsy and time-robbing one of reference to

the *Materia Medica* ten or twenty or more times in order to obtain a piece of information which might have been made obvious at a glance by a proper construction of the *Repertory*. Look, for example, at heading of sputa with the cough. If we wish to find the analogue of "green and viscid sputa in the morning," we have to look through lists of 37 green, 57 viscid and 67 in the morning, and having compared these and noted the medicines which occur in all the three lists, then we must go through this last list in the *Materia Medica* to see which of the drugs had all the three elements in the same pathogenetic symptom. How many practitioners, think you, take this trouble, or indeed, have time to do so? And to think that all this waste of time could be obviated if the *Repertory*-makers would abandon the verbal system and adopt the cypher plan, which has been proved workable for these many years! In fact, no repertory-maker should be otherwise than ashamed to offer to the public a mere verbal repertory without the information so easily added by the cypher plan as shown above. Farther, under many headings the practitioner should be saved the trouble of collating the compound elements by having that done to his hand. For example, at page 318 of the *Cypher Repertory* we have wa^{r} , empty, foul and putrid eructations, $\text{aco—coc—rap—san—sar—tar}$. Or again, wa^{emt} , empty, frequent, violent and loud, *msc*. Or again, at page Δ 45, we have muc too copious and late menses, $\text{bel—bor mb—ca—x—can—k.hy—mag—na—s—ni—x.y sbd mb.b—tab}$. These lists give us all the medicines in the whole *Materia Medica* which have these combinations of the elements of the symptoms, and besides some additional information is given respecting bor—nix—sbd . It is impossible to over-estimate the saving of time and trouble to the practitioner by such lists. It has been thought that the comparison of the headings in cypher to find which medicines have elements in common, would be more difficult than if whole symptoms were printed out in full under each heading. On this point I may refer to Dr. Nankivell's paper, page 287 (*British Journal of Homœopathy*, vol. xxiv), where he has reprinted a heading in cypher, and at the same time in full, and he finds that it is much easier and quicker to compare the symptoms in cypher than to read through the mass of symptoms printed in full. This is indeed

fortunate, since to print in full would require 48 volumes the size of Allen's!

In default of our complete system a number of local *Repertories* are being now made in America, and these are, I am sorry to say, nearly all on the verbal and concordance plan, which makes them of little value, and besides they mostly admit symptoms *ab usu in morbis* often from questionable sources. Now the power and the will to make a repertory is given to few, so we must look to America, with its numerous homœopathic graduates, for those exceptional few who are able and willing to make repertories, and I wish that our *Cypher Repertory* should be brought forward and made known to the young men by the professors of *Materia Medica*, in the hope that workers may come forward and finish it. When we remember that only 500 copies were printed of each part, and that some parts are now out of print, we can see that very few among the 10,000 American practitioners can have even seen it. But if it is properly explained I have great hopes that some workers on it may come forward.

At the Bournemouth Congress, in 1890, Dr. Hughes held up the *Cypher* system to ridicule and abhorrence, confident apparently in his power to devise a simpler mode of indexing the *Materia Medica*, and his word was hopefully received by those present who knew nothing of the *Cypher Repertory*, while those who were experts with it were more doubtful, though willing to wait and see. With these I should be very glad to welcome a simpler plan from Dr. Hughes which would equal the efficiency of the *Cypher* system, but I have not much hope, and cannot refrain from reminding him of the words of the king of Israel, "Let not him that girdeth on his harness boast himself as he that putteth it off." I need not recapitulate in detail all the difficulties he will have to encounter, but may here describe the one alluded to at the beginning of this paper, viz., the difficulty of quotation of the *Pathological Cyclopædia* from the want of the schema. In the ordinary schematic arrangement of the medicines the *Repertory*-maker has merely to give the name of the medicine and it can easily be found in the *Materia Medica*. Not so with the *Pathological Cyclopædia*, for here a long uncouth abbreviation of the book and page, and probably line, will need to be given even if no

such information as our *Cypher* conveys is given, and the book will already present the repulsive appearance to the casual reader which is the real objection of superficial persons to the *Cypher Repertory*; and if the information of the *Cypher* is added, just think of the disgust of Dr. Hughes when he finds he is chastising his hopeful adherents with scorpions instead of whips!

A CURIOUS REFLEX.

By CLEMENT J. WILKINSON, M.R.C.S., &c.

E. B., aged 32, of athletic habit, came to me in March to complain that he had "wet his bed" the previous night. He had noticed frequency of micturition for a few days and had a small linear bruise on the abdomen. His urine, which was clear, neutral, of specific gravity 1.020, containing neither albumen nor sugar, suggested little. I found that the abdominal muscles presented by their development something of that chess-board appearance so common in statuary and so rare in life; the linear bruise corresponded with the attachment of the middle fleshy fibres of the right external oblique to their aponeurosis. Extending this line downward, I found tenderness in the contents of the inguinal canal where they rest on the pubes. Lower down again was a large varicocele. The superficial veins of the right leg were also varicose.

I elicited that the bruise dated from some practice in "circling" on the horizontal bar a few days before, and the injury to the varicocele was evidently due to the same cause.

The treatment consisted of an efficient suspensory bandage and the nightly use of a cold compress over the bladder. The incontinence did not recur, but the tenderness of the dilated veins lasted for some days.

The differing destination of the vesico-prostatic and the spermatic plexus (the first emptying into the internal iliac vein, and the latter reaching the inferior vena cava) makes the mechanism of this reflex somewhat obscure.

Bolton-le-Moors.

REVIEWS.

The Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners by Numerous Contributors. 1890 and 1891. Bristol: John Wright & Co. London: Simpkin, Marshall & Co.

THE first thing which strikes the reader on opening these volumes is the goodly array of eminent names in the list of contributors. Most of them are well known British professors and practitioners, some metropolitan and some provincial, who have made themselves a name in the department for which they are responsible in the *Medical Annual*. On turning to the body of the work it will be found that the respective articles or abstracts are written with that ability and judgment which we should expect of the authors.

As most of our readers know, these annual volumes include a "*Dictionary of New Remedies*" and a *résumé* (with references) to the most important advances in all departments of the medical sciences.

Each volume is divided into three "Parts," (α) New Remedies; (β) New Treatment; and (γ) Miscellaneous. The subjects in each section or "Part" are given alphabetically, and a good general index is also furnished.

In the 1890 volume an important chapter on therapeutics, or hydropathy, as it used to be called, is contributed by Dr. Percy Wilde. Much ignorance prevails in the profession about the action of varying temperatures (applied usually by means of water), and this even amongst that branch of the profession which claimed the late Dr. Gully as one of its adherents. The simple principles which should guide to a scientific use of thermo-therapeutics are clearly and concisely laid down by the writer, and many valuable hints given as to when this useful form of treatment may be employed. In our opinion this section alone is worth the cost of the whole book.

Another important chapter is that summarising the recent advances in cerebral localisation and surgery; this is written by Mr. Elam, of the Cancer Hospital, and is divided into five parts. These are (1) cranio-cerebral topography (including the important and now well-known observations of Anderson and Makins); (2) traumatisms; (3) cerebral abscess; (4) the surgical treatment of epilepsy; and (5) of cerebral tumours.

The mixture of remedies in some of the chapters is very noticeable. In the article of the treatment of dysmenorrhœa, we have side by side *aconite*, *actœa*, *aletris*, *pulsatilla*, *caulophyllum*, *nux vomica*, *belladonna*, *riburnum*, and *liq. ammoniac acetatis*, *opium*, *chloral*, *iodide of potassium*, *bromides*, *antipyrin*.

Very scanty directions are given as to when any of these drugs should be used, beyond stating the "form" to which they are suited—ovarian or uterine.

The miscellaneous section contains an interesting chapter on "Sanitary Science," including drainage, ventilation, disinfection, etc. It is illustrated by good diagrams, indeed this is true of all the chapters where they would be useful.

A list of books published during the year, of new medical or surgical appliances, an article on "Life Assurance," a few blank (but headed and *indexed*) pages for memoranda, and a number of useful and select advertisements conclude this most useful, accessible, and portable volume. It has already lived nine years, and has, we believe, the largest circulation of any annual medical publication. Our *confrère*, Dr. Percy Wilde, is the indefatigable editor, and both he and the publishers are to be congratulated on their work.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

HAHNEMANN ANNIVERSARY DINNER.

THE Annual Dinner of the British Homœopathic Society took place, under the presidency of Dr. Dudgeon, on April 10th, the birthday of Hahnemann, at the Criterion, Piccadilly Circus. There was a fair gathering of members of the Society and guests. Letters of regret at inability to attend had been received from Dr. Yeldham, Dr. Bradshaw, Dr. Buck, Dr. Burwood, W. D. Butcher, Esq., Dr. Carfrae, Dr. Clarke, Dr. Epps, Dr. Molson, Dr. Morrisson, Dr. Pullar, Dr. Sandeberg, Dr. Shackleton, Dr. Powell, and Dr. Pope.

After dinner, served in the style usual at the Criterion, THE PRESIDENT rose to propose the usual loyal toasts, and said:—

Gentlemen,—The homœopathists are a very loyal section of the medical profession, and always commence such proceedings as to-night's with wishes for the health of Her Majesty the Queen and the Royal Family, although Her Majesty has not yet called any of us in, having since the retirement of Dr. Jenner leaned upon a Reid, who has led her out to Grasse, and will, we hope, bring her back to her loyal subjects in perfect health. The rest of the Royal Family are not, so far as we have yet heard, enthusiastic homœopathists, but we are all delighted to think that, whether under allopathy or homœopathy, they are not at the present moment in need of physicians, so we will drink their health with every loyal wish.

The toast having been duly honoured, Dr. Dudgeon said :—
Gentlemen,—The present occasion is the festival which we hold every year to the memory of our illustrious master, Samuel Hahnemann. I feel that it is difficult for me to say anything new in his praise, as his revered memory has been so often the subject of toasts in previous festivals and before yourselves. Gentlemen, great men are like great mountains, in the fact that the nearer you are to them the less you can see. Those who live in their times are seldom in a position to appreciate their remarkable qualities, in the same way that the relative height of a mountain is lost to one who is on its side. To the majority of his contemporaries, Hahnemann was doubtless only a short man with a corresponding temper. They may have thought him small in comparison with Galen, Hippocrates, Paracelsus—ancient giants of medical science—a man who had formulated a small system which would soon pass away. It is interesting to compare the two systems of John Brown and Samuel Hahnemann, (both originated at about the same time) and the two methods of propaganda. The partisans of John Brown's system broke the heads of their opponents, so that a regiment of Hanoverian Dragoons had to protect those who disagreed with them. You know that under his system diseases were either sthenic or æsthenic, requiring depletents or stimulants accordingly. The first among the stimulants was of course alcohol, afterwards *anmonia* and *camphor*. He always began with stimulants, and sometimes never went beyond them. I have a copy of a prescription for a hypochondriac, which, with your permission, I will read :—

“ For breakfast, toast and rich soup, made on a slow fire ; a walk before breakfast, and a good deal after it ; a glass of wine in the forenoon *from time to time* ; good broth or soup to dinner, with meat of any kind he likes, but always the most nourishing ; several glasses of port or punch to be taken after dinner, till some enlivening effect is perceived from them, and a dram (of whiskey ?) after everything heavy ; one hour and a-half after dinner another walk ; between tea-time and supper, a game with cheerful company at cards or any other play, never too prolonged ; a little light reading, jocose, humorous company, avoiding that of popular Presbyterian ministers and their admirers, and all hypocrites and thieves of every description ; lastly, the company of amiable, handsome and delightful young women, and an enlivening glass.”
Can you wonder that a system which offered prescriptions like that was heartily received ? Hahnemann's system was very different. He was for many years the only homoeopathist, and his system was very ill received indeed, by those

who were accustomed to the traditional methods in the medical world. Since his system was promulgated various attempts have been made by physicians to introduce other systems : such as bleeding for inflammation, Broussais' treatment of all diseases by diet (Broussais, who became a convert to homœopathy), and many other systems which have been popular but have not survived their popularity. We have seen in these last days how the whole medical profession has been stimulated to enthusiasm over the discoveries of Dr. Koch. But Koch has gone out almost before his theories had come into operation. The system he promulgated, of injection for tuberculosis, has been tried in many cases and found wanting. There was recently the annunciation by Brown Sequard that he had discovered the elixir of life. Unfortunately, the hopes of the rejuvenation of old men have proved fallacious, and man must be content to go down to decrepitude without the restoration promised. Homœopathy has progressed in a very different manner. Its followers in various parts of the world may be counted by their 12,000 ; and there is no chance of its going to the bad like the other systems described, and we may congratulate ourselves on having had such a master genius as Hahnemann to evolve for us a complete and admirable system. He was, indeed, a great man in many ways. Before he discovered homœopathy he had laid down rules of hygiene which are now received all over the world. He was also familiar with, and practised to a great extent, the water cure, in a manner which was at the time unknown to his countrymen, and with which in the form of douches and baths he cured many chronic diseases. Hahnemann was also the inaugurator of the rational treatment of insanity by gentleness. The year 1792 marked at once the commencement of Hahnemann's special treatment of insane patients and the introduction of Pinel's system. Hahnemann was also the precursor of those who have introduced the microbe theory of disease. He tells us that the mode of propagation of cholera is by the agency of microscopic animals, and his treatment by *camphor* was directed to the destruction of those animalculæ. No wonder, then, that I ask you to drink, as is our custom, in solemn silence to the memory of this great man, and though it is not usual to invoke replies to such a toast, we are extremely glad to know that the grandson of Samuel Hahnemann is here with us to-night. (Applause.)

The toast was then drunk in solemn silence.

Mr. HUGH CAMERON then rose to propose the "Memory of Dr. Quin, the Founder and First President of the British Homœopathic Society," and said : On former occasions of the

Hahnemann dinner I endeavoured to illustrate the serious and earnest side of Dr. Quin's many-sided character by giving you a very imperfect history of the three great achievements of his life—the introduction of homœopathy into England, the foundation of this society, and of the hospital—imperishable monuments of his devotion to our cause, and of unflinching courage in the face of hostility and opposition, such as none but a man of the firmest convictions could have encountered and conquered. As we sit here, in the calm and peaceful enjoyment of all the benefits that we reap from the successful working of these beneficent institutions, little do most of us realise the strain of mind, the cares and anxieties, and the often torture of spirit that weighed upon the originator of these blessings in his herculean task, without a single colleague to share his troubles or to sympathise with him and aid him by his advice. On the introduction of homœopathy, more especially, Quin was assailed with such a storm of rabid and virulent abuse, calumny and personal insult, as we in the last decade of the century and in the more tolerant spirit of our opponents, can, fortunately for us, have no idea of. Although he knew perfectly well before he set up the standard of homœopathy in England that he would meet the most determined opposition, yet he believed that it would be of that legitimate and scientific kind which was to be expected from a learned body of gentlemen, and he therefore resolved that he would take no public notice of any personal attacks unless they affected his honour. But so scandalous had these insults become, and so intolerable were his tortures of mind under these cruel inflictions, that he would stand them no longer, and in obedience to his own wounded feelings under this incessant provocation, and to the code of honour of the time, the infringement of which would have branded him as a coward, unfit for the society of gentlemen, he was compelled to appeal to the logic of the pistol, and to call out to mortal combat the President of the Royal College of Physicians for a most violent attack upon his honour at a meeting of a far-famed club, at the moment when his name was up for the ballot. This learned physician, being firmly convinced that "discretion was the better part of valour," made an ample apology, and there the matter ended, as you all know; but perhaps you do not all know that he had no intention whatever of making the meeting in the field, if it should take place, a merely formal interchange of harmless shots, for he was an expert at his weapon as most gentlemen were at that time, and as Dr. Paris was a very large object, more particularly in his midship section and lateral development, his ample periphery would have presented to his skilful

antagonist a wide choice of some non-vital spot on which to leave his mark, and he was fully determined to take advantage of that choice, for he wished to demonstrate to his virulent assailants that he was not a safe man to provoke too much. Whether *post hoc et propter hoc* I cannot say, but the fact is they dropped the personal element of their attacks on him from that time. If the present were an appropriate occasion, which it is not, it would be very gratifying to me to illustrate the social side of Quin's character, which, unfortunately, by its very brilliancy has over-shadowed those sterling qualities of mind which we have just been considering, and, by examples from his own lips, to give you some idea, however feeble, of that bright wit for which he was conspicuous even among wits; of that ever-ready power of repartee that never offended; of that inexhaustible treasury of anecdote from which he always drew the one most apposite to the subject in hand; of that charm of conversation that fascinated all who came under its influence; of that friendly and delicate faculty for banter and "chaffing" which always "set the table in a roar," in which no one joined more heartily than the object of it, for by no stretch of language could he be called the "victim"; and of many other points of this social side of his character. But I feel strongly that this is not the occasion for the introduction of such a subject, and I am sure you will agree with me, as any successful attempt to exhibit his marvellous character in that light would provoke responsive rounds of joyous merriment, and would altogether be out of keeping with that frame of mind that should prevail in this assemblage while we are engaged in the solemn duty of offering our homage to the memory of the dead—our great benefactor. I will detain you no longer, and will conclude by asking you to join me in drinking to the "Memory of Dr. Quin, the Founder of the British Homœopathic Society," in silence.

The toast having been duly honoured,

Dr. STANCOMB (Southampton) then proposed "Success to the British Homœopathic Society," and said that he did so in the place of Dr. Clifton (Northampton), and although a young member of the Society, he did so with a high sense of its value. He hoped that it would long remain in its present state of prosperity and be able to organise a propaganda for the advancement of the principles of homœopathy. He was sorry the proposition could not be made by Dr. Clifton, who was a lover of the Society in the best sense, and a man who always spoke out his mind with a freedom and frankness which never gave offence. Dr. Clifton had had the privilege of belonging to the Society for many years, and was one of the most popular and valuable of the provincial members. The

British Homœopathic Society, as year by year went by, became stronger, its cause more thoroughly cemented, and its principles more respected.

The toast having been honoured with enthusiasm,

Dr. COOPER responded on behalf of the Society, and expressed his pleasure at undertaking so pleasant a task. It afforded him an additional pleasure, because the gentleman who proposed the toast was occupying the position in Southampton which he (the speaker) had formerly occupied. The Society was indeed prospering, and its deliberations were conducted in a scientific spirit. There were no such times as those described in Hudibras—

“When civil dudgeon first grew high,
And men fell out, they knew not why.”

But under the fostering care of Dr. Blackley (applause) the work of the Society was well done. If there were a more continuous supply of observations and contributions from the country members, they would make yet greater progress and ensure a wider appreciation of the homœopathic system. He could not sit down without urging upon the Society that one of the main functions of a medical society was to express disapproval of the practice by secret remedies.

Mr. HENRY HARRIS then proposed the toast of “Homœopathic Literature,” and said that writers of papers on homœopathy had the difficult task of serving two masters—in endeavouring to feed the profession and supply the want of the public. The old school journals had not that difficulty. The *Homœopathic Review* and, still more, the *Homœopathic World* appealed to a wider public than that of the ordinary medical journals. One of the advantages of the double mastership was that the closeness of the profession was being gradually sapped, and they were more and more taking the public into their confidence. He was reminded of another class of homœopathic literature, which he might term literature “under the rose.” As a student at St. Thomas’s Hospital, he was a marked man because of his known homœopathic tendencies. On one occasion the house surgeon brought him some articles in a well-known journal, by a well-known man, and asked his opinion of them. He examined the compositions and remarked, as to the writer, “He is not far from the Kingdom of Heaven.” Shortly after the writer became an avowed homœopath, and was with them at that moment. He had written articles in both classes of medical journals of which no medical man need be ashamed. He was not quite satisfied as to the propaganda of homœopathy. He thought that the *Homœopathic Review* and *Homœopathic World*, and especially the Tracts of the Homœo-

pathic League, should be more widely circulated, and that bound volumes of the League Tracts and of *Sharpe's Essays* should be presented to every public library, so that those who wanted information on homœopathy need not complain of a dearth of it.

The toast having been drunk,

Dr. BURFORD briefly replied, assuming that he had been asked to do so not because he had ever written a book, but because being an omnivorous reader he had read many.

Dr. GERARD SMITH then proposed the toast of "Homœopathic Hospitals and Dispensaries," which was received with enthusiasm.

Dr. MADDEN, replying, said there was now hardly a town in the country which had not its dispensary and sometimes hospital.

Dr. DYCE BROWN then proposed the "Health of the President," and said it gave him extreme pleasure to propose the health of their president and friend Dr. Dudgeon. He might well say their friend, for he did not know anyone who had not the kindest and friendliest words to speak of Dr. Dudgeon. (Applause.) His geniality and his wit would account for his popularity; but they would specially delight to drink his health as their senior and foremost man in the work of homœopathy.

The toast was drunk with the chorus "For he's a jolly good fellow."

Dr. DUDGEON said he was quite at a loss to express his thanks for the kind manner in which they had received the toast.

Dr. BLACKLEY then proposed "The Visitors," and said that at those festive occasions they were fortunate in having the presence of some gentlemen who were not members of the British Homœopathic Society. There was Mr. G. A. Cross, the indefatigable and energetic secretary-superintendent of the London Homœopathic Hospital, who might be able to give them interesting information concerning the progress of the fund now being raised to rebuild that institution. There was also Dr. Reith, whom they were especially glad to welcome that evening. The speaker said that 20 years ago, when he returned from Vienna, steeped in the agnosticism of the Vienna school, he settled in Liverpool, and one of the first things he heard was the movement which was then making itself felt in the north on the question of homœopathy. There were two physicians in the north who were waging war for freedom of practice. One was Dr. Dyce Brown, the other was Dr. Reith. He would, therefore, in asking them to drink

the health of the visitors, couple the names of Mr. G. A. Cross and Dr. Archibald Reith.

The toast having been honoured with the chorus, "For they are jolly good fellows,"

Mr. CROSS replied briefly, and expressed the extreme pleasure it gave him to be present at that festival as representing that noble institution, the London Homœopathic Hospital. As Dr. Blackley had named the building fund, he would simply quote the total of the fund to that date, which was £25,000. (Applause.) There was no doubt that in a short time the whole of the £30,000 requisite would be forthcoming. But he could not refer to the building fund, or even the hospital, without naming one who was conspicuous that evening by his unavoidable and much regretted absence—Major Vaughan Morgan. Ever since the Major had taken an interest in the affairs of the hospital, now some fifteen years, the record had been one of uninterrupted progress and prosperity, until now when they had the near prospect of a building which would not only be a credit to homœopathy, but perhaps a model to other hospitals. (Applause.) After alluding to the excellent work performed by the medical staff of the hospital during the past year, the speaker said he would no longer stand between them and the distinguished man who would follow him, but would for his own part and on behalf of other guests thank them for the hearty manner in which they had responded to the toast.

Dr. ARCHIBALD REITH said he was glad to have an opportunity to acknowledge this toast, though at so late an hour. Twenty years ago he had not felt so much at home among his homœopathic brethren as he had done that evening. He felt specially happy, however, in the knowledge that some of the most respected members of the Society were Scotchmen, among them Dr. Dyce Brown and Mr. Cameron. For himself, so far as his northern colleagues were concerned, the bitterness of the old fight was passed. The most strenuous of his old opponents had long since acknowledged to him that if the time came over again he would be treated very differently. Those who persecuted most had passed away, but one still lives and apologises over and over again for the part he took in that far distant crusade. The speaker said that he lived within three miles of the Queen, but her Majesty had never yet sent for him. But there was now no one in Aberdeen who would refuse to meet him. It was true he never consulted them, because when that was necessary there was nothing which could be done for the patient. But he must confess that up in the north he felt very lonely away from all colleagues who felt and

thought as he did ; and when he was reminded that he had come into the Kingdom of Heaven he could not help remarking that he found no one else there. (Laughter). He cordially thanked them for himself and other visitors for the hearty way in which the toast had been proposed and honoured.

The health of the Hon. Sec., Dr. Galley Blackley, was then drunk amidst acclamation, the company singing " For he's a jolly good fellow."

Dr. BLACKLEY having briefly replied, the company separated.

PERISCOPE.

OTOLOGY, LARYNGOLOGY, ETC.

ARREST OF NASAL HÆMORRHAGE BY MEANS OF VERY HOT NASAL DOUCHE.—Dr. Alvin (*Loire Médicale*, Oct. 15, 1890, p. 257) advises continuous irrigation with water at the temperature of from 180 to 140° F. Three to five seconds frequently suffice to stop the hæmorrhage, the hæmostatic effect being permanent.

CONTRIBUTIONS TO THE TREATMENT OF THE NOSE, PHARYNX AND LARYNX.—Dr. Loevi, of Budapesth (*Allg. Wiener Med. Zeit.*, No. 44, 1891), amongst other forms of treatment recommends the following :—

In acute and chronic rhinitis, 20 drops of tincture of *bella-donna* painted on the nasal mucous membrane daily. Diminution of the secretion follows on the first application.

Mycosis benigna of the tonsil, the application of pure *chloroform*.

To laryngeal neoplasms he applies a powder of equal parts of *alum* and *sulphate of zinc*. After a few applications the growths dry up and drop off.

THE CONNECTION BETWEEN STAMMERING AND NASAL DISEASE.—Dr. Winckler, Bremen (*Wien. Med. Woch.*, No. 48—44, 1890). The results of the researches of the author are as follows :—

1. Marked nasal disease is often to be met with in stutters.
2. Some anomalies observed at times in stutters (abnormal arching of the palate, mal-development of the chest, and deficiency of the intellect) may, in some cases, be connected with concomitant nasal trouble.
3. Nasal affections can only be regarded as the actual cause of stammering in those cases in which the defect of the speech manifests itself in the repetition of certain words and syllables, without any concomitant spasmodic movements or difficulty in breathing. Above all in the connection most marked in

those cases for which there is incorrect pronunciation of certain consonants.

4. Although one can only regard nasal affections as rarely being the immediate cause of stammering, still they can materially aggravate the malady. In all cases it is necessary to take them into consideration before instituting a methodical treatment of stammering.

PHARYNGEAL TENESMUS.—Lennox Browne (*Archiv. Internat. de Laryng. de Rhin. et d'Otologie*). The term *tenesmus* is used to designate a symptom of which patients often complain in certain pharyngeal affections. It consists in the constant tendency to make efforts to coughing or "hawking" to get rid of some substance, real or imaginary, which seems to be present in the pharynx. These efforts are accompanied by uneasiness or true pain, and are followed by the expulsion of some mucus which at times, and more particularly on waking, is coloured by a mixture of blood. The symptom is to be compared with that of rectal tenesmus, and, indeed, it is probably of the same nature, and is often accompanied by dilatation of the veins of pharynx which may with propriety be called "pharyngeal hæmorrhoids." It is most frequently caused by enlargements of the lingual tonsil or by varix of the veins at the base of the tongue; but the causes may be classed as follows:—

(a). Cases in which a foreign body (fish bone, tooth, &c.) is impacted in the gullet.

(b). Cases in which there is hypertrophy of the lymphoid follicles ("granulations") about the isthmus of the fauces or in the pharynx; or a condition of congestion with or without enlargement of the thyroid gland.

(c) Those in which there is no digestive disturbance, but which are essentially of a nervous character.

It is probable that the nervous factor plays an accessory part in all cases, the varicosity itself often arising from vasomotor paresis. At the same time abuse of alcohol and tobacco may lead to varix of the pharynx and so on to tenesmus. Paresis of the palate and elongated uvula may also cause tenesmus.

The author finally points out the connection between tenesmus and the sensation of a ball rising to the throat, and concludes by saying: "A long experience has led me to the conviction that if one puts aside those cases of tenesmus and 'globus,' the result of objective and curvative lesions, there remains but a small residue of those which can be looked upon as the outcome of a neurosis in its proper sense. I am, therefore, of the opinion that the term *hysteria* ought to be abolished, as it only proves our ignorance of the true cause of the symptoms."

DUDLEY WRIGHT.

MATERIA MEDICA, ETC.

FATAL CASE OF PHOSPHOROUS POISONING.—A girl, aged 18, was admitted into Guy's Hospital under Dr. Goodhart, on January 3rd, 1891, with the history that two days previously she had accidentally eaten a large slice of bread and butter which had been spread with phosphorous paste to kill black beetles. A severe headache came on in the evening. Next day she remained in bed, complaining of gnawing pains in the abdomen and slight headache, but did not appear ill. She vomited twice just prior to admission a light brown liquid smelling of "match tops."

On admission.—Patient is a big, decidedly well-nourished girl, does not look ill, but lies in bed in a lethargic condition, not volunteering any information about herself, and answering all questions in monosyllables. Tongue covered with a thick greenish-yellow fur, great thirst, anorexia, constipation (bowels not having been opened since the phosphorous was taken). The abdomen soft and relaxed, no tenderness in the epigastrium, but the same gnawing pain with nausea still felt. The hepatic dulness was increased, extending from the fifth interspace to two inches below margin of ribs in middle line. Her breath smelt so strongly of phosphorous that her stomach was washed out immediately.

Jan. 24th.—Less pain last night, but slept little. Has vomited after each dose of her medicine (3ss doses of *ol. terebinth.*).

25th.—Much better; slept well; no pain: no vomiting; liver dulness decreased.

27th.—Liver dulness extends across to left side of the middle line and for an inch below the ribs. The spleen can also be plainly felt, and there is a slight primrose tint about the forehead and abdomen.

28th.—Remained fairly well until 2 a.m. this morning, when she was suddenly taken with dyspnoea, and her pulse, which had previously been good, became almost imperceptible; she had also intense abdominal pain. At 10 a.m. respirations were 52 per minute: pulse 126, only just felt at the wrist. Mouth and gums spongy and bleeding; patient much weaker and continually calling out for something to drink. Bowels well opened; no melæna. Passed a good quantity of urine (Æxiv. in 12 hours). Abdomen very tender, especially in the hepatic region; the liver dulness does not extend below the ribs. She died at 9 p.m.

Post-mortem examination.—Faint yellow tinge about conjunctivæ, face, chest, and abdomen.

Heart.—Few petechiæ in the auricles, large vessels at base and on the endocardium of left ventricle. Muscle fatty, but

not extremely so, less than in a bad case of anæmia; weight 8 ozs.

Kidneys.—Large, weight 14 oz., very anæmic, a few petechiæ on the capsule.

Stomach.—Distended with food and black digested blood. Mucous membrane quite healthy. The lower part of the small intestine contained a quantity of decomposed blood, but the colon was free, containing clay-coloured fæces, free from a trace of bile, with no petechiæ on the mucous surface, but a large extravasation of blood at its mesenteric attachment throughout on the serous surface.

Liver.—Weighed 66 ozs., which must be considered large for a woman, firm and swollen rather than shrunken, extremely fatty, but not quite floating in water. In two large places it was stained a deep canary yellow colour, but there was no red mottling. The gall-bladder contained ziii . of mucus, but no bile, while the ducts were empty and not stained.

Spleen.—Firm, but only weighed 7 ozs., so was not so large as was thought to be during life. The right ovary was the size of a hen's egg, and consisted of one large hæmorrhage, probably about a week old, and due to the first effects of the poison.—*Guy's Hospital Gazette*, February 28th, 1891.

OPHTHALMOLOGY.

ON QUININE AMAUROSIS.—W. G. A. Berry, in the *Ophthalm. Review* for April, 1891, writes the following review on an article by Barabasheff in the *Vestnick Ophthalmol.*, January-February, 1891:—"This paper is a reprint of a communication made by the author to the medical section of the Society for Experimental Sciences, at Charkow. The object of the investigation was to study the effect of over-doses of *quinine* in perfectly healthy people. For this purpose Barabasheff obtained the co-operation of some of his colleagues, who allowed themselves to be experimented on. He also experimented on rabbits and dogs.

Of six individuals who took from 40 to 60 grains of *quinine*, three presented very definite symptoms; the remaining three were unaffected, but it was considered too risky to administer larger doses to these, as the symptoms in two of the cases in which poisoning took place were sufficiently alarming. The salt used was *muriate of quinine*.

The value of these experiments consist in the certainty that all the observed changes were produced purely by *quinine*, and were not due to the co-existence of any disease.

Barabasheff divides the symptoms of poisoning, as he met with them, into two categories, the first of which are already

known, while the second have not previously been observed, and therefore call for confirmation.

To the first category belong the following symptoms :—

1. Acute gastritis, resulting from the local action of large doses of *quinine* on the gastric mucous membrane.

2. Pallor of the face and conjunctivæ, giddiness, sometimes fainting, drowsiness, ringing in the ears, ischæmia of the retina.

3. Marked contraction of the retinal vessels and pallor of the disc.

4. Diminution of visual acuity, sometimes amaurosis.

5. Concentric restriction of the field of vision.

The symptoms referred to in the second category are :—

1. Temporary increase of visual acuity (lasting some hours).

2. Contraction of the pupil, lasting only a short time, and followed by moderate dilatation.

3. At first quickening and afterwards slowing of the pulse.

4. Increase of sensibility in the skin, occurring after some time, and followed still later by a diminution of sensibility.

5. Slight increase of temperature (0.2—0.4 C.). This is less marked the larger the dose taken.

The author explains that in order to observe the changes which he has referred to in the second category, it is necessary to examine the individual soon after the *quinine* has been taken.

Complete amaurosis only occurred in one of his cases, and lasted a very short time. Its character, and the fact that it was accompanied by palpitation of the heart, were sufficient evidence that it was due to an abnormal state of the vascular system. Restriction of the field of vision occurred in two cases; it preceded the complete amaurosis in the one case, and in the other it varied greatly from time to time, sometimes increasing, sometimes diminishing, but leaving central vision normal. In this case, too, there were attacks of palpitation. The author did not observe any diminution of corneal sensibility, any red spots at the macula, or any colour blindness, all of which have been described by others in cases of *quinine* poisoning. Marked ischæmia of the retina occurred in all cases, and in two the pallor of the disc completely resembled that found in optic atrophy.

The symptoms caused by over-doses of *quinine* are therefore, in all probability, according to Barabasheff, due to poisoning of the vaso-motor centres, tending to excessive constriction of the peripheral vessels. The continuance of the vascular constriction he considers, with Horner, to be due to local changes which are set up (*endovasalitis ex ischæmia*)."

NOTABILIA.

ALLEGED ACONITE POISONING.

THE following report of an inquest on a case of sudden death occurring at Rochdale, is taken from the *Rochdale Observer*. We are surprised that any intelligent coroner should have mistaken *post* for *propter* in so simple a case.

The letter of our *confrère*, Dr. Hayle, in reply to the verdict, will explain itself and places the matter in a perfectly understandable light.

The coroner's inquest was held on the 14th ult., on the body of Gertrude H., aged 13 years, who died suddenly shortly after midnight on the 10th.

James Thomas H. said the deceased was his daughter. She had been troubled with headache during the last three months, but not seriously. She had not been seen by a doctor until the evening of her death, when Dr. Elliott was called in. Whenever she complained of these headaches they had given her a couple of *aconite* pills every two, three or four hours. She never had any of them during the night. Witness could not say how often she had had them, but she took some on Wednesday and Thursday last. On returning from work on Saturday morning deceased seemed restless but went to the cemetery for a walk in the afternoon. He next saw her about seven o'clock in the evening, when she appeared much as usual. About nine o'clock deceased went to bed, and did not get up on the following day. About noon she began to vomit. She drank some milk and lemonade, and had several doses of the pills, but had nothing to eat. Towards ten o'clock deceased began to change rapidly and appeared to be sinking, and Dr. Elliott was then sent for. He came and attended to the deceased until death. Witness gave his daughter the pills because they had previously done him good, and the family had been used to having them. They used them as a sort of general remedy if they were unwell. He did not know what they were composed of, but he knew that *aconite* was poison. He did not think it could do her any harm, however, as it was in such small quantities. He had still confidence in the pills, and did not think any harm could follow their use unless the system was very weak, as in this case. Witness had had four children and two of them were still living.

Dr. Elliott said he was rung up to attend to the deceased about half-past eleven on Sunday night. He remained with her until she died about a quarter-past one o'clock. Witness saw the girl was dying. She was quite pulseless, and was

covered with cold clammy sweat. She had all the symptoms of *aconite* poisoning, and he immediately sent for brandy and injected some under the skin. He then went for Dr. Heap, who was indisposed, for the purpose of consultation. Dr. Hayle arrived some time after deceased's death, and witness explained the symptoms to him. If the pills (produced) were what they professed to be he did not think they would do harm taken in reason. If they were taken in quantities they lowered the system and produced collapse. The vomiting during the day was the result of what she had drunk. He did not know how the pills were manufactured, but it seemed just possible that too large a dose of *aconite* had got into one of them by accident.

By the Coroner: At the present I think the *aconite* was the primary cause of death. I can find nothing else to account for it.

Mary H., mother of the deceased, said that on the Sunday she gave her daughter a full dose (two pills) every two hours during the afternoon. That would be ten pills altogether. She did not think her daughter required a doctor until she sent for one. Witness did not think the pills had done the child any harm.

A Juryman: The directions on the bottle say that only half a dose should be given to a child. Have you been in the habit of giving your children full doses at a time?—Yes.

The Coroner: Then I hope you will not do it again, Mrs. H.

Dr. Hayle was here sent for, but was unable to attend.

After summarising the evidence the coroner said that taking into consideration the statements made by Dr. Elliott he had no doubt that death was due to *aconite* poisoning, and after consulting together for some time the jury returned a verdict in accordance with that opinion, adding that the *aconite* was administered by misadventure.

THE DEATH FROM ALLEGED *ACONITE* POISONING.

To the Editor of the Rochdale Observer.

SIR,—I would be much obliged if you would allow me a short space in your paper to give a few additional facts relating to the death of a child from so-called "*aconite* poisoning," which when known will, I think, alter the opinion of most people as to the cause of death. I was very sorry that I could not be present at the inquest, as I was attending a case that it was impossible to leave, and I had no notice beforehand that I should be wanted. I obtained all the symptoms of the child's illness from the mother and father in

the presence of Dr. Elliott an hour after the child's death, and wrote them down at the time. I will mention the most important, especially those omitted at the inquest. The child had a walk to the cemetery on Saturday, and came home feeling chilly. It will be remembered that on Saturday there was a fresh east wind blowing, with a clear sky most of the day, and the thermometer went down to 38 in the evening; therefore there was a warm sun and a cold wind. The parents gave the child some *aconite* (two pills) on Saturday evening. On Sunday the child did not feel well, and about noon complained of a pain in the stomach and vomited, after which she got some more *aconite*. *Aconite* at this stage was not the right remedy to give, but it was such a small dose (two pills) that I do not think it could do harm. She vomited two or three times during the afternoon, and was also relaxed and complained of a little pain, but when Dr. Elliott saw her she had none, being nearly collapsed. She had a few more doses of *aconite* during the afternoon, but she also had some home-made lemonade. Now lemonade and all acids are antidotes to the action of *aconite*, and as they were distinctly homœopathic doses, the *aconite* she got during the afternoon may be set down as nothing. When Dr. Elliott saw her she was in a state of collapse—that is, the pulse was going very fast and was very weak, and the hands and feet were cold and the child nearly insensible. I saw her soon after death, and the corpse was pale, and looked as if it had died in collapse. I took its temperature, and found that it was then 102, 8½ degrees above normal. If a child had died from *aconite* collapse the temperature would in all probability have been three degrees too low. In death from inflammation and fevers the temperature is too high, and often rises after death. Collapse may come on in many diseases, such as fevers and inflammations, as well as in poisoning from *aconite*, and when a person comes in at the end, when the patient is already in collapse, it is often impossible to say what has been the cause of that collapse, so the most probable cause *ought* to be taken as the true cause, and not the most improbable. In *aconite* poisoning the most common and the characteristic symptom is tingling of the lips and throat, and sometimes of the whole surface of the body; in this case this was entirely absent, but the symptoms that were common to both inflammation and *aconite* were present, and why *aconite* should have the credit of them and inflammation be ignored and not even mentioned, I am at a loss to know.

Now as regards the dose of *aconite* that was taken. I saw the pills and ate one of them. They were the ordinary homœopathic pilules, composed of *sugar of milk* moistened

with a dilution of *aconite*. If they had been moistened with the strongest tincture of *aconite*, called the mother tincture, each pilule would not contain more than about one-tenth of a drop of *aconite* tincture, and as to one pilule containing more *aconite* than another, the idea is absurd, for by the method they are prepared it is a physical impossibility for one pill to contain more than another. Also it is very rare for these pills to be moistened by the strongest tincture of *aconite*, and by the taste of the one I ate I should say those that the child had were moistened by the one-tenth dilution, each drop of which contains one-tenth of a drop of the mother tincture, so that each pilule which the child received would in all probability contain about one-hundredth of a drop of the mother tincture, and as it had ten altogether the total amount of *aconite* she took would be the large amount of one-tenth of a drop of the mother tincture of *aconite*. The smallest dose hitherto known to have killed has been 60 drops of the tincture. If, at the inquest, these pills were suspected to be so strong, why were they not ordered to be analysed and the quantity determined, and the makers of them reprimanded for sending out such a dangerous preparation? Two pills were ordered on the bottle for a dose for an adult and one for a child, because it was enough to obtain the required result, but it does not follow that double the dose would kill.

If poisoning were suspected I think it would have been more satisfactory if a *post-mortem* had been ordered.

To sum up the chief points:—

1. The cause of the illness seemed to be a chill.
2. The symptoms of the illness were compatible with inflammation of the bowels, followed by collapse, and were more like it than *aconite* poisoning.
3. The dose of *aconite* was too small to kill even a new-born babe.
4. The mother did quite right to give *aconite* at first, for it cuts short many an inflammation.

These are the full facts of the case without any omissions, and I will now leave the public to judge what they think was the *true* cause of death.—I am, yours faithfully,

T. H. HAYLE, M.B. (Lond.).

The Crescent, April 16th, 1891.

THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS, 1891.

From letters recently received from the United States, we learn that our colleagues over there are exerting themselves

most earnestly in endeavouring to render the approaching Congress interesting and fruitful.

As our readers are aware, the meetings will be held in Atlantic City, New Jersey, and will commence on Wednesday, the 17th of June, at 10 o'clock, and continue until the following Tuesday.

Forty contributions on *Materia Medica*, *Practical Medicine*, and *Surgery* have, we are informed, been promised. Among the number, Dr. Mack, the Professor of *Materia Medica* in the University of Michigan, will furnish a paper on *The Indexing of Repertories*, and Dr. T. P. Allen one on *Repertories and Indexes*. These will doubtless supply valuable material for the reflection of those upon whom the arduous work of constructing an *Index* for the now nearly completed *Pathogenetic Cyclopædia* will fall. Dr. Wesselhœft, of Boston, is to read a paper on *The Improvement of Our Present Symptomatology*—a topic on which a great deal remains to be said. Dr. Clapp, of Boston, has engaged to send an essay on *The Pharmacy of Tinctures*, and Dr. Sherman, of Milwaukee, one on *The Pharmacy of Triturations*—both gentlemen being well-known authorities on pharmaceutical subjects.

So far we have only heard of Dr. Hughes as likely to be present from England, but with so much to be said on repertories we should imagine that Dr. Hayward, the champion of *The British Repertory*, will find staying at home almost, if not quite, impossible. The President-elect of the American Institute of Homœopathy, when in Europe last autumn, was promised the attendance of four physicians from the continent. For the information of any amongst us who may be able to arrange for so interesting and useful a holiday as a visit to Atlantic City in June will prove, we may state that the Cunard steamship "Aurania," sailing from Liverpool on the 6th of June, will land them at New York in ample time for the meeting, and the "Umbria," leaving New York on 28th of the same month, will enable them to put in appearance in Liverpool on the 5th of July.

The following official documents have been forwarded to us for publication by Dr. Hughes:—

INTERNATIONAL HOMŒOPATHIC CONVENTION.

Fourth Quinquennial Session, 1891.

As permanent Secretary, I have pleasure in announcing that the Fourth Quinquennial Meeting* of the International Homœopathic Convention will be held at Atlantic City, New

* The previous meetings were held at Philadelphia, U.S.A., in 1876; London, England, 1881; Basle, Switzerland, 1886.

Jersey, U.S.A., in June of the present year, commencing on Wednesday, the 17th, at 10 a.m., and continuing its sessions till Tuesday, the 23rd. The arrangements and preparations for the gathering and for the publication of its transactions have been undertaken by the American Institute of Homœopathy, whose proper officers and committees will make due announcement thereof.

RICHARD HUGHES.

Brighton, England,
April 14th, 1891.

ANNOUNCEMENT.

The committee appointed to make arrangements for the International Homœopathic Congress, take pleasure in announcing to the profession that their work has advanced to such a degree as to ensure a successful meeting. Already there have been received assurances from physicians in different parts of the world that papers and reports will be presented, and these papers are so varied in character as to promise ample material for thought and discussion in every department and specialty. The committee voices the desire of the profession when it asks all who are interested in making this Congress the best ever held to come prepared for active duty, either by offering papers or participating in the debates. The investigations and experiences during the past five years should be pregnant with results that cannot fail to be of vital importance and interest to the entire world. As has been already announced, the time allotted to the sessions will be occupied in full and free interchange of thought; all striving to know that which will be productive of the greatest professional and public benefit. While the committee has outlined the general conduct of the Congress and selected from among the many, some to take charge of special subjects; yet their work is in no sense to be considered restrictive. Necessarily ignoring the peculiar features of bureau and sectional work in vogue with the American Institute of Homœopathy; it is confidently expected that all present will give each subject the attention its importance demands. The committee makes the following requests. That each paper presented shall not exceed four thousand words; that an abstract not exceeding one thousand words be prepared, such abstract to be read in case the contributions are so numerous as to preclude the reading of the entire paper; that all who intend presenting papers shall send the title to the chairman or secretary of the committee before April 5th, so as to ensure its insertion in the published programme; all abstracts to be sent to the chairman before May 5th, in order that they may be sent to persons selected to lead in their discussion. All

statistical reports of societies, institutions and colleges should be sent as soon as possible to Dr. T. Franklin Smith, 264, Lenox Ave., New York City. Dr. H. Allen, chairman of committee on railroad fares, will publish in the *Annual Circular* and medical journals, full particulars regarding railroad rates and arrangements. All letters of inquiry or information regarding literary work should be sent to Theo. Y. Kinne, M.D., Paterson, N.J. The local committee of arrangements at Atlantic City has for its chairman Dr. M. D. Youngman, Atlantic City, N.J., to whom should be addressed all letters and requests for accommodations, in accordance with directions in annexed circular.

THEO. Y. KINNE, M.D.,

Chairman Committee of Arrangements,

PEMBERTON DUDLEY, M.D.,

Paterson, N.J.

Secretary,

Cor. 15th and Master Sts., Philadelphia, Pa.

Atlantic City, N. J. (the place where the fourth quinquennial meeting of the International Homœopathic Congress will be held), is located on the eastern coast of South Jersey. The city is built on an island, ten miles in length, and one quarter of a mile to two miles in width. It is laid out in squares. The avenues are beautifully gravelled and paved, being smooth and hard. The city presents many fine and beautiful private residences, and some of the handsomest and most luxuriously furnished hotels in the United States.

The resident or permanent population is about 15,000, but during the season, which is from June 1st to October 1st, the number varies from 75,000 to 150,000. There are over 500 registered hotels and boarding houses. The water supply is from driven wells, one of them 1,600 feet deep. The sewerage system is in excellent condition. At night the streets and broad walks are brilliantly lighted with arc lights. The greatest attraction of Atlantic City is its beach, which is unequalled. It is formed entirely of white and black quartz and basaltic sand.

The hotel selected for the sessions of the Congress is the "United States," situate on Pacific Avenue, and running from Maryland Ave. to States Ave. This hotel is the largest and finest hotel in Atlantic City, newly built, with all the modern hotel conveniences.

The rates will be \$3.50 and \$4.00 per day, according to location of rooms.

The Committee of Local Arrangements are making preparations for the entertainment of the guests during their stay in the city, which will include vocal and instrumental concerts, excursions to sea as well as smooth water yachting, deep sea

fishing, &c. There will also be a grand banquet, tendered by the management, and will be free to the members of the Congress and their friends who are guests of the house. There will be established in the hotel office a "Bureau of Information," presided over by a competent person, where may be obtained information concerning the city, its hotels, residences, points and objects of interest, as well as the program for each day's business and pleasures.

It is desired that all members of the Congress and their friends shall secure accommodations at the United States Hotel, as in this way the most successful and satisfactory meeting may be assured.

Application for rooms may be made either to the United States Hotel, Atlantic City, N.J., or to Dr. M. D. Youngman, 1618, Pacific Ave., Atlantic City, N.J.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

At the annual meeting of the above college an enthusiastic gathering of alumni took place on the 24th of March last. An unfortunate disagreement among the members of the faculty has resulted in the establishment of a new college in opposition of the "old" college—"the Cleveland Homœopathic College." This meeting expressed confidence in the parent institution. During the evening the degrees were conferred on the "graduating class," which included seven men and a lady. The meeting was enlivened by musical performances.

EASTBOURNE HOMŒOPATHIC CONVALESCENT HOME: ANNUAL MEETING.

On Tuesday, the 21st ult., the annual meeting of the supporters of the above institution was held at the Reception-room of the Home in Enys Road, and there was a large attendance. The Hon. Mr. Justice Pinhey presided.

THE ANNUAL REPORT.

The annual report of the board of management expressed their satisfaction that since the opening of the institution on Saturday, August 25th, 1888, not less than 400 persons have been resident. During the twelve months reviewed in the report, 174 persons have been resident, including 107 women, 48 children, and 24 nurses of the London Homœopathic Hospital, for whose benefit, when invalided, the Home was intended, as well as for the convalescent poor. To meet the wishes of various liberal friends of the Home, the board had decided that, in accordance with Rule 8, annual subscribers of two guineas or donors of forty guineas should have the privi-

lege of one in-letter yearly, the letter entitling a suitable patient to stay at the Home for three weeks absolutely free of payment to the institution. The annual subscriptions amounted, in 1890, to £270 2s. 6d., against £249 10s. 6d. the previous year, showing an increase of £20 12s. The donations had been £71 17s. 11d., against £18 7s. last year, an increase due to the gift of £50 early in the year from Mrs. Clifton Brown. No legacy had been received during the year, and consequently the reserve fund remained as at the date of the last report. The Board again asked the attention of friends of the Home to the fact that there is not yet an endowed bed or cot established in any of its Wards. The Board acknowledged the kind consideration extended to the Home by the Directors of the London, Brighton, and South Coast Railway, and expressed their thanks to Dr. Croucher for his assiduous attention to patients who have needed his care; to the Local Committee; to Miss Sutton, the Honorary Secretary; to Miss Florence Lewis, the Matron; to Mr. Joseph Gibbs, of Terminus Road, the Honorary Chemist, for gratuitous supplies of medicines; and to the numerous friends who have made useful presents for the advantage of the patients. The much needed extension of the Home for the reception of men convalescents, the want of which is a serious loss to the men patients of the London Homœopathic Hospital and to others who have reached the stage of convalescence under homœopathic medical treatment, had been retarded by the necessity of raising a large sum of money to rebuild the Homœopathic Hospital in London. Another retarding cause had been the illness of the Chairman, Major Vaughan Morgan, to whom both the Hospital and the Home owe the deepest obligations for generous help. The restoration of Major Vaughan Morgan to health was a matter of sincere congratulation to the well-wishers of the Home, the Hospital, and homœopathy. The Board still looked forward to the time when the extension of the Home for the reception of men can be brought under the attention of the subscribers and donors as a practical scheme. There was no class of patients for whom Homes of this kind were so necessary or so beneficial as men recovering from severe illnesses, and especially was it desirable that there should be one under homœopathic auspices within easy reach of London. The balance-sheet, as appended to the report, showed the receipts from all sources to have amounted to £797 5s. 10d. The ordinary expenditure amounted to £482 10s. 6d., ground rent for 1888 and 1889 to £19 9s. 7d., leaving a balance in favour of the Home of £295 5s. 9d.

A RECORD OF PROGRESS.

The CHAIRMAN, in moving the adoption of the report, said

it was a pleasing task to do so, as it was a report of prosperity and progress. The support accorded the Home had been in excess of previous years, and he congratulated them on the prosperity they had met with. The Hospital in London was being rebuilt, and now they must give their attention to the Home at Eastbourne, and make provision for convalescent men as well as women. Mr. ROPER seconded the resolution, and quite agreed with the chairman that the hospital accommodation should be increased so as to provide for male convalescents as well as females. The report, with the accounts, was adopted.

VOTES OF THANKS

having been given to the Board of Management in London and the local Committee, Mr. Cross moved that the thanks of the meeting be given to Dr. Walther, Dr. Croucher, to Miss Sutton (Hon. Secretary), Miss Lewis (Matron), and Mr. Gibbs, the chemist of the Home. He said that the patients in the Home were well cared for and well fed. The cost of the management of the Home was only one shilling per patient per week, and the patients contributed one-third of what they cost, so that they taught poor people to help themselves. For every guinea spent by any patient the Home spent two guineas. The subscriptions had gone up considerably, showing that as the Home became known it was being supported. They had a system of "free letters," by which some patients could be received without payment. Letters from ex-patients were read, all expressive of their satisfaction at the treatment they received while at the Home. Mr. Cox seconded the motion, which was carried unanimously, as was also another vote of thanks to the London Secretary, Mr. Cross. The Chairman was thanked for presiding, and tea was afterwards served to all present at the meeting.

Our readers will be gratified with the prosperous report presented to the supporters of this useful institution. To many patients, convalescents from acute disease, whether from the Metropolitan Hospital or elsewhere, and to others suffering from overwork, etc., the Eastbourne Homœopathic Convalescent Home has been an invaluable boon. The bracing air of Eastbourne, combined with the care and comforts of the Home, give new life to the weak and the weary. We heartily join with the Board of Management in wishing that the day may be very near when the Home may be opened to men. Should a change of site be possible so as to lessen the distance of the Home from the sea, the usefulness of the Home would be still further enhanced.

OXFORD HOMŒOPATHIC ASSOCIATION.

A LARGELY attended meeting in connection with the Oxford Homœopathic Association was held on the 20th inst.

The Secretary, the Rev. W. Probyn-Nevins, read the following report: "The first meeting to inaugurate a Homœopathic Association for Oxford and Oxfordshire, with the surrounding neighbourhood, was held on the 10th of March, his Worship the Mayor of Oxford in the chair. It was there resolved that members should be admitted on payment of a minimum subscription of 1s. annually. A preliminary committee was appointed with instructions to make inquiries and receive suggestions as to any means by which homœopathy may be promoted. With this object in view they appointed twenty district secretaries, asking them to seek and record homœopaths in their district. From information gathered, and also from remarks in the public press, your committee find there is a large number of would-be homœopaths waiting for medical aid, and who would become ardent followers of Hahnemann. Thereupon the first and most important step is to provide a homœopathic surgeon and physician to settle in Oxford." Several ladies and gentlemen of influence have kindly consented to act as patrons.

The Rev. H. Barter, Vice-President of the Association, in the course of an interesting address, said that a strong association like theirs was very soon likely to influence the public, so that where there was now only one man propounding homœopathy there should be a hundred. He thought they would find that the establishment of their association would be followed by the starting of other similar associations in the country. He believed there were a great number of doctors who were practically sceptics as to the use of drugs. Doctors did not believe in drugs at all. Sometimes when he had been speaking to a Dublin man of considerable attainments, his friend said with a smile, "Now, you don't really believe that when any person has got scarlet fever, or any zymotic disease, that any drug will make such a difference, do you?" He supposed many homœopaths would say it would make a difference. If people could once be led to examine homœopathy they would alter their opinion with regard to it. It was "tabooed" by the faculty, who thought that if they looked to homœopathy they would not get a living. Mr. Barter then dealt with some misconceptions respecting homœopathy, and cited some instances in which he had used drugs himself with great success.

The meeting then terminated with a vote of thanks to the lecturer.

With one point in Mr. Barter's excellent address all those who have had experience of homœopathy will cordially agree:— That zymotic diseases may be profoundly and strikingly influenced by drugs is unquestionably true. If it is impossible to entirely abort them, the severity of the case may be mitigated and sequelæ avoided.

We do not endorse Mr. Barter's opinion that members of the dominant school decline to investigate homœopathy because they fear they would not "get a living." This may be the reason with a few men established in practice, who think that a change would be unwelcome to their *clientèle*; but in the majority of instances, especially with young men, the reason is that "orthodox" practice is the practice of the men in power. They feel that they cannot afford to be boycotted by their teachers, their fellow-students, or *confrères*, and by the various learned (but oftentimes bigoted) societies. Such boycotting still exists, and associations like the Oxford Homœopathic Association will be able to do much to remove these prejudices by educating public opinion. A few of the more liberal-minded and unbiassed and independent of the old school may be influenced by having the facts of the case put before them; but the bulk will require outside pressure—pressure which the public alone can bring to bear upon them.

The last sentence quoted of the report of the first meeting, demands, we think, some qualification. Oxford possesses an able and experienced representative of homœopathy, who has for years done good work there in the dispensary and in private practice. Even to *seem* to ignore Dr. Guinness would be an injustice and an evidence of want of judgment. The disadvantage of Dr. Guinness being unable, through advancing years, to attend some of the more urgent and arduous calls, is more than counterbalanced by the value his long experience and ripe judgment give to his opinions and advice. A junior colleague, however, is evidently needed—a good all-round man, who would co-operate with Dr. Guinness, the two being mutually helpful. We wish the association every success in its efforts to "provide" such a man, and we know that Dr. Guinness is anxious to have a colleague.

TEACHING OF THE DEAF AND DUMB.

M^{LE}. LOUISE GAUTIER, a young French lady, deaf and dumb from birth, has nevertheless passed with honour all the examinations of the *École des Beaux Arts* in Paris, receiving not only her diploma but an appointment as teacher. She was taught by the Grosslin system both to read the lips and to speak, so that her infirmity, it is said, is hardly noticeable.

THE ANNUAL HOMŒOPATHIC CONGRESS.

THE Annual Congress of British Homœopathic practitioners will be held this year in London, on Thursday the 9th of July. This month is selected instead of September as heretofore, as it is important to have this meeting during the London "season," while in September London is empty. The 9th of July is fixed in order to allow those who wish to go to the United States to return in time for our Congress.

It is hoped that there will be a large attendance of our colleagues, as London affords attractions that no other place can.

Full particulars will be given in the circular which will be issued in the beginning of June.

NEW PERIODICALS.

The Popular Medical Monthly is the title of a new journal published in London, the first part of which appeared last month. Our new contemporary contains a little of everything—everything at least except homœopathy. If the editor wishes to make the paper of any real service to the public its chief "Studies of Remedies" will be from the homœopathic standpoint. Without this the "*Monthly*" will belie its title of "*Popular*."

Messrs. Frazer will, we understand, commence to-day the issue of a new illustrated magazine, *The Ludgate Monthly*.

CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Permit me again to direct attention to the announcements relative to the approaching Convention which appear in the body of your present number; and also, this time, to urge on my colleagues the desirableness of furnishing a respectable British contingent to the gathering. I think that you have spoken too absolutely, and from the Metropolitan standpoint alone, as to the impossibility of getting away at the time appointed. I am a pretty busy practitioner myself; but though it is inconvenient enough to be absent in June, I find no impossibility in it, and intend to be at Atlantic

City. I hope that some others of our men will follow my example. America sent us 32 representatives in 1881. We, with our hundreds, cannot emulate them in their thousands; but surely our proportion should not be lacking.

I may mention that I sail from Southampton on Saturday, June 6th, by the Hamburg-American steamer, "Fürst Bismarck," which is due at New York on the 18th; and shall be pleased to hear of fellow-voyagers.

Yours very faithfully,

RICHARD HUGHES.

LARGE AND SMALL DOSES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—*De profundis clamavi*, but I hope not too late. In your issue of January ultimo, page 17, Dr. Drysdale says, "that *belladonna*, leaving untouched the circular fibres of the iris, stimulates the radial fibres and thus dilates the pupil, while *physostigma* acts precisely in a contrary manner."

Now Allen's *Encyclopædia*, under *belladonna*, symptoms 640 to 649, gives "contraction of pupil"; and under *physostigma* symptoms, 199 to 202, gives "dilatation of pupil"; and Hahnemann's *Materia Medica Pura*, under *belladonna*, symptoms 246 to 250 gives "contraction of pupil."

Dr. Drysdale further says, on page 19, "that neither he (Dr. Thomas) nor anyone else will ever understand or explain the direct therapeutic action of drugs without acknowledging the double and opposite action of small and large doses in homœopathic cures."

This statement is the very key-stone of homœopathy, and is seldom sufficiently dwelt upon by writers (see my letter in the *Homœopathic World* of April, 1890).

Again, Dr. Drysdale says: "So in fact, a large part of the allopathic treatment of abdominal inflammations and obstructions is really homœopathic, after all."

Is not the reverse of this true? Is not rather the process of cure antipathic while the selection of the remedy only is homœopathic. Homœopathy and antipathy are conjoint factors in effecting a cure.

I am, &c.,

WM. GEO. WATSON, M.A., M.B., L.S.A., M.R.C.S.
Late House Surgeon & Physicians' Assistant, Univ. Coll. Hosp., London.
150, Elizabeth Street, Sydney.
12th March, 1891.

 NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

By a printer's error in our last issue, Dr. THORNLEY's name, of Bolton, was mis-spelt Dr. THOMLEY.

Communications, &c., have been received from Mr. KNOX SHAW, Mr. G. A. CROSS, Mr. DUDLEY WRIGHT (London); Dr. HUGHES (Brighton); Dr. DRYSDALE, Dr. C. W. HAYWARD (Liverpool); Dr. STONHAM (Ventnor); Dr. PERCY WILDE (Bath); Messrs. WRIGHT AND Co. (Bristol).

 BOOKS RECEIVED.

The Medical Annual. Bristol and London: Wright & Co. 1890, 1891.
 —*Medical Symbolism in Connection with Historical Studies in the Arts of Healing and Hygiene.* Illustrated by Thomas S. Sozmskey, M.D., Ph.D. Philadelphia and London: F. A. Davis. 1891.—*Popular Guide to Homœopathy.* By John Drummond, L.R.C.P., M.R.C.S. Leith & Ross.—*The Homœopathic World.* London. April.—*The Chemist and Druggist.* London. April.—*Monthly Magazine of Pharmacy.* London. April.—*The Nurses' Journal, the Journal of the Royal British Nurses' Association.* London. February.—*The Popular Monthly Medical.* London. April.—*The North American Journal of Homœopathy.* New York. April.—*The New York Medical Record.* March and April.—*The New York Medical Times.* April.—*The Chironian.* New York. March.—*The Hahnemann Monthly.* Philadelphia. April.—*The Homœopathic Physician.* Philadelphia.—*The Homœopathic Recorder.* Philadelphia. March.—*The Homœopathic Journal of Obstetrics.* New York. March.—*The Medical Era.* Chicago. April.—*The Medical Advance.* Chicago. April.—*The Clinique.* Chicago. March.—*The Southern Journal of Homœopathy.* New Orleans. April.—*The California Homœopath.* San Francisco. March.—*The Indianapolis Journal.* March 25.—*La Médecine Hypodermique.* Paris. March.—*Bulletin Générale de Théraputique.* Paris. April.—*Revue Homœopathique Belge.* Brussels. April.—*Allgem. Hom. Zeitung.* Leipzig. April.—*Leipziger Populäre Zeitschrift für Homœopathie.* April.—*Gazzetta Medica Di Torino.* Turin. March, April.—*Homœopathisch Maandblad.* April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPZ, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW

—:—

A STUDY OF DELPHINIUM STAPHISAGRIA.*

BY EDWARD BLAKE, M.D.

Nor the most insignificant of those bays which must for ever deck the brow of the Immortal Master is that he laid bare a thousand unsuspected virtues lurking in those old simples of which we talk so much, and, I fear, use too little.

You all know that the transcendent genius of Hahnemann, like that of the great Darwin, who resembles him in so many ways—in modesty of manner, in simplicity of mind, in patience of investigation and in an extraordinary power of minute, nay even microscopic, observation—is shown not so much by the brilliant generalisations with which each startled the quidnuncs of his day, as by the amazing number of hard and stubborn facts, well observed and well authenticated, which these giants managed to heap together into time-defying scientific tumuli.

The splendid hypotheses of both have already been shaped and pared by the effects of new observations and of added knowledge. But the strict logic of their facts remains, and must remain, as an undying monument, more persistent than the pyramids of Egypt.

* Read before the British Homœopathic Society, May 7th, 1891.

That the Seer of Cöthen's having contributed more actual specifics to medicine than any known physician before or since his day, may possibly form the popular basis of esteem in a day when few persons have any leisure to think, is more than probable. To us this is not so; to us has been accorded the rare privilege of knowing this unrivalled mind in its deepest recesses.

There was a time when the intellect of man was so large that small matters could not be contemplated without a fine sense of scorn; now it is but a trite truism to say that the infinitely great is necessarily based on the infinitely little. If men were weighed by the actual practical benefits which they have conferred on their kind, none would hold his own with this plain physician, who first taught us the way to cure cheaply and quickly, not indeed so much those rare and recondite diseases, which distress the rich, as those common, vulgar ailments which afflict ordinary work-day humanity. Nor did Hahnemann, who was ever actuated by the pure spirit of research, think it beneath him to test the powers of a common plant, the Larkspur, chiefly connected in the minds of men to this very day with a loathsome parasite. He stooped to this species of organic small-tooth-comb, and rescuing it from its ignoble alliance, placed it in the honourable post of the forefront in that great army which he recruited to fight the old battle against disease and decay and suffering and death. The fact is, we are not half vain enough of Hahnemann, and of his work and his powers; familiarity has robbed them of some of their *prestige*; we are used to them, and we take them too much for granted. *Delphinium* is itself a drug of which all good homœopaths ought to be very proud. As a curative agent Hahnemann literally created it.

It was the custom of Hahnemann to introduce a fresh drug to the notice of his disciples, and of the profession at large, by a kind of little speech of introduction. Just as we present to each other two distinguished guests with a small verbal flourish of trumpets.

But in the exordium which precedes the *delphinium* proving, we miss the imposing list of Old School authorities with which we are familiar in Dr. Dudgeon's well-known translation—a list amounting to no less than 98 names in the case of *opium*.

Neither references nor quotations from traditional medicine are cited for *staphisagria*; and for the best of all reasons, there were none for Hahnemann to cite. So we do well to call it a Creation of the Master's Mind.

We may remember that *staphisagria* was proved by Hahnemann himself, and by some of his most careful and conscientious coadjutors—Cubitz, Franz, Gross, Gutmann, Hartmann, Haynel, Herrmann, Hornburg, Kummer, Langhammer, Stapf and Teuthorn, who recorded between them no less than 721 symptoms, of which 200 were observed by Hahnemann himself.

We are constrained to say that of the 64 drugs (omitting the three magnetes) whose provings Hahnemann left as a priceless legacy to the world, not one has been more thoroughly worked out; and yet *staphisagria* has scarcely received fair treatment from us, it has been a little "left out in the cold."

Let us turn to the memorable words with which Hahnemann ushers into the world this new Therapeutic Child of his.

"What enormous power must not this drug possess! Now, as our new and only healing art shows by experience that every drug is medicinal in proportion to the energy of its action on the healthy, and that it only overcomes the natural disease by virtue of its pathogenetic power provided it is analogous to the latter, it follows that a medicine can subdue the most serious diseases, the more injuriously it acts on healthy human beings, and that we have only to ascertain exactly its peculiar injurious effects in order to know to what curative purposes it may be applied in the art of restoring human health. Its power, be it never so energetic, does not by any means call for its rejection; nay, it makes it all the more valuable; for, on the one hand, its power of altering the human health only reveals to us all the more distinctly and clearly the peculiar morbid states which it can produce on healthy human beings, so that we may all the more surely and indubitably discover the cases of disease in which it is to be employed in similarity (homœopathically) and therefore curatively; whilst, on the other hand, its energy, be that never so great, may be easily moderated by appropriate dilution and reduction of dose, so that it shall become only useful and not hurtful, if it be found to correspond

in the greatest similarity with the symptoms of the disease which we wish to cure. It is just to the most powerful medicines in the smallest doses that we look for the greatest curative virtue in the most serious diseases of peculiar character for which this and no other medicine is suitable."

"For these unexceptionable reasons," says Hahnemann, "I anticipated a great treasure of curative action in the most peculiar diseases from *staphisagria*; ; and these reasons led me to make careful trials of it on healthy subjects, the results of which are recorded in the following symptoms. Thus, curative virtues have been elicited from this medicinal substance which are of infinitely greater value than its power to kill lice (the only medicinal property the ordinary quackish medical art knew it to possess), curative virtues which the homœopathic practitioner may make use of with marvellous effect in rare morbid states, for which there is no other remedy but this."

This is a remarkable utterance ; it is interesting as being one of the clearest and simplest of the enunciations of the so-called law of similars.

A careful study of the genius of *staphisagria*, and of its alkaloid *delphinine*,* reveals the interesting fact that these drugs are especially called for in the diseases peculiar to the extremes of life. The fierce metabolism of infancy, and the perverted tissue-changes of a second childhood, call alike for such remedies as *staphisagria*, *baryta* and their congeners. In their action in the domain of the special senses, on the region of the nape, on the alimentary tract, the glandular system, the urinary apparatus, and the lower extremities, they present many points of resemblance.

Dr. James Dore Blake, of Taunton, a most able practical physician, one of the pioneers of homœopathy, who sustained a bitter persecution for his creed in the earlier part of this century, well known as the first prover and introducer of *calendula*, relied on *staphisagria* as his stock remedy for senile sciatica. He was of course led to select this particular drug from observing that not only does *staphisagria* cover the constipation so often lying at the root of this form of

* See Article *Staphis-agria*, vol. iv. of *Cyc. Drug. Pathog.* p. 131.

neuralgia in the aged, but at the same time it aids so many of the side issues, *par exemple*, the vesical troubles and the nuchal sorrows so frequently associated with it.

It was the outcome of my study of these sides of *staphisagria* that induced me to give it a trial in that common but distressing result of motherhood, a pouched and protruding bladder. We, British doctors, owe a great debt to the penetration of our transatlantic brethren for first forcing the gravity of neglected cystocele on our notice. To them, too, will go up the incense of gratitude from myriads of mothers as yet unborn, who will reap the benefits of American gynecic teaching. For though the wisest accoucheur may, in spite of a thorough maceration and wearying out by means of preliminary dilatation, meet in his practice with an acutely ruptured perineum, only the foolish man will leave it torn. He alone will ruthlessly condemn the poor, fond, trusting creature reposing on his want of wisdom to the present sorrows of reflex hæmorrhage, scalding dysuria, delayed convalescence, possible septicemia, arrested sub-involution and the future worry of cystocele, with uterine procidentia and rectal protrusion.

All gynecologists are perfectly familiar with the sad group of symptoms, having as its more pronounced features inability to retain the water and to discharge the fæces; a detestable forcing feeling; a loin languor; wearisome aching in the sacral region and from the vertebra prominens upwards; the peevish and fretful or despondent mood.

In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum, I have been for many years in the habit of employing *staphisagria* locally to the vesical tumour, and at the same time I like to administer a high dilution of this remedy internally. This latter I prefer doing when the stomach is void. Topically, the drug is best applied in the form of a saturated glycerole. Carefully carded animal wool is a better vehicle for application than cotton; it retains its elasticity when wetted.

The adjacent viscera being emptied and all tight waistbands removed, the patient assumes the salaam or knee-elbow posture. Half-a-dozen tampons in the form of a kite-tail are introduced into the vagina, and packed

well up around the cervix during forced expiration. Unless the patient be very silly or very corpulent she soon learns to do this for herself. The vagina should be quite filled with this wool, which is worn during the whole day. In bad cases it is needful to support the perineum in addition by means of a broad thick T-bandage, the horizontal portion of which should be at least three inches wide and should be adjusted to the trunk just below the hip. Similarly the menstrual belt, for obvious anatomic reasons, should never encircle the body above the iliac line, or it becomes a potent factor, combined with a tight corset and with heavy skirts, in adding prolapsus of the pelvic contents at the time when the viscera are heaviest.

I can speak feelingly of the sad success of this treatment as more than a temporary alleviant, because, on more than one occasion women who had decided to let me do perineorrhaphy for them have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die*!

We will, before taking leave of this valuable drug, glance a little at the rest of its many actions. Most of them are symptoms quite at home in the gynecic notebook. The sad, grey outlook of life; the enfeebled memory; the bursting headache, itching scalp and facial papules; the dilatation of the pupils preceded by temporary contraction; the inflamed lids; irritated canthi point, like the similar symptoms in spigelia, to rheumatic sclero-conjunctivitis. Symptoms 120-30 suggest choroiditis; whilst the scintillating scotoma pertains more to certain deep-seated changes in the intra-cranial circulation.

Tinnitus is recorded by two provers.

Pustulation has been noted in the upper lips and inside the nose. Also the lips are ulcerated on their borders.

The submaxillary symptoms are strangely suggestive of a drug—not much allied to *staphisagria*—namely, *mercury*. The same observations hold good of the dental and gingival symptoms. The typical toothache of *delphinium* is “tearing.” The pathologic condition corresponds with periodontitis atrophica, so-called “receding gums.”

Herrmann's symptom, "when chewing he feels as if the teeth were pressed deeper into the gums" reminds one of the "sense of elongation of the teeth" in *phosphorus*.

[Allen's Index gives for "feeling of long teeth," *chelid.*, *cocculus*, *castor* and *petroleum*.]

The tongue is white, the palate sore, due apparently to herpes; compare *acetic acid*.

Three provers had ptyalism (*conf. mercury*) heart-burn, eructation, hiccough, four times nausea; and actual vomiting occurred twice. *Adipsia* distinguishes *staphisagria* and *rheum* from the "thirst" of *rhus* and the "great thirst" of *epigelia*.

The flatulent colic of *staphisagria* is intensified by urinating, distinguished from that of *rheum*, aggravated by movement.

Staphisagria has constipation followed by diarrhoea; *rheum*, diarrhoea followed by costiveness.

Anal itching is noted in two provers.

The urinary symptoms are numerous and strongly marked; they point as distinctly to prostatic troubles in males as to cystocele in women. The *staphisagria* tamponade might be used per rectum in the case of males for intractable prostatic hypertrophy.

The itching of the genitals, in both genders, recalls the symptoms induced by *galipea cusparia*, usually known as *angostura vera*.

Old people, we know, are very prone to acute and distressing but quite temporary strangury. Very young practitioners administer dysuric remedies with no result. Older doctors hasten to give a remedy for flatus incarcerated in the sigmoid flexure or in the rectum; they also direct that the nurse apply succussion to the descending colon. I am indebted to my friend, Dr. Richard Hughes, for the valuable hint to administer *pulsatilla* under these circumstances. It has not failed me yet; should it do so, I shall certainly fall back on *staphisagria*.

There are nine coryza symptoms, carrying us back again in mind to *mercury*.

The twelve cough symptoms, always aggravated in the case of Dr. Franz by eating [compare *nux vomica*], point to pharyngitis rather than to laryngitis. Possibly some

are, like the "oppression" and "stitches" in the chest, spinal in origin.

The nape and sacrum symptoms we have already noticed; they are very typical of *staphisagria*.

The upper extremity symptoms ought to yield good results in treating the osteo-arthritis so common in real senility and in the imitation old age of pelvic patients.

Restless nights, disturbed by dreams of remarkable vividness, are naturally followed by drowsy days. As in *stramonium*, the prover either dreams of murder or encounters some ferocious beast.

The cerebral congestion we may therefore conclude is more arterial than venous.

The rigors are usually adipsic, one prover alone having "great thirst."

The cardiac symptoms, like the perverted sensations in the tongue, resemble the action of *aconite*.

CASE.—STAPHISAGRIA IN LEFT DELTOID MYALGIA.

Mrs. ———, aged 50, came on July 2nd, 1888, for recurrent headache since early childhood, *i.e.*, for more than forty years.

The pain is frontal; it corresponds with the distribution of the two supraorbital branches of the fifth pair.

Twelve years ago, whilst nursing, she had a mental shock, which greatly augmented the severity of the headaches. This shock was followed by temporary loss of the senses of smell and of taste, and by impairment of that of hearing.

The double supraorbital pain has usually recurred at intervals of seven days.

The change of life occurred five months ago.

She also suffers from attacks of acute spinal anæmia, apparently depending on the condition of her heart, and associated with the following symptoms:—First there comes acute temporal pain; this is accompanied by a distressing sense of choking followed by passive pharyngitis. Later in the day there are rigors and a feeling of sickness; then diarrhœa begins, and afterwards she becomes intensely drowsy. Usually there is complete arrest of urine. Sometimes she has palpitation, with panting breath. She has been prone to these attacks from her girlhood.

For the cold stage *veratrum album* in the third decima

dilution was recommended, and it gave marked relief. The extreme drowsiness was successfully combated with *papaver somniferum*, thirty centesimal.

Inhalations of *moschus*, matrix tincture appeared to relieve the dyspnoea, and also the palpitation, for which I afterwards gave *asafetida* in the twelfth centesimal with some advantage.

But to *lachesis* is due the credit of curing this remarkable case. In dilutions, varying from 6 to 30, it swept away the headache, aggravated by movement and by noise, but even more by *light*. Whilst taking the *trigonocephalus* she also lost the giddiness, the noises in the head, the flushing, dry mouth and throat, loss of appetite, epigastric sinking and abdominal flatus, dyspnoea, tickling cough, and the palpitation, occurring both on exertion and after excitement.

Under the influence of *lachesis* this patient enjoyed five months of immunity from headaches which had, before taking the remedy, recurred once a week for 40 years. The other attacks, viz., those of acute cerebro-spinal anæmia, had lasted during five-and-twenty years, recurring at intervals of about two months. Latterly they had become much more frequent, leaving only three weeks of freedom from the distressing disturbance.

These also ceased to afflict her, and she had singularly good health with one exception, which we shall presently notice, during the remainder of the year.

The only adjuvants employed were gentle continuous current to *vagus*; upward electro-massage to lower extremities and to the respiratory muscles. Of course the patient, who respired very imperfectly, was taught to breathe. Allowance have been made for the beneficial effects of these auxiliary measures, the rest of the credit remains with the venom of the Indian snake.

This patient, on 25th October, 1890, again made her appearance at my rooms, looking much improved in appearance. She had lost her look of distress and had put on flesh.

She now complained of a severe aching pain from the left elbow to the left shoulder. This pain quite prevented the use of the left arm at its upper part; it grew worse in bed.

The biceps, the brachialis anticus and the deltoid were the chief muscles involved, all supplied, as you know,

by the musculo-cutaneous nerve, the external branch of the outer cord of the brachial plexus. There was no impairment of reaction to the various muscular stimuli.

The biceps and the brachialis anticus made a slow recovery under *baptisia* 1x, *apis* 6, *rhus* 12 and *sulphur* 30, selected from subjective indications.

The patient lived at a considerable distance. Owing to this fact and to the extreme inclemency of the weather, I saw very little of her, but she sent an occasional report. Thus I heard that whilst the other muscles had recovered their normal state, the deltoid hung fire and inflicted a good deal of pain and loss of rest till the end of March.

I was then preparing this drug as a contribution to the American Congress, when I was struck with the similarity between the whole group of this worthy woman's symptoms and the complete pathogenesis of *staphisagria*.

So I wrote a prescription for *staphisagria* twelfth centesimal, to be taken before each meal. The same remedy was given in the first decimal dilution at bed time.

The deltoid was well rubbed with *oil of stavesacre* twice a-day.

The last part of the prescription had to be suspended on account of the free appearance, after its use, of a red, itching eruption resembling *lichen urticatus*.

The *staphisagria* was prescribed on 24th March of this year, the deltoid pain having persisted for nearly six months.

It disappeared, whilst taking *staphisagria*, in seven days, and up to the present time it shows no sign of returning.

DISCUSSION.

Dr. BURFORD praised the practical nature of Dr. Blake's paper. Referring to Dr. Blake's mention of *pulsatilla*, he recalled Hahnemann's note that many of the symptoms of *pulsatilla* are traceable to flatulence, and disappear when the flatulence is got rid of. Many symptoms which are useful indications for a drug are not found in the provings. And too much attention may be paid to provings. The characteristic tongue of *pulsatilla* is a white one, but this does not appear in all. *Apis* is said to be of great value in nephritis; there were no nephritic symptoms in the provings. Clinical totalities and careful records of cases were quite as essential as the provings.

Dr. COOPER said when he first came to the Homœopathic Hospital *staphisagria* was much more extensively used than it is now. He would look upon it as a remedy of great value in ear diseases. It acts on teeth and alveolar periosteum, but he had never "come in upon" the action of the remedy. Until one has been familiarised with a drug one does not get out of it so much as would be expected. Dr. Wilson had cured many cases of eye disease when a symptom "heat in the eyeball so great that it dims the spectacles" was present. He thought the history of the drug might be better known—its botanic and popular medical history. *Staphisagria*, with old herbalists, is spoken of as, "louse-wort." He placed very little reliance on local applications. It was impossible to differentiate between the action of several drugs—*hydrastis*, *staphisagria*, and others—when locally applied.

Dr. FERNIE referred to the history of the drug. He said the ancients, Pliny and Dioscorides, used the seeds as a purgative. Pliny used the powdered seeds to the scalp to destroy vermin. He had not read that it caused any eruption. Dr. Philips says there are two principles—*delphinine* and *staphisagrine*—which have different, and even opposite, action. Did not the administration of the entire drug entail the counteracting of the one principle by the other? He thought the history of the drug was pretty well known, and the explanation of its names interesting. *Staphisagria* implies a wild vine or raisin, with reference to the leaf or seed; and *delphinium* likens the spurred rectury to a dolphin. The oil is described in Martindale's *Extra Pharmacopœia*.

Dr. CLARKE had had experience in many of the uses of the drug mentioned by Dr. Blake. In a case of prolapsed bladder where there was sensitiveness of the pudenda as shown by aggravation on sitting down, *staphisagria* had given great relief. He had frequent occasion to use it in toothache. He had put on record a case of enlarged tonsils in which the symptoms, stitching from throat into ear on swallowing, had led to its use, which resulted in speedy cure. Tumours of the eyelid had inflamed and disappeared under its use, and excrescence on the gums.

Dr. HUGHES was very glad that there should be a "*Materia Medica* night" occasionally; and to have a drug brought before us so well proved and so little used as *staphisagria*. Its possession of such alkaloids as *delphinine* and *staphisagrine* shows its energy; and Dr. Hughes thought that the powers of these substances gave us the clue to the action of the present drug. *Delphinine* acts like *aconitine*, inducing a numbness and tingling in the extremities, which, as with its analogue, would probably go on, if pushed, to neuralgia. Hence, the

value of *staphisagria* in neuralgia of arms and legs. On the other hand, *staphisagrine* is an irritant, and the mother-plant is of undoubted value in such a condition when occurring in the genito-urinary organs, especially when old gonorrhœas have crept through the seminal ducts and into the prostate. His (Dr. Hughes') own experience with it had been mainly in those quarters; but also as a preventive of recurrent styes.

Mr. KNOX SHAW had been anxious to find something to relieve tumours of the lids without operation, and had given *staphisagria* 1x to 3 among other drugs, but he got no results. The natural cure is by inflammation, and he thought the case referred to by Dr. Clarke was cured by nature and not by *staphisagria*.

Dr. CLARKE said the tumours existed a long time, and had no tendency to inflame before *staphisagria* was given. Moreover, *staphisagria* corresponded to the patient, and was, in fact, the simillimum.

Dr. DUDGEON (in the chair) had had very little experience of the drug. He had used it in toothache from recession of the gum. The relief to the pain was almost instantaneous. The old school had not made much use of the drug—principally as a destroyer of lice. The use of the oil as a stimulating application to indolent ulcers had been given up as too violent. Referring to the symptom, "heat in the eyeball dimming the spectacles," he said the dimming was produced by sweat from the skin of the face and not by heat in the eyeball.

In reply, Dr. EDWARD BLAKE agreed with Dr. Burford that the so-called tongue indications are often illusory. The same drug in the same dose causes a variety of coatings on the tongue in different persons. A given drug appears to bring out the special tendency of the patient to a certain form of gastric disturbance.

With regard to the adenitis of the eyelid, Dr. Blake treated such cases according to their cause. If irritating material from the eyeball, as in the case of strumous conjunctivitis by entering the meibomian follicles, set up resulting disturbance there, then, of course, the conjunctival disorder must be treated.

If an infectious disease of scalp induced itching, and the hand was then applied to the lid, the scalp should be attended to. Naturalists say that a very minute beetle, obtained from dogs, will enter the lid follicles and set up serious irritation there.

Mercury administered internally, and at the same time applied locally, had cured the greatest number of chronic

cases, and *pulsatilla* the greatest number of acute cases in Dr. Blake's hands.

Two speakers had doubted the specific effect of a drug applied locally to the vagina. Why should they do so? The vaginal tube is a very absorbent canal in health, witness the prompt effect of arsenic introduced with criminal intent. But the real reply to this difficulty is, that *staphisagria* relieves whether it be given in high attenuations or in low, whether it be applied topically or administered internally.

THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF SERPENT VENOM.

BY ALFRED C. POPE, M.D.

(Continued from page 312.)

Lachesis.

THE symptoms evoked by the bite of the *trigonocephalus lachesis* and the *naja tripudians* and those arising from experiments which have been made with their venom, are so similar to those of the *crotalus horridus* that it is unnecessary to dwell upon them in detail. I shall, therefore, simply draw attention to those conditions in which the principle of *similia similibus curentur* points to them as remedial, and in which experience has testified that they are so.

For the researches which have led to the use of *lachesis* as a medicine we are indebted to the late Dr. Constantine Hering, of Philadelphia; for our knowledge of the action of *naja tripudians* to the late Dr. Rutherford Russell, of London.

Mental depression, great restlessness, incapacity for exertion, forgetfulness, indifference to everything and at the same time great talkativeness; the subject of poisoning or experiment rapidly passing from one subject to another, and ultimately, becoming confused, represent the mutual phase produced by *lachesis*. These symptoms have led to its successful use in cases of melancholia at the climacteric period, when similar ones have been present, and also in mania marked by excessive chattering. (Talcott).

Generally associated with this mental depression and irritability, there is pain in the left side of the head,

chiefly over the left frontal protuberum, which feels sore especially on pressure. In other cases, the pain is throbbing and is chiefly in the left half of the forehead. It is worse on awaking in the morning and when stooping, and there are in addition vertigo, nausea and often vomiting with considerable weakness.

Many cases of sick headache are characterised by such symptoms as these, and in them *lachesis* has been used with success. It is also indicated in a class of cases which are commonly described as cases of hemicrania—not a very intelligible definition from a pathological point of view, certainly, but, still, one that is employed to denote a one-sided headache, generally met with in women of a nervous temperament. In the *Monthly Homœopathic Review*, vol. xxix., p. 468, are two such cases, reported by Dr. Elb, of Dresden, in the *Allgemeine Hom. Zeitung*, vol. cv., where *lachesis* was rapidly curative. One patient was a widow lady, 32 years of age, who had suffered for eight years from irregular attacks of hemicrania (having eight or ten in a month) varying in duration from three to four hours, coming on suddenly with throbbing over one eye and in the temple, together with great nausea and vomiting, at first of food, and then of mucus and bile. *Lachesis* 6x was taken daily for six months. One attack occurred the day after commencing the treatment, but from that time not another. The report was written five years after their cessation.

In another case—an unmarried lady of 32 years of age—attacks of hemicrania, accompanied by nausea and vomiting of mucus and bile, had occurred every eight or nine days since puberty. *Lachesis* 6x was given, and as in the former instance, an “uncommonly severe attack” occurred two days afterwards. The medicine was taken regularly for six months. She had “no more attacks, nor any signs of a return of the headache,” and had had none five years afterwards.

The symptoms of disordered health in the pharynx produced by *lachesis* are numerous and striking. There is a great deal of tenacious mucus, exciting constant hawking. The throat feels dry, and is the seat of a great deal of pain extending up to the ear, particularly on the left side. There is great tenderness externally all round the region of the throat, which is rendered much worse

by any pressure. There is also a sensation as of a crumb in the throat, provoking efforts to swallow. The throat is sore and, in one instance, is described as being ulcerated. Great difficulty is found in swallowing, liquids being more troublesome than solids.

The larynx seems swollen, raw and scraping. It feels obstructed "as though a plug were fixed there which moved up and down with a short cough." It is painful to the touch. The voice is hoarse, becoming increasingly so with speaking, and there is a sense of accumulated mucus which is difficult to detach. A dry, tickling cough comes on late in the evening and continues often during sleep. "Troubled every evening from about 9 o'clock with a little fluttering nervous cough, apparently excited by a tickling in the larynx, unattended by pain, expectoration, or any symptom of a cold; it came on at no other time and ceased on going to sleep." "Every contact with the open air causes a violent tickling cough accompanied by expectoration of mucus; it lasts from five minutes to an hour."

Such are a few of the pharyngo-laryngeal symptoms which arose in the course of the provings of *lachesis* recorded in Allen's *Encyclopædia of Pure Materia Medica*, and they have all been found true indications for the selection of the medicine in practice.

They have, together with the symptoms of general vital depression which *lachesis* in common with *crotalus* gives rise to, led to its successful employment in some cases of tonsillitis. The throat looks congested rather than inflamed, and there are on the surface of the swollen and somewhat livid-looking tonsils, little specks suggestive of commencing ulceration. The uvula is relaxed as are all the other tissues, and elongated. There is a good deal of pain which radiates towards the ears. Swallowing is difficult and there is a constant endeavour to detach mucus.

The following case of chronic congested, irritable throat, is a very instructive illustration of the kind of sore throat in which *lachesis* is pre-eminently useful. It is reported by Dr. Conrad Wesselhoeft, originally in the *American Homœopathic Review*, but may be found in *The British Journal of Homœopathy*, vol. xxii., p. 488.

"On the 27th of October, 1862, Mr. T. consulted me on account of chronic irritability of the fauces. The patient is

of medium height, 25 years of age, of a healthy family, of fair complexion, muscular, and accustomed to out-door exercise and horse-back riding; hair dark, eyes blue. This young man had been affected for nearly a year with an irritable condition of the fauces, of which he had taken but little notice. Upon examination I found the uvula elongated to such an extent that in its most contracted state it would touch the tongue. The mucous membrane covering the uvula appeared hypertrophied into an elongation, extending about a quarter of an inch beyond the muscular structure, creating a constant inclination to hawk and scrape the throat, thereby exciting the mucous secretion, which in its turn increased the efforts to clear the throat.

“The fauces appeared redder than in health, or rather of a purplish hue; the tonsils were but slightly enlarged. The patient, whom I had known well for several years, had become visibly emaciated, his countenance was pale, and wore an anxious, haggard expression; night sleep was interrupted, appetite and strength were impaired, all of which he attributed to the constant hacking and coughing produced by the irritability of the fauces, now extending to the larynx and trachea. Besides this I could not discover any disease of the respiratory organs. In addition to the above symptoms there was a feeling as if parts were swollen, some soreness on swallowing, and a frequent sensation as if a crumb had got lodged in the throat, which it was impossible to remove by coughing. I prescribed *lachesis* 30, three doses of a few pellets each, one to be taken every night and morning. I saw the patient again ten days after he had taken the medicine. Upon examination I found the throat almost well, the purple hue had nearly disappeared, the uvula no longer touched the tongue nor adhered to the sides of the tonsils as before; the hacking cough had subsided. I prescribed two more doses of *lachesis*, soon after which the patient recovered completely, and he has continued well up to the present time.”

In speaking of *crotalus*, I pointed out the kind of diphtheria to which it is homœopathic. It is in precisely the same form that *lachesis* has been used with much success. The late Dr. Carroll Dunham (*Mat. Med.* ii. 250), in a description of an epidemic of diphtheria which occurred on the banks of the Hudson River, near New York, from 1858-60, very accurately depicts the symptoms of the cases in which *lachesis* or *crotalus* is useful. He says: “Many cases occurred in which the severity of the constitutional symptoms was very much greater than the local manifestations of the disease in the pharynx

would have led one to anticipate. In some cases . . . the prostration of strength was quite alarming; the pulse became, in a very short time, slow, feeble, and compressed; a cold, clammy sweat frequently covered the forehead, the breath was foetid, the appetite entirely destroyed; indeed the patient passed with alarming rapidity into a completely asthenic condition. In these cases—in all of which the constitutional symptoms thus predominated over the local—*lachesis* produced prompt and lasting improvement, so that very rarely was any other medicine given subsequently.”

Spasm of the œsophagus has been effectually relieved by *lachesis*, an illustration of which is recorded in *The British Journal of Homœopathy*, vol. xxxvi., p. 975, extracted from *Hirschel's Zeitschrift für Homœopathische Klinik*.

The laryngeal symptoms excited by *lachesis* reflect very accurately a dry, tickling cough, the result of considerable irritability of the larynx, not unfrequently met with in the course of phthisis pulmonitis in nervous sensitive persons, and also during a slow recovery from a catarrhal cough. I have found it very promptly remedial in cases of this kind.

“There is,” writes Dr. Bayes, “a form of cough in which *lachesis* has proved almost invariably curative, i.e., after a long, dry, wheezing paroxysm of cough, suddenly there is a profuse expectoration of frothy, tenacious mucus, the expulsion of which gives great relief.” (*Applied Homœopathy*, p. 109.)

Lachesis has been prescribed with great advantage in cases of which an irritable condition of the heart, as shown by palpitation, a pulse varying widely both in frequency and quality, together with general weakness and mental depression are prominent features. The action of *naja* on the heart is, however, much more distinct than that of *lachesis*, and of late years it has supplanted it in the treatment of disorders of this organ to a very large extent.

In that very serious form of inflammation which is met with in and enveloping the cœcum *lachesis* has been found of great service. Dr. Black (*Brit. Jour. Hom.*, vol. v., p. 40), records a well-marked instance of its value. In commenting upon it he says: “In the proving of *lachesis* the following symptoms are reported:—

inflammation of the intestines, costiveness, pain in the hypogastrium; painful stiffness from the loins to the sacrum, pains extending down the thigh. Urine turbid, scanty, with red sediment; strangury. This pathogenesis, coupled with my experience of *lachesis* in three cases (one already reported, a second one of costiveness, attended with pain and swelling in the right iliac region, and the third, where *lachesis* on two occasions appeared to excite pain in the lumbar region and hypogastrium), confirmed me in my choice of *lachesis*."

In no form of disordered health has *lachesis* been found more generally useful in relieving distress and pain than when given to control many of the symptoms which mark the climacteric period in women. Dr. Holcombe recorded the following illustration of the kind of case in which it is useful, in the *N. American Journal of Homœopathy*, 1865:—

"A lady, about the change of life, the principal of a large public school, exhausted with study, business, and domestic troubles of all kinds, applied to me for something to quiet her system at night. She declared she had not had half-a-night's rest for six weeks. Feeling of intense weariness, worse in the morning, palpitation of the heart, with throbbing sensation in different parts of the body, confused thoughts, jactitation all night, with extreme nervousness, were her chief complaints. She was tall, thin, very sallow, coarse and dark skinned, melancholy, irascible, of strong character and profound religious convictions. There was a metallic ring about the heart and a jerking feel about the arteries. The animal sphere of her life appeared flagged from exhausted excitability, and the vegetative sphere torpid.

"I gave her one drop of *lachesis* 30 on sugar, to be taken every night on going to bed.

"She took the medicine for twelve nights, and declared herself astonishingly relieved, saying that she had rested better than she had done for months. This was three months ago, and she has made no complaint since."

In the treatment of yellow fever, Dr. Davis, of Natchez—a physician of large experience—prefers *lachesis* to *crotalus*. In purpura, in carbuncle, in malignant pustule, and in gangrene, *lachesis* has been used with great success. Dr. Dunham relates how he contracted a dissecting wound during the *post-mortem* examination of a case of puerperal peritonitis, and says that both the local and

general symptoms were severe, while all yielded rapidly to *lachesis* 12.

In gangrene, Dr. Franklin, a surgeon in the Northern army during the civil war in the United States, speaks highly of the value of *lachesis*. He writes: "I have used this remedy in a number of cases of gangrene following wounds, and have never been disappointed in its results."

The blood poisoning of *crotalus* is, however, so much more intense than that of *lachesis* that in these essentially malignant diseases of the blood I should prefer *crotalus*.

Lachesis has been given successfully in almost every variety of dose from the 6th to the 30th dilution. There is no advantage in going higher than the sixth, and lower cannot at present be obtained, owing to the difficulty of procuring venom.

Naja.

In a few conditions, in which both *crotalus* and *lachesis* appear to be equally well indicated, the poison of the cobra snake—the *naja tripudians*—has proved to be the best preparation of serpent venom to prescribe.

The headache in which *naja* is especially useful, is a deeply-seated aching, and occasionally, shooting pain commencing in the right temporal region and involving the eye of the same side. Similar pain, though less frequently, appears in the opposite side. The mental depression and restlessness which accompany this headache are very severe.

In some cases of tonsillitis, similar to those referred to when considering *lachesis*, it has been found very useful. One symptom would especially strike one as indicating it, viz., the tenderness of the larynx to slight pressure, a pressure which at once excites a cough. Mr. Gillow, of Torquay, contributes an illustration of this to Dr. Rutherford Russell's paper, in which he introduced the *naja* poison into medicine (*Brit. Journ. of Hom.*, vol. xii.) The patient was a lady, 26 years of age. She had a swollen right tonsil, faucial redness and pain in the tonsil as if produced by needles, with incessant cough. During two days she had prescribed *mercurius solubilis* and *aconite* for herself without much relief, and on sending for Mr. Gillow, complained of the symptoms mentioned, together with pain and cough on pressing the larynx. He gave her half a grain of the first decimal

trituration of *naja* in eight tablespoonfuls of water, one spoonful being a dose.

The next day he found that, after the first dose, she had felt relief; the cough almost entirely subsided that night, the redness and swelling had disappeared, and in every respect she felt perfectly well. She had previously had similar attacks, for which she had been treated according to the methods ordinarily taught in the schools, and they had lasted several weeks, and had left her much debilitated. Some weeks after this attack she had another, which was at once arrested by *naja*.

Naja has been found useful in the irritable laryngea cough often so troublesome in phthisis; here again the symptoms tenderness and cough on pressing the larynx would, *cæteris paribus*, suggest its use.

In some cases of heart disease, both functional and organic, it has been employed with the greatest advantage. It is in its power to regulate the nervous force of the heart that *naja* has obtained the greatest confidence in the minds of physicians.

In a lecture *On Some Diseases of the Heart*, delivered at the London Homœopathic Hospital in 1854 (*Brit. Jl. Hom.*, vol. xii.), the late Dr. Rutherford Russell said:—

“I can, from personal repeated experience, testify to the great efficacy of the poison of *naja trip*. I have now given it in several cases of palpitation of long standing with the most decided advantage. One was that of a lady, about 50 years of age, who for about a year had been constantly distressed with almost unintermitting palpitation. No organic disease existed, and it was from the other symptoms manifestly an example of irritable heart. I gave her a dose of the $\frac{1}{100}$ th of a grain of the *naja* poison and the relief was almost immediate, and the palpitation did not return for about six weeks, when it was again relieved by the same remedy. Another case was that of a dissenting minister, who suffered severely from this cause after preaching, and had tried, with more or less success, from time to time, various homœopathic medicines. In this instance, too, the relief afforded by *naja* was rapid and enduring. I have no doubt, from my own experiments, and from these and other similar facts, that the heart symptoms will occupy a prominent place in the proving of this medicine.”

Dr. Bradshaw, in a paper on *The Curative Action of Snake Poisons*, read before the British Homœopathic Society, and published in the first volume of *The Annals*

of the Society, gave the details of a case of angina pectoris, occurring in an exceedingly delicate, phthisically disposed woman, in which *naja* appears to have been curative. She consulted Dr. Bradshaw for a sharp, acute pain in the cardiac region. "I witnessed," he says, "several attacks, and as soon as the distress had gone off she seemed well, and chatted away as usual: she felt and looked as if she were going to die during the time of the paroxysm; she has been twice attacked in the streets, and did not dare to move a step; with the exception of these sudden attacks of acute pain, she seemed well; the heart was healthy and the lungs acted pretty well." He gave her various medicines, and, amongst others *lachesis*, without any decided result, and then prescribed *naja*. The attacks were at once modified, and after some little time she was free from them.

Dr. Bradshaw, in the same paper, stated that he had, during the previous five years, seen three or four cases of valvular diseases of the heart, with dropsical effusion, in which life was prolonged and suffering alleviated by the prescribed remedies, and amongst them he had found *naja* one of the most valuable and useful.

The aching pain, the stiff tired feeling in the nape of the neck, and throughout the cervical and dorsal section of the vertebral canal, as well as the obviously neurotic character of many of the conditions which *naja* relieves, would at once suggest it as a remedy in some cases of spinal irritation, especially in those where, in addition to tenderness of the spinal column, we have laryngeal, cardiac and, it may be added, ovarian irritation or pain. Dr. Russell said (*Annals of the Brit. Hom. Soc.*, vol. i.) that he had seen some striking cases of cure by *naja* of the state of hyperæsthesia known as spinal irritation.

The following cases reported by Dr. Danforth in *The Transactions of the State Medical Homœopathic Society of New York*, is a good example of the neurotic conditions cured by *naja*. The patient was a married woman, 83 years of age, who had suffered for three years from headaches and pain in the cardiac region; she was very easily excited, and had had a fright two years previously, in consequence of which she spent a few weeks in two hospitals, and then returned home unrelieved. When Dr. Danforth saw her she complained of pain in the left

temple, the cardiac and left ovarian regions. She supposed that she had "heart disease," but physical examination revealed nothing unusual in the sound of the heart, or in its action. She had sharp stabbing pains in the cardiac region, great mental depression; the countenance wore an anxious expression of sadness; she was averse to talking. When thus gloomy the heart symptoms were greatly aggravated. Pain in the left ovary was simultaneous with the pain in the heart. The sensation was as though the heart and ovary were being drawn together. There were also numbness of the head and back of the neck, momentary vanishing of sight, and great weariness. After trying many remedies—*lachesis* being one of them—Dr. Danforth prescribed *naja* 6. Complete relief followed, and in a few days she was well.

She remained well for a little more than a year, when she experienced a slight return of the heart symptoms, and *naja* again afforded her almost immediate relief.

Pain—cramp or shooting in character—in the left ovary, a neuralgic pain, is often relieved by *naja*.

The third and sixth centesimal dilutions are those which have generally been prescribed, drop or two-drop doses being given with a frequency proportioned to the acuteness of the disorder to be relieved.

Grantham,
April 10th, 1891.

INTRODUCTION TO THE *BRITISH* *REPERTORY*.

By DRs. DRYSDALE and ATKIN.

[As a contribution to the important discussion respecting the indexing of the *Materia Medica*, we print (by request) the Introduction to the *British Repertory*. The nature and scope of this work is fully explained in the Introduction, which has been so long out of print that it will be new to many of our readers.—Eds. *M. H. R.*]

PRELIMINARY REMARKS.

SINCE the publication of the *Materia Medica* and *Chronic Diseases*, by HAHNEMANN, the number of medicines proved and added to our *Materia Medica* has

been more than doubled. We have twice the number of weapons to combat with disease that the earlier homoeopathic practitioners possessed, and yet, with this advantage, it is believed by many that our success is inferior to theirs; and it must be admitted that our practical gain has not been equal to the extension of the *Materia Medica*.

In a system of specifics, where substitutes are impossible, a restricted *Materia Medica* cannot be as serviceable as a more extensive one equally well proved and equally accessible. The greater practical success of the earlier practitioners can only arise from one of two causes:—1. They had no repertories, and were obliged to study *Materia Medica* closely, and thus became thoroughly acquainted not only with the details of the pathogenesis of each medicine, but also with its genius and sphere of action. Their successors, it is to be feared, too often content themselves with a cursory examination of a repertory, and neglect the systematic study of the *Materia Medica*. 2. The provings of the new medicines may be imperfect or incorrect, and thus lead into error, not only by giving false information respecting themselves, but also by diverting attention from better and more accurately proved medicines; just as in the story of the “Forty thieves”—the mark on the one house was rendered useless by the addition of a number of similar marks on the adjoining houses.

The first of these causes of non-success, of course, cannot be affected or influenced by this repertory. For its removal we must have more patient and industrious study of the details of pathogenesis, and more self-experiment on the effects of medical agents; more attention to, and more self-gratulation on, the careful adaptation of a medicine to disease, rather than on the number of patients prescribed for.

In the construction of this repertory, the second of these causes has been kept in view, and, to a certain extent, we hope counteracted; and much care and labour has been expended in sifting the provings, retaining what is trustworthy, and rejecting, without scruple, every doubtful or badly authenticated symptom. The original well proved Hahnemannian, the Austrian, and some other medicines, have been catalogued with rigid verbal accuracy. In many of the later provings, some symptoms

only have been taken, which from internal or other evidence appear to be trustworthy, and other symptoms, in their plain and common sense meaning, stripped of redundancies and unimportant particulars.

This must not be considered as any disparagement offered to the authors of these new provings, but only as intimating that these provings are not yet sufficiently complete and well attested to be admitted side by side, and as of the same authority with the classic provings of Hahnemann and his coadjutors. The highest possible honour is due to careful provers of new, or re-provers of old medicines. They alone really advance homœopathy. It is their labours that will extend our knowledge of medical action, and prepare the way for a scientific classification of the *Materia Medica*. The names of popular or successful practitioners will easily be forgotten. The self-denying provers will win for themselves a place in the temple of medicine, and their names will descend to posterity, along with those of Hahnemann and his fellow labourers, as benefactors of their race.

If on comparing this with other repertories some symptoms be found in them which are not here, such omissions can only be shown to be a defect by referring to the original provings, and demonstrating that the symptoms omitted are trustworthy.

EXPLANATION OF THE PECULIARITIES AND MODE OF USING THIS REPERTORY.

I.

In former repertories all that has been attempted is to give a mere verbal index to the *Materia Medica*. In this we have sought to bring the *meanings* of the symptoms prominently forward, while at the same time we have not neglected those finer shades of difference which are expressed by verbal distinctions. This has been accomplished by modifying the alphabetical arrangement thus far:—Under the cardinal word of the leading symptom, which is put down in its proper alphabetical place, all symptoms which are varieties or modifications of this leading symptom are arranged: and all the conditions, concomitants, and other ways of distinguishing varieties of symptoms, are brought together, so that at a glance the particular symptoms sought for may be discovered, without the waste of time

caused by hunting through the letters of the alphabet under which any possible variety of symptoms might be placed. The advantage of such an arrangement has been partially recognised by Jahr, and he has added, as a supplement, the collective conditions and concomitants of head and eyes in his second German edition.

II.—COLLECTIVE HEADINGS.

A new feature is the introduction of collective headings. For example: In Chapter IV., Eyes, Section 1, there is "Discharge," followed by its varieties—"hardening eye gum," "mucous," "purulent," "sealing lids together," "fine white foam," and "gumminess." In other repertories there is a vague general heading, such as "discharge," or "heat," "pain," &c., and under these are arranged those medicines only that are indicated in the *Materia Medica* in the same general vague way. But in those provings which can be best relied on for accuracy and truth, few symptoms are indicated in such general terms—they are described more minutely and particularly with conditions and concomitants. The general heading in the older repertories thus did not include the best medicines, but only those that were inaccurately proved or carelessly reported. The rule we have followed is, first, to arrange under the sub-headings all the medicines which belong to each of them, with the varieties, adjuncts, conditions, and concomitants specially bearing on the subhead; then we have gone over all the sub-headings, and placed in the collective heading all the medicines, retaining the adjuncts which refer to other symptoms, and omitting all that refer only to their own special sub-heading. In the general headings in the old repertories, only medicines with uncertain indications were placed; in this, the best, and those with the most precise indications, are grouped together.

III.—PAINS.

The varieties of pain are so numerous that had they been placed in the first part of the section they would have confused the arrangement, and rendered it more difficult to consult. They have been drafted off and placed by themselves, with a statement indicating their degree and general characteristics, and followed in most of the chapters by their conditions and concomitants,

forming Sections II. and III. They are arranged, not alphabetically, but in classes, for the sake of grouping together varieties that are similar and closely related to one another.

IV.—SECTION IV.—COURSE AND PROGRESS OF SYMPTOMS.

No previous repertory has attempted to show the course and progress of symptoms. This we have done in this section, giving first an analysis as an index to the section, and then arranging the medicines alphabetically, with the symptoms produced by each *verbatim*, and this, we believe, will prove one of the most valuable and practically useful parts of this work. Symptoms have been hitherto characterised by their description, conditions and concomitants alone, and no account has been given of their course and progress, either with regard to their extension in direction, or the sequence of the events composing them, both of which circumstances are most important in the diagnosis of disease, and, therefore, of equal value in choice of a medicine.

V.—SECTION V.—PECULIAR SYMPTOMS.

In arranging the symptoms under the four preceding sections, we found there were a few which could not fairly be included in any of them—peculiar in character and important in their relation to disease. These form "Section V.—Peculiar Symptoms;" and, as in the last section, an analysis is first given, and then the medicines arranged alphabetically with the symptoms *verbatim*.

VI.—SECTION VI.—LOCAL SECTION.

This local or anatomical section is not peculiar to this repertory, but is adapted from Rückert, and contains all those symptoms whose exact anatomical seat is defined; for where an organ, or part, is of tolerably circumscribed dimension, the locality becomes the all-important circumstance. Under each region the symptoms and pains, with their conditions and concomitants, are arranged according to the plan of the first section.

VII.—THE CYPHER.

This repertory, consisting of the six sections described above, affords as much information as it has hitherto been considered possible for a repertory to give,

viz., by it, any medicine that has, or all the medicines that have, one single aspect or character of the symptom required can be easily and quickly found. But, unfortunately, this is very far from supplying the wants of the practitioner, for in many cases the single character or aspect is by itself of little intrinsic value, the special characteristics of the symptom being determined by the combination of the separate detailed circumstances, whose description constitutes the symptoms. It is, therefore, necessary not only to provide a mode by which one individual aspect may be found, but also give the entire detail of the symptom; and as it is impossible to tell which of its aspects a person may select in looking for a symptom, it follows that under each of all the possible aspects the symptom must be given in detail. This necessity has been recognised by the hard-working and indefatigable Jahr, to whom the homœopathic public owe a deep debt of gratitude for what he has done in devoting all his energies to render the *Materia Medica* accessible to the practitioner. While he recognises this as necessary for a complete and perfect repertory Jahr gives up the task as one of insurmountable difficulty, for he states in the preface to his German edition of 1848, he has calculated that, if upon an average, only four points of view of each symptom were given, the number of necessary repetitions is so great, that for a repertory worked out on this plan, 48 volumes, the size of his thick octavo, would be required; "and where," he enquires, "are we to find the author—where the publisher—and where the readers of such a work?"

We believe we have succeeded in overcoming this difficulty; and in these two volumes we present homœopathic practitioners with a work which possesses all, and more than all, the advantages contemplated above, in a simple and accessible form. If any are disposed to grumble at the cost of this work, caused by the difficulties in the printing of it, or at the trouble required in mastering the system adopted, let them remember the calculation of Jahr, and be thankful they are neither compelled to buy, nor read the 48 volumes to which his perfect work would extend.

The machinery by which we have accomplished this task is very simple. A system of symbols or cyphers

has been devised by which a whole symptom may be expressed within the compass of little more than the abbreviations of the medicines ordinarily used in repertories. The abbreviations of the names of the medicines have, in the first place, all been reduced to a uniform system of three letters. All symptoms which are common to several organs are represented by the letters of the alphabet in Roman type, the symbolical value of the letter being the same throughout the book. For example: "a," appearance; "b," coldness; "n," hæmorrhage, &c. Varieties of such general characters are expressed by the addition of a small letter above the line of the letter indicating the group to which the varieties belong, as "a," appearance; "a^b," bright, sparkling; "a^c," dull, &c. Those aspects or characters peculiar to each chapter are expressed by thick Roman or old English letters, as "A," "B," &c. It must be remembered, therefore, that *the symbolical meaning of these latter applies only to the chapter in which they occur.*

The capital letters, when not numerals, are used exclusively for indicating the region in which the symptom occurs, and are generally placed before the abbreviation of the name of the symptom. When two regions are indicated in the same cypher, the symptoms belonging to the second region are inclosed within a bracket, along with the capital letter indicating the region. Thus, in the chapter "Face," M. stan. c^c VI³. [Mx^u i^c], means that stannum has shooting pain and redness of the cheek, along with painful swelling in the upper jaw.

The Roman numerals placed within brackets, thus (IV.), indicate the section referred to.

The pains have been arranged in nine classes, the class expressed by Roman numerals; the varieties of each class by Arabic numerals, appended to the Roman numeral of the class; thus "VII.³" indicates the third variety of the seventh class of pain. The degree, locality, and direction of a pain are indicated by the numeral I., with a common letter appended, as "I.^a" violent, "I.^b" transient, &c. The conditions are marked by common Arabic numerals up to 130, arranged in series of five. The concomitants are arranged according to the Hahnemannian scheme, and are expressed by Greek letters.

When the letter referring to an anatomical division stands alone between square brackets, this implies that the pain or symptom preceding A. also affects that part, thus: (Chap. V., Sect. VI., Div. A.), cro. IV.¹ V.⁶ [M] ” will read: Crocus—“ drawing, cramp-like pain in the auricle and meatus externus.”

The italics *r.* and *l.* always mean *right* and *left*. Medicines are separated by a stroke “—,” symptoms in the same group by periods, and groups of symptoms of the same medicine by a semicolon, thus: (Chap. IV., Sect. I.)—“ c^d. aco.—æth.—opi. a ; a^c. i. o^b. ; e.

Tables of the abbreviations of the medicines, the general symbols, the pains, conditions, and concomitants are appended to this Introduction. Lists of the symbols special to each chapter are given at the beginning of the chapter in which they are employed.

To show the appearance of the symptoms when thus symbolised, the following are given, first in full verbal description, and then in cypher.

Example:—

In chapter “Stomach”—*Conium*; “contractive pain in the stomach, and sensation of coldness therein, and in the back, wakening her out of sleep in the morning,” is thus represented in cypher: Con. III.¹ b^a 3-99. [b^a σ].

In chapter, “Teeth and Gums”—*Phosphorus*; “continued tearing and boring in one molar tooth, worse by touch and chewing,” appears: Mo. Pho. I.^{ch}. V.³ VI.⁴ 11-60.

By the use of this system of symbols we have thus a method by which the logical demand of a perfect repertory might be satisfied, viz.: that every symptom might be given (in cypher) under every aspect in which it could possibly present itself.

VIII.—LAW OF SELECTS.

After following this method to a certain extent, it was found that many of the headings became so overloaded as to preclude the possibility of gaining a knowledge of their contents by a rapid general glance; and some of them of a more or less collective character, because an epitome in cypher of a great part of a chapter. A modification of this method was, therefore, introduced, which has been termed by the working members, “The Law of Selects.” On looking at any ordinary repertory

it will be seen that many simple symptoms are so common that they have a list of 60, 80, 130, or more, medicines after them. A list of such extent loses all value as a practical distinctive indication. It was, therefore, resolved that the medicines in any list should be limited to a moderate number, and those medicines be selected which seemed best entitled to the claim of producing the symptoms idiopathically, or in a well-marked manner. By adopting this plan of selection, besides the advantage of relieving over-loaded headings, another was obtained, viz., medicines of a restricted and well-defined sphere of action, such as *sambucus*, *verbascum*, *lamium*, *lobelia*, *teucrium*, &c., were given their proper prominence in their proper place, without over-loading the common headings—such as headache, bad taste, constipation, where they are quite superfluous.

In carrying out this plan of selection, it became necessary to abandon the principle of complete cyphering of the entire symptom in these select headings; but in working out this change of plan, the greatest possible practical difficulties were experienced, for the symptoms having sometimes to be inserted entire, at others mutilated, and some symptoms having to appear at one place, and be omitted wholly or partially at others, great confusion crept in, and the thread of the meaning was often totally lost. We may safely say, that owing to these difficulties, every part of the work has had to be done over again, and in many parts more than once; and the completion of the whole work has been retarded at least three years.

It was discovered at length that the only mode by which the principle could be maintained and confusion avoided was, that in all select headings those qualities only should be added in cypher to the medicine which were themselves select. In using the repertory, if a symptom is sought for composed only of qualities so common that there are more than 40 medicines that possess them, it is indifferent under which of those qualities it is sought for; it will be found under all of them, and with it all the other good medicines which possess those qualities. If, in addition, there be some more rare quality, it must be looked for under this, and the whole symptom will be found there entire.

It was also found necessary to admit into the select headings all those medicines which have, in addition to the common qualities, another or more characteristic symptom in the same chapter; for though an unimportant medicine may not be worth putting into such headings as "Distension of Abdomen," or "Heat of Abdomen," yet if it possess both these qualities it may be sufficiently determinate to require mention.

When this plan was perfected, of indicating under every heading the whole detail of the symptoms each medicine included in the heading produces, it became a question whether it would not be useful to add to the names of the medicines the signs of all the other symptoms which the medicine produced in the organ. For example, in chapter "Stomach," if *aconite* appear from separate symptoms under the heads "Heat," "Pain," "Distension," "Nausea," might it not be useful under "Heat" to append *aconite*, the signs of the other symptoms above-mentioned, and also under the other headings in the same way?

After careful consideration, it was found that this addition was quite inadmissible, and that the only proper plan was to adhere strictly to the *Materia Eedica*, giving each symptom exactly as it appears there, and never to link together any parts of independent symptoms. If any other course had been pursued the greatest confusion would have been introduced, and such artificial groups would have in great measure destroyed the value of the *Materia Medica*.

Invariably every group appears in this work, as it is found in the provings. For example, if *aconite* is found with the signs of the four symptoms mentioned above, it means that these four states occur in one symptom in the *Materia Medica*. For a full discussion of this subject see the introduction to the "*Hahnemann Materia Medica*."

IX.—TESTS AND EXAMPLES.

Each chapter, when completed, has been subjected to the following tests. A series of symptoms were selected from the *Materia Medica*, written out in full, and given to the compiler of the chapter, without the names of the medicines from whose pathogenesis the symptoms were taken. He then sought out the medicines from his

chapter, and sent their names to the proposer of the questions. If the answers were defective or inaccurate, the chapter was revised, the deficiencies supplied, and the errors corrected; and this process of testing has been repeated until the answers were perfectly correct. The following are specimens of these tests, and serve as examples of the mode of using the repertory:—

1. Symptoms of a special kind, where the elements are so numerous that they are probably produced only by the medicine in question.

Teeth.—“Pain in several teeth, as if they were loose and about to fall out—the pain not worse by chewing.” Answered correctly: *Arsenicum*. (This symptom is found *verbatim* under the head of “Looseness,” and is also in Class IX. of Pains.)

“By cold eating, not by cold drinking, drawing in a hollow tooth through the temples.” Answered correctly: *Conium*. (This is found under 68, “By cold things,” with the adjuncts V.⁶ drawing pain, and I.⁵ pain in hollow teeth; and a reference to Section IV., where it is found *verbatim* under pains going to temples.)

Eyes.—“Feeling under left upper eyelid as if a cutting body there.”—*Mer*.

Ears.—“Single sharp blows in the inner ear, like earache.”—*Nx-v*.

“By chewing, and pressing together the jaws, a shooting, drawing pain towards the inner ear, like cramp.”—*Nx-v*.

2. Symptoms of a general kind, where the elements are so few that they are probably produced by a number of medicines. It is unnecessary to give examples of the answers to this test.

After each chapter was thus perfected, it was placed in the hands of a third party, and a series of symptoms given. The time expended in searching out the medicines was noted, and the following are some of the results obtained; thus proving that the medicine which produces the given symptom can be not only easily, but also very quickly found.

Nose.—“Pain as if sore and ulcerated round the borders of the nostrils on moving the nose, especially in the evening.” *Nx-v*. found in half a minute.

“Epistaxis when coughing.” *Mer*. in quarter of a minute.

Eyes.—"A smarting feeling of dryness in the inner canthi, morning in bed."—*Nx-v.* in quarter of a minute.

"Pain in the orbits, at times as if eyeballs torn out, at times as if pressed into the head, with frontal aching. *Bel.* in one minute.

To illustrate still further the completeness of this work, take the following symptoms:—

"*Hahnemann Materia Medica.*" *Aconite*; symptoms, 140.—"Hard red swelling of right upper lid, with feeling of tension, in the morning especially." In cypher it stands *r aa. ii. L.¹ VII.⁵ 3.*

On turning to chapter "Eyes," Section I., Pains, the symptom is given at length. In Section II., Condition of Pains, 3 morning, it again is given in full. In Section VI., Anatomical Regions, L.¹ Upper Eyelid, the symptom appears in full in each of the following headings:—

aa. Redness.

aa. 3. Redness in morning.

ii. Swelling.

ii. 3. Swelling in morning.

VII.⁵ Tensive pain.

VII. 3. Tensive pain in morning. This single symptom is thus inserted in eight different headings—that is, in every heading in which it is possible anyone can look for it.

Such are the principles and plans on which this repertory has been constructed; but it is important to remember that however correct the principles and perfect the execution of this work, it is still merely a repertory, or guide to the *Materia Medica*, and ought never to be used by the practitioner independently of, but only in subordination to, the *Materia Medica*. If it diverts him from the study and constant consultation of the *Materia Medica*, it will prove a hindrance to his progress, and lead him into error. Better for him, and better for his patients, that he had never seen such a work.

This, no more than any other repertory, can distinguish primary from secondary, or characteristic from subordinate symptoms, except, indeed, in so far as these may have formed an element in admitting a medicine into a select heading. It cannot supersede or take the place of the *Materia Medica*, which should always be consulted before prescribing. It merely gives every

individual symptoms in its essential entirety, as it stands in the *Materia Medica*, and affords the same ground for prescribing as correspondence in one symptom does, but no more; and unless in exceptional cases, no one ought to prescribe from one symptom alone.

This repertory, containing only the actual recorded facts in their groups of conditions and concomitants, shows a vast discrepancy still existing between the apparently superabundant copiousness of the *Materia Medica*, and the infinite variety of detail which exists in the symptomatology of disease. The number of medicines, which, even in their most general symptoms, possess three elements or more, in common, is very small. For example—nausea is produced by a great number of medicines; nausea in the morning by a smaller, though still considerable number; nausea in the morning, accompanied by vertigo, by very few. To enter into greater detail, in chapter, "Throat," the symptoms *roughness or scraping* is represented by about 50 or 60 medicines. *Roughness, and smarting or burning pain* is represented by *al-s., ba-c., cal., nep., hy-x., iod., ipc., lob., mer., mez., na-m., nx-v., &c.*—in all, 22 medicines. But *roughness, burning, or smarting pain, and sensation of a foreign body*, has only one, *rhododendron*; or of three elements, *roughness, pain, and dysphagia*, has only *col.* and *ox-x.*; *roughness, pain, and dryness*, only *ipecacuan*.

As additional examples, in chapter "Stomach."—*Bitter taste* has above 50 medicines.

Bitter taste in the morning has *alm., arn., bry., ca-c., cha., chi., dro., k-bi., lyc., man., nic., aps., pru., pul., sep., sil., sul.*

Bitter taste and dryness of the mouth in the morning, only *arn.* and *man.*

Pain in the stomach, with nausea, has 28 medicines.

Pain in the stomach in the morning, 37.

Pain in the stomach in the morning, with nausea, only *am-c., ag-n., na-m., pul.*

Lastly, *dry retching* has 45 medicines.

Dry retching in the morning, *aln., kre., bel., nat., sul.*!

Dry retching, with eructation, only *ledum*. Symptoms consisting of three or more elements occur very often in disease, and in these are actually "covered" by the symptoms of the medicine selected much less frequently

than is generally believed. Many who speak disparagingly of "symptom covering" seem to suppose that if a medicine has all the *elements* of a symptom, even though separate or in any connection, no matter what, yet by stringing these together artificially, they produce the *homoion* of the symptom. This is a grievous error, and if such persons fail in their treatment of disease, it is neither a failure of the homœopathic principle nor of the plan of covering symptoms.

It may be quite true that in many instances the elements of a symptom, such as various conditions and concomitants, are trivial, vague, or purely subjective, and therefore of no value as characteristics of the medicine; but often this is far from being so, and in a very large proportion of cases no one is able to pronounce, *a priori*, that any element is absolutely worthless, especially when we remember what we have learned as homœopaths of the infinite variety in actual disease, and the necessity of nice discrimination of the minutest shades of difference for proper homœopathic treatment. Therefore, though without doubt it is absolutely necessary, for a practitioner to be successful, that he possess a proper pathological knowledge of each case of disease, and a correct general idea of the action of each individual medicine; yet if he relies on this knowledge alone, he will fail to cure a very great number of cases, in treating which an unlearned and non-professional person, by painstaking and plodding covering of the symptoms, will be successful; and this explains the frequent and undeniable examples of brilliant cures effected by laymen. When a case of disease with a sufficient number of well-marked symptoms occurs, and when these are all really and actually covered by one medicine, it can scarcely fail to be homœopathic, and, therefore, curative, whether administered by a person who thoroughly understands the nature of the case, or one ignorant of pathology—just as the Daguerreotype enables the artisan to take as correct a likeness as a professional artist.

Hitherto it has been almost impossible for a fully occupied practitioner accurately to cover symptoms, or to carry out a perfect homœopathic treatment, on account of the vast size of the *Materia Medica*, and the imperfect guides he possessed in the ordinary repertories

We offer one now, by means of which those wishing to make use of the minute shades of symptomatic difference can do so with moderate labour and a much shortened expenditure of time ; and we hope that the information thus placed within the reach of every practitioner, guided by enlightened pathological knowledge of the character of disease and the general action of medicines, will increase the success of our body as relievers of human sufferings.

Many homœopathists who only take a partial and superficial view of this subject, disparage altogether the attempt to obtain minute correspondence between the symptoms of disease and those recorded in the *Materia Medica*. Some rely on the character of the action of the medicine in general, which cannot indeed be displayed in the small compass of one symptom ; others rely chiefly on the exact position (*locale*) of the symptom, and the anatomical seat of the specific action ; others on the concomitant or sympathetic symptoms, and so on, each like the knight of olden story, seeing the shield from his own special point of view, and each maintaining that his view is the only correct and important one. But, in truth, in the vast variety of human disease, each of these is in its turn and proper place the chief point of reliance, and a repertory of the Homœopathic *Materia Medica* must present a faithful reflex of the semeiology of disease.

In some classes of disease particular aspects of symptoms are of most importance. In cases, for example, of gout, hysteria, and scorbutus, the state of the system generally is more important than the exact description of the local pain or muscular disturbance. In diseases of some one organ, or even of a particular nerve or muscle, the exact seat or course of the pain, and the conditions as to rest and movement, are most important. In muscular, neuralgic, or inflammatory diseases, the nature and kind of pain becomes of value. In all these cases this repertory gives very great facilities for finding the best indicated medicine when any one special aspect is fixed on as the most important. On turning to it, not only are all the best medicines recorded, but to each is appended its subordinate aspects as adjuncts, and, thus, though one may not be found that has all the elements of the symptom, those which possess the

greatest number are at once easily selected. Though the characteristic is to be sought for according to the disease, at one time under one, at another under a different aspect, yet it must be remembered that this is chiefly of service when the correspondence is imperfect and we cannot find a medicine that perfectly covers all the given elements. A knowledge of pathology is then useful in determining which element or elements can best be spared; yet even in this case the most perfect correspondence that it is possible to obtain should be sought for, and in fact, *ceteris paribus*, the medicine that covers the symptoms best will always be the best homœopathic remedy.

The practitioner, in consulting a *Materia Medica*, must employ his knowledge of disease as a guide in selecting the aspect he relies on as most characteristic in each individual case, and having selected it on sufficient grounds, he may neglect the others. In the repertory the whole are printed without taking into consideration what use may be made in selecting from them afterwards; therefore, a repertory cannot, any more than a *Materia Medica* be used blindly and without discrimination. In some cases an element—for example, a condition—may be of importance; in others, of little or none. If, then, one of these latter be selected erroneously, a group of medicines is pointed out having no relation to the case; for this the compiler of the repertory is not to blame; he must give all, and the user must discriminate.

The condition is a very important element if it can be relied on, but, unfortunately, this is not always the case; and in nothing is our *Materia Medica* more defective than in its lists of conditions. A single observation may be sufficient to determine a circumstance of a positive character, but a condition requires repeated observations to determine whether it is not altogether fortuitous. A condition of a time of day may be entirely useless or erroneous, though the fact may be stated quite correctly. For example—a pain occurring in the evening, the condition, evening, may be quite accidental, and should not be placed on record till it has repeatedly occurred. In making this repertory, if the conditions could have been revised, the result would have been most useful; but it was impossible, and the blame of incorrectness, if error

is detected, must be thrown on the *Materia Medica*. When the *Materia Medica* is perfect, then, and not before, a perfect repertory may be formed. Something of value has been accomplished in this by strictly cataloguing the Hahnemannian and other well-proved medicines, and by selecting the most marked features of the others.

No practitioner ought to rely on his pathological or practical acumen for selecting homœopathic remedies, without the trouble of covering the symptoms; for, as in art, the artist who relies on his skill in seizing the salient points of the landscape to give a correct picture, will in no long time find himself often excelled by the artisan working with the Daguerreotype, which acts by infallible physical laws; so in medicine—the mere general dealer in specifics will find himself outdone in not a few cases by one who rigidly adheres to the natural therapeutic laws.

By the use of the *British Repertory* the practitioner may put his hand speedily on the very medicine or medicines that produce the given symptom. The description of the case to be treated ought to be carefully and fully written out, and each symptom searched out and covered with the medicine, as HAHNEMANN recommends in the Introduction to the *Materia Medica Pura*; but no one ought ever to prescribe from such a piecemeal source as a repertory, but make the rule—and, as far as possible, rigidly adhere to it—*of never giving a medicine without first consulting the proving in its totality in the Materia Medica*.

DR. GAIRDNER ON OLD AND NEW REMEDIES.

THE Ulster Medical Society in Belfast invited Dr. W. T. Gairdner, Professor of Medicine in the University of Glasgow, to deliver an address. Dr. Gairdner complied with their invitation, and the address is printed in the *British Medical Journal* of the 2nd May. We are not informed if the Society prescribed the subject on which Dr. Gairdner was invited to address them; but probably they knew that the professor would choose to speak on some subject connected with therapeutics, as that is the branch of medical knowledge with which he is chiefly concerned. The subject he chose was "On Remedies, New and Old; Errors and Fallacies, with Suggestions for the Improvement of Therapeutic Methods." Why the

Ulster Society should have invited Dr. Gairdner to discourse to them on therapeutics when they had among themselves such a great authority on therapeutics as their president, Dr. Whitla, is not very apparent. Possibly they thought that as Dr. Whitla had already expressed a very unfavourable opinion respecting the value of pharmacological investigations to therapeutics, Dr. Gairdner, who in his address at the British Medical Association in 1887, which was fully reviewed in our 31st volume, had formed a more favourable estimate of the influence of pharmacology in connection with therapeutics, might take advantage of the opportunity given him to restore the fallen prestige of pharmacology as the handmaid of therapeutics. But if the Belfast Balaks imagined that the Glasgow Balaam would bless pharmacology, they would be greatly chagrined to find that if he did not curse it altogether he damned it with faint praise. "I am not," he says, "one of those who would seek to limit the aspirations, or in any way restrict the progress of pharmacology; but I cannot help noting that in respect of the increasing crowd of new remedies which it is bringing to light from the abounding wealth of new chemical combinations, it is in the meantime rather adding to than diminishing our difficulties." In other words, pharmacology, in Dr. Gairdner's opinion in place of advancing is retarding therapeutics.

To those of us who remember Dr. Gairdner's virulent attack on homœopathy in the *Edinburgh Essays*, and in his later work on *Medicine and Medical Education*, where he not only calumniated Hahnemann, but accused the leading authorities of the homœopathic system of dishonourable conduct and falsification of their statistics, while claiming for the practice of his own school a truly scientific character, and an infinite superiority over that of the homœopathic school, it is a great treat to read this address, in which he shows most conclusively that the teachings of orthodox medicine are utterly unscientific, and their application to practice most disastrous.

He gives a short history of the use of *mercury* in medicine, showing how it has alternately been lauded as a panacea for almost all diseases, and denounced as "no remedy at all, but simply and absolutely a poison, and the source of almost all that was most virulent and disastrous in the diseases for the cure of which it was

employed." He further says, "It must at least be admitted that in the endeavour by individuals to settle definitely the position of any one very largely employed and very active remedy [*mercury*], centuries have been consumed, not perhaps quite fruitlessly, but still very unsatisfactorily, in perpetrating frightful abuses, of which all of us are now with good reason ashamed, and which stand on record as among the worst opprobria of the healing art. In order to reach even a moderately safe, not to say efficient or stable, position in the therapeutic employment of this one powerful drug, we have been obliged to sacrifice, on the altar of individual effort, hecatombs of victims, and to stumble along painfully through centuries of delusion and mischievous blunders, not to say quackeries, in the search for only a few grains of solid truth." It would be difficult to match anything in Hahnemann's denunciations of the evils of allopathic medication with this frightful picture of its results drawn by the hand of one of its most authoritative teachers.

Dr. Gairdner next gives the history of *antimony* in medicine, which is a worthy pendant to that of *mercury*, as it shows the same unreasonable enthusiasm for it as an almost universal remedy, and the same irrational denunciation of it as an absolute poison.

This completes Dr. Gairdner's account of *old* remedies, not a very exhaustive or satisfactory account, and not certainly one redounding to the "stability" of orthodox medicine, which formed the theme of Dr. Gairdner's address in 1887, already alluded to as having been fully criticised in our 31st volume.

The *new* remedies treated of by the writer are not a whit more creditable to the science of orthodox medicine than the old ones. We have seen how he sneers at the results of pharmacology as deluging therapeutics with new medicines, which, as Dr. Whitla says, "pour in upon us at a rate which prevents that thorough testing of their qualities and actions so necessary before the range of the new weapons can be accurately ascertained." As an instance of the uncertain action and unknown power of such new remedies, experimenting with which on our patients, he remarks, does "far more harm than good," he gives this charming little episode from his experience or experimenting: "Some time ago, in using for the first time a brand-new

antipyretic drug, then just brought into notice by a most elaborate and thorough-going laboratory investigation, I was horrified and distressed at finding that the very first tangible effect brought about by it was hæmaturia, or rather hæmatinuria." So, apparently, Dr. Gairdner does not refrain from experimenting on his patients with new drugs, though he tells us it is productive of "far more harm than good." He might, at least, have told us what the antipyretic was which caused this remarkable symptom. The knowledge would be useful to us, though to Dr. Gairdner and his school of no manner of use unless to warn them from ever prescribing it under any circumstances.

Dr. Gairdner is naturally not very jocose in this address; the subject is much too grave, and too suggestive of graves, with its "hecatombs of victims," for joking, but he does tell a good story at the expense of old-school methods of investigating the action of medicines which will bear repetition. A lady, the patient of a "learned professor" in Scotland, possibly in Glasgow, "finding in her prescription something unwonted and as she thought 'uncanny' (being possibly an old bird in therapeutical experiments), turned back to get a further explanation from the professor, who was by this time fully occupied with someone else. But the man at the door was equal to the occasion. Taking the prescription into his hand he ran it over with a practised eye, even inured to Latin formulæ by long and faithful service in a medical man's house. He returned the paper to the lady and showed her to the door again, with the remark, 'Ou aye, mem, it's a' right; *they're a 'gettin' that, the noo.*' The professor had been experimenting all round, more or less, with some of the more unwonted metallic salts, salts of titanium, cadmium, tellurium, palladium, &c., most of which, I believe, turned out to be 'tonics,' with the exception of one, which had the awkward peculiarity of causing the patient to shed abroad such a peculiar and disagreeable perfume or stink (if you will pardon the word) that it had to be forthwith abandoned on this account."

This story, when it got abroad, "did not materially detract from the world-wide fame of the learned professor." Very likely not; possibly it might even increase his reputation with his old school colleagues,

showing, as it did, that he had the courage of his opinions, and used his patients mainly as subjects for testing the action of new drugs; for this "experimenting all round" is held, in some allopathic quarters, to be the only scientific method of adding to our therapeutic knowledge. We know, of course, that it is an utterly wrong method, and was conclusively shown to be such by Hahnemann in various articles and works from 1796 onwards.

The only new remedy Dr. Gairdner thinks is necessary to consider at length is Koch's *tuberculinum*. The history of this *new* remedy is even more strikingly illustrative of the fallacy of allopathic methods than is that of the *old* remedies, *mercury* and *antimony*, as it has all been completed within a few months. It has besides had the advantage of being the outcome of pharmacological experimentation, which was denied to the older remedies. Hatched in the physiological laboratory, which we are repeatedly assured is the most scientific machine for discovering the remedial power of drugs, before even its nature was divulged it secured the enthusiastic adherence of medical men of the highest repute all over the world, who, along with crowds of lesser medical lights, flocked to Berlin to obtain the precious life-giving lymph. A very short trial—on a very large number of patients—showed it to be not only useless but dangerous, and, as Dr. Gairdner expresses it in a figure of speech, probably suggested to him by a stormy passage from Glasgow to Belfast, "we are now in the very trough of a wave of reaction, or rather of discouragement, from the hopes and expectations entertained in November last."

On the whole, to judge from Dr. Gairdner's selected specimens of old and new remedies, there does not seem to be much difference in their respective histories.

The remedies of the "darker ages," *mercury* and *antimony*, held their ground as panaceas for a longer time than do those of our more enlightened times; so, perhaps, on that account the new remedies are, on the whole, less injurious than the old; still, the modern "scientific" invention of "experimenting all round" must cause a not inconsiderable number of victims, perhaps not far short of the "hecatombs" credited to the old remedies.

Dr. Gairdner's lugubrious picture of the results of the methods hitherto employed is brightened by his "suggestion for the improvement of therapeutic methods." The authorities of traditional medicine, however disparagingly they may talk of the past and the present of therapeutics, are always ready to prophesy wonderful things for its future. Dr. Gairdner follows this time-honoured and excellent plan. It is a habit of our Parliament, when they get into a muddle, to appoint a committee. Dr. Gairdner has evidently the parliamentary mind. He sees the muddle in which his school is floundering in respect to therapeutics, so the committee idea immediately occurs to him. Dr. Whitla had already proposed a committee *ad hoc*, but Dr. Gairdner set about "improving" Dr. Whitla's "programme," and instead of "one committee sitting in London," he suggests "twenty, thirty, forty, or more committees dispersed over the country." What these committees are to do is not very apparent; perhaps they are to go on "experimenting all round" with "old and new remedies," or perhaps they are to limit their experiments to the lower animals, and go on multiplying *ad infinitum* the useless investigations already conducted on a pretty considerable scale by Dr. Lauder Brunton and his like. Anyway, one can confidently prophesy that Dr. Gairdner's committees, even if they should be formed, which is doubtful, will no more tend to the "improvement of therapeutic methods" than the "individual efforts" of past and present investigators.

Dr. Gairdner has a wholesome contempt for, or, perhaps, dread of, statistics in their application to medical problems. He says: "No one, perhaps, in this room has had more occasion than I have had to remark on the defects of the statistical method." In his celebrated *Edinburgh Essay on Homœopathy* he tried that method for the purpose of discrediting homœopathy, but with small success, for he had to make a "sequel" to the essay, in which he "felt that it was due to his readers to correct and apologise for an error" in the statistics he had given in his essay, whereby he had sought to brand Dr. Fleischmann with deception and fraudulent statements respecting the diseases treated by him in the Vienna Homœopathic Hospital. In place of statistics he quotes approvingly some words of

Dr. MacLagan, "Individual observation (as opposed to statistics) is that on which we have to rely," and he says, under certain circumstances, "I should quite frankly consider that individual effort is greatly superior to collective effort in dealing with all questions of therapeutics." Then, what on earth is the use of his "twenty, thirty, forty or more committees" if the statistics furnished by the "collective efforts" are of such paltry value compared with the "go-as-you-please" plan of individual effort?

We cannot help giving a chuckle of gratification when we read the lamentable confession of the great defender of allopathy and the implacable and virulent opponent of homœopathy that the system he has so long championed and taught to students is altogether unscientific and unsatisfactory. Our bitter and unscrupulous opponent is doing penance in a white sheet before our eyes. We wonder if the reflection ever occurs to Dr. Gairdner, that in spite of what he has said and done there may, after all, be a rule for our guidance in the administration of medicines in diseases. He told us in 1887 that he "recoils instinctively" from the idea that any "exclusive or single principle or law of the healing art can be said to exist." May it not be that his "instinctive recoiling" is merely a euphuism for irrational prejudice, and may it not be that instinct is a bad substitute for reason and observation in judging of facts—even medical facts?

Had Dr. Gairdner, 34 years ago, in place of waging ineffectual war against the only general therapeutic rule or "law of the healing art," supporting his futile arguments by strong language, wholesale falsification of statistics (for which he found it necessary to apologise) and unsupported accusations of fraud and dishonesty against honourable and respected colleagues for which he did not think it necessary to apologise, had he made an impartial enquiry into the truth of homœopathy, and tested it at the bedside, and adopted it as his guiding rule of treatment, he would not have needed to make the humiliating admissions of the imperfection and instability of therapeutics which distinguish this address. Homœopaths cannot reproach themselves with having made "hecatombs of victims," with "perpetrating frightful abuses, of which all of us are now with good

reason ashamed," with "consuming centuries" whatever that may mean, possibly something akin to setting the Thames on fire. While allopathy is, according to Dr. Gairdner, still floundering about in a muddle of uncertainty, looking for help to such *ignes fatui* as pharmacology, by which is meant cruel and delusive experiments on dogs, cats, guinea-pigs and frogs, and the appointment of innumerable committees for clinical investigation, in other words "experimenting all round" on hapless patients with new drugs and chemical compounds, homœopathy pursues the even tenor of its way, adding year after year to its treasury of remedies which its guiding rule enables it to apply with certainty and success to the cure of disease, and to the advantage of suffering humanity.

SPASMODIC ASTHMA, ILLUSTRATED BY
CLINICAL CASES.

By J. ROBERSON DAY, M.D. Lond.

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Visiting Physician to Margaret Street Infirmary for Consumption.

THIS remarkable and interesting affection owes its existence to a variety of causes. The following cases illustrate the neurotic, bronchitic and gouty bronchitic forms of asthma.

F. C., æt. 27, married. Has suffered from spasmodic asthma for 12 years. She has tried all kinds of treatment beforehand. The attacks are very severe; come on at night generally, especially at onset of menstruation. They continue throughout the year. Fogs make her worse. She is thin and spare, and during the attack can only take liquid nourishment, but food seems to have no effect on the attacks.

She first came under my notice on Sept. 14th, 1887, and I gave *Ipecac.* 1x gtt.j. *pil. Arsen.* 3x j. Alt. two hours.

Sept. 26th.—Imp. last 14 days. Rep.

Oct. 10th.—Has gone longer than usual without an attack. Had a threatening of an attack, which passed off. Rep.

Oct. 23rd.—Continues to improve; slight attack day before yesterday. Head bad now. Rep.

Nov. 7th.—Slight attack three days ago. Rep.

Nov. 27th.—Made worse by bad fogs. Rep.

Dec. 5th.—Only one slight attack. Gets thinner.

Dec. 19th.—Very delighted that she has no attacks.
Rep. *Pil. Arsen.* 3x ter.

Jan. 2nd, 1888.—Had slight attack ten days ago. Now has tonsillitis. *Bell.* 1x gtt.j. two hours.

Jan. 9th.—Throat well. Rep. *Arsen. alb.* 3x.

Jan. 23rd.—No further attacks, but now has odd feeling in chest and faintness afterwards. *Ignat.* 1x gttj. ter.

Feb. 6th.—No asthma now. Rep. *Arsen.* 3x *pil. j.* three hours.

Feb. 20th.—Another slight attack. Rep.

Feb. 27.—Torticollis; throat gets dry at night, red and inflamed tonsils and uvula. *Bryon.* 1x gtt.j. two hours by day; *Bell.* 1x gtt.j. every hour at night.

Mar. 5th.—Slight attack of dyspnoea. Rep. *Arsen. alb.* 3x. *pil. j.* ter.

Mar. 26th.—One slight attack again. Rep.

Apl. 9th.—Bad pain in top of head, a kind of numbness; nervous. *Ignat.* 1x gtt.j. ter.

Apl. 23rd.—Head better. Threatening of dyspnoea, with aching chest. Rep. *Arsen.*

July 2nd.—Now been without medicine some time. Rep. Seen again on July 9th and 23rd, and *Arsen.* repeated.

July 30th.—Had a fright, and menses ceased. *Cham.*

Sept. 19th.—Asthma returned five days ago. Rep. *Arsen.*

Nov. 14th.—Pain and aching in chest; breathing continues good. Nervous. *Ignat.* 1x gtt.j. three hours.

Nov. 19th.—Very bad breathing. Rep. *Arsen. alb.* 3x gtt.j. three hours.

Nov. 28th.—Improved, but cough very bad. Spits much phlegm. Rep.

Dec. 31st.—Rep.

Jan. 28th, 1889.—Still free from attacks. *Nux V.* 1x gtt.j. ter.

I saw her again on Apl. 15th, 1891, and her appearance is quite changed; she is now much more healthy looking, and has gained much flesh; she never has any attacks now.

When asthma is associated with chronic bronchitis and emphysema with hypertrophy of the right heart, less satisfactory results are obtained, but even here *Arsenicum* with other remedies gives much relief.

The following case, which is still under treatment, is a good illustration :—

J. H., æt. 45.

Bronchitic asthma.

May 12th, 1890.—Cough for last two or three years in winter. Spits up yellow phlegm; breath short; phlegm difficult to bring up. *Ipecac.* 1x gtt.j three hours.

May 28th.—Spasmodic attack of short breath at night. *Arsen.* 3x gr. j., three hours.

June 9th.—Very much better. Rep.

Sept. 17th.—Rep.

Oct. 8th.—Rep.

Nov. 19th.—Onset of menopause. *Lachesis* 6, three hours.

Dec. 3rd.—Thinks the powders (*i.e. Arsenicum*) do most good. Rep. *Arsen.*

Feb. 4th, 1891.—Much better. Rep.

Feb. 25th.—Amenorrhœa since Dec. 3rd. Now has flushed again. Rep. *Lachesis.*

Apr. 22nd.—Still has to take the powders, which relieve her very much indeed. The *Lachesis* 6 gave her much relief from the flushes, but the *Arsen.* relieves her breathing most. The short breathing seems to come on all at once. She finds it is not necessary now to sit upright in bed at night since she has been under treatment. Rep. *Arsen.*

A third case is also instructive. S. S., æt. about 60, a solicitor, of spare build, very active habits, but exceedingly irritable temperament, has been liable to winter cough, and has an emphysematous chest, with wide costal angle and hypertrophy of right side of heart and is subject to attacks of asthma coming on at night, when he has always resorted to Himrod's powder, with instant temporary relief. Cold east winds and fogs have always made him worse, but during the summer he is fairly comfortable, only suffering from short breath on exertion, such as climbing a hill. *Ipecac.* 1x gtt.j, alternated with *Arsen.* 3x gr.j., at intervals of 2 hours apart, gave him much relief. He next developed a slight attack of gout, when *Nux. V.* 1x and *Sulph.* 3x did him much good. Still, he found the asthmatic attacks at night trouble him at times. I found this yielded best to small doses of Iodide of potash. Iodide of potash in large doses has been found to produce cough and dyspnoea, and no doubt

in his case it acted homœopathically. Dr. Hughes mentions that Dr. Elb found Iodine so good in the spasmodic dyspnœa of croup, and considers the efficacy of Iodide of potash due to the Iodine it contains.

Besides the gouty element in this patient's case, there is also a strong tendency to insanity in the family.

Asthmatic patients need most careful dieting, and as they are often spare and badly nourished their strength must be sustained, and their nutrition improved. In so-called Peptic Asthma, another well known variety, the attacks are brought on by unsuitable food.

Cod-liver oil is a very valuable agent in improving the constitution, and as the patient gains weight he is better able to resist the attacks.

This is notably the case in Neuralgia, with which disease Asthma is closely related; so closely indeed that neuralgic patients sometimes become asthmatic, and *vice versâ*.

This is well exemplified in the case of F. C., who, when first she came to me, was miserably thin and wretched looking, but now is in decidedly good condition.

Of all remedies *Arsenicum* will be found most generally useful in these cases at some stage or another, and often when persevered with for a long time. No doubt, if these patients came under treatment early enough, *Arsenicum* would be able to *cure* them, but too often asthma is only a symptom of some long confirmed affection, which has led to the production of a physical state which the sufferer must carry with him to the end of his life.

The following case, in conclusion, well illustrates this point:—

G. D., æt. 40. Carpenter. Rigid chest; very little movement during respiration, which is almost wholly diaphragmatic.

He suffers from emphysema and bronchitis, and has an eczematous rash about the perinæum.

During the winter he was regularly attacked every night with severe dyspnœa, which woke him up at 4 a.m. Since taking *Arsen.* he has been cured of this.

Netherhall Gardens,
Hampstead, N.W.,

REVIEWS.

Heredity, Health and Personal Beauty. By J. V. SHOEMAKER, A.M., M.D. F. A. Davis, Philadelphia and London. 1890.

THIS is a book written for popular reading and from an American standpoint. Beginning with several chapters on the general laws of evolution, the author proceeds to the main subject of his book and discourses on the beauty of the fair sex and the evolution of the American girl who is destined, in his opinion, to become the highest type of beauty in the world. That she may the more quickly attain this position she is duly instructed, in many pages, in the proper mode of walking, in the care of the skin, the use of the bath, the cosmetic care and treatment of the face, hands, nails, and hair, and finally advised on the subjects of food, clothing, and ventilation. Much of this is pleasantly written, interspersed with anecdotes, and contains a great deal of sound advice, but we are afraid that this wholesome fare will be neglected by the fair reader for the large amount of information given them about hair-dye, medicated soaps, pomades, brilliantines, and other preparations for the toilet, and which though labelled "not to be touched" is displayed so prominently as to afford a strong temptation to the weaker vessels. The first chapter in the book on evolution and the laws of growth could well have been spared. The treatment of the subject is very sketchy, and the arguments not always very conclusive; the writing of this part is also very indifferent, the sentences being often so involved and so badly arranged as to be almost incomprehensible. This does not apply to the rest of the book.

The work is nicely got up, the paper, printing and binding being all good.

A Treatise on Diseases of the Eye. By HENRY C. A. ANGELL, M.D. Otis Clapp and Son, Boston, 1891.

WHEN a book has reached its seventh edition it is evident that it fills a place in the literature of the subject of which it treats, and criticism is somewhat disarmed. Nevertheless, as this book is written for homeopathic physicians in general practice, we scarcely think that it comes up to the requirements of those seeking the best homœopathic remedies for any special affection of the eye, as certainly the weakest part of the book is its therapeutics. Dr. Angell (preface to the sixth edition) thinks that the indications for the remedies would fill too large a portion of the volume if they had been

given; but still a good deal more might have been inserted, especially if some of the rather lengthily recorded cases had been omitted, without seriously increasing the size of the book, and would have very materially added to its usefulness. It is annoying to find, after reading up a certain disease, that the indications for the remedy must be looked for in some other volume. One expects from a homœopath a greater attention to therapeutic details than from the modern medical sceptic, especially as we are convinced that so much can be done for diseases of the eye by well-selected homœopathic remedies. We miss several well-tryed and useful remedies, such as *argent. nit.*, *aurum*, *actea*, *graphites*, *rhus.*, and *silica*. In the section devoted to errors of refraction we notice that Dr. Angell still uses the old notation, and not the metric measurement, and that he does not give that preference to the shadow test in the estimation of errors of refraction which is justly its due. Its use is becoming much more general in England, at any rate, than the measurement by the direct method, which Dr. Angell advocates. The examiner is less likely to fall into error if he reverses the order of examination advised by the author, and first uses the ophthalmoscope, and then proceeds to try with the test glasses. The article on muscular insufficiency, which is partly contributed by Dr. Parke Lewis, is carefully written, and expresses the modern view of the question. The nomenclature adopted is that of Dr. Stevens, and Maddox's rod test, introduced last year, is advocated. We are glad to find that the writers take a moderate view of the necessity of tenotomies in these cases, though they have not found such benefit from ocular gymnastics as some of their American colleagues appear to have done. The description of external diseases of the eye is good and full, and the local and general treatment carefully and explicitly given. The length of time interstitial keratitis drags its weary way might have been more strongly emphasised, as the general practitioner wants his confidence more thoroughly assured in these cases than in almost any other.

The chapters on the internal diseases, and also those of the eyelids and orbit, will repay the reader's attention to them. This edition is, to a great extent, remodelled and rewritten, and Dr. Angell is more original and does not seem to have availed himself so largely "of the privilege of taking and appropriating whatever he found desirable in the standard works devoted to ophthalmology," which distinguished the earliest editions.

PERISCOPE.

LARYNGOLOGY, RHINOLOGY, ETC.

A SIMPLE AND EASY METHOD OF EXTRACTING NASAL POLYPI.—Dr. E. Kurz, of Florence, recommends the following procedure, which he has employed with entire success in two cases. After having anæsthetised the nasal mucous membrane by cocaine, he introduces a Bellocq's canula, and attaches to its spring, when it enters the mouth, a stout thread of waxed silk, with which are connected, at a certain distance apart, three sponges of increasing size. The first should be large enough, in passing the posterior naris, to rub slightly against its margins. The thread is then drawn forward, so that the first sponge sweeps the nasal chamber. The polypi are thus detached and brought away with the sponge. The remaining sponges are intended to repeat the same manœuvre, in case the first fails to accomplish its object, or to tampon the posterior naris, should ablation of the polypi provoke smart hæmorrhage. In Dr. Kurz's two cases the first sponge sufficed to detach the growth, and the bleeding was so trifling that a tampon was not needed. The operator merely cut the thread and withdrew the two sponges through the mouth. The writer suggests that the same process might be utilized for the extraction of foreign bodies from the nose when access is difficult.—*Med. Bulletin*, March, 1891.

ADENOID TUMOURS OF THE NASO-PHARYNX OF CHILDREN.—Chaumier says that the adenoid tumours in the naso-pharynx of children usually appear at about the seventh or eighth year, and disappear about the twentieth. In some cases they are the cause of nightmare. In others they become serious by reason of causing loss of hearing and arrest of intellectual development. In still other cases they give rise to bronchitic affections. Early treatment cannot, therefore, be too highly recommended.—*Progrès Méd.*, 5, 1891.

APROSEXIA NASALIS.—Guye, of Amsterdam, called the attention of the profession, in 1887, to a disturbance of cerebral function, caused by some disease in the nasal cavities. The patient is unable to fix his attention on any subject. The difficulty usually occurs in boys, who are thus unable to master their school exercises. During the past two years, Leifert has treated seven cases of this trouble, all boys, ranging in age from 11 to 17 years, and who complained of loss of memory and inability to study. By treating the retro-nasal difficulties they were all cured.—*Münchener Med. Wochenschr.* 4, 1891.

NEUROSIS OF THE LARYNX CURED BY HYOSCYAMUS.—A young lady of 18 years, hysterical, was a prey to severe dyspnoea with very loud inspiration, extreme anguish, and menacing

asphyxia as soon as she lay down; there were complete aphonia and pain in the larynx with impossible deglutition. Laryngoscopic examination and auscultation revealed nothing abnormal. Pressure over the left ovary caused pain, and instantly produced an hysterical sleep. *Moschus* 1x trituration administered every two hours, and in ten centig. doses produced momentary relief; *hyoscy.* 6th produced an incomplete amelioration; the latter drug was later prescribed in the mother tincture, three drops daily, which cured the laryngeal spasm in a few days.—*Revue Hom. Belge*, 1890.

PARALYSIS FOLLOWING SLIGHT DIPHTHERIA. — Dr. Gayton reports a case (*Brit. Med. Jour.*, July 19, 1890) where a woman, aged 41, had an attack of diphtheria so light as to be considered a simple sore throat, but which was followed by complete paralysis and anæsthesia of the arms and legs, paroxysmal convergent strabismus of both eyes, with loss of power of accommodation, paralysis of palate, and attacks of syncope. The temperature meanwhile was persistently subnormal, ranging from 95.4° to 98° Fahr. Treatment consisted in free stimulation on account of the threatened cardiac failure, and the free administration of iron and strychnine. Recovery.

Dr. Lennox Brown referring to this case (*Brit. Med. Jour.*, July 26, 1890), writes that—"It is interesting in that it enforces the fact, well known to specialists, that faucial diphtheria in the adult is frequently so slight that the diagnosis is only confirmed on exhibition of post-diphtheritic neuroses, and it is this circumstance which renders it important not to lightly dismiss the sore throats of nurses and parents in attendance on patients of tender age."

C. W. HAYWARD.

SURGERY.

ASEPTIC, ANTISEPTIC AND MEDICINAL TREATMENT in surgical cases. At the New York Medical College and Hospital for Women "all prescriptions are made with a strict regard to history of the case" and "totality of the symptoms." In traumatic cases, *calendula* is given for clean cut wounds; *arnica* for contusions; *staphysagria* for lacerations; and *hypericum* for wounds of the nerves.

"In cases where operative surgery becomes a dire necessity, this work is performed under strictly aseptic conditions. Under no circumstances are carbolic acid, bichlorides or any so-called antiseptics allowed to enter the surgical ward. The surgical ward (in which operations are performed) is thoroughly cleansed and aired on day appointed for operation. All

instruments are washed in clean hot water, thoroughly dried and polished. Perfectly clean sponges, free from all grit, are laid in solution of *calendula* and hot water, from which they are taken and squeezed dry before applying to wash away blood. *Calendula* has not only a marked effect on the healing process, but is an efficient styptic.

"Perhaps, while under influence of the anæsthetic (ether) or while recovering from it, the pulse flags, or respiration becomes feeble, possibly wanting. In these cases the bastinado is applied freely, the agent used being wooden back of a clothes' brush, or sole of a slipper. The effect of this process, original with Dr. Edmund Carleton, Professor of Surgery, is instantaneous, and needs only to be seen to be appreciated.

"After the operation is finished, *nux vomica* is administered until effects of ether have disappeared, and then *calendula* is prescribed until symptoms of some remedy are present. Simple dressings are the rule. Occasionally *calendula* is used in conjunction with that remedy internally."—*Med. Advance*, November, 1890.

IODOFORM EMULSION.—The following is the formula recommended by Mr. A. E. Barker for the treatment of large abscesses:—Iodoform in finely crystalline form, 10 part; rect. spt., enough to damp the iodoform, placed in a clean mortar; dist. water, 20 parts, stirred in gradually; glycerine, added last by degrees, 70 parts.—*Brit. Med. Jour.*

DISEASES OF CHILDREN.

SPORADIC CRETINISM.—In a paper read before the Manchester Medical Society Dr. T. C. Railton brought forward the case of two children, one eleven years old and the other six years and three months, who exhibited well defined characteristics of cretinism. The two children were the first and fourth children respectively of healthy and temperate parents, who had other perfectly healthy children, and who were not related except by marriage, coming, in fact, from different parts of England. As infants they both seemed bright and healthy, but between one and two years of age development appeared to stop almost completely, and they had remained in that childish condition both physically and mentally ever since. The stature of the elder is 32½ ins. and weight 34 lbs.; of the younger the stature is 33 ins. and the weight 32½ lbs. The organs of both are healthy, and the thyroid gland can be felt in the neck of each as a small firm and unsymmetrical body. The anterior fontanelles are closed, but there is some flattening of the vertex. There are no pseudo-lipomata present. The abdomen

is prominent, with a small umbilical hernia in each case. The lips are thick and everted, and in the case of the elder the tongue protrudes between them. The features are broad and coarse, the skin hard and of yellow tinge, and the limbs short and thick but without any distortion. The tendon reactions are active; there have been no convulsions.

Dr. Railton takes exception to Dr. Bourneville's list of distinctions between sporadic and endemic cretinism and instances the above two cases of sporadic cretinism to show that those distinctions cannot in all cases be maintained. He claims that the difference is one of degree rather than of kind, as both endemic and sporadic cretinism depend upon the same fundamental pathological condition—namely, loss of function of the thyroid gland.—*Brit. Med. Journ.*, March 28, 1891.

BLINDNESS OCCURRING IN WHOOPING-COUGH.—In a large proportion of the cases of blindness recorded as suddenly coming on during whooping-cough, the patient died. Dr. Jacobi relates two cases both ending in rapid recovery. In the first case, a girl aged six, sudden total blindness occurred; the pupils were widely dilated and immobile to light or accommodation, and there was double optic neuritis. Two days later the right eye could recognise large objects and the pupil reacted and the same was the case with the left eye after two days more. In six weeks vision of both eyes was normal, and the ophthalmoscopic examination negative. In the second case, a boy aged eight, severe headache and vomiting took place, and when four days after he was taken out of the dark room in which he had been placed he was found to be quite blind; but in this case the pupils were of medium size, reacted well to light, and the fundus was normal. Two days later rapid improvement set in, for 24 hours he had right hemianopsia, but within four days vision was quite normal. The blindness is thought to be due to acute oedema of cerebral centres. The condition of the pupil in the two above cases is typical of two classes. If the pupillary reflex is present the lesion must be above the corpora quadrigemina, and between them and the occipital lobes, and prognosis as to vision should the patient survive is good. If the pupillary reflex is lost the lesion must be below the corpora quadrigemina, and there may be permanent loss of sight from atrophy of the optic nerve following neuritis.—*New York Med. Journ.*, Feb. 28, 1891.

FATAL HÆMOPYSIS IN YOUNG CHILDREN.—Severe hæmoptysis in children is rare from any cause, but occurs most frequently from disease in the tracheo-bronchial glands, as in two cases recorded by M. A. Aldibert, which were admitted into the *interne* for tuberculous consolidation in the lungs. Sudden copious hæmoptysis proved fatal in each case. On

post mortem this was found to be due to perforation of the pulmonary artery, due to tuberculous arteritis in a portion of the artery traversing a mass of caseous and softening glands at the root of the lung, the bronchus being also involved in the mass and perforated, so that the blood found its way from the artery to the bronchus through the abscess cavity.—*Revue Mensuelle des Maladies de l'Enfance*, February, 1891.

NOTABILIA.

THE ANNUAL HOMŒOPATHIC CONGRESS.

THE circular, with full details, will soon be in the hands of members. The Congress, as we stated in our last issue, is to be held in London, on the 9th of July. The members of the British Homœopathic Society suggest that all their *confrères* in London and its suburbs who have spare rooms should extend their hospitality to their brethren from the provinces. Dr. Dyce Brown, the Hon. Sec., will be glad to have the names of those who can receive guests, and also the names of those who would wish to avail themselves of the hospitality of their brethren.

PRESIDENT OF THE INTERNATIONAL CONGRESS.

We have pleasure in announcing that Dr. Talbot (Dean of and Professor of Surgery in the Boston University School of Medicine) has been chosen by the Committee of Arrangements as President of the forthcoming Convention, Dr. Dudgeon having definitely declined the nomination. The British Homœopathic Society has chosen Dr. Hughes as its delegate and representative at the Congress.

LONDON HOMŒOPATHIC HOSPITAL POST-GRADUATE LECTURES.

MR. KNOX SHAW delivered his lecture on March 6th, on "The Diagnosis of Errors of Refraction and Anomalous Action of the Ocular Muscles." In introducing the subject he drew attention to its importance to the general body of the profession, and expressed a hope that his lecture would be sufficiently practical, so that, with due avoidance of technicalities, interesting mostly to specialists, it would enable those present quickly and easily to recognise an error of refraction when present.

Touching briefly upon the kind of cases in which errors of refraction might be suspected, and advising the routine use of the ophthalmoscope in all obscure nervous cases, he proceeded to describe the various methods in vogue for determining the existence of refractive errors.

For general practitioners he advised reliance upon the ophthalmoscope alone, either by the image test or the shadow test. He explained that when the observer stands a metre's distance from the patient and illumines the fundus with the ophthalmoscope, should he see a picture of any portion of the retinal vessels, an error of refraction exists. If on moving his head slightly to one side the vessels appear to move with him, the refraction is hyperopic, and if in the opposite direction, myopic. No picture of the retinal vessels is visible in an emmetropic eye. The shadow test, now so much used in the estimation as well as the diagnosis of refraction, was described. The ophthalmoscope mirror (and the lecturer's remarks referred to a concave mirror, the one usually employed) is used in the same way as the former test; but is gently rotated on its axis, either from side to side or up and down. A shadow, the dark area surrounding the reflected cone of light, is observed to come out from behind the iris; this indicates an error of refraction, and its movement indicates the kind. If the shadow moves with the reflected light, the refraction is myopic; but if the light area moves one way, and the shadow moves in the opposite direction, the refraction is hyperopic. The image test and the shadow test were practically demonstrated after the lecture upon patients, and by the aid of Frost's artificial eye. To simplify examination and to aid diagnosis, the lecturer recommended the use of Savory and Moore's gelatine discs of *hydrobromate of homatropine* and *cocaine*. One of each is placed in the eye, and in twenty minutes the pupil is well dilated, and as the effect passes off in a few hours, the patient is not inconvenienced.

The second part of the lecture was devoted to the question of anomalous action of the ocular muscles. The extreme importance and absolute necessity of perfect equilibrium of the ocular muscles was insisted upon. Diplopia being only avoided when the image of an object (seen by the two eyes) is focussed upon corresponding portions of the retina. It was pointed out that much attention had been given to this subject lately, especially in America, where Dr. Stevens had given the name heterophoria to the general condition of want of equilibrium; hyper-, ex-, eso-phoria, indicating the direction of the deviation. In England the term generally used was latent strabismus, the condition being due to either excessive action or insufficient action of some of the recti muscles. Manifest strabismus is easily recognisable, but in the class of cases under discussion the strabismus is not visible to the observer, nor is the patient aware of it, as he, in order to avoid diplopia, exerts a considerable effort to excite the deficient muscles,

and this over excitation leads to the symptoms of aching pain, headache, vertigo, and the other sufferings complained of by him. Mr. Knox Shaw considered the best test for this deficiency, and one easy of application, was the glass rod test, introduced by Dr. Maddox of Edinburgh. Any glass rod would do, such as a stirring rod, or even a clinical thermometer. Messrs. Curry & Paxton, of Great Portland Street, W., supply a small rod fitted into a suitable frame. On looking through this rod at a candle flame situate at 15 or 20 feet distant, the flame appears converted into a long thin line of light at right angles to the direction of the rod. The two objects, the candle and the line of light, are so dissimilar, that the natural desire for the fusion of the two images is lessened, and so the actual state of the equilibrium of the ocular muscles is demonstrated. The glass rod being held horizontally before the right eye, across the pupil, a vertical line of light is seen, which should, in a normal condition, occupy almost exactly the same position as the candle flame. Should it however be seen to the left of the candle flame there is crossed diplopia, or latent divergence, but if it appears to the right of the flame there is a homonymous diplopia, indicating latent convergence. If, when the rod is placed vertically, the line of light is above or below the flame, instead of through it, there is abnormal equilibrium of the superior or inferior recti.

Maddox's instrument for exactly measuring horizontal diplopia was then shown and explained, and the lecture concluded by practical demonstrations of the rod test in muscular deficiencies.

THE last of the post-graduate lectures of the Winter Session was delivered by Mr. Knox Shaw on March 18th, on "Adenoid Vegetations of the Naso-pharynx." In introducing the subject the lecturer said that though it was only in recent years that much attention had been given to the subject yet Czermak had suspected the disease 30 years ago, but nothing was seriously written about the condition till Meyer's paper appeared in 1870, and that paper, as it appeared in the transactions of the Medico-Chirurgical Society, had left but little more to be said. Nevertheless, the disease was not yet well recognised, and many patients were let go unrelieved with most serious and disastrous consequences to themselves. After referring to the anatomy of the naso-pharynx he went on to describe the symptoms by which one was to recognise the affection. The aspect was one of vacancy, with narrow nose, fallen expressionless under-lip, and partially open mouth.

The voice was "dead," and the patient spoke as if the subject of a cold. There was often deafness from obstruction of

the Eustachian tubes. The patients were generally inattentive. They were loud snorers at night, and this occurred especially in the young. When this was the case the sleep was restless, and the child often cyanosed. The throat was dry on waking, and the patient appeared unrefreshed after the night's rest. The nose was generally "stuffy" and the patient was a "sniffer." The nose bled sometimes, and there was found a bloody discharge on the pillow on waking in the morning. In hæmoptysis, without obvious disease of the lungs, post-nasal adenoids might be the cause of the hæmorrhage, and should be looked for. The disease was said to co-exist with large tonsils, and attention was drawn to Meyer's observation that this co-existence was the reason why removal of the tonsils was so frequently not followed by the relief expected, as the principal cause of the trouble was left behind. It was also pointed out that enlarged tonsils do not cause buccal respiration. The disease, too, was accompanied by many nervous symptoms such as headache, neuralgia, laryngismus stridulus, a short dry cough, and by a constant hawking. If the disease goes on for long unrelieved the patient becomes anæmic, has a badly developed chest, and becomes permanently deaf. In children there is much inattention; due, in part, to the deafness, and in part to the inability to fix their attention, a condition called aprosexia. They were often backward and stupid, and this was said to be due to the congestion of the venous and intracranial systems due to the imperfect respiration.

No known cause was to be found, nor was there any special diathesis, but it was undoubtedly more common in damp climates. Mr. Knox Shaw summed up the diagnosis by describing the patient as "a stuffy-nosed snorer, a mouth-breather, with a dead voice, a vacant expression, and some deafness."

On examining the pharynx the tonsils would generally be found to be enlarged, the palate high, the soft palate œdematous, and the pharynx granular.

The posterior nares might be examined with the rhinoscopic mirror, but there was nothing so good as the finger. Standing beside the patient, and supporting his head with the left hand, the right index finger should be passed without hesitation to the tonsillar region and by a little rapid movement passed behind the soft palate into the posterior nares.

On either side would be felt the enlarged Luschka's tonsil, and at the vault the soft nodular mass of the adenoids; once felt they are not likely to be mistaken for anything else. On withdrawal of the finger it will be found to be smeared with blood, as the growths are soft, vascular, and readily bleed.

When the vegetations are producing obvious symptoms they should be removed. Medicines have some effect upon them, but the consequences of neglect are so serious that no one is justified in waiting long for what must in these cases be slow medicinal action.

As adjuncts to surgical treatment drugs are of great value. They will chiefly be selected according to the necessity of the case from *iodide of arsenic, phosphate of lime, sanguinaria* and *iodide of iron*.

Most writers on the subject have their favourite way of operating, but the lecturer preferred the use of Lowenberg's forceps, using them with the patient anæsthetised. There was little after treatment, beyond seeing that the patient got into the way of being a nose-breather, and correcting any general ill-health that might be present. The prognosis was good if the patients were treated early.

After the lecture a patient was brought into the room and anæsthetised by Dr. Day and an opportunity was then given to some of those present to examine the case digitally and to verify the diagnosis of post-nasal adenoids. A Mason's gag was then introduced and the mouth fixed open whilst Mr. Knox Shaw removed the adenoids with Lowenberg's forceps. The operation was accompanied by a good deal of hæmorrhage which soon stopped, but it was explained that this is hardly ever the cause of any trouble, if it were it should be arrested by cold douches. The patient's mother was told to feed the child on liquid food for a few days.

CROYDON HOMŒOPATHIC DISPENSARY—REPORT 1890.

The numbers have more than doubled during the last few years.

Number of patients	1,098
Number of attendances	3,718

(Signed) T. E. PURDOM, M.D., C.M.
J. DELEPINE, M.B., C.M.

OXFORD HOMŒOPATHIC ASSOCIATION.

IN our last issue, we noticed the rather extraordinary course adopted by this Association, in expressing their desire to have a homœopathic practitioner in Oxford, while ignoring the existence of Dr. Guinness, who has been practising there for so many years. We since learn that Dr. Guinness offered to deliver a lecture on homœopathy, and that this offer was declined, while they have arranged that a clergyman should

take this duty. We should have thought that however well a clergyman might know the subject, he could not speak with the same authority as one who knew well the practice as well as the theory of homeopathy. Dr. Guinness was further requested to take his name off the Association membership, as the intention was to make it a purely lay association. This position is understandable, but such tactics seem to us absurd, and not likely to further the cause of the Association or of homeopathy. They have called forth a protesting letter in an Oxford newspaper from an allopathic doctor, who signs himself "Fair-Play," and we hear that at least one member, of position and influence in Oxford, has withdrawn his name, in consequence from the Association.

HAHNEMANN HOSPITAL, PHILADELPHIA.

THE trustees of this hospital, in making a claim on the State Legislature for an "appropriation" or grant of money to enable them to pay off the debt existing upon it, present the following facts as justifying them in asking for \$50,000.

"The hospital has treated 352,977 out-patients from all parts of the State. It has treated 7,487 in-patients from all parts of the State. It has raised \$177,847 for the maintenance of patients. It has raised \$296,077 for building and furnishing the hospital, containing one-hundred-and-twenty-five beds. It has raised \$146,058 in endowment funds for the perpetual support of the hospital. It has a floating indebtedness of about \$50,000, incurred in the erection and equipment of the hospital. It is receiving in its accident wards more emergency cases, as published in the daily papers, than all the other college hospitals of Philadelphia combined. It has received only \$50,000 from the State of Pennsylvania for its building, while the old school hospitals have received \$375,000, and it is proposed to appropriate to the youngest of the latter \$70,000 more."—*The Hahnemannian Monthly*.

THE INFLUENZA.

The following letter from the *Standard* is of interest :—

"Sir,—We have now experienced enough of the two epidemics of what is called "Influenza" to enable us to get at some idea of the best treatment of the disease, and as it is a subject which appears to interest the general public more than it does the medical profession (who are unwilling to use anything but quinine), it may be useful to put on record the statistics of an ordinary family doctor using unorthodox remedies.

Excluding the mere panic cases, and those which were only bad colds, with sneezing (the old-fashioned English "in-

fluenza"), and taking only the undoubted cases of the epidemic modified "dengue" fever, I have had under my care in the two epidemics 210 cases in which the temperature rose over the normal, generally as high as 100 F., and often to 104 F.; in a small proportion the temperature was 106. All the cases have recovered; in only three was there pneumonia, and in all but these three cases the temperature fell to the normal within the twenty-four hours; most of the cases fell to normal in far less time. I usually have found it necessary to pay only from two to six visits, more than half of these being merely on account of the very great dread that has been aroused about the disease by report. In every case I have relied upon the drug *gelsemium*, with a very few doses of *aconite* to commence with, this being stopped at the appearance of perspiration.

If your readers will look at the results of any cases in which the *gelsemium* has been administered in an overdose for the suppression of neuralgia, or cases where accidental poisoning from this drug has occurred, or it has been taken for experiment in health, they will be struck by the exact resemblance of the effects of the large dose to the symptoms of this "influenza;" the confusion of the brain, staggering walk, deep-seated pains in the back and muscles, the severe frontal headache, the loss of appetite and nausea, with yellowish-white furred tongue, the restlessness and bad dreams—the whole account of the effects of the drug are a picture of this disease.

These facts drew my attention, and no doubt that of many others, to the drug as the best remedy, and I think that the results have proved that it is the best yet suggested. The only disadvantage in its use is that it has not the stamp of *respectability and orthodoxy*; but I think that its other qualities may, perhaps, outweigh that fact.

I am, Sir, your obedient servant,
GENERAL PRACTITIONER."

[We congratulate "General Practitioner" on his homœopathic knowledge. He is on the right road, and evidently sees that the way to get the right medicine for a disease is to select one, the effects of a large dose of which form "a picture of the disease" to be treated. His remark about the "respectability and orthodoxy" of the treatment is a "sop to Cerberus." He will soon get over this stage of development.]

CHEMISTS AND THE ANNUAL HOMŒOPATHIC CONGRESS.

In order to make the Congress meeting as attractive as possible, it is proposed, among other arrangements, that chemists should be invited to send exhibits of anything new

or interesting. Dr. Dyce Brown, the Hon. Sec., would be glad to have an intimation from any chemists who wish to exhibit, of their intention to do so, before July 1st, as all exhibits must be sent by Tuesday, July 7th. The meeting will be at the Homœopathic Hospital, where all exhibits are to be sent.

CAN WE INCREASE THE POTENCY OF THE REMEDY BY DILUTING THE DRUG?

[For the following interesting notes we are indebted to Dr. Percy Wilde.]

An important fact bearing upon this question has resulted from some investigations into the principle of the fluorescence of liquid solutions.

It is understood that this appearance in certain solutions is due to the chemical rays of light being rendered visible by a change in their refrangibility. The molecules suspended in the liquid alter the conditions of the ray of light so that the length of the wave is increased, while its velocity of undulation is diminished.

Some experiments recorded in the *Journal of the Chemical Society*, June, 1889, show that the fluorescence of a liquid increases without limit as the dilution increases. In the case of the ammonium salt of fluorescein, the fluorescence of a concentrated solution is zero, or at least too small to be observed. When water was gradually added, the fluorescence first attained a measurable value for a concentration of 1 in 25, and rapidly increased with further dilution until the concentration was reduced to 1 in 8,200, after which it remained constant as far as the observations extended, namely, to a concentration of 1 in $6\frac{1}{2}$ millions. Similar results were obtained with an alcoholic solution of Magdala red, except that it was impossible to obtain very concentrated solutions of this substance, so that it was impossible to observe the beginning of the fluorescence. This fact that fluorescent liquids lose the power of fluorescence when they become sufficiently concentrated suggested to another observer that possibly the groups of molecules existing in the solid salt are only partially dissociated in the concentrated solution, but become more and more so with increasing dilution, until when the fluorescence is no longer affected by further dilution, the dissociation is complete. This hypothesis is strengthened by the fact that solution of fluorescein and eosin in water have their fluorescent power increased by heat, the effect of which would be to increase their solubility, whilst on the other hand, an alcoholic

solution of Magdala red, which is less soluble in hot alcohol than in cold, has its fluorescent power diminished by being heated. This also explains the well-known fact that an aqueous solution of Magdala red, which is more soluble in hot water than in cold, acquires fluorescent properties when it is heated, although it does not possess them when cold.

These facts prove that dilution of a soluble substance produces a breaking up of clusters of molecules, which, under ordinary circumstances, would exist as aggregations, and it does not appear impossible that the separated molecule may find its way through the numerous barriers which are exposed between the digestive canal and the nerve centre it is designed to influence, when the molecules, in their aggregate form, would fail to reach it, and be thrown back and excreted. That in profound constitutional disorders the higher dilutions succeed where all other remedies have failed is a fact recognised by all who have employed them, and that there is a purely physical cause for this becomes clearer as our knowledge of the physics of solution and the functions of the human body increase.

CORRESPONDENCE.

THE INDEX TO THE "CYCLOPÆDIA."

To the Editors of the "Monthly Homoeopathic Review."

GENTLEMEN,—I am glad to see discussion opened, by Dr. Drysdale's paper in your current number, on the plan for the Index to the Cyclopædia of Drug Pathogenesis, laid by me before last year's Congress. As I hope that others will take part in it, I will reserve my reply till several at least have spoken. I only write to you now to ask you to allow me to repudiate, in the most earnest manner, the "ridicule and abhorrence" to which Dr. Drysdale represents me as holding up the cypher system. It would ill become me to entertain, still more to express, such sentiments towards a method devised and practised by some of the best and most esteemed friends. What I spoke of at Bournemouth was simply the impression made by the cypher on the readers for whom it was intended, and which had robbed the repertory it characterises of the success which is so justly merits.

I am, Gentlemen,

Yours very faithfully,

RICHARD HUGHES.

Brighton, May 4, 1891.

NOTICES TO CORRESPONDENTS.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Dr. W. REED HILL, of Colchester, attends Clacton-on-Sea for consultation at the Public Hall, every Tuesday afternoon.

Dr. THOMAS, of Llandudno, who has hitherto confined his practice to patients residing in the Hydropathic establishment, has now arranged to extend it to those outside who may wish his services.

We are requested to state that Mr. CYRUS CLIFTON, of Taunton, is removing to Hunstanton.

Communications, &c., have been received from Dr. DUDGEON, Dr. J. G. BLACKLEY, Mr. KNOX SHAW, Mr. G. A. CROSS, Dr. DAY (London); Dr. HUGHES (Brighton); Dr. STONHAM (Ventnor); Dr. HAYWARD, Dr. MURRAY MOORE (Liverpool); The Oxford Homeopathic Association; Mr. CYRUS CLIFTON (Taunton).

BOOKS RECEIVED.

Materia Medica and Therapeutics, with especial reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica and Diseases of the Skin in the Medico-Chirurgical College of Philadelphia. Vol. ii., being an independent volume upon drugs. Philadelphia and London: F. A. Davis. 1891.—*A Note for the Successful Treatment of Diphtheria, &c.* By Henry Thomas, M.D. London: Kegan Paul, &c. 1891.—*A Treatise on Diseases of the Eye.* Seventh edition. By Henry C. Angell, M.D. Boston: Otis Clapp & Son. 1891.—*The Public Health. Leprosy and Vaccination.* By William Tebb. London: E. W. Allen. 1891.—*The Oxford News.* May 13.—*The Homœopathic World.* London. May.—*The Chemist and Druggist.* London. May.—*The Monthly Magazine of Pharmacy.* London. May.—*The North American Journal of Homœopathy.* New York. April.—*The New York Medical Times.* April and May.—*The Chironian.* New York. May.—*The Medical Record.* New York. May 2.—*The New England Medical Gazette.* Boston. April and May.—*The Hahnemann Monthly.* Philadelphia. April and May.—*The Homœopathic Physician.* Philadelphia. May.—*The Medical Era.* Chicago. May.—*The Clinique.* Chicago. April.—*The New Remedies.* Chicago. May.—*The Medical Advance.* Chicago. April.—*The Southern Journal of Homœopathy.* New Orleans. April.—*The Indianapolis News.* February 4.—*The Indianapolis Journal.* April 6.—*The California Homœopath.* San Francisco. February and April.—*La Médecine Hypodermique.* Paris. April.—*Revue Homœopathique Belge.* Brussels. February.—*Bulletin Générale de Thérapeutique.* Paris. May.—*Revue Homœopathique Française.* Paris. April and May.—*Allgem. Hom. Zeitung.* Leipzig. May.—*Populäre Zeitschrift für Homœopathie.* Leipzig. May.—*Rivista Omiopatica.* Rome. April.—*Gazzetta Medica Di Torino.* Turin. April and May.—*La Reforma Medica.* Mexico. February.—*Homœopathisch Maandblad.* May.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:o:—

ON THE MEDICINAL USES OF THE BEE STING
POISON.*

BY W. T. FERNIE, M.D.

MR. PRESIDENT AND GENTLEMEN,—On the occasion of our last meeting here, Dr. Galley Blackley made a playful reference to me as having awoke, after a three years' slumber, to some sense of my responsibility towards this Society. I ask your permission to explain that it is a privilege of the old to sleep, and that feeling myself considerably superannuated among so many younger men in the plentitude of their modern learning, I have sat as a disciple rather than as one of the *Patres Conscripti* at our monthly assemblies since I had the honour of becoming enrolled amongst you three years ago.

Now in venturing to offer a paper, I beg you, *solvere senescentem*, to make allowances for such lack of knowledge as I may display concerning the advanced tenets of recent physiology, whilst holding me excused for employing the language of a past pathology rather than the compound classical nomenclature of to-day's *fin de siècle* attainment.

Pleading thus, I will take as my text a case which I attended as long ago as in 1858, and which first brought to my knowledge the potential uses of the bee-sting poison

* Read before the British Homœopathic Society, June 4th, 1891.

as a curative agent in disease. At that time I was an orthodox country practitioner in Hampshire, and the patient to whom I allude came under my care as an old pensioner, who eked out his daily pittance by working as an agricultural labourer on the Squire's estate. He was about sixty years old, and of rheumatic tendencies, living in a damp locality on the edge of the New Forest.

His symptoms in brief—as far as I remember them—were those of endocarditis, becoming subacute, with a systolic murmur, and with embarrassed action of the heart through dilatation, but without any marked hypertrophy. The kidneys were not implicated as shown by any albuminuria, and the old soldier was a temperate man, except for getting now and then bemused in beer at the village tavern on a Saturday night, like many of his class. Nevertheless, I well remember his urine at the time was scanty and high coloured, with copious lithic deposits.

All the symptoms I have recited gradually increased, together with growing dyspnoea, and with general anasarca, which became more and more urgent, until at length the man took altogether to his bed, and seemed doomed to sleep quickly in God's acre with his rustic forefathers.

He was treated with alkalies, hydragogue cathartics, and diuretics, *secundum artem*, being also seen and prescribed for by one and another of my friendly *confrères* from the adjoining county hospital, where I had been lately the house surgeon.

However, the poor fellow went from bad to worse, and became at last so completely waterlogged as to lie an enormous mass of shapeless humanity, semi-comatose, and “babbling of green fields,” in a small attic at the top of the narrow, steep, cottage stairs, down which how he might be presently brought on the way to his long home seemed a problem difficult of solution.

It happened, finally that, on my visiting him in this dire extremity, I found his womenfolk in the garden, making a brew from refuse honeycomb just after taking their bees, and I was asked if some of the reeking beverage might be given to the sick man in case he could drink it.

Readily assenting to the use of this, or any other proposed *solatium*, under such desperate conditions, I left

with the full assurance I had seen the last of my patient in the land of the living.

About a week afterwards, having to ride past the cottage, which was in a remote part of my district, and wondering that I had not been applied to as Registrar of deaths to record his decease (for, like George Coleman's "two single gentlemen rolled into one," I was then unitedly the Poor Law Medical Officer and the Government Charon), I dismounted, not doubting that I should find the defunct pensioner still awaiting interment, which had been delayed through some casual hindrance in providing the necessary *obolus*, or in convening the distant relatives; but to my intense surprise, on entering the downstairs dwelling room, I beheld the man comfortably discussing some broth, sitting there, restored to his ordinary proportions, "clothed, and in his right mind."

It had happened that shortly after beginning to drink the bee beer, which he took with avidity, profuse watery discharges commenced from the intestinal and renal outlets, which continued until all the dropsical swelling had disappeared, the dyspnœa had become relieved, and the heart ceased to give him distress, or to remain sensibly disturbed. In short, I had no alternative but to believe that either the strange brew, or some wonderful natural crisis occurring just at the time by a singular coincidence, had brought back my patient from the open portals of the grave.

Finding the unlooked-for improvement to continue, and casting about in my mind for an explanation of its cause, I chanced to describe the case and its present issue to my friend Dr. John Wilde, now of Weston-super-Mare, but who then, having the courage of his opinions, avowedly practised homœopathy as a Poor Law Doctor in a district immediately adjoining mine. He at once recognised the fact that some bee sting virus contained in the beer, as got from dead bees and brood comb boiled up in the brew, had acted specifically on the cardiac serous membranes, as well as on the mucous excretory linings of the sufferer, and had operated homœopathically for his prompt and happy rescue. Dr. Wilde further sent me a pamphlet which had then been recently published, on *Apis Mellifica; or the Poison of the Honey Bee considered as a Therapeutic Agent*, by

C. W. Wolff, M.D., of Berlin, which little book I read with deep interest, gaining new light from its pages, and explicit instruction about the provings and well ascertained effects of the remedy in question.

Incidentally I may add that the patient whose case I have been describing went on uninterruptedly to complete convalescence, and was able after a while to resume his work in the fields. He retained his health for the five or six more years of my sojourn near him; and eventually he died, I believe of old age, uncomplicated by any renewed trouble of the heart or any return of dropsy.

From the small treatise of Dr. Wolff I learnt that his practical experience, based on the provings of Dr. Hering, and attesting the faith of his own grateful heart with respect to the bee sting poison, showed the medicine to be eminently curative for œdematous swellings in general, for the higher grades of ophthalmia, for inflamed states of the tongue, mouth and throat; also by its specific power over the whole internal mucous membrane and its appendages.

Dr. Wolff had likewise employed the *apis* very successfully for curing furuncles, urticaria, and erysipelas, as well as for the typhoid fever, which he was emphatically persuaded becomes engendered by the process of vaccination. Moreover, he had convinced himself that *apis* is the most sovereign remedy for intermittent fever, annihilating the disease so radically that no relapses ever take place and no secondary symptoms are ever developed.

For measles, scarlet fever, panaritia, spontaneous limping, white swelling of the knee, and dysentery, Dr. Wolff had further found *apis* to be an invaluable and most trustworthy weapon of defence; whilst he abundantly verified the necessity which others had recorded for caution in giving this medicine to pregnant women, though conversely he knew of no drug endowed with such reliable virtues for preventing miscarriage, particularly during the first half of gestation.

His doses ranged from a pellet of *apis* 30 to a drop of tincture of the third strength, repeated at intervals or sub-divided. Taken altogether, he had come to regard *apis* as the greatest polychrest medicine, next to *aconite*, which homœopathic pharmacy can furnish.

From the first, while perusing all these startling statements about *apis*, and endeavouring to receive them with an unprejudiced mind, one great difficulty beset me—that of supposing any such animal poisons as the virus of the bee and cognate creatures capable of exercising, when swallowed, any influence for good or for harm on the human subject as ordinarily constituted, unless through some solution of continuity of a mucous surface, so as to allow of direct absorption—or, unless by acquiring special powers of stimulating afresh, when fractionally attenuated, tissues impaired by disease. Here I will cite two instances which have happened recently within our immediate observation, and which are relevant to the point I have raised.

A few weeks ago, at an evening meeting of the Pharmaceutical Society, Surgeon Parke, of the Stanley Expedition, in giving a detailed description of the arrow poison employed by the Pigmies in Central Africa, with such fatal results, against our men, narrated the fact that of those who were struck with poisoned arrows at the battle of Uva Sheba, all died except Lieutenant Stairs, whose wound was sucked by Surgeon Parke himself. The ingredients of the poison, as far as they could be ascertained, were procured exclusively from vegetable sources. I quote this instance as exhibiting the immunity from toxication manifested by Surgeon Parke.

Per contra.—On February 3rd of this year we were told in the daily journals that Mr. E. Bosanquet, the son of the well-known banker, was bitten by a rattlesnake, while shooting in Florida. Mr. E. Walker, who was with him, immediately applied his mouth to the wound and endeavoured to suck out the poison. Then, having tightly bandaged the wounded leg of his friend, Mr. Walker raised and carried him to Daytona, where Mr. Bosanquet died shortly after midnight in great agony. Mr. Walker also became seriously ill. He had a slight sore on the lip, and absorbed some of the poison into his system. An attack seized him which resembled partial paralysis, though eventually he became better and out of danger.

These would appear to be two typical cases. Nevertheless, I need not say that adequate inquirers have long since thrown a decisive light upon the *questio*

vexata, and have redeemed it from dispute. Dr. Hughes, for example, has taught that a serpent poison will act as a toxicant when swallowed, or when applied to a sound serous, or mucous membrane, as shown by Drs. Brunton and Fayrer. "The idea," say they, "that it will only prove effective when absorbed through a lesion of surface or injected directly into the blood is erroneous."

Next I was led to consider what might be the chemical composition, or, perhaps, the organic character of the bee sting virus and of allied animal poisons; and then to wonder why any analogous toxicant, such as, for example, the vaccine lymph, should not act in the same potential way as was claimed for this *apis mellifica*, by being swallowed instead of being introduced into the absorbent system through a puncture. If this desideratum could but be accomplished, many of the objections raised against vaccination would be silenced, and the Hahnemannian law of infinitesimalism would be triumphantly vindicated.

In subsequent years it has come about that the Pasteur theory and practice with regard to the rabid virus of dogs, and of other animals, have found a place in established medical therapeutics; and I take these as legitimate subjects for speculation from the point of view of my former and present reflections; saying so "with bated breath and whispered humbleness" rather than as laying the least claim to be an original thinker in the matter.

Dr. Gooch—who by common consent now speaks authoritatively on these points—says "a sheep fed upon potatoes which have been the medium for the cultivation of the anthrax bacillus, dies in a few days. Similarly animals fed upon the nodules of bovine tuberculosis become tubercular."

Bollinger also has demonstrated that milk can prove infectious if drunk when derived from cows suffering from any form of tuberculosis; and these facts appear to prove without doubt that certain animal poisons—which bacteriologists adopt as working septically through living microbes or through the morbid matter which they manufacture—can exert their deleterious influence on the body by being swallowed, as well as by being injected into the blood.

Surely, therefore, we are justified in asking whether

any clear line of distinction and demarcation lies between the bee sting poison, the serpent poisons, the vaccine virus, and the ultimate pathogenetic causes of rabies, tuberculosis, and the exanthematous infective fevers.

Dr. Bristowe, in an address given by him six weeks ago on tuberculosis, said: "Most of us believe that all specific infective diseases are due to specific living organisms." He added at the same time, "these septic organisms act commonly by means of a poison which they discharge, and which is absorbed by the circulating fluids; in which cases the poison is soluble, and can be obtained in solution, entirely free from bacterial or other organisms, and from putrefactive taint, or tendency." This being so, I would again press the question why such a solution, when sufficiently diluted, may not be employed curatively as a medicine—with more precision, more singleness of action, and better facilities for regulation of its doses—not to speak of the paramount homœopathic advantages thus secured—than by subcutaneous injection or inoculation.

I am by no means unmindful of the effect produced within the stomach by its secretions operating on living microbes when swallowed.

According to Drs. Kurlow and Wagner, who have recently investigated the influence of gastric juice on pathogenic organisms, only the most prolific microbes, such as tubercle bacilli, the bacilli of anthrax, and perhaps the staphylococci can continue to exist in the normal gastric secretion; all others being destroyed by this powerful germicidal agent in less than half an hour.

But no collateral evidence is forthcoming, of which I am aware, tending to prove that the potential and toxicating solution eliminated by septic microbes is equally spoiled, and rendered abortive by contact with the gastric juices.

As to the chemical composition of the several animal poisons, I learn that formic acid is said to be the basis of *apis mellifica*, whilst bacteria are found on analysis to consist of mycoprotein (a combination of carbon, hydrogen and nitrogen, without sulphur or phosphorus), together with fat, ash, and undetermined substances.

But Dr. Gooch says "it is a positive fact that the intimate nature of the contagium in many diseases, such as hydrophobia, variola, vaccinia, scarlet fever, and measles, is at the present day undetermined, and invites further

research." I am therefore again warranted in supposing that as yet no ascertained line of separation exists between the poisons, when fundamentally considered, of the bee sting, serpents, rabies, and the infective febrile diseases.

One significant circumstance can be adduced with respect to the bee sting poison, as placing it—*cæteris paribus*—on a level with the attenuated forms of rabies virus employed by Pasteur for conferring immunity on his patients against harm by the concentrated virus. It is well known among bee keepers that after being repeatedly stung throughout some weeks, or months, a person who suffers acutely at first from the assaults of bees will become less and less liable to be affected thereby, and eventually altogether impervious sensibly to the poison. As far as my personal experience in bee keeping for several years has led me to observe, this acquired immunity continues throughout a time of cessation from being stung—during the winter months until the next summer—being thus differentiated as I believe from the hardihood gained against tobacco, arsenic, and other noxious toxicants by those who have become inured to them, and which lasts so long only as they are habitually employed, and no longer. Notably as regards alcohol, a very small dose of this will serve to intoxicate the confirmed and degenerate drunkard, though when first beginning his career of inebriety the same person could probably swallow a skinful without becoming topheavy or incapable.

In speaking of the cultivating fluids employed by Pasteur and by other bacteriologists for attenuating septic organisms and obtaining their potential solutions, Dr. Gooch says great stress is to be laid upon the importance of successive cultivations of the microbes in these sterilised liquids, such as nutrient gelatine and the like, through many generations, as the objection that a chemical virus may be carried over from the original source is thus overcome." "And," he goes on to say, "any hypothetical chemical poison carried over from one tube to another would, after a great number of these cultivations, be diluted to such an immense extent as to be inappreciable, and absolutely inert." If this were so, the objection thus raised against my view that toxication by swallowing highly attenuated pathogenetic fluids may

successfully supersede cultivated germ inoculation would be insuperable.

But our special and incontrovertible knowledge of the effects produced—whether by *apis* 30, as the bee sting poison—or by highly diluted *lachesis*, *naja*, *crotalus* and the like as serpent poisons, when swallowed medicinally, both refutes the allegation of Dr. Gooch, and tends to confirm the analogy between these chemical viruses and the toxic poisons obtained in solution from cultivated bacteria. Dr. Hughes says the curative action of *lachesis*, if worth anything at all, proves the validity of the infinitesimal dose. He further directs attention to the singular likeness between the symptoms of *crotalus* poisoning and those of yellow fever, which would now in all probability be pronounced of bacterial causation.

In like manner, if the principle for which I contend is a valid one, the radically alterative effects promised by Dr. Koch and his followers from inoculation of his fluid against tubercular phthisis and lupus should be brought about as readily by internal administration of this fluid as by subcutaneously injecting it in high divisions, such as a milligramme, and without the attendant risk of a dangerous shock. But the safety and expediency of Dr. Koch's whole proceeding are as yet so much *sub judice* and even *sub lite*, that I refrain from dwelling on it.

As far as any analysis of his *tuberculine* has been made, it seems to be purely chemical, consisting of peptone, hemi-albumose, glycerine, and common salt. But it is further stated that after the primary bacilli from which this liquid is elaborated are destroyed by heat or by antiseptics in any cultivating fluid, spores are left which have a thick investing membrane of two layers. These spores are difficult of destruction, and can retain their vitality even when desiccated. No stain will penetrate them until the capsule has been ruptured or changed by strong acid; and this may certainly be accepted as an argument on our side for effective mechanical trituration of the tough, intractable spores, so as to make their contents soluble for absorption by mucous membranes, just as we pound up the diminutive nuts of *lycopodium*, each about $\frac{1}{800}$ th part of an inch in diameter, in an agate mortar, knowing that all preparations of this drug which do not involve a complete fracture of its particles are inert. For making

even the first decimal strength a trituration of the spores for at least two hours is necessary.

More and more therefore am I led by these several arguments to advocate administration by the mouth of potent toxical organic agents highly attenuated and in a soluble form, whether these be classified as chemical or septic.

Reverting for a moment to the vaccine virus, and quoting the recent dictum of Dr. Bristowe that cow-pox is doubtless small-pox attenuated by passage through the cow, I would claim for the vaccine lymph, whether got from the heifer or by transmission through the human subject, an innocuous protective power of sure action against small-pox by being taken internally, if the patient be at the time of its administration prone to contract variola. But the toxicant will presumably remain inert and abortive if no liability to take small-pox on exposure to its infection be then occupying the patient's system. For which self convincing reason the practice of thus protecting our patients, or leaving them unscathed if then needing no such protection, both as infants by this primary gastric vaccination, and as adults by the repeated process, should and would strongly commend itself to public favour, if the hypothesis can only be substantiated.

Perhaps you may at once detect fatal flaws in my mode of reasoning, and may suppose me, for lack of sufficient reading, or instruction upon a question already settled in a manner adverse to my views, to resemble the tailor in Shakespeare's play of King John, whom Hubert saw—

“Standing in slippers, which his nimble haste
Had falsely thrust upon contrary feet.”

Or, in less elegant phraseology, you may accuse me of having got hold of the wrong sow by the ear. If so, I shall penitently submit to correction at your lenient hands.

Or, it may be, you will say that whilst professing to talk about *apis mellifica* as a therapeutical agent, and discoursing of its various virtues, I have wandered aimlessly from the main road of my subject into barren by-paths of uninteresting and unsound pathology. Let me acknowledge, with confusion of face, that I have very little to tell from personal experience concerning the

therapeutic action of the bee sting poison as a drug ; and I have rather hoped to gain benefit by starting the subject and gleaning the experience of other more busy workers in the arena of modern medicine than to furnish original information on the point. It happened felicitously to myself, several years after my pensioners' fortunate episode, to prescribe tincture of *apis* from a distance for a sweet, fair-haired angel of a child, lying alarmingly ill with advancing hydrocephalus, and to rescue her straightway from the danger which threatened to quickly extinguish her life. Beyond this illustration, my acquaintance with *apis* medicinally has been restricted to the usual cases indicated by its provings and particularized in our text books. Under Dr. Blake's tuition I have learnt that the drug specially stimulates the vaso-motor apparatus, that it causes shooting pains in the occiput, and proves curative of septicæmic urticaria, such as follows on pyæmic absorption.

Also a medical friend of his, who took tincture of *apis* by mistake, experienced weakness and numbness in the upper limbs, particularly of the ulnar fingers.

And we were reminded at our last meeting that Dr. Gibbs Blake supplied a paper, some years ago, to the annals of our Society, on the cure of albuminuria by *apis*, with detailed cases.

Now, in conclusion, let me express a sincere hope I have not wearied you overmuch by my discursive aberrations, or seemed to treat a serious subject in too light and trivial a style. You will remember what Horace says in one of his epistles about the advantages of occasional levity, even in a grave treatise :

“ Discit enim citius, meminit que libentius illud
Quod quis deridet, quam quod probat et veneratur.”

“ Men see a joke, when to a sermon blind ;
What laughter points dwells longest in the mind.”

Whilst keenly alive to the deficiencies of my crude paper, as compared with the erudite and finished theses usually forthcoming at our monthly gatherings, I would pray you to be mindful that the rough stick of Brutus, cut by the hands of a clown from a Roman hedge, contained a rod of gold, and that, as Emerson pithily puts it, God sometimes hangs a heavy weight on one of the thinnest of wires.

DISCUSSION.

Dr. HUGHES, after expressing his enjoyment of Dr. Fernie's paper, said that he saw no reason why viruses should not act by the mouth, though not so potently as when introduced beneath the skin or into the veins. Vaccinine had been given by the mouth in small pox, and also to effect vaccination; in both cases with apparently good result. He doubted, however, whether patients generally would consent to be so vaccinated. Dr. Hughes thought Wolff's book a little too enthusiastic, and many of the supposed pathogenetic symptoms—taken from Hering—on which he bases his applications *apis*, are "clinical" only.

Dr. BLAKE said that Dr. Burford was quite right in his observations at the last meeting; there was no evidence to show that *apis* had primarily affected the kidney. Unfortunately, in the cases where there were renal symptoms no analysis of the urine appears to have been made. Dr. Blake had listened with peculiar interest to the contribution of Dr. Fernie. He was much struck with its cultivated and scholarly style. He said he felt quite a paternal pride in Dr. Fernie as having stood sponsor for him at the medical font. Dr. Blake used the animal poisons very largely in his practice, he relied on them in the most grave and urgent conditions. There is a strong family likeness between the animal poisons in their sphere of action; even the medusa acts on the skin, the heart, &c. The following proving, if substantiated, would go to show its power of profoundly modifying the condition of the intracranial perivascular spaces. In the *Lancet* for last March, Dr. Althaus says at p. 715: "I have seen a case of epilepsy in a farmer, aged 30, who had been in perfect health till he was one day stung by bees. This caused inflammation of the hand. He never recovered his health thoroughly after this, and nine months later had his first epileptic fit without any other assignable cause."

Unfortunately no information is given as to the condition of the urine. Yet even with this serious omission, the case is full of suggestiveness to physicians without prejudice. For another proving we are indebted to an allopathic doctor. It is of especial value for two reasons:—

1. The prover thought he had taken an entirely different drug, one that in his opinion was quite inert.
2. He was a sceptical, cool, and clear-headed person, with the critical temperament well marked. This fragmentary proving is so important and so brief, that I will venture to reproduce the whole:—

Feb. 15th, 1887. Dr.— says: "In the morning I had a pain as though an oat husk had stuck in the left side of the

larynx, external to the aryepiglottic fold. Took about 18 minims of *apis mellifica*, thinking it was *lachesis* 6. I added a quantity of water and tossed off the mixture. I was then galvanising a patient. In about three minutes I began to feel very strange, and the sensation increased so that I had to stop what I was doing.

"I then sat down and wrote these notes as the symptoms arose.

"1. Feeling as of a sudden blow on the occiput. 2. Swimming sensation. 3. Sense of constriction in throat. 4. Sudden disappearance of pain in left hyoepiglottic fosse. 5. Twitching of muscles and slight trembling. 6. General sensation of fulness and weakness of coördinating power, especially in hands. 7. Oppression at bottom of sternum. 8. Pain down left ulnar nerve. 9. Weight and tension at back of neck. 10. Dimness of sight. 11. Sense of weakness in upper limbs. 12. Slight numbness of left hand, particularly of ulnar fingers. This subsequently increased very much, and amounted to complete anæsthesia of left ulnar fingers. Also want of power, with incomplete anæsthesia of both hands. 13. Irritability of bladder, a usual symptom with me, diminished.

"You know what a thorough disbeliever I am in most of 'the so-called' provings."

Dr. Fernie had referred to him as using *apium virus* for auto-toxæmia, or self-poisoning with pus products. In these cases *apis* is indeed the "king of remedies." It covers well the anæmia, the skin affection and the profound apathy of the lymphatic system.

The following example was presented by the wife of the unconscious *apis* prover.

Mrs. —, age 37, suffered before marriage from endometritis and retroflexion. Married 10 years. Had borne two children. Becoming pregnant again, life was endangered by the extreme severity of the vomiting. It was thought right to induce artificial labour. Pelvic cellulitis followed this and the womb became bound down to the rectum by firm adhesions in Douglas' pouch. She now fell into a miserable condition. Low type of recurrent feverishness, extreme prostration with debilitating sweats and persistent pelvic pains. Early in 1881 a distinguished gynæcologist was consulted, who opened the abdomen, and removed the ovaries, which were found to be in a condition of cystic degeneration. After this the patient was much better for a year when she slowly reverted to her old condition. She now began to suffer from recurrent intractable vomiting, also from itching of the skin, sleeplessness, profound mental misery and loss of hair. The white face and greatly swollen, raw beef like tongue, irritable throat,

poor appetite and torturing thirst, flatulence, abdominal fulness and severe constipation, pale urine, sp. gr. 1,005, the kidneys doing no depurating work, short breath, palpitation, loin pains, numbness along the ulnar nerves were present. There existed also much general dropsy and varicosis of legs. These symptoms yielded to *apis mellifica* 12 centesimal. Soon after witnessing the effect of the *apis* on his wife, the husband a specialist on the throat, was summoned one night by a neighbouring practitioner to operate on a case of œdema glottidis. Before proceeding to perform tracheotomy, the doctor bethought him of the *apis* 12. He resolved to give it a trial, and with the satisfactory result that the patient was out of peril by the morning, and the operation was permanently postponed. *Apis* is the only remedy which Dr. Blake had seen remove chronic effusion between the layers of the broad ligament. Mrs. —, aged 28, had been married two years. Ten months ago was delivered of a still-born child at full term. She has never been well since. She feels a lump in her left groin, which has been diagnosed to be many different things by many differing doctors. The senior surgeon of the Samaritan kindly saw the case with me, and we agreed that it was the left broad ligament of the uterus greatly distended with fluid. As its formation had not been attended by rigors nor followed by hectic, and as its disappearance was associated with no hæmatin staining of the skin or urine, we considered that it was probably serous. It was possibly a ruptured cyst. Under the bee poison this condition disappeared in four weeks after 10 months' duration. The remedy was first given in the 6th centesimal for one week, then in the 3rd decimal dilution. Seven years have passed and no recurrence has taken place. This lady goes for long tricycle rides in the country—a fairly good test to apply to the parts once so seriously enfeebled.

Chronic pain in sacrum with œdema. In morning diarrhœa, myalgia of the deltoids, and for that peculiar rigidity of the throat, indicating submucous effusion, *apis* is invaluable. The typical headache appears to be of the bursting occipital type, resembling in site and action its congener *hellebor.*, relieved by pressing with the hands. Of profound interest is the last case recorded in that invaluable work *The Cyclopædia of Drug Pathogenesis* under *apis*. This goes to show that bee poison is the remedy for reflex eustachian asthma. It also makes it appear probable that bee poison is volatile.

Mr. WRIGHT, in speaking of the action of *apis* in diphtheria, said that he was disappointed in the results he had obtained. In the case of a man admitted into the hospital under Dr. Moir for urgent dyspnoea, he examined the larynx and found that there was an extreme œdema of the whole of the

structures of the upper aperture of the larynx. This was the condition in which *apis* was indicated, and it was accordingly given, but in spite of it, two days later, patches of typical diphtheritic membrane developed on the diseased parts. In many other cases in children he had found that *apis* had no influence in preventing the occurrence of the membrane.

Dr. MOIR, speaking of the same case as Mr. Wright, said he had come to the opposite conclusion, viz. : that the patient was much benefited by the *apis*, as it was a case which had been sent in for tracheotomy, and within 48 hours the greater part of the œdema was gone, but he agreed with Mr. Wright that it had no special influence on the diphtheritic membrane.

All bee-keepers seemed to get inoculated or indifferent to the stings after a short time, and he would like to know from Dr. Fernie whether he suffered much from the stings when bee-keeping, and how soon he became inoculated. With regard to the administration of the animal poisons he thought the more exact methods by hypodermic injections or by absorption from a blistered surface, as recommended by Dr. Hayward for the serpent poisons, ought to be more extensively tried.

Mr. COX, speaking of Mr. Wright's case of œdema of larynx, said that he had watched the case in the hospital from its commencement. The patient was admitted with intense dyspœa, and tracheotomy appeared imminent; under *apis* the improvement was remarkable—the œdema passed off and respiration became easy. When able to examine the larynx two small patches of membrane were noted. The man got well, his improvement being rapid at first and gradual afterwards. He had no other medicine except *aconite* for some time.

Mr. WRIGHT said that Dr. Moir and Mr. Cox had misunderstood the remarks he had made about *apis* in Dr. Moir's patient. He contended that it had not prevented the membrane appearing, which was the case. The œdema certainly did subside, but the question remained was this due to the *apis* or the steam inhalations which the patient was receiving as an accessory treatment?

Dr. COOPER joined in the thanks so freely given to Dr. Fernie for his very interesting paper, and hoped that we shall be favoured by an increased proportion of papers dealing with drug-action, as this, pre-eminently, is the work of the Society. Dr. Fernie had mooted a question that bristled with difficulties, and one which could not possibly be dealt with in the compass of a short paper, namely, the variations in the

behaviour of remedial agents when administered subcutaneously and by the mouth. Dr. Cooper had used subcutaneous injections at one time rather frequently, and he considered he had noted a marked difference in the behaviour of the high dilutions when given subcutaneously and by the mouth; he had never seen the slightest characteristic effect follow a hypodermic injection of a high dilution, but very marked effects had attended their buccal administration.

Again, *arnica* acted with intense violence when applied to the skin in persons sensitive to its action, but no such violent result had he seen from it when given by the mouth, and he argued from this, as well as from many other facts, that remedial agents differed very much in the intensity of their action in accordance with the part of the body to which they were applied. In the treatment of deaf cases, he had often used our triturations as snuffs, and he had observed with some, a very marked effect upon remote organs, while with others the effect seemed limited, much more so than when given by the mouth, to adjoining organs. With *ammonium muriaticum*, for instance, its third decimal trituration is followed by a feeling of dryness not confined to the nasal mucous membrane, but extending very markedly to that of the rectum and other parts of the intestinal and vesical mucous tracts. The effects the *ammonium mur.* exerts is primarily a drying up of the fluids and consequent lessened liquidity of the fæces, and diminution in the quantity of urine, and this when given simply in the form of snuff. Coming to *apis*, Dr. Cooper insisted, as others had done, that *apis* cannot at all be considered as a polychrest; it acts most satisfactorily when indicated, but its indications do not justify us in considering it a polychrest. Dr. Cooper had seen *apis* act in the most magical manner in throats attended with localised patches of œdema: the puffy whitish submucous swelling that sometimes occurred in inflamed throats disappeared as by command after a dose or two of *apis*. Dr. Cooper was intensely interested by the narration of Dr. Fernie's initial case. He had heard of it many years ago from his old friend Dr. John Wilde, of Winchester, now of Weston-super-Mare, and if his memory served, the drink concocted by the peasants from the honeycomb on this occasion was termed in the country "hum" (to this Dr. Fernie assented), and he referred to it specially because when practising in Southampton he had been at pains to obtain information on the subject from his dispensary patients, and never succeeded in finding any who could enlighten him about it.

Dr. DUDGEON (in the chair) said he had seen *apis* of use in ascites, chemosis, and œdema of glottis. Cases of rheumatism

had been of late years recorded as having been cured by the sting of bees inflicted voluntarily and involuntarily.

In reply to the remarks made by the several members, Dr. FERNIE said: He scarcely could agree with Dr. Hughes that even if advised by medical men to swallow the vaccine lymph patients would object on the score of its being repulsive. In former times persons willingly took as medicines powdered skulls, serpents' dung, and other such abominations; whilst to-day, mysterious matters such as anti-canceroso, anti-scrufuloso, &c., are unquestioningly swallowed. He would ask if the apis tincture, which seemed to fail with Mr. Wright, was reliably prepared from infuriated bees, according to the approved directions? though the recited case of the pensioner did not seem to bear out this necessity.

Dr. Cooper had kindly reminded him the brew which acted so successfully in the case adduced, and which Dr. Cooper remembered hearing about at the time, is called "hum" in Hampshire, and Dr. Fernie remarked that bee hum had been certainly proved anything but hum-associated with another insect, the *cimer lectularius*.

He could not from personal experience answer the query of Dr. Moir, whether being repeatedly stung by bees provoked the use of bad language, with a craving for whiskey. In reply to the suggestion by Dr. Dudgeon, that the use of bees designedly for stinging a gouty or rheumatic limb may be beneficial, Dr. Fernie said his gardener, who helped him in attending to bees throughout several years, and was often stung by them, had no attack of rheumatism during all that time, though he had frequently suffered from the malady before, and has done so again since.

THE SINGLE REMEDY IN THE PRACTICE OF MEDICINE.*

By A. SPEIRS ALEXANDER, M.D.

HAD we been meeting to discuss questions relating to the treatment of the sick in the year 1791, instead of 1891, we might, perhaps, have vied with each other, as the best evidence we could adduce of our skill in the science of therapeutics, in the effort to concoct the most complex prescription possible. We might have descanted learnedly on the vital importance of base,

* Read before the Western Counties Therapeutical Society.

adjuvant, corrigent, &c. ; or have exhibited in triumph some wonderful formula consisting of 20 or 30 ingredients, as an infallible cure for some mysterious "humour ;" or we might, perchance, have comforted ourselves by unanimous denunciations of that arch-heretic and impostor, Samuel Hahnemann, just at that time becoming famous.

But the march of medical civilization places us on a very different platform in this year of grace, 1891. Instead of contending for the need of complex prescriptions, we meet to-night to discuss the merits of the single remedy in the practice of medicine ; instead of pinning our faith to the virtues of incomprehensible mixtures, some of them little better than that of the "witches' cauldron," we have learned, or are learning, to confide in the administration of one drug, and that the *similimum*, for every disease, or phase of disease ; and instead of ridiculing as a visionary, or reviling as an impostor, him who had dared to depart from the traditions of mediæval mysticism, we have learned to revere our great master, Samuel Hahnemann, as the founder of rational medicine, as we know it.

Nor is it among our own ranks alone that the immense advantage of simplicity in prescribing is now obtaining recognition. There is a growing tendency among the more enlightened of our brethren of the other school to limit their treatment to the exhibition of one drug at a time. Practical evidence of this tendency is to be found in the numerous "elegant preparations" of single drugs now in the market, *e.g.*, tablets of *aconite*, *belladonna*, *calcium sulphide*, *biniodide of mercury*, *nux vomica*, *anti-pyrine*, *sulphonal*, &c. "When we are tolerably certain of the action of a drug," says Dr. Farquharson, "and more especially when we are making scientific observations on its mode of action, it is often of great importance that we should not obscure its effects by the addition of any other active substances, but order it either simply in distilled water, or merely combined with other ingredients for flavouring purposes." One clause in that sentence is of the first importance for us in the consideration of the question now before us. It is this : "and more especially when we are making scientific observations on its mode of action." I well remember an anecdote illustrating such observation, which I heard

when a student from Dr. Gairdner. The Principal of a certain university, he told us, had for years been a martyr to asthma, and had tried many methods of treatment without avail. At length, a prescription was given him which always proved effectual in relieving the paroxysms. Being of an enquiring turn of mind, he began to wonder which of its numerous ingredients was the potent one in relieving his malady, and so set to work to experiment. Every time he had the prescription made up, he instructed the dispenser to omit one of its ingredients, till, at last, the prescription was reduced to one drug, which, taken alone, was as effectual as the whole mixture. That drug, the Principal concluded, must be the curative one, and continued thereafter to take it without admixture. The particular drug was *iodide of potassium*.

Now, for us, as homœopathically prescribing physicians, it is of the utmost importance to keep this object—the observation of the mode of action of single remedies—constantly in view. We ought to be making scientific observations on the action, if not on the mode of action, of drugs every day of our lives. Their action on the healthy body has been already given us by many able investigators. With us now lies the duty of verifying in our daily practice the corresponding action of those drugs on the unhealthy body.

In order that we may perform this duty efficiently, what conditions must be fulfilled?

1° The drug administered must be the true similar to the disease treated.

2° It must be given alone, without admixture, and without alternation with other drugs.

3° It must be given, if possible, in such dilution as shall not cause medicinal aggravation.

(a) The first of these conditions is the most important, as it is the most difficult of fulfilment. To find the *similimum* is, for us, the sum and substance, the *ultima Thule* of the whole question. Find the *similimum* to a given disease, and you will infallibly cure it, provided the disease be a curable one. I go further, and assert that, if we could find the true *similimum* to diseases now considered incurable, these would soon be removed from that category. Of such an advance in therapeutics, I may instance the researches of the renowned Dr.

Koch, whose treatment of certain forms of tubercular disease we now know to be founded on his use of what may be regarded as the *similimum* of that disease.

For some diseases, however, it may be objected, no true *similimum* has yet been discovered, and herein, it seems to me, lies the chief difficulty in prescribing the single remedy. It may be possible to cover a part of the disease, or a phase of it, with one drug, and thereby to cure that part, or that phase. As long, however, as the whole of the disease is not removed the patient is not cured. Hence, it may be necessary to take the disease stage by stage, or part by part.

The first remedy given may cure a certain number of the symptoms, but leave the remainder untouched, as the latter were not included in its pathogenesis.

A second prescription is, therefore, necessary to cover these, or a part of them, and a third or fourth may even be required before the whole disease, or rather the patient, can be cured. The treatment of such a case may be like the rungs of a ladder, all of which lead to the summit, but no one of which, save the last, is truly the summit.

Such circumstances, however, are by no means the rule in the treatment of the sick. Cases do present themselves, and that frequently, for which by a little painstaking a true *similimum* may be discovered, and when discovered, that single remedy will radically cure.

(β) The *similimum* having been found, the second requisite is that it shall be given without admixture, and without alternation with other drugs. The necessity of the first precaution is so self-evident that I need not dwell on it. The question of alternation, however, is open to debate, though the custom of giving two drugs in alternation is only too common in practice. Suffice it now to say, that if the true *similimum* for a given case has been found, alternation would be unreasonable, and fatal to scientific observation of its action. If we are to form an accurate conclusion as to the effects of our remedy, it must, of course, be allowed to act unaided or unhindered by any other drug.

(γ) Provided the remedy have been accurately chosen, the dilution is a secondary matter, and may be left to experience. The latter probably teaches most of us that it is desirable to cure with the least possible

quantity of the given drug; that in some patients low, and in others high dilutions may cause medicinal aggravations, and that, on the whole, the medium and higher dilutions, from the 6th to the 80th, give the best results, more especially in diseases of a somewhat chronic character. In acute diseases I have always found the dilutions below the 6th centesimal act well.

Some of our American colleagues go a good deal farther than this, and maintain that the only true scientific rule is to administer a single dose of a single drug, following up with *placebos*, till the dose shall have exhausted itself. I confess I have not yet arrived at that high pitch of scientific refinement in practice. I will only say that if a single dose be sufficient to cure, the succeeding ones need not necessarily aggravate, for, the morbid process having been overcome by the first dose, and the system therefore no longer hypersensitive, the others would probably remain inert, and therefore might as well be given as *placebos*, if for no better reason.

Having now shortly discussed the conditions of cure by the single remedy, I proceed to offer a few examples taken from my daily practice.

CASE I.

Rev. J. S. P. First seen, 4th September, 1888. About a year ago, patient visited a sick woman, living in a very badly drained house. The sick room had apparently not been ventilated for weeks, and the atmosphere was so pestilential that the visitor felt almost suffocated. Soon after, he began to feel ill, was constantly drowsy by day, and slept too heavily at night. An eruption then appeared all over body and limbs. The skin became bright red, and was covered in patches with dry silvery scales. At night, there was some burning and itching.

Previous to this attack, patient had noticed a very small scaly patch on the extensor surface of each elbow.

When first seen by me, the patient's whole trunk, arms, hands and legs were covered with large scales, on a bright red base. The scales fell off in flakes of the size of a shilling. Some, he stated, occasionally accumulated, and became thick and hard, so that when the limbs were bent, slight cracks appeared in the flexures. A papular eruption often appeared on face after preaching.

Had been told he was suffering from *psoriasis*, but the case looked more like one of *pityriasis rubra*. R. *Petrol.* 6, 4 hs.

18th Sept. Writes that after beginning the medicine, the rash increased. A week later it appeared to be arrested. Is now nearly gone from face, neck and chest, and is disappearing more slowly from back and legs. Sleeps well, which he had not been able to do for months past. Appetite good, and can get about comfortably. Continue med.

6th Oct. The face and neck are now entirely free from the rash, and only a little roughness remains on chest and limbs. The latter is rapidly disappearing.

From 4th till 27th Sept., patient lost 4 lbs. weight, but since the latter date, has gained 2½ lbs. R. *Petrol.* 30, 4 hs.

17th. Patient called to-day. The only trace of the eruption remaining is a slight roughness here and there.

Ten days ago, a vesicular eruption, covering an area about the size of palm of hand, appeared over left hip. This is now fading. General health good, sleeps well, and awakes refreshed. Since 27th September has gained 6 lbs.

5th Dec. Patient reports himself well.

Since last date, I have repeatedly heard that patient continues perfectly well.

This gentleman had been under allopathic treatment for a year, and had taken quantities of *arsenic*, only, however, growing steadily worse.

CASE II.

Mr. S., seen July, 1889. This patient had been suffering for some two or three years from an eruption on the extensor surface of the right thumb. At the outset, his attention has been attracted by some itching there, and, on examining the part, he noticed a fine miliary rash over the surface mentioned above. After a time this died away, but subsequently returned in an increased degree. The eruption thus fluctuated for some months, but finally seemed to gain a firm hold and became steadily worse. When seen by me, the distal phalanx of the thumb was greatly swollen, with a deep, bleeding fissure across the joint.

The fissure gave great pain, and was so aggravated by using the thumb, that the member had become almost useless.

To this patient also *petroleum* 6 was given.

This he took for two days, and then, as the eruption became much worse, stopped it. No more medicine was taken. The aggravation, evidently a medicinal one, soon passed away, the fissure healed, the rash gradually faded, and finally disappeared entirely. Since then, there has been no return of the trouble, and patient is now in good health. No local application was made to the affected part.

In both these cases, the key-note "cracks or fissures in bend of joints" led to the drug selected.

CASE III.

Mrs. T., æt. 48. First seen, 6th September, 1886. For the last three years patient has been suffering from an eruption on back of hands and arms. It began on the wrists, after a chill. The rash is very scaly, disposed in small circles, running into each other, with wide cracks here and there, which bleed and weep a little, and are very painful. The eruption does not itch much, but aches, and "feels like the sting of a nettle." Has some eczematous spots on the scalp, and states that she has at times had an eruption behind the ears. Has passed menopause. Looks healthy, and is very stout.

The occurrence of the eruption behind the ears guided to the prescription, *graphites* 6, *nocte manequæ*.

Nothing more was seen of this patient till Dec. 2nd, when she returned and stated that, at her former visit, she had omitted to mention that the inner surface of both thighs resembled "raw beef." This was now quite well. The rash on the arms and hands was almost gone, only a few spots remaining. All the cracks had healed. *Graphites* 12 was now given, and patient subsequently sent word that she was quite well. No local applications were used.

CASE IV.

Mr. C., æt. 50. First seen, 27th Sept., 1890. This patient presented a somewhat repulsive appearance, the whole of the upper lip being thickly covered by a lemon-yellow crust, broken down here and there and exuding

matter at the edges. The eruption resembled in a general way that of "tinea capitis," but there were no cups. There was no history of contagion, as from a foul razor, nor could the eruption be accounted for in any way. It had begun several weeks previously, in the form of small papules or vesicles, the exudation forming a crust which, after removal, quickly collected again.

Patient was directed to apply vaseline to the crust till it softened enough to be removed easily, and received internally *cicuta virosa* 3x.

In a fortnight he returned. The crust was now completely gone, the skin of the upper lip looked healthy, with only the remains of a papule here and there, and new hair was growing rapidly. The patient was asked to take the same medicine less frequently, and to leave it off gradually. As he lived at a distance of some twenty miles or more, he agreed to return only if the eruption reappeared, and having heard nothing of him since, I conclude that he continues well.

Under *cicuta virosa*, Hering gives the following symptoms:—*Lower Face*—Yellow scurfs on the left corner of the mouth, discharging yellow corrosive fluid, may extend over the lip, chin and cheek.

CASE V.

At the risk of wearying you, I beg leave to present you with yet one more case of skin disease.

Mrs. P., æt. 73. First seen, 10th October, 1888. Complains of eruption on hands, arms, face, and back of legs. The rash is rather dry, and presents raw cracks here and there. The eyelids often crack at the corners. R. Graph. 12, 4 hrs. On Oct. 20th patient was seen again, when a considerable improvement was observed. The same medicine was repeated, but in the 30th dilution, and on November 3rd patient returned and reported herself "quite well."

CASE VI.

Mrs. M., æt. 47. First seen 2nd October, 1888. The following symptoms were noted:—

Pain after food, beginning in epigastrium and spreading all over chest, belching of flatus, and vomiting which relieves the pain. Lips chapped, and tongue feels scalded. Bowels constipated. Water thick and offensive.

For these symptoms *Natrum mur.* 30 was given ; a dose every four hours.

On October 16th patient, who lived at a distance, wrote that she was much better in every way. There was no pain now felt after food, only a little occasional flatulency remaining.

The same treatment was continued, and on Nov. 5th I heard again that all the discomfort was gone, and that, for the first time for many years, this lady was able to digest her food naturally.

CASE VII.

Miss M. First seen 28th December, 1889. After taking cold about a month ago, this patient lost her voice, and since then has been able to speak in a whisper only. She has a dry cough, and throat feels swollen and painful.

She received *ammon. caust.* 3x, and on January 4th, 1890, reported that the voice returned three days after beginning the remedy, and had been quite clear since then.

A propos of this case, I may say that I have used the same remedy with marked success in many similar instances. The leading symptoms are inability to speak above a whisper, with raw feeling in larynx. *Causticum* is allied to it, but differs in not necessarily having entire aphonia, but a rough, hoarse voice, due, according to Hughes, to paresis of the vocal cords. For the use of *ammon. caust.* I am indebted to Farrington.

CASE VIII.

Mrs. H., æt. 30. First seen 7th Dec., 1888. This lady was a widow, and had never had any family. For some years she had suffered from displacement of the womb, for which she had been treated by a London gynecologist, who had inserted a pessary. In spite of the mechanical support so obtained, she had never ceased to suffer great pain and discomfort, and was almost entirely confined to the sofa.

Her chief symptoms were as follows:—severe pain in sacrum and hips, going down under surface of thighs. Constant bearing down in hypogastrium, and feeling as though uterus were protruding from vagina. Obstinate constipation, the bowels rarely acting without aperients

or enemata. Urine thick and high-coloured. All these symptoms were greatly aggravated at the menstrual periods, during which patient described her sufferings as excruciating. The sum total of the symptoms pointed clearly to *sepia*, which was accordingly given in the 30th dilution. After the next period, patient stated that she could not report any improvement, and that indeed the dysmenorrhœa had been rather worse than usual. Little brown macular spots had appeared on her face, chest, &c., much to her distress. Here was then a clear case of medicinal aggravation, both in respect of increased pain and of the brown spots. Feeling sure, however, that *sepia* was the correct remedy, I prescribed it again, but this time in the 200th dilution.

In another month's time the whole aspect of affairs had entirely changed. During the interval patient had been almost free from discomfort, and had even been able to walk about a little, while, to her surprise, the period had passed almost painlessly. The same drug was thereafter continued at intervals, till, in a few months' time, this lady, who for years had spent most of her time on the sofa, reported that she was entirely free from all her old symptoms, and had taken a walk of five miles.

On 4th July, 1889, I removed the pessary, which had never done any good beyond mechanically preventing retro-version, and which was never again required, the womb maintaining its normal position without artificial support. About a year ago, this lady married again, and on 17th January of this year was safely delivered of a fine male child.

CASE IX.

In July, 1889, a friend in Scotland wrote asking advice on behalf of a boy suffering from "fits." From the particulars given, I concluded it was a case of epileptiform convulsions, and prescribed *cicuta virosa* 8x.

When in Scotland last summer (1890) I saw the father of this boy, and from him received the following particulars:—His son, R.M., æt. 13, had been a robust lad, and in good health up till June, 1889. At that time, after working in the fields, he was seized with what were believed to be epileptic fits. The attacks always occurred shortly after patient fell asleep on

retiring for the night. He awoke "suffocating," choking, and gasping for breath, the whole body "stretched out" and rigid, with convulsive twitching of muscles, and in a state of absolute unconsciousness. It had not been observed whether the convulsions were unilateral or bilateral. The fits were not preceded by a cry, the tongue was not noticed to be bitten, nor was there foaming at the mouth. After the attack, patient slept profoundly for the remainder of the night. Six fits had occurred during seven consecutive weeks. The boy's parents attributed his condition to exposure to the sun.

After the seventh attack, *cicuta vir.* was given, a dose thrice daily, and from that time onwards there had been no recurrence of the attacks. The boy is now quite well, and able to work in the fields all day without inconvenience.

Of *cicuta virosa*, Farrington says in his Clinical Materia Medica, page 407, it "produces congestion at the base of the brain and in the medulla oblongata. At first the patient is rigid, with fixed staring eyes, bluish face, and frothing at the mouth. Next, there passes a shock, or series of shocks, from the head through the body. The patient is often unconscious, the jaws are locked, the patient bites the tongue. These spasmodic symptoms are followed by profound exhaustion."

CASE X.

Mrs. R., æt. 37. Towards the end of last August this patient consulted me on account of a violent attack of urticaria. For the three mornings previous to her visit the rash had appeared the moment she got out of bed. Large, raised, white swellings, surrounded by a red blush, suddenly rose up all over the legs, arms, chest, and face. The irritation she described as maddening, and she felt as though stung all over by nettles. The rash remained out all morning, and gradually faded without altogether disappearing. Patient had been in a somewhat poor state of health and highly nervous condition for some time, and had gone away from home for change. The nervous debility may have been a predisposing cause of the attack, while the exciting cause was probably the circumstance that she had, while in the

country, been eating tinned tongues. No other cause could be assigned. *Apis mel.* 3x was given, and no more of patient was seen till a few days ago, when she called and reported that the day after beginning the medicine the rash scarcely appeared at all, and that in another day or two she was perfectly well.

CASE XI.

E. S., æt. 18 months. Late in the evening of Jan. 4th I was called to see this child, who was said to have had a fit. This, however, was a mistake, as there had been no general convulsion, but the hands and feet were in a state of tonic spasm, and presented a very peculiar appearance. All the proximal phalanges of the fingers and thumbs were strongly flexed and drawn in towards the palms, while the distal phalanges were as strongly extended. The hands themselves were pronated. The feet were in a corresponding condition, except that the whole of the toes were flexed and drawn in towards the sole. Both hands and feet were somewhat swollen and evidently tender, as the child cried whenever they were touched. The teeth were examined, but none of those still uncut appeared very close to the surface. Bowels were relaxed. The mother had given a warm bath, and several domestic remedies, but without affording any relief.

I accordingly mixed some *gels. semp.* ϕ , two or three drops in half a tumbler of water, directing a teaspoonful to be given every hour, as long as the child should be awake. The child was seen again next morning, and the thumbs then found to be relaxed, and the hands and feet could be touched without causing pain. The same medicine was continued, and the following day the extremities had resumed their normal condition, and the child seemed quite well.

Under *gelsem.*, Hering gives "convulsions from reflex irritation; spasms of one leg," and also "tetanic spasms."

In this case the spasm was no doubt due to the reflex irritation of dentition. Hence *gelsem.* was homœopathic to the condition, and therefore cured.

CASE XII.

E. B., æt. 22. On 22nd Dec., 1890, I was called late in the evening to see a girl of 22 years of age, who, I was told, had been ailing for some time and had suddenly

become very ill. I found her in bed and presenting the following symptoms:—Temp. 104°, pulse about 120. Tongue very dry and bright red. Frequent loose motions of a dark colour. Tenderness and gurgling in right iliac fossa. One rather doubtful rose spot on abdomen. Much thirst and restlessness.

All these symptoms pointed clearly to *arsenicum*, which was accordingly given in the third decimal dilution, a dose every hour.

Next morning I saw the patient early, and found the temperature 101°, the pulse slower, the tongue moist, but still red, the bowels relaxed, the motions getting lighter in colour. The same treatment was continued.

The following day temperature was normal, tongue still red, motions less frequent, but decidedly pea-soupy, and slight gurgling still present in right iliac fossa. From this time onward there was no rise of temperature, and in another day or two the bowels were acting naturally. *Arsenicum* was the only medicine given, and radically cured the case, which, I have not the slightest doubt, was one of enteric fever. The true *similimum* having been given, the whole course of the disease was at once cut short, and the patient cured in less than a week.

HYDATIDIFORM MOLES OF THE UTERUS, WITH AN ILLUSTRATIVE CASE.

By J. MURRAY MOORE, M.D., M.R.C.S.

Read before the Liverpool Homœopathic Medical Society, May 7th, 1891.

As these curious perversions of embryonic structures are not so very common in ordinary practice as to be unworthy of note, I thought the following case and pathological specimen worth bringing before our Society, as a basis for some remarks on the nature of such formations. As it happens, this paper will not unsuitably follow that of our gynæcological colleague, Dr. Hawkes, read at our last (April) meeting on "Pelvic Symptoms."

On the 12th June, 1890, I was consulted by Mrs. C., a married lady, aged 25, of spare frame, of nervo-bilious temperament and active habits, and a tolerably healthy general appearance, for an enlargement of the abdomen, accompanied with a suppression of the menses which

could not be accounted for by the symptoms of an ordinary pregnancy.

Her story, gathered at several interviews, for she was not used to doctors' interrogations, was as follows: She had been married in the first week of August, 1889. Previously for some years she had been a school teacher, rather overworked; and had contracted hæmorrhoids from the long hours of standing required by her duties, and too frequent inattention to the calls of nature. These piles had for more than two years bled at intervals, and since the beginning of these hæmorrhages the menses though regular had been more scanty than before that, and attended with more pain during the first two days. Constipation she had been accustomed to relieve with rhubarb pills. With these exceptions her health had been so satisfactory that up to the date of her marriage she had never thought it necessary to consult a doctor.

Mrs. C.'s mother is alive and well; her sisters, all living, are free from scrofulous or tuberculous manifestations.

About one month after her marriage, namely, in September, 1889, the menses appeared, lasting two days, and had not returned up to the date of her first visit to me, June 12th, 1890. A few days after the September menstruation signs of pregnancy began to be noticed; morning sickness, gradual enlargement of the mammæ and mammillæ, elevation and enlargement of the uterus, and so on, continuing until the end of November, 1889, when, without any shock to the system, or perceptible disturbance of her general health, these symptoms ceased to progress; the mammæ became gradually smaller, and the abdomen enlarged no further. Her mother and a matronly friend who had watched her with anxiety, expected a miscarriage to occur, but with the exception of a slight occasional watery leucorrhœa, no discharge from the uterus took place. She would not call in a medical man, but at length, in May, 1890, about eight months after the commencement of her pregnancy, she heard of my return to Liverpool from an old patient of mine, and called upon me, June 12th, when I made the following observations.

There is no disease of skin, lungs, liver, kidneys, spleen, or ovaries. There is a functional, probably anæmic,

murmur with the cardiac systole. Both external and internal hæmorrhoids exist. Vaginal and bi-manual examinations reveal the fact that the uterus is enlarged to the size of a gravid uterus at the end of the third month. There is a doughy and inelastic feel about the cervix and lower third of the uterine parietes, and a small abrasion of the os uteri, from which there is a slight mucopurulent leucorrhœa, but there is no discharge from the cervix. It is plain to palpation that the whole cavity of the womb is filled up by some solid or semi-solid tumour, the nature of which cannot be pronounced with certainty the while the os uteri is closed, as at present. No fœtal heart sounds nor placental bruit can be heard.

The skin is paler than is usual with Mrs. C. in health, in fact, there is external evidence that her blood is somewhat hydræmic, doubtless from the frequent loss of blood at stool.

The plan of treatment I now laid down for her was :

1st. To heal the abrasion of the os.

2nd. To dilate the os and cervix.

3rd. To excite the expulsive action of the uterus.

4th. To reduce the hæmorrhoids and strengthen the general constitution.

The treatment was begun on June 25th by the application of *hydrastis* lotion to the os uteri on a sponge. The *saccharin carbonate of iron* was given as medicinal food once a day, and *caulophyllum* ϕ was prescribed as the utero-ovarian remedy most indicated. By the 19th July the abrasion of the os was quite healed. On the 22nd July I was urgently summoned to her home in Egremont, and found her in the midst of what resembled a miscarriage, the os partially open, clots and blood in gushes of small amount coming away, and severe contractive pains with bearing-down. I should mention that on July 16th I had very gently introduced a flexible Jennison's sound through the cervix into the os interum, allowing it to remain there for five minutes. On the afternoon of the 19th July she had gone to a picnic and danced. This combination of circumstances brought on the uterine expulsive efforts of the 22nd and 23rd July, to the great satisfaction of all parties interested; for early on the morning of the 23rd July, the tumour came away clean, and clear, and unbroken, which had been so long retained; namely, for a period of *eight*

months from the cessation of *visible* growth. Mrs. C. made a rapid recovery from this illness, and when able to come over to Liverpool came under treatment for the hæmorrhoids. She gained in weight, in flesh, in colour of skin, and in general health. The catamenia continued regular from August 21st, becoming normal as to quantity, until October 25th. Definite signs of pregnancy appeared about the end of November of last year, and she has now (May 7th) reached the 23rd week of her second pregnancy without a morbid symptom, and with considerable improvement to her general health.

This tumour which I now pass round, when first passed, resembled exactly a cast of the inside of a gravid uterus at the tenth or twelfth week.

Its weight was 5 oz. and it measured $6\frac{1}{2}$ in. in length by $5\frac{1}{2}$ ins. in circumference, tapering down to 2 ins. at the lower (the narrower) end.

Its colour was dark-red originally, now made rather paler by the transudation of blood into the surrounding preservative medium, which is pure glycerine; but its form and size are practically unaltered. Shortly after this mole came away, I made a vertical incision through its whole length, and found no trace of embryo or an embryonic cavity, but confirmed the diagnosis of Dr. Hawkes that it was a hydatidiform mole, by revealing the peculiar cysts, graphically described by Gooch as 'like white currants floating in red currant juice.' There is a firm hæmatoma inside the narrow end of the mole. Externally, the surface of the mole is reticulated, but displays no roots, tendrils, or processes. This has been a most fortunate feature for the patient's safe delivery, for sometimes the chorionic villi, thus transformed, as I shall shortly explain, burrow into the walls of the uterus, and cause serious hæmorrhage and even septicæmia, after the surgeon has been obliged to scrape the mole piecemeal, out of the uterus. If any portion of a "true" mole, such as this is, be left behind in the uterus, it may be the nucleus of the formation of a "false" mole.

In searching gynæcological literature for an explanation of these formations, I find that nearly all writers agree that the "true" uterine vesicular or hydatid-like mole consists of a degeneration of the villi of the chorion, accompanied by the death, decay, and absorption of the embryo. The characteristic contents of this

kind of mole consists of numerous pedunculated grape or currant-like cysts, separated from each other by semi-fluid, or by coagulated blood, but held together at the basis of their stalks by a fibrous network resembling that of the normal placenta.

True hydatids of the uterus are rare, but may occur. Originating in the liver, they may burst into the abdomen, and penetrate through the uterine walls into its cavity, or into the vagina. The hydatid is a closed sac, containing one or two more sacs inside, and the microscope reveals the "hooklets" of the *Echinococcus* in each of them. Of such a nature was the case of the Maori widow (quoted in my paper of last session on "Clinical Experiences in New Zealand), from whom I removed *per vaginam* in September, 1881, a long coil of these parasitic cysts, the nature of which had been mistaken by a previous medical attendant for "cancer." Mrs. W. made a rapid and complete recovery, and for seven years afterwards (when I quitted the colony) to my certain knowledge, had no recurrence of them. Hydatids of liver, lungs, and stomach are not infrequent among the Maoris, but among the settlers they are much rarer than among the Australian colonists.

The morbid process of degeneration of the ovum, which forms the true vesicular mole, commences, Spiegelberg states, in an abundant proliferation of the villi of the chorion-sac, followed by hypertrophy of the internal mucoid matrix of each individual villus, the cells and nuclei of its epithelium increasing *pari passu* with the intercellular fluid produced by the breaking down and liquefaction of many cells—a process which swells out many of the villi into bladders resembling currants or grapes.

The fluid in these cysts has been analysed by Gscheidlen, who finds in it albumen, mucin, phosphates and other inorganic salts; leucin and tyrosin in small quantities; but no trace of fibrinogenous substances, of paralbumen, or of sugar. By this negative feature the molar cystic fluid is distinguished from the composition of the amniotic fluid, which otherwise resembles it. Usually the patient has an oozing of watery serous fluid from the vagina during the period of retention of the mole, but Mrs. C. had no symptom like this, and it was plain from the appearance of the mole, when passed,

that none of the cysts had burst. This mole is of small size compared to some which have attained the weight of 3 lbs., and the size of a foetal head at full term of delivery.

In the case of twin pregnancy, it is interesting to note that one of the impregnated human ova may undergo this cystic degeneration, while the other may proceed to full development. It is stated that the celebrated anatomist Bécларd was the living child of an event of this kind. No case is on record of complete absorption and disappearance of a mole within the uterus; it must be passed through the *os uteri*, or brought away in the mode least likely to injure the tissues, or exhaust the patient. In this instance the compact nature of the mole (comparatively) and the normal state of the contractile fibrilla of the uterus rendered its expulsion easy.

The point as yet unsettled in the pathology of these moles is whether the degeneration of the chorionic villi is *initiated* by the death and decay of the embryo, or is caused by a morbid state of the blood supplied to the uterine *decidua*, which involves the *subsequent* destruction of the foetus. Leishman states that the period within which the degeneration of the chorionic villi may originate, does not extend, probably, beyond the tenth week of embryonic life—that being the most active period in the growth and multiplication of these villi. Later on, when blood-vessels have occupied the bulk of the villi, this kind of degeneration seems incapable of formation—although at any period of intra-uterine life the foetus may perish, and various degenerations of a part, or of the whole of the uterine contents may occur. If, for instance, the molar degeneration sets in after the placenta has fully formed, the foetal cavity remains distinct in the tumour. In this case there was no trace of either foetus, or foetal cavity. It is, therefore, probable that the molar degeneration began in this case about the tenth or eleventh week of embryonic life, as the arrest of development was noticeable from external appearances at the end of November, 1889.

The actual pathological cause, or causes, of these molar transformations have not yet been ascertained. If, as Spiegelberg maintains, the seat of the *earliest* morbid change is in the *allantois*, which forms the primitive channel of nutrition between the embryo and the mother,

we must ascribe the cause to some *dyscrasia* in the maternal system, such as syphilis, scrofula, or anæmia. A woman who for years had suffered from membranous dysmenorrhœa might be liable to molar developments of this kind. Again, there may be such a chronically morbid state of the menstrual discharge as to cause in all the *ova* liberated at the period a liability to organic decay. After impregnation, in fact, the sperm-cell (*spermatozoon*) may be healthy, while the germ-cell (*ovum*) is unhealthy, though responsive to the vital stimulus of the former. As Mr. C., the husband of my patient, is a perfectly healthy man, I believe that it is in Mrs. C.'s health, previous to her marriage, that the cause must be sought. For more than two years before I saw her, her blood had been in a hydræmic condition, and the menses had been defective in quantity and in colour. Mental overwork had also been added to bodily fatigue, and insufficient appetite for food during her teaching years. It seems to me that there was scarcely enough *vis vitæ* in her first embryo to bring it on to complete development.

But a happier fate, I trust, is in store for the expectant mother, who now (May 7) has reached her twenty-third week of pregnancy, as I have stated. As there is a strong tendency for molar abortions of various kinds to recur successively in the same person, it is our duty, I conceive, as scientific homœopathic practitioners, to endeavour to prevent such recurrences in a patient who has once suffered, by *constitutional anti-psoric treatment during their next pregnancy*, very much on the lines indicated by my friend, Dr. Burnett, in his *Prevention of Defect, Deformity and Disease, &c.* If and when we are informed that our patient is pregnant, it is our duty to request her to consult us once a month (or oftener, as need may arise) so as to report her exact state of health and the effect of such constitutional remedies as we think fit to prescribe.

My chief object in recording and commenting upon this case has been to indicate to my colleagues of this Society the possibility of so managing the treatment of a subsequent pregnancy as to *tide the fetus safely over* the dangerous period of its first three months of intra-uterine life, and prevent the recurrence of a vesicular mole.

THE CYCLOPÆDIA AND ITS REPERTORY.

IN continuance of the discussion on this subject, as desired by Drs. Drysdale and Hughes, I would ask permission to express a few thoughts that occur to me in considering the matter, and in the first place, we naturally come upon the *Cyclopædia*, being as it is the basis upon which the *Repertory*, whatever form that may take, has to be constructed. As the *Cyclopædia* is nearing its completion, it may not be amiss to take it in review and consider whether it has succeeded in fulfilling the hopes that were formed at its inception; and if not, where it has failed. In the first place, praise unqualified must be given to the workers for the rapidity with which the numbers have been placed in our hands. It is quite a matter of surprise as well as gratification that the original records have been so hunted up, and condensed, and turned off from the press, that we get the desired volumes without having to wait impatiently half a lifetime for them. Credit to this extent must undoubtedly be awarded to the editors. In the second place, it appears to me unquestionable that the narrative form is a success. For myself, it has for the first time rendered our provings readable and intelligible, and placed them on parallel lines with the diseases we have to treat, and one cannot doubt that the scientific application of the law of similars will be facilitated, and the development of medicine advanced one important step. If we had no new *Repertory* to come the *Cyclopædia* would serve a useful purpose to all students of drug action, and it may be safe to predict that no record of drug proving will hereafter have any chance of acceptance unless it appears in this form. Without any hesitation it may be safely said that this element of the work will give complete satisfaction. But at this point we gain some insight into the advantages of the Schema for purposes of reference, as Dr. Hughes points out. Whilst the narrative gives us what we require for the proper understanding of a proving, it is not so easy of reference, and therefore a *Repertory* is essential to enable us to obtain any special information we may seek. Consequently, Dr. Hughes asks whether it is desirable for this purpose to have the *Cyclopædia* dissected and thrown into Schema. It seems to my mind not

very essential, for a parallel case occurs in the revised version of the New Testament, in which, for purposes of reference, chapter and verse are indicated by marginal numbers, and the narrative suffers no discontinuity. In some similar way the symptoms may with equal ease be picked out and numbered in the course of each proving. Turning now to another aspect of the *Cyclopædia*, we notice that if it sins at all it is in the way of omission. What are we to say of the exclusion of so many medicines that found a place in "Allen"? The *Cyclopædia* has admitted only the half of them, and this wholesale massacre seems really to call for a judicial enquiry. Dr. Murray Moore called attention to this alarming fact some time ago, and it must have struck most of us who have followed the course of the *Cyclopædia*, Dr. Hughes showed that, allowing for change of place in some cases, the others were excluded by the rules upon which the work was conducted, and, no doubt, he will be able to justify every instance of exclusion by reference to the rules. If, however, these rules are so framed as to exclude good matter it may be well to re-consider their effect before going any further with the *Repertory*. It was with some surprise that I read Dr. Hayward's answer to Dr. Simpson last month, where he proposes for the *Cypher Repertory*, that the *Cyclopædia* shall be the source from which future compilers shall draw their supplies, and with a light heart he throws overboard half the medicinal cargo he had previously carried. He says the *Cyclopædia* "contains all the reliable material of Allen's *Encyclopædia*, along with the other material that has been provided since the publication of that great work." If, however, that work included material, half of which is believed to be worthless, its greatness must have consisted in its bigness. Following that idea out, what, according to Dr. Hayward, must be the value of the back numbers of the *Cypher Repertory*, which were based upon Jahr and Allen? Leaving the *Cypher Repertory* for the present, let us ask the simple question, does the *Cyclopædia* contain all the reliable material of Allen? for upon the satisfactory answer to that question will depend the confidence we shall be able to place in the *Cyclopædia* as presenting fairly all that is positively known of drug action on the healthy body.

In the first vol. of the *Cyclopædia* we have over 20 medicines missing, and this appears to be the case with every succeeding volume. Amongst the omissions in vol. i. may be mentioned *acalypha*, *calendula*, and *bals. peru*—the two former, singularly enough, being referred to in this month's *World* as acting curatively, the former, as reported by Dr. Heath, curing a case of hæmoptysis within its accredited sphere, and the *calendula* being employed by Dr. Cooper in ear disease with beneficial results. Now, it is likely that *acalypha* came athwart the bows of Rules 2 and 6 and foundered at once, but what *calendula* has done to share the same fate does not clearly appear, for in Allen it is vouched for by two observers, and in one of the cases the proving was made by a tablespoonful of the tincture—a substantial dose enough. Then the proving of *bals. peru* by Dr. Lembke was made with repeated doses of 15 to 30 drops of the drug, and the results have the appearance of genuineness, and are suggestive of the relations of this medicine to *benzoic ac.*, one of its important constituents. This, presumably, was omitted because of its occurring in only a single prover. But a single witness may speak the truth, and when the statement made bears all the appearance of genuineness, it is only the rigorous application of the law that would exclude it. The rules of the *Cyclopædia* may be appealed to by the editors, and then the important question arises, seeing what is the effect of this rigorous application of the rules, will the profession be satisfied with the result? It is the desire of all that the truth be spoken, but we want the whole truth as far as we can get it. Sometimes we find in actual life that the adoption of a line of conduct leads to results graver than were anticipated, and it is a part of wisdom to consider in this instance whether the facts justify any re-consideration of the mode of procedure, and to rectify any mistake before the last step is taken. In excluding provings solely with high potencies, the rules were well framed, but with regard to the exclusion of provings with material doses by single observers, the utmost latitude should be allowed.

No attempt is made here to enumerate the heavy deduction from the list of medicines hitherto regarded as reliable, but on turning over the pages of the *Cyclopædia*

and comparing with Allen, every one must be alarmed at the disappearance of so many familiar names. Before the book is finally closed, and the *Repertory* begun, I would call attention to this important fact, and ask those who mount guard over the homœopathic treasury to see that in the transfer now being made from the old to the new version no valuables are permitted to fall through, and that the missing items are only those not worth retaining. The merits of the *Cyclopædia* are so obvious that a danger of this kind is apt to be overlooked, and the error recognised only when it is too late.

In the second place, comes the question of the *Repertory*, and after all that has been said on the subject one would have thought that opinion had definitely shaped itself. Perhaps it has, and only requires to be expressed. At any rate, we have Dr. Hughes, on the one side, opposed to the Cypher plan, and Dr. Drysdale, with his old admiration for it, advocating it, and bringing it forward and expatiating on its many excellencies as he has done any time for the last 30 years. But it seems to me that the court before which this case must be tried has changed. Originally, the case had to be tried by argument, in which the merits and demerits were advanced and balanced one against the other, and the conclusion arrived at according to the weight of evidence on one side or the other. Dr. Drysdale, in the June *Review*, repeats this process, and brings before our notice the original preface to the *Cypher Repertory*, and calls upon us to discuss the matter *de novo*, and on the old argumentative lines. It seems to me, however, that the court before which we have now to try the case is not the court of argument, but that of experience. When an institution has been in existence for the space of a generation, we have other means of judging it than were possessed by the founders. We have the experience of the practical working of it. If we find that it is in general use for the purpose for which it was intended, we pronounce it a success. But if, on the other hand, it is not made use of generally, but is practically abandoned, except by a devoted few, then we say that, however perfect theoretically, it has proved its unsuitability for the people it was intended for, and is not a success. Tried by this practical test, what is the position of the *Cypher Repertory*? Is it generally used, or are other Repertories

found in its place? Of the numerous ones compiled since the *Cypher* was started, not one has adopted that method, and the *Cypher Repertory* itself was not received in America with favour. To all its perfections on paper, there is but one practical reply—it does not meet with general approval. This being the case with those numbers of the *Repertory* that have appeared, what hope is there that any different fate awaits the *Cyclopædia Repertory* if cast on the same lines? The modern reader makes a dead set against the *Cypher* in these days of lucid typography, and whatever excellent qualities may lie concealed in a book, it will fail to command success if it requires a troublesome deciphering, and if the eye is offended by the difficulty of picking out a word from its bristling surroundings of algebraical and other signs. So far as one can gather the sentiment of the profession towards the *Cypher Repertory*, it is precisely that expressed by Talleyrand regarding the lady: “She is insupportable—but that is her only fault.” The advantages of the *Cypher* are conceded. It does all that its advocates claim for it—but it is not used. Argument is wasted in a case of the kind. Dr. Drysdale has probably used the *Repertory* so much that his visual perceptive powers are trained to see only what he wants to see, and so it might be with others if they would only submit to the necessary discipline, but, as a matter of fact, they will not, and because one sensibility is offended a barrier is raised against what would else prove a helpful work. If the medicines were printed in block letters so as to stand out distinctly, and the *Cypher* relegated to a backward position, artistically, the eye would more easily detect what is wanted from amongst the accompanying signs, but perhaps then the *Cypher* might be less legible, and a new difficulty would be created in place of the old. At present, with the knowledge we have of this plan, I am distinctly in favour of abolishing the *Cypher* in the new *Repertory*, whilst retaining all the other arrangements of classification and order. Dr. Drysdale shows that the *Repertory* without the *Cypher* is workable, though in a roundabout way, and Dr. Nankivell agrees that it would also give us more information than any other, and it is in the highest degree probable that the extra time required in its consultation would be amply compensated by the power of understanding what we are looking at, and without the aid of a key.

If it may be permitted for an outsider to offer a suggestion as to the future of the *Cypher Repertory*, I would say that it should continue on its old lines, keeping Allen for its basis, and so preserve its consistency. It will necessarily be slow in its progress; but if it resembles some great cathedral that takes centuries to raise it, and that embodies the varying architectural styles of successive periods, it will end in being a composite and nondescript structure, lacking in the essential element of unity of plan which should attach to every great work.

P. PROCTOR, L.R.C.P.

Birkenhead.

REVIEWS.

A Note for the Successful Treatment of Diphtheria, also of the Coryza and Malignant Sore Throat of Scarlatina. By HENRY THOMAS, M.D., Llandudno. London: Kegan-Paul & Co., 1891.

IN this practical and interesting pamphlet, Dr. Thomas advocates the use of *liq. ammon. fort.* in diphtheria. He gives 2 drop doses, well diluted, for adults, and $\frac{1}{2}$ a drop to 1 drop for children. He gives several good cases where success followed this treatment. He states that since 1884 he has treated "more than 150 decided and severe cases of this disease, and has steadily used this remedy only, and with success." In the malignant sore throat of scarlet fever, he advocates the use of the diluted *hydro-chloric acid* of the B.P.

This treatment of diphtheria is worth keeping in view in bad cases, when other more usual methods are not producing amendment.

Medical Symbolism. By Dr. T. S. SOZINSKEY, Philadelphia and London: F. A. Davis. 1891.

THIS little work claims attention to matters which are in reality sound and serious, though light brains may esteem them as foolish toys. It begins by explaining that the serpent is the most important of medical symbols as originated by the Greeks. *Æsculapius*, their god of medicine, was on familiar terms with the serpent, and sometimes assumed the serpentine form. A long time afterwards the Romans, who disregarded the art of medicine, being attacked by a pestilence, sent to Greece for *Æsculapius* and his serpent, which they also adopted. The Epidaurian Grove, wherein this deity and his familiar dwelt, became a famous sanitary retreat to which

multitudes of invalids flocked from all parts of Greece ; and it may be reasonably taken as the prototype of modern popular health resorts. In all probability the mild sea air, and the pure climatic influences associated with the three hundred and twenty asclepia, or temples of health, which subsequently sprang up throughout Greece and her Colonies, had more to do than serpentine virtues with the many cures which were effected therein. At Cos the asclepion was conducted by Hippocrates, who gave to the world an imperishable legacy of medical knowledge which still constitutes the main body of our healing science.

Much research has been evidently spent by the author of *Medical Symbolism* on the records of the Asclepiades and their methods of practice ; also on the mythological history of Æsculapius. He shows that the bacterium—now interpreted as a disease-germ—was primarily the staff of Æsculapius, and of special significance when entwined by the serpent. Some old writers supposed it to symbolise the phallus as an emblem of universal fertility. The knots were expressive of difficulties in the art and practice of medicine. Two serpents were sometimes represented about the staff, male and female, in an amatory mood. These have been since adopted on the title page of medical books, with the words circumscribed around them, *Irrupta tenet copula—Literis Medicina*. Furthermore prudence was symbolised by the serpent as something very requisite in the physician. Several other explanations are likewise suggested of the fact that the serpent has been associated with medicine from very early times. Among these are mentioned the “preposterous and numerous uses to which the venom is put by homœopathic doctors.”

All the interesting lore afforded in this treatise respecting the staff and serpent of Æsculapius bears thoughtfully on the idolatrous tree and serpent worship prevalent in the prehistoric ages of Babylonian civilisation. A protest of primitive Jehovah worshippers against this superstitious cult has been thought to underlie the prohibition said to be given in Eden to our first parents against eating the fruit of the tree of knowledge, and of the tree of life.

Among the ancients a serpent in the form of a circle symbolised eternity. Other attributes of Æsculapius were, our author tells us, the laurel wreath, interpreted as rays of light ; a bunch of herbs ; a bowl, indicative of medical potions ; a scroll—the Telesphorus, a small boyish figure, representing the *anima medica* ; a dog, showing fidelity and watchfulness ; a cock, always on the alert ; and a goat, in token of reproductive power. Again, the pinecone was accredited with remedial properties which it conferred, or typified, for

exorcising evil spirits from the sick. Hygeia is next noticed as the goddess of health, who was represented as a blooming girl, with a serpent twined around her left arm, and feeding out of a chalice held in her right hand. The reader is particularly asked to observe that the divinities specially interested in the preservation of health among the Greeks were all females.

Medical amulets and talismans come finally under consideration, of which the former were worn about the person, whilst the latter were astrological charms due at first to the Chaldeans. The lion rampant symbolised rude health. *Leo erectus verum signum sanitatis præterdit.* The phallus was a charm placed on houses in Pompeii with the inscription *hic habitat felicitas.* Our symbol of modern use at the head of a prescription, and which is commonly thought to stand for *recipe*, was from time immemorial the monogram of Jupiter, king of the planets and the father of life. Amulets were for the most part gems engraved with images of the things feared, such as the golden emerods and mice spoken of in the Bible. Certain numerals also had remarkable properties accorded to them, such as the number *seven*, three of the triangle, and four of the square; a remnant of this old belief in the relation of seven to health is the still prevalent notion that the seventh son of the seventh son is possessed of peculiar healing powers. The colour *red* was thought to protect against pestilences, whence has been derived a belief yet dominant in the virtues of red flannel. "Touch pieces" were golden eagles or coins issued by Henry the Seventh to persons touched for the evil. But this practice was resorted to in Palestine, and obtained in Greece three centuries before our era.

The pestle and mortar were formerly used as a sign exclusively by apothecaries, one of whom was the Bishop of London, in the time of King Henry. The barbers and surgeons' pole still seen in some of our streets bore of old on its top a brass basin, with a semicircular gap in one side to protect the clothes of the patient. Yellow was the characteristically medical colour in past times; and in the days of Charles the Second English doctors visited their patients sitting sideways on horseback. The gold-headed cane was then indispensable for a physician of any pretensions, being always held to his nose when he approached a sick person so that the volatile fumes from the *ammonia* which it held might protect the doctor from noxious exhalations. Until less than a century ago the dress of a doctor was remarkable, consisting of a well powdered three-tailed wig, a silk coat, breeches, stockings, buckled shoes and

lace ruffles; also, as indicative of his mystic endowments, he wore a ring on the third finger of his right hand to imitate the signet of Solomon, and the ring of Gyges, the skilful shepherd of Lydia. A strange mathematical figure named the pentacle, and esteemed for driving away the devil and all witches, has been viewed as a symbol of health ever since the building of the Pyramids. Its angles contain in a sort of rebus the name of Hygeia, the celebrated daughter of Æsculapius.

Altogether the small book now under our review is a mine *in petto* of scholarly and ingenious facts about medical symbols ancient and modern, therefore we gladly commend its close perusal to such of our readers as take pleasure in studying the subject.

MEETINGS.

WESTERN COUNTIES THERAPEUTICAL SOCIETY.

MEETING held at 2, White Ladies Road, Clifton, on February 18th, 1891.

Present:—Dr. A. S. Alexander, of Plymouth; Dr. S. P. Alexander, of Southsea; Dr. A. M. Cash, of Torquay; Drs. G. Norman and P. Wilde, of Bath; Drs. Eubulus Williams, S. Morgan, F. H. Bodman and T. D. Nicholson, of Clifton.

Dr. A. S. Alexander read a paper on "The Single Remedy in the Practice of Medicine."

After this was concluded, Dr. S. P. Alexander read a short paper on the same subject, the former of which we print on page 441.

The following remarks, contributed by Dr. Mackechnie, of Bath, who was unavoidably absent, was then read by the Secretary.

"With regard to the necessity or advisability of observing the rule laid down in the 172nd section of the *Organon*, I should say that I accept it, with reservations, and did time and space, and other terrestrial limitations not hold one down to more practical, if looser, methods, would be glad to work out my cases to find the similitum between the pathology of the disorder and the pathogenesis of the drug, but want of time on the part of the practitioner, and of intelligence and observation on the part of the patient in noting and detailing his symptoms, make it difficult to carry it fully into practice. I have come to this conclusion by practical experience, and in spite of opposite prejudices and impressions from the men under whom I studied homœopathy, many of them themselves pupils of the Great Master, and many of whom set themselves to treat disease with single doses of a single remedy, in single

globules or less of a 80th dilution, repeated, perhaps, in a week or a fortnight. Doubtless, wonderful cases of cure occurred, which it would be almost impossible to attribute to anything else than this minute single remedy, but time was frequently insufficient, failure often occurred, the cases of acute disorder were comparatively few, but I think we may all be agreed that homœopathy has not lost by the occasional use of alternated remedies, and of comparatively large doses, more frequently repeated, as the labours of Madden and Hughes, Drysdale, Dudgeon, and others have brought out more clearly the relations between pathogenetic and pathologic conditions and the preferability of these latter over a mere symptom covering method.

“ I am sure that there is often a great saving of time, and therefore of suffering, in the alternation of remedies, especially when one has, as frequently happens in our dispensary here, to see 50 or 60 patients in a morning, and can say that I think the results obtained is anything but unsatisfactory.”

A discussion followed.

Dr. Bodman thought that when two remedies were given at the same time they should be such as do not act on the same tract.

Dr. Cash said in reference to the urticaria case, that we should, in choosing a remedy, pay attention to concomitant symptoms, and especially to the cause. He had cured nettle-rash quickly with *apis mel.* in one of his children, when a severe and general attack had followed the handling of some plant. On the other hand, he had seen *apis* fail, though the pain was of the well-marked stinging character, and the rash typical, but the cause had been gastric. In this case *pulsatilla* was of marked benefit. As to the use of the single remedy, he thought it was to be applied specially in chronic ailments, and, above all, in skin diseases, where we find constitutional flaws at the root of the whole trouble, as psora, tubercle, scrofula, syphilis, &c. Then the appropriate single remedy would gradually unravel the whole of the symptoms. But in acute diseases, when change was rapid and many things had to be done at once, he thought we should more often by the use of two remedies in alternation do best for our patients.

Dr. Wilde remarked on the case related by Dr. Alexander, of cure by *bryonia* after aggravation by *rhus*, that the two medicines were sometimes both indicated, the former acting on the synovial membrane, and the latter on the white connective tissues, the symptoms of one being masked by the other.

He recommended *sulphur* 80 in all chronic skin diseases, and especially in lupus.

Dr. Nicholson said the question had not yet been fully answered whether medicines assist or antagonise one another if given at the same time, that is, supposing their physiological symptoms are not antagonistic. Common experience replies that drugs acting on the same organ often help one another, *e.g.*, *nux vomica*, assists the action of *aloës* or *podophyllum* as a purgative. But in small doses and homœopathic dilutions the reply is not unanimous. Nevertheless, the general experience shows that *aconite* and *belladonna* often help one another, and *nux* with *sulphur* in alternation, and the combination of *mercurius* and *bell.*—drugs acting in the same direction, whose single action is inadequate to cure the symptoms. These tonics help one another greatly *e.g.*, *ferrum c.*, *quin.*, *ferr. c. strychn.*, &c. He had frequently found *ac. phosph.* and *strychn.* of great service in aged people, and *ac. phosph.* and *ignatia* in younger persons, either together or in alternation, where both medicines seemed indicated. In chronic disease he thought all the followers of Hahnemann agreed to give one drug at a time, but then they could not afford to neglect adjuvants as mustard, heat and cold, alcohol, diet, &c., and these all had a share in the cure.

He related a case showing the action of two medicines whose physiological action is opposite, yet acting in harmony together. The case was one of retention of urine in a horse, where it was hardly possible to choose the homœopathic remedy. *Strychnine* and *hyoscyamine* were given together, one to combat the paralysis, and the other the spasm, and with the happiest result, for two doses of one milligram gave some relief, and the trouble promptly and entirely disappeared after the tenth dose.

After some further discussion,

Dr. Cash read a paper on "Tachycardia," which also elicited critical remarks. This paper and that of Dr. S. P. Alexander will appear in a subsequent issue.

PERISCOPE.

DISEASES OF CHILDREN.

INTUBATION IN LARYNGEAL DIPHTHERIA.—Dr. Julius Schwalbe, of Berlin, writes a paper on the above subject. After referring to the dreadfully small percentage of successes after tracheotomy in children with laryngeal diphtheria, he gives a history of the introduction of intubation and a description of O'Dwyer's instruments. He then narrates ten cases of his own of laryngeal diphtheria, in which intubation was practised. Of these, all died but one, death occurring at various periods from the second to nineteenth day. The cause of death was pneumonia

in five cases, purulent bronchitis in two cases, fibrinous bronchitis in one, and capillary bronchitis in one case. The only recovery was in a boy, aged 8, in which tubage was undertaken earlier than tracheotomy is usually performed. The author of the paper thinks that intubation is not likely to improve the statistics of diphtheria. In nine cases examined post mortem there were five instances of pressure sores, partly in the trachea and partly in the larynx. Other dangers are the possibility of the tube being brought up by coughing or vomiting in the absence of a skilled attendant to reintroduce it, the displacement of membrane during the introduction of the tube, and the formation in the trachea of larger masses of membrane than can possibly be expectorated through the tube.—*Deutsche Medicinische Wochenschrift*, April 2, 1891.

SCHULZE'S METHOD OF ARTIFICIAL RESPIRATION.—In a paper on a life-saving method, in still births, Dr. Lusk describes Schulze's method of artificial respiration in the following manner:—"The child is grasped in such a way that the operator's thumbs rest on the anterior thoracic wall, the index fingers are in the axilla, and the three others are placed diagonally across the back; the operator then allows the child to hang down at arms length, face upwards, between the knees. In this position the capacity of the chest is at its maximum, for the pectoral muscles draw the upper ribs upwards, the abdominal muscles draw the lower ribs down, and the weight of the liver pulls down the diaphragm. The child is next swung upward until the operator's arms are nearly horizontal. The swing is then stopped, the head falls downwards, the lumbar spine also is flexed, and the lower limbs fall towards the operator until the whole weight of the child rests on his thumbs. In this way the chest and abdomen are compressed, the diaphragm is forced upwards, and an efficient expiration results."—*American Journal of Medical Sciences*, February, 1891.

TREATMENT OF FEVER IN NEWBORN CHILDREN.—Dr. Julius Eröss has published some observations on the treatment of fever in newborn children. In the obstetric and gynæcological department of the university of Buda Pesth, he found that of 956 children no fewer than 481 suffered from pyrexia during the first 10 days of life. The fever in the majority of the cases was due either to gastro-intestinal derangements, or to inflammation originating in connection with the separation of the umbilical cord. After experimenting with antipyrin and with chinin, he tried lukewarm baths, which gave much more satisfactory results. A bath for 10 minutes of from 98° to 95° F. caused a very considerable and rapid lowering of

temperature, amounting on the average to $5\frac{1}{2}^{\circ}$ F. The fall continued for half an hour to an hour after removal from the bath. Dr. Eröss did not observe symptoms of collapse in any of his cases, but in order to avoid this he recommends that the bath should not last longer than five minutes. The effect of the baths on the general condition was very satisfactory, restlessness, whining, sleeplessness, and the symptoms of apathy and indisposition to suck disappeared; the pulse and respiration fell, and the child slept for an hour or two, and on waking took the breast better. After a few hours the pyrexia is re-established, but Dr. Eröss believes that by taking advantage of the improved condition for nourishing the child during the apyrexial periods much benefit is obtained.—*British Medical Journal*, March 7, 1891.

T. G. STONHAM, M.D, London.

LARYNGOLOGY, ETC.

NITRIC ACID.—*Pathological Indications.*—Chronic catarrh, syphilitic oœna, eruption of herpes, or excrescence (warts) on the tip of nose and on the alæ. Redness of the tip; polypus; ulcers.

Clinical.—Fluent coryza with obstruction of the nose; the mucus is discharged only through the posterior nares. Coryza, with hoarseness. The nasal discharge easily becomes fetid and yellow, with complete obstruction of the nasal passages, or sometimes with dropping of water from the nostrils. Warts on the tip of the nose.

Characteristic are the stitches in the nose, as from splinters, when touching it (*Argentum nitr.*); the eruptions in the alæ of the nose, with itching; redness of the tip; a syphilitic diathesis, with abuse of mercury; sweaty feet, and aphonia, with coryza.

NOTABILIA.

ANNUAL HOMŒOPATHIC CONGRESS.

THE following circular letter has been issued by the Secretary of the Congress to all known British practitioners of homœopathy:—

“ 29, Seymour Street,
Portman Square, W.,
June, 1891.

DEAR SIR,—The Annual Congress of Homœopathic Practitioners will be held this year in LONDON, at the Homœopathic Hospital, Great Ormond Street, W.C. (the use of rooms in which has been kindly granted by the Board of Management), on Thursday, July 9th, at 10 a.m. punctually.

The business of the Congress will be opened by an address from the President, Mr. HENRY HARRIS, of London, entitled "*After Twenty Years, and Twenty Years After.*"

Any strangers, ladies and gentlemen, who may desire to hear the President's address, will be welcome.

After this a short interval will allow the Hon. Treasurer to receive subscriptions.

A paper will then be read by Mr. KNOX SHAW, of London, entitled "*Observations on the Action of Iodide of Potassium in Tertiary Syphilis*" Discussion is invited on this and the other papers.

As Mr. Knox Shaw's paper will be short it is expected that there will be time before luncheon for a paper by Dr. BURFORD, of London, on "*The Reciprocal Relations between Surgery and Homœopathic Therapeutics as Exemplified in Pelvic Lesions.*"

The Congress will adjourn for luncheon at 1 o'clock. At luncheon, which will be served in the Holborn Restaurant, the members of Congress will be the guests of the British Homœopathic Society.

At 2 o'clock the Congress will re-assemble, and receive the report of the Hahnemann Publishing Society, proceed to select the place of meeting for the next year, elect officers, and transact any other business which may be necessary.

A paper will then be read by Dr. ROBERSON DAY, of London, on "*The Supervision of Normal Parturition.*"

Lastly, a paper will be read by Dr. MURRAY MOORE, of Liverpool, entitled "*Notes on the Climatology and Prevalent Diseases of New Zealand.*"

The members and their friends, ladies as well as gentlemen, will dine together at the Holborn Restaurant, at 7 p.m.

A paper had been promised by Dr. REITH, of Aberdeen, but, owing to illness, Dr. Reith has, we regret to say, been unable to prepare his paper. This has necessitated a re-arrangement of the programme of papers, and has, in consequence, necessarily delayed the issue of this circular.

A *précis* of the papers is enclosed, in accordance with a new rule of Congress.

A meeting of the Hahnemann Publishing Society will be held at the Hospital at 9.30 on the morning of July 9th.

On Wednesday evening, July 8th, the annual meeting of the British Homœopathic Society will be held at the Hospital at 8 p.m. This day has been fixed in order to allow of members from the provinces being present.

On Wednesday, July 8th, at 2.30 p.m., it is expected that there will be operations in the hospital, Drs. Carfrae and Burford, Mr. Knox Shaw, and Mr. Dudley Wright having kindly agreed to arrange this day for the purpose. All members

of Congress, who may be able to be present, are invited. The list of operations will be posted up at the hospital in the morning. After the operations the physicians will be happy to show to the members cases of interest in the wards.

On Wednesday evening and on Thursday Dr. Roberson Day will exhibit his anæsthetic apparatus and microscopical specimens of interest. It is also expected that the homœopathic chemists will exhibit new and interesting specimens, and Messrs. James and Co. will furnish the lavatory with "Dermatos" soap.

The subscription to the Congress will be 10s., which includes the dinner ticket. The dinner ticket alone will be 7s. 6d.

In order to obtain the presence of as large a number of members as possible, the British Homœopathic Society suggest that all members of Congress living in London and the suburbs, having a spare room, should invite their provincial colleagues to be their guests at this time. If those who do not personally invite friends, but are willing to receive one or more guests, will kindly communicate with me, I shall be much obliged. Also if members from the provinces, not personally invited by their friends, but who would accept hospitality, will communicate with me, I shall be happy to arrange for them, as far as possible.

If you know any colleague who has not received a circular, kindly let me know.

The enclosed post-card is to be filled up and posted as soon as possible, but not later than July 1st.

I am, Dear Sir,

Yours faithfully,

D. DYCE BROWN.

Hon. Sec.

PRÉCIS OF PAPERS.

Mr. KNOX SHAW'S Paper.

The question discussed is whether in the light of later investigations and observations, it is possible to ascribe a homœopathic action to the influence of *iodide of potassium* in Tertiary Syphilis.

Dr. BURFORD'S Paper.

1. Surgery antecedent to homœopathy.
2. The influence of homœopathy on surgical procedure.
3. Modern surgery independently of homœopathy.
4. The limits of homœopathy in surgical cases.
5. The limits of surgical work in homœopathic practice.
6. Special application of conclusions to pelvic lesions: with illustrations.

Dr. ROBERSON DAY'S Paper.

Progress in obstetrics *pari passu* with that in other departments of medicine.

Preparation of patient beforehand by medicinal treatment.

Requisites for antiseptic nursing, and rules for monthly nurses.

Dilatation of the os uteri—treatment.

Dilatation of the ostium vaginæ—treatment.

Management of the uterus during third stage.

Subsequent treatment of patient.

Dr. MOORE'S Paper.

Misapprehensions of consulting specialists regarding the Australian and New Zealand Climates.—Sir A. Clarke's statement.—General character of the New Zealand climate (rainfall, temperature, winds, &c.)—Best time for invalids to reach the Colony.—Four climatic zones.—Special features of Zone IV., with its mineral springs.—Imported diseases benefitted or contra-indicated by the New Zealand climate.—Effect on the writer's own health.—Diseases prevalent in town and country.—Some cases of special interest (mania, cataract, hydatids of uterus).—Longevity in New Zealand. This colony is one of the healthiest countries in the world.

THE HAHNEMANN ANNIVERSARY IN CALCUTTA.

WHEN we in London were commemorating the anniversary of Hahnemann's birth, at a dinner on April 10th, it is gratifying to know that the same event was being celebrated at Calcutta. Dr. Soshi Bhusan Mukerji has kindly sent us a very interesting account of the anniversary meeting on April 10th. The Honourable Dr. Sircar was the president, but owing to illness, he was prevented being present, and the chair was taken by Dr. M. M. Bose, the Vice-President. The medical profession was present in large numbers, and the attendance altogether amounted to nearly 200. A paper was read by Dr. Soshi Bhusan Mukerji, the Hon. Assistant Secretary, on the "Life and Works of Samuel Hahnemann." A proposal was made to start a homœopathic hospital in Calcutta, but it was considered that that meeting was not the proper place to bring this subject forward.

We congratulate our Calcutta colleagues on their public spirit and their enthusiasm for the cause of homœopathy, and we wish them all success in the proposal to found a homœopathic hospital. We shall look next year for a report of the next anniversary meeting.

HAHNEMANN PUBLISHING SOCIETY.

THE General Meeting of this Society will be held at the London Homœopathic Hospital on July 9th, at 9 o'clock a.m. punctually, and not at 9.30 as stated in the Congress circular.

Gentlemen having any reports or communications to make to the Society will please send them to Dr. Hayward, 61, Shrewsbury Road, Birkenhead, Cheshire.

THE CONGRESS.

THE Hon. Secretary particularly requests that all post-cards not already returned to him should be sent at once. An ovariectomy will be performed by Dr. Burford, at the hospital, at 2.30 p.m. punctually, on Wednesday, the 8th. The Annual Meeting of the British Homœopathic Society will be at seven o'clock for private business, and the President will deliver his Address at eight. The Hahnemann Publishing Society will meet at 9 a.m. on Thursday, and not at 9.30, as contained in the circular. Accommodation will be provided at the Hospital for dressing for dinner for those who live in the suburbs, and who have not time to return to their homes.

SELECT COMMITTEE OF LORDS ON METROPOLITAN HOSPITALS, ETC.

ON the 4th ult., Mr. G. A. Cross gave evidence before the Select Committee respecting the London Homœopathic Hospital. There were present—Earl Spencer, Earl Cathcart, Earl of Kimberley, Lord Zouche of Haryngworth, Lord Saye and Sele, Lord Sandhurst. Lord Sudeley (Earl of Arran), Lord Monkswell and Lord Thring. The Lord Sandhurst, in the chair.

Mr. George Alfred Cross was called in; and, having been sworn, was examined, as follows:—

Chairman.—You are the secretary of the London Homœopathic Hospital in Great Ormond Street, are you not?—Yes.

When was that founded?—It was founded in 1849.

How many beds have you?—We have a capacity of 90 beds; that is the utmost capacity.

What is your working average?—About 65 beds.

Do you not employ the remainder of the beds for want of funds?—Partly for that reason, and partly because if really we filled 90 beds we should have no room for our nursing staff, which is a very large one, and is largely used for private nursing.

How is your hospital managed?—It is managed by a board of managers and a weekly committee.

The weekly committee are the administrative body then?—Practically, but the actual administrative power is wholly in the hands of the board of management.

Is yours a free hospital?—Yes, except that we get recommendations, in some cases, from subscribers.

Have you a large out-patient department?—We see about 10,000 out-patients in the year. Some of them would be repetitions; the same patient, I mean, would be calculated twice over by the expiration of the ticket.

Do you mean that the attendances number about 10,000?—No, the attendances number about 90,000.

Then the fresh cases are 10,000?—We give our out-patients a ticket which entitles them to advice and medicine for a month; at the end of a month they must renew that ticket, and when they so renew it they are counted as new patients.

Do you make any inquiry into the circumstances of the patients? We have an arrangement by which our dispenser checks the patients as they come in. We have a lady dispenser, and she makes any inquiry she thinks fit; and our medical men are also urged by the board to stop any patient who gives any sign of being able to pay for medical attendance, and to refer the case back for inquiry. Ultimately it may be referred to me.

In the absence of the board, have you entire power in the hospital?—I have.

Have you plans of the drains of your hospital?—Yes.

Which you keep up to date?—Yes; we have renewed the drainage of the hospital, perhaps five years ago; we renewed it entirely from beginning to end, so that our drainage is on the latest system.

Will you tell me whence you derive your income?—We derive it, in the first place, from a certain amount of invested funds. We get perhaps, altogether, £800 or £900 from invested funds; we get £1,000 from subscriptions; an average of perhaps £400 from donations; we get £250 from the Hospital Sunday Fund, and from £80 to £100 from the Hospital Saturday Fund; we get about £400 from out-patients' fees (they pay a shilling for a monthly ticket); and we get legacies. It is a little difficult to fix the average of the legacies, but I should think the average is about £1,500 or £2,000 a year. Of course, those legacies are very variable. This year, we did not even have £500. The legacies, I may say, have increased considerably within the last ten years.

Do you appeal to the public?—Yes, constantly.

And do you have the usual festival dinner?—We have no festival dinner.

Not a triennial occasion?—No; we are organising one at the present moment, but that is of an entirely special character.

Why are you taking that step this year?—Because we are about to rebuild our hospital. We have appealed for a sum of

£80,000, of which we have now over £27,000; and as we do not propose to commence building till we have the whole of the money actually promised, a great effort is being made to get together the whole of the remaining £53,000.

How long have you been collecting that £27,000?—Since this time last year. One lady gave us £10,000; our treasurer and chairman gave £2,000; his wife gave us £1,000; two other friends have given us £2,000 each; and the rest we have made up in general donations. May I say that we have an income from the nursing fund, for the nurses sent out, of £1,667. This last year it has been £1,800.

Does that go to the funds of the hospital?—It goes to the funds of the hospital, less the expenses, so far as we can calculate them, of the nursing staff; so that we may take it that we get £650 as an average.

Do you give any pensions to your nurses?—We have no pensions. The matter is at the present moment under the consideration of the board. Acting on the advice of a committee which sat at our hospital last year to go into all questions of our nursing arrangements, the board are now considering the desirability of instituting a pension fund at the hospital.

Have you any land belonging to your hospital?—None whatever, except the land we are built on.

Is your hospital freehold?—It is freehold.

Have you any house property besides the hospital?—None whatever.

Then, as regards the food of the patients and the nurses, who makes the contracts?—The house committee.

Is a public tender invited?—No; we do not take public tenders.

Then, how do you select your tradesmen?—We get the most reasonable tradesmen that we can find, perhaps two or three of them, to send in tenders.

Do you think that by that means you get the best and cheapest food?—I think that our tenders are the lowest of any hospital, and I think that our quality is equal to any.

Have you had any opportunity of comparing the prices paid by your hospital with those paid by other hospitals?—Yes.

Do you ever have complaints from your patients as to the quality of the food or the cooking?—Very rarely indeed.

What course is pursued if a complaint is made?—It is reported to the house committee.

The house committee might not be sitting; what would be done in that case?—In that case I should deal with it myself instantly.

Before this house committee that sits once a week are all the small accounts laid?—Not before the house committee. A member of the board of management is appointed by the board to go through every detail of the account, both the income and the expenditure, before the statement is made to the board, and cheques are submitted to the board to be signed. All the small accounts are laid before this board once monthly.

And that your governors think to be sufficiently frequent?—Of course the audit does not end there; the whole accounts go into the hands of public chartered auditors at the end of the year.

What assistance have you in your office?—I have one clerk, and within the last few months I have had a junior clerk, a boy.

Have you got a hospital steward?—No.

Then who is responsible for the taking in and receiving of the food?—Our housekeeper is responsible to me for that.

Then as regards your medical staff, what number have you?—We have 16 members on the medical staff, including the consulting physicians and consulting surgeon.

And what is the limit of age to which those gentlemen occupy that position? There is no limit fixed.

Have you any resident medical officer?—Two, appointed for six months.

Are they salaried officers?—Yes. The senior gets a salary at the rate of £100 a year, and the junior at the rate of £40 a year, and board and lodging of course.

Earl Spencer.—Is yours the only homœopathic hospital in London?—Yes, in London.

Do the patients come to you a longer distance than usual on account of yours being a homœopathic hospital?—I may say, yes; we have them from the provinces.

You mean as out-patients?—As out-patients. Of course our in-patients are constantly coming from the country.

Are there any homœopathic hospitals in the country?—There is one in Liverpool, one in Birmingham, another in Bath, one in Bournemouth, and others in Hastings, Eastbourne, and Bromley.

Are you in connection with them in any way?—Not with them. We have a convalescent home at Eastbourne, of which I am the secretary.

Do you think that the qualifications of your medical men are different from those usual in other hospitals in London?—Not in any sense, except that they claim to have gone a step beyond the ordinary curriculum of medical education, and to have acquired a special principle of therapeutics.

You said that there was an extra qualification in your

medical men to those of other hospitals, on account of your being a homeopathic hospital; is there any examination or test for that?—Not that I am aware of. I ought not to have said “qualification.” I mean there is no diploma given in consequence of it.

After explanations respecting the functions of the medical council of the hospital, and the medical school, the witness stated that under a law of the hospital all legacies over 50 guineas are funded.

Lord Monkswell, by a series of questions, elicited the opinion that the advice given to the out-patients is very largely gratuitous, that is to say, they only pay about one-twentieth part of the cost of their treatment.

Then with regard to these tenders, you say that you employ the most reasonable tradesmen in the neighbourhood; how do you find out who are the most reasonable tradesmen in the neighbourhood?—Personally, I find out by consulting with my colleagues, the secretaries of other hospitals, what they pay; I feel that if I get the supplies at a hospital of the size of ours at the same price that they have them for at much larger hospitals, I have reason to be satisfied. . . . We make it a principle to secure quality before price; at the same time we have, I think, about the lowest prices of any hospital in London. If the quality of the service continues we have no wish to change.

But my question rather was, when you are inclined to be dissatisfied with a tradesman, and when you think it your duty to ask other tradesmen to tender, what steps do you take with a view to finding out that the tradesmen who wish to tender are the best tradesmen?—In the case of milk, for instance, some years ago we had occasion to complain, and I sent to a hospital of considerable size near, and asked the secretary the name of their contractor, and the prices; and I then went to that man and some others, and eventually we chose that man at the price at which he served the larger hospital.

Earl of Kimberley.—Could you tell us what price you are paying now for mutton?—We pay 7d. all round, for the best joints.

All round, in beef and mutton?—All round, in beef and mutton, for the best joints.

Chairman.—The shilling is generally cheerfully paid, you say?—It is.

Are your patients of the poorer class?—I do not think our patients are of the most absolutely destitute class as compared with some of the other hospitals, but, of course, they are a very poor class; and within the last few years they have

seemed to me to be yet poorer ; we seem to have had a lower class of people in the monetary scale coming to the hospital than in former years.

Earl Cathcart.—The financial pull that you seem to have over all other hospitals is in the small use of drugs ; what do you pay for drugs ?—We are supplied gratuitously with the homœopathic drugs by Messrs. Gould and Son, of Moorgate Street.

They cost nothing ?—The homœopathic drugs cost nothing. Certain appliances and external applications which we are obliged to make cost us as much as they would cost any other hospital at the wholesale dealers.

With regard to your medical school, you mention one in your various documents ?—I perhaps ought to say that we have hardly a medical school in the ordinary sense of the term ; as a fact our medical men only profess to teach two subjects, therapeutics and materia medica ; all the rest, if taught, would be the same as those taught in the ordinary schools.

Lord Thring.—Do you consider that your hospital really and truly supplies all the homœopathic necessities of London ; in other words is it large enough for London ?—I think not ; but it has been the wish of our board to considerably enlarge the sphere and the work of our hospital.

And you think it would be capable of enlargement if you had more money ?—I think there is no doubt about that. At the present moment we are obliged to reduce the number of patients because our income last year was not equal to our expenditure.

Your financial position is particularly strong, you fund all your legacies ; is that owing to an original rule or because you do not like to risk any deficit ?—It is actually part of an original law of the hospital, that all sums over 50 guineas shall be invested, and the interest only be made available for current expenditure.

You are aware that other hospitals speculate more, so to speak ; use their legacies for current expenditure, and trust to the public for making up the deficit ?—I am sorry to say I am aware of that.

But you consider that your position is stronger by funding your property in the way you do ?—Not only stronger, but I think it is sounder in every way as a financial principle.

Supposing other homœopathic hospitals were set up in London, do you think that they would injure you at all, or do you think that London could supply both ?—My experience hardly enables me to answer, but I should think there are plenty of people to supply both.

Do you adhere strictly to the old homœopathic system of globules, or have you modified it at all?—We mostly use tinctures at the hospital, and triturations, and what we call pilules.

You do adhere to such very minute doses?—Some of the doctors do.

Chairman.—Are your subscribers mostly large or small subscribers?—I am sorry to say they are mostly small subscribers; as we lose subscribers of 10 guineas, we do not replace them to the same amount; we have to get, perhaps, five new subscribers of two guineas. The tendency seems to be not to subscribe but to make donations.

Do you receive any commission on subscriptions?—None whatever.

Does anybody connected with the hospital receive any commission?—No.

You have no collector?—My clerk performs the work of the collector, and his remuneration is included in his salary.

Have you any chaplain in connection with your hospital?—We have.

Is he a salaried officer?—He gets a small stipend.

Does he live in the hospital?—No.

Have you any female clinical clerks?—No.

Lord Thring.—Your cases are principally medical, not surgical, are they not?—We have had a very large increase in surgical work within the last two years.

And by "surgical work," do you mean that you perform the ordinary surgical operations?—Yes, of every kind.

And then as to your nursing; I quite understand that your medical system is cheaper, on account of the drugs, but is your system of nursing for any reason cheaper than the ordinary hospital nursing?—I should be disposed to think that our nursing arrangements are rather more expensive than the ordinary hospital nursing. Our nurses are very well looked after in every way.

Earl Spencer.—Do your patients remain longer in your hospital on an average than the patients in an ordinary hospital?—I think rather less; as far as I have been able to see from the Hospital Sunday Fund returns, rather less. They stay with us about 27 days on the average.

Do you consider that your treatment would relieve the patients in a shorter time?—We are strongly of that opinion.

Chairman.—Is there anything else you wish to say?—I have taken a great deal of interest in the question of the rating of charities.

What are you assessed at?—At £225 a year; with our nursing institute it is now £325 a year.

And what do you pay on that?—We pay on that about £80 a year. The question I was referring to was the whole question of the rating of charities, as to which I have taken some very active steps in the last few years.

With what view?—With the view of securing the exemption of hospitals entirely from rating. Until the year 1865 the hospitals all over the kingdom were entirely exempt from any rates whatever; but since then, by reason of a decision that was given in the House of Lords on the case of the Mersey Docks and Harbour Board, such action has been taken that the hospitals are now obliged to pay rates. I am very strongly of opinion, after looking carefully at all the cases and such Acts as have been referred to, that there is actually no warranty for it at all, in any cases decided.

Earl of Kimberley.—Is your contention then that charitable institutions ought to have a subvention from the rates?—That they should be exempted.

Of course it is exactly the same thing as regards the rates whether they are exempted from the payment of a certain sum in rates, or whether they receive a subvention to that amount from the rates?—In my opinion it is not exactly the same thing. If the State subsidised the hospitals in any way, there is no doubt the State would be perfectly entitled to claim a share in the management of them.

But do they not subsidise them? What difference is there whether I give you £5 or exempt you from paying £5.—As far as the money is concerned there is no difference, but the principle of action is entirely different.

[In a subsequent issue we hope to give the evidence of the Chairman and Matron of the Hospital.]

HOSPITAL SATURDAY AT BATH.

It seems that at Bath, Hospital Saturday is not a thing got up by an outside committee, as in London, and in which all hospitals participate, but it has hitherto been got up by the "Royal United Hospital" for themselves. The Committee of the Homœopathic Hospital resolved this year to act, if possible, in connection with that of the other hospitals, and have a general collection, to be divided in certain proportions. Communications were opened with the authorities of the Royal United Hospital, but their overtures were refused. This being the case, the Committee of the Homœopathic Hospital resolved to act for themselves. It would not have done to select an earlier Saturday than that chosen by the Royal United Hospital as they might be charged with taking

an unfair advantage of their old-school friends, and it would clearly not have done to select a later day. It was resolved therefore that the tables and boxes in the street should be set up on the same day as those of the Royal United Hospital. In case of any mistake they were clearly marked with the name of the Homœopathic Hospital, the colours being blue and white, while red was the colour of the Royal United Hospital. It was a fair contest, and no one could give to either side under a mistake. Many homœopaths gave to the Royal United Hospital boxes, and the compliment was returned by the fact that several allopathic doctors contributed to the Homœopathic Hospital boxes, and a general friendly feeling was manifested on both sides. It was clearly an appeal to the public, and the result was most satisfactory. The Royal United Hospital netted more than they had ever done before, while the Homœopathic boxes yielded £131. Thus the one hospital was actually better instead of being worse, and the other got a handsome sum, and a marked recognition by the public of the value of the Homœopathic Hospital. We congratulate our colleagues in Bath on their public spirit, and on their success. We print the correspondence which appeared in the Bath daily papers.

1. Letter from the President of the Royal United Hospital.

HOSPITAL SATURDAY.

THE ROYAL UNITED AND HOMŒOPATHIC HOSPITALS.

To the Editor of the "Bath Herald."

"SIR,—It has been officially intimated to this committee that the Homœopathic Hospital intend to compete with us in our street collection next Saturday.

"It is not my intention to enter into a correspondence with the Committee of the Homœopathic Hospital, but I beg to be allowed to lay the facts before the public by means of your columns. The Royal United Hospital contains 120 free beds, and is the *only hospital in Bath for accidents*. Hence its claim on the working classes. Our Committee organised the Royal United Hospital Saturday Fund, not as in London, where the fund is worked by an outside committee, and the proceeds divided among many hospitals, but as their own appeal to the working classes, and right well have they been supported.

"We have this year again obtained the sanction of his Worship the Mayor* and made all preparations to hold our collection on Saturday next, when the authorities of the

* The Mayor, on being applied to, stated that he had no power to give or refuse permission.

Homœopathic Hospital ask us to give them a share of the collection, or threaten to open rival collecting stations at the *same time*. I do not deny the right of the Homœopathic Hospital to have their own collection at any time they fix, but to make use of our organisation and advertisements, and so to secure much money that was intended for us, does not appear fair nor honourable. Many contributors will be unable to distinguish between rival collectors.*

“ I am, sir, faithfully yours,

“ EDWARD HANDLEY,

“ President Royal United Hospital.

“ Bath, May 25th, 1891.”

[The above appeared in our Special Edition last evening.]

2. Letter from the Chairman of the Homœopathic Hospital Committee. The writer, Mr. Hammond, has been twice Mayor, and is a former President of the Royal United Hospital, and is a J.P. for the City and County.

“ HOSPITAL SATURDAY.”

To the Editor of the “ Bath Daily Chronicle.”

“ SIR,—I had not intended troubling the Press with a letter on the subject of Hospital Saturday, but I feel bound, as Chairman of the Homœopathic Hospital Committee, to repudiate in the strongest terms that neither in intention nor in the line of conduct it has thought fit to pursue has there been anything ‘ unfair ’ or dishonourable.”

“ When the subject of Hospital Saturday was first mentioned at a meeting of the Homœopathic Hospital Committee the unanimous feeling was to act in unison with the Royal United Hospital Committee, and to find a *modus vivendi* whereby we might act unitedly. Our Secretary went to the Secretary of the Royal United Hospital and was some time trying to effect amalgamation, and it was only when the Committee found that such was impossible it elected to act singly.

“ No other way could be devised than the one adopted and which is in use on similar occasions. We could not have two Hospital Saturdays—if we had had one in advance of the B.U.H. we should have been found fault with for taking the wind out of their sails, if after, we should not have pleased the public.

“ I may add that great dissatisfaction was expressed on the part of our friends last year that out of the proceeds of the

*The collecting boxes and tables of the Homœopathic Hospital were clearly marked with its name. The colours, blue and white, being used instead of red, the colour of the Royal United Hospital.

day the Homœopathic Hospital did not get a proportionate amount though all subscribed, I had no idea it was necessary to obtain the sanction of His Worship the Mayor to having a Hospital Saturday, otherwise I should not have been apparently so discourteous as not to follow the example of the President of the R.U.H.

I may further add that my Committee would, in case of an amalgamated effort, have been glad to pay its proportion of the attendant expenses.

I have no prejudices in the matter. I subscribe to all the Hospitals and Dispensaries in the town and served on the managing committees of each up to yesterday.

“ANTHONY HAMMOND,

“Chairman Homœopathic Hospital Committee.”

3. Letter from Dr. Percy Wilde.

4. Statement of the result.

To the Editor of the “Bath Daily Chronicle.”

“SIR,—The value of the services rendered by the Royal United Hospital are fully recognised by the supporters of the Homœopathic Hospital, and this has been amply proved by their contributions to its funds, and the readiness with which they have assisted in promoting bazaars and entertainments for its benefit.

“I should be very sorry if the unfortunate tone of Mr. Handley’s letter should serve to alienate any amount of public sympathy from the Institution over which he presides. Nothing could have been more courteous than the communications addressed by the Committee of the Homœopathic Hospital to that of the Royal United, in the hope that in Bath we might have a “Hospital Saturday” on the same lines as in other places. Mr. Handley’s announcement of his intention not to “enter into correspondence with the Committee of the Homœopathic Hospital” will explain why a separate collection will be made this year, the same day being chosen simply as a matter of public convenience. It is not out of any desire to minimise the claims of the Royal United Hospital, but simply with a view to accuracy, that I feel it my duty to point out that accidents are not refused admission to the Homœopathic Hospital, and that it is the only hospital in Bath from which the poor are visited at their own homes in all parts of the city.

“PERCY WILDE, M.D.”

RESULT.

BATH HOSPITAL SATURDAY.

Hospital Saturday was held last week, when the friends of the Homœopathic Hospital entered the field as well as the

Royal United Hospital. The total sum collected was £454 15s. 4½d., against £294 17s. 2d. in 1889, and £307 14s. 0½d. in 1890. Of the £454, the Royal United Hospital got £322 18s. 2½d., and the Homœopathic Institution £131 17s. 2½d.

OBITUARY.

DR. D. S. SMITH, OF CHICAGO,

AND

DR. A. J. SAWYER, OF MONROE, MICH.

OUR American colleagues have recently had to deplore the loss of two of the pioneers of homœopathy amongst them, in the persons of Dr. D. S. Smith, of Chicago, and Dr. Sawyer, of Monroe, Mich.

DAVID S. SMITH was born at Camden, New Jersey, April 28th, 1816. He studied medicine at the Jefferson Medical College, Philadelphia, where he took his M.D. degree in 1836. He immediately proceeded to and settled in practice at Chicago, at that time little more than an Indian trading post. Three years before Dr. Smith arrived in Chicago there were but 85 houses outside Fort Dearborn! Early in his career, his attention was drawn to homœopathy; and, after several years of enquiry and experiment, he commenced to openly practice homœopathically in 1843, being the first to do so west of the great lakes. At this time the population of Chicago had grown to 7,000; in a few years, he found himself with several professional colleagues around him, and he then took the first steps to found the Hahnemann Medical College and Hospital. The Charter granted to the College by the Legislature in 1854-5, was drawn up, under his direction, in the office of Abraham Lincoln, afterwards President of the United States, at that time practising as an attorney in Chicago. Dr. Smith became the first President of the College in 1860, and occupied that position until 1871, when he was succeeded by the late Dr. Small. Again, on the decease of Dr. Small, he was elected President, and remained so until the hour of his death.

Dr. Smith joined the American Institute of Homœopathy in 1846, in which he leaves only eight members senior to himself. In 1857 he was appointed Secretary, and in the following year President of the Institute.

During his career, Dr. Smith has rendered valuable service to his profession and to homœopathy in the United States. Full of energy and enthusiasm he was ever ready to take an active and prominent part in every good work having for its object

the furtherance of scientific therapeutics. He died on the 29th of April, the day after he had attained his 75th birthday, beloved and esteemed by every member of his profession in Chicago, and gratefully regarded by a large circle of friends and patients.

ALFRED ISAAC SAWYER was born at Lyme, Ohio, October 31st, 1828. He adopted medicine as his profession, and studied at the Western College of Homœopathy, at Cleveland, graduating there in 1854. In 1857 he settled in Monroe, Michigan, where he remained until his death.

Dr. Sawyer's claim to distinction and to the gratitude of all homœopathists rests on the unwearied zeal with which he devoted himself, during a series of years, to securing the teaching of homœopathy within the University of Michigan. To this great achievement we drew attention when announcing Dr. Sawyer's unanimous election as President of the American Institute of Homœopathy, at the conclusion of the 1889 meeting. This position a painful and acute illness prevented him occupying, and on his recovery he retired from practice. Some months ago he had an attack of cerebral hæmorrhage; from this also he more or less recovered, when on the 7th of May another attack occurred, and death followed within half-an-hour.

DR. JAMES LOVE, PARIS.

THE death of this very fashionable homœopathic physician is announced as having occurred at his residence, Paris, on the 3rd ult., in the 76th year of his age.

Dr. Love, who occupied in Paris a somewhat similar position to that filled by the late Dr. Quin in London, was the beloved and trusted adviser of a large circle of aristocratic patients. During the cholera of 1849 he rendered conspicuous services to the poor of Paris. His skill as a diplomatist was recognised and used on more than one occasion by the Emperor Napoleon; just as that of our own colleague was by the ministry of which Lord Palmerston was once a member. During 1868 the Empress Eugénie was a patient of Dr. Love's. Dr. Love's high artistic skill brought him into contact with a number of operatic and dramatic artists as well as painters, and among them he had a large and most appreciative *clientèle*. He had practised homœopathy in Paris for 50 years.

CORRESPONDENCE.

PRESENTATION OF A TESTIMONIAL TO DR. LIÉBAULT, OF NANCY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Liébault, of Nancy, who enjoys the distinction of having been the first to apply hypnotic suggestion in

the treatment of disease, is one of the most modest and single-minded of men. Twenty-five years ago he abandoned a lucrative general practice in order to devote himself to the development of this treatment. Since that time he has treated gratuitously more than 10,000 of the poor. He did so gratuitously, partly in order to obtain patients to whom he could apply this treatment, and partly to avoid being regarded as a charlatan endeavouring to obtain fees from the public by deceiving them. Many of his colleagues and friends pitied him, and regarded him as a lunatic, because he thus acted so disinterestedly. Several years ago I published some biographical notes of the doctor, which will be found in the *Monthly Homœopathic Review*, vol. xxxiii., p. 40. In 1866 he published his work, "*Du Sommeil, et des états analogues, considérés surtout au point de vue de l'action du Moral sur le Physique.*" Very little attention was paid to the subject, and for many years his book remained on the shelves of the publishers; when about 1884, Professor Bernheim's attention was drawn to Liébault's treatment by a poor woman, who was cured by him by hypnotic suggestion after having been treated unsuccessfully in the Professor's *clinique*. I am told that it is due to this case that Professor Bernheim's attention was drawn to Liébault's treatment, and after deriving instruction from him, he at once began to experiment in his own *clinique*, and, having convinced himself of the important curative effects to be derived from hypnotism, he, two years later, published the first edition of his well-known book *De la Suggestion et de ses Applications à la Thérapeutique*. It was a most courageous step for Dr. Bernheim, as a professor, to adopt Liébault's treatment, and to teach it publicly to his pupils. He set a glorious example to that majority of clinical professors who condemn any new or unorthodox treatment without taking the trouble to examine it. From the time that Bernheim began to advocate hypnotic suggestion, Liébault became more and more widely known. French and foreign medical men visited them both, and ever found them ready to communicate what they knew, and to show the practical results of their treatment. Mons. Liègeois, a professor of law at Nancy, studied the effects of hypnotism from a legal point of view at the same time. These three gentlemen may be regarded as the fathers of the School of Nancy, while the members of the School of Paris, under Charcot, were engaged in the physiological study of the effects of suggestion on hysterical persons of both sexes.

As Dr. Liébault's treatment is now well known on both sides of the Atlantic, and in the Colonies, he resolved to retire from active practice, and the occasion was taken advantage of by Dr. Lloyd Tuckey, whom I persuaded to study hypnotism, to

suggest to Dr. Lièbault's many admirers and pupils the presentation of a testimonial to him. Dr. Tuckey's movement was warmly approved of, and no less than 14 nations are represented by subscribers to the testimonial. This consisted of a beautiful bronze statue of David, by a French artist, together with an album containing photographic portraits of the subscribers. A balance of several hundred francs was, according to Dr. Lièbault's wish, applied to the commencement of a fund, the interest of which is to be given as a prize for the study of any practical question on the subject of hypnotism.

The presentation was made on the 25th of May, at a dinner given in honour of Dr. Lièbault. Dr. Dumont-Pallier, one of the physicians of the Hôtel Dieu, Paris, Dr. van Renterghen, who presides over a private *clinique* for hypnotism in Amsterdam, and Dr. Berillon, the Editor of the *Revue de l'Hypnotisme*, each addressed the guest of the evening, referring to his modesty, unselfishness, perseverance, kindness, and philanthropy, when I was called upon to say a few words. In doing so, I alluded to the great readiness Dr. Lièbault had always shown to communicate the result of his researches to others, and I thanked him in the name of English speaking medical men in all parts of the world for what he had taught us, and I also dwelt on the value of the work done by Professor Bernheim and M. Liègois.

In responding, Dr. Lièbault, who was very much touched by the manifestation of kindly feeling towards him, said that "Professor Liègois, who had recently confirmed the rapid development of psycho-physiology, has frequently told me that I am a happy man! This is true. I could not fail to be so when so many adhesions were being received to this almost new science. And then to-day, gentlemen, when looking at this beautiful work of art, and listening to the addresses which have been made in my honour, I am more than a happy man. Especially so when I see here to-day Dr. Dumont-Pallier—one of the masters of French medical science—joining in this expression of sympathy with me at this social gathering. I thank him most heartily for his presence here, and all those who have worked with me, either by making experiments or, as Dr. Renterghen has done, by opening clinics for the practice of hypnotic suggestion, all of whom have contributed to the progress of our knowledge of the doctrine of suggestion. My thanks are particularly due to Dr. Mathias Roth, who was one of the first to appreciate the importance of the principles I have taught, and who it was who induced his countryman, Dr. Charles Lloyd Tuckey, to investigate them, the colleague who has been the devoted promoter of the

International subscription, the final result of which is our gathering here this evening. My warmest thanks are also due to Dr. Dumont-Pallier, under whose patronage the *Revue de l'Hyymotisme* has been established, and to Dr. Berillon, its chief editor, whose great and important services in conducting this journal have been most conspicuous. Most gratefully do I at the same time thank Professor Bernheim, who, though through his official position he incurred many a risk in doing so, was the first to tender me his right hand and to encourage me in my work. Professors Liègois and Beaumis, each in his speciality, has done much much to help me, and most warmly do I acknowledge this great kindness.

“ And now, gentlemen, it is my turn to raise my glass and drink to your health, and that of all your friends in various countries, who have been so kind as to present me with this testimonial of their regard and sympathy. I drink to your success in the future because there is still much to be discovered in the large field in which we have only begun to work ; I drink to the opening of a new scientific era in therapeutics !

“ Gentlemen, I cannot sit down without once more repeating how proud and grateful I am that men who are among the most distinguished in science have come here from all parts to offer me their congratulations, a brotherly demonstration which I appreciate more than all beside.”

Thus ended a pleasant meeting due to the initiative of our colleague, Dr. Charles Lloyd Tuckey, to whom, he not being able to be present, a brotherly message was sent by telegraph.

I have only to add that on the morning of the 25th of May Professor Bernheim received the foreign and other friends of Dr. Lièbault in his *clinique*, explaining to them the treatment by suggestion at the bedside, and demonstrating its importance in both acute and chronic disease.

I cannot conclude without earnestly recommending my homœopathic colleagues to make themselves practically acquainted with the treatment by suggestion ; doing so will enable them to cure many disorders which do not yield to the ordinary medicinal treatment of either the old or new school.

I am, Gentlemen,

Yours truly,

Divonne, France,

M. ROTH.

June 1st, 1891.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMOEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Dr. ABBOTT, recently of Exeter, and formerly of Wigan, at the earnest request of his numerous Lancashire friends, has returned North, and has now taken up his residence in Winckley Square, Preston. Dr. R. A. BREMNER, of London, has succeeded him at Exeter.

ERRATA.—In Dr. HUGHES' letter, page 423, last issue, for "some of the best friends," read "some of my best friends," and also for "which is so justly," "which if so justly."

Communications, &c., have been received from Mr. WYBORN, Dr. HUGHES (Brighton); Dr. BLAKE, Dr. FERNIE, Mr. CROSS (London); Dr. HAYWARD, Dr. A. HAYWARD, Dr. PROCTOR (Liverpool); Dr. BUTCHER (Windsor); Dr. BRAZOL (St. Petersburg); Dr. PERCY WILDE (Bath).

BOOKS RECEIVED.

A Cyclopaedia of Drug Pathogenesis. Part xv. Edited by Drs. Hughes and Dake. London and New York. 1891.—*Homoeopathic League Tracts*, No. 35. *The Two Ways in Medicine.* London: Bale and Sons, Titchfield Street. *The Homoeopathic World.* London. June.—*Medical Reprints.* London. June.—*The Chemist and Druggist.* London. June.—*The Monthly Magazine of Pharmacy.* London. June.—*Circular,* Miller Stuart Co. Liverpool.—*The North American Journal of Homoeopathy.* New York. May.—*The Medical Review.* New York. May and June.—*The American Homoeopathist.* New York. May.—*The New York Medical Times.* May and June.—*The New England Medical Gazette.* Boston. June.—*The Hahnemann Monthly.* Philadelphia. June.—*The Medical Era.* Chicago. June.—*The Clinique.* Chicago. May. *The Medical Advance.* Chicago. May.—*The Medical Argus.* Minneapolis. March.—*The College Argus.* Cleveland. April.—*The Medical and Surgical Record.* Omaha. May.—*The Southern Journal of Homoeopathy.* New Orleans. May.—*The Homoeopathic Physician.* Philadelphia. June.—*The Indianapolis Sentinel.* May 14. *Revue Homoeopathique Belge.* Brussels. March.—*L'Union Homoeopathique.* Antwerp. April.—*Allgem. Hom. Zeitung.* Leipzig. June.—*Populäre Zeitschrift für Homöopathie.* Leipzig. June.—*Rivista Omiopatica.* Rome. May.—*Gazetta Medica Di Torino.* Turin. May and June.—*La Reforma Medica.* Mexico. March and April.—*Homoeopathisch Maandblad.* June.—*Bull. Gén. de Thérapeutique.* Paris. June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

BRITISH HOMŒOPATHIC SOCIETY.

PRESIDENTIAL ADDRESS AT THE CLOSE OF SESSION 1890-91,

By R. E. DUDGEON, M.D.*

GENTLEMEN,—At the close of each session it is customary for the President to deliver an address by way of winding up the business of the year, and as Presidents should, of all men, be especially guided by precedents, I willingly conform to the time-honoured custom.

It is, I find, usual to give a *résumé* of the work we have done during the nine months occupied by the meetings of the Society. Criticism of that work by the President would be supererogatory and impertinent, as the papers that have been read and the cases that have been presented have already been adequately discussed in full meeting.

The initial meeting of the session was opened by a paper from Dr. Clarke, who, abandoning for a while his onerous labours as the homœopathic Atlas, sustaining on his unaided shoulders the whole *Homœopathic World*, kindly undertook to direct us in the true way and to warn us against straying into a false way in the practice of our special therapeutics. His paper was entitled "The Two Paths in Homœopathy." The title recalls to my memory that of a story which used to delight and instruct my

* Delivered July 8th, 1891.

childhood. It bore the name of "The Lofty and the Lowly Paths." I do not remember more about this interesting nursery tale than that the bad boy, who chose the high path, came to grief, whereas the good boy, who kept to the low road, got on all right. In Dr. Clarke's paper, on the contrary, the high path is apparently the one that meets his approbation, though it is beset with difficulties; whilst the other path—evidently a low one as he speaks disparagingly of it as "the road which takes the downward direction,"—though easy and flower-bestrewn, is, he seems to think, "the primrose way to the everlasting bonfire." Dr. Clarke's high and low paths have, of course, nothing to do with high and low potencies.

Dr. Clarke gave us a shock by evoking from its tomb the long buried doctrine of a vital principle or life force, which has at various periods haunted medicine under the names of *Psyche*, *Archæus*, *Seele*, *Lebenskraft*, &c. We hoped it had been finally laid to rest some 50 years ago. Ghosts of ordinary material bodies are gruesome things, but when the ghost of such an immaterial impalpable thing as a vital principle "revisits thus the glimpses of the moon" we cannot help feeling that it is something extra uncanny. Hahnemann resuscitated the doctrine in the last edition of the *Organon*, evidently because it fitted so nicely on to his hypothesis of the dematerialisation of medicines and the liberation of their medicinal powers from their connection with the drug substance by means of his pharmaceutical processes; but as it is only a theory incapable of proof or disproof, it may be held as a pious opinion or rejected without detriment to the stability of the homœopathic therapeutic rule, which got on very well before Hahnemann, in the last decade of his life, allied it with the even then moribund doctrine of an omnipotent and omnipresent vital principle. Had Burns been a doctor living in these times, we might fancy him addressing an ode to this troublesome immateriality in the style of his address to another evil spirit whose name I forbear to mention to ears polite:—

O you, whatever tittle like ye,
Archæus, vital force or Psyche,
What maks oor Clarke sae fdgin-fykie
To ca' ye back?
Has modern science failed to strike ye
A mortal whack?

But I need not pursue the subject further. An annual address is hardly a fitting occasion for the consideration of such a lofty theme.

At the second meeting of the session, in November, Dr. Cook gave us a maiden paper, "On Therapeutics as an Applied Science." With much ingenuity and learning he showed the plausibility and probability of the homœopathic system by analogies from other departments of science. There can be no doubt that such a mode of treating the subject is well adapted to recommend homœopathy to all unprejudiced minds, and though it cannot supersede the direct proof afforded by the successful results of practice, it is eminently fitted to remove the prejudices of scientific men and dispose them to take a favourable view of the claims of homœopathy to be the true science of therapeutics.

The third meeting in December was devoted to the exhibition of a large number of interesting cases, medical and surgical, by Dr. Carfrae, Mr. Knox Shaw, Dr. Moir, Dr. Neatby, Dr. Cox, Dr. Blackley, and Dr. Burford.

Dr. Dudley Wright occupied the attention of the Society at its fourth meeting in January with an admirable paper "On Some of the Common Diseases of the Pharynx and Larynx." These diseases were chronic pharyngitis and laryngitis, post nasal catarrh or Tornwald's disease, syphilitic pharyngitis and laryngitis, tubercular pharyngitis and laryngitis, and new growths of the air-passages. In truth, a goodly list of diseases, any one of which might almost have sufficed to occupy an evening. Of each of them we might say with Hamlet: "Ay, madam, it is common," but for all its commonness its cure is by no means so commonly understood as not to need a considerable amount of light being thrown on it. And it must be acknowledged that the author of the paper, and many of those who took part in the discussion it evoked, succeeded in throwing a great deal of light on the therapeutics of the diseases treated of.

The fifth meeting in February was devoted to the reading of a paper by Mr. Butcher, entitled "The Recent Discoveries of Koch and Pasteur as illustrating the Law of Similars." Mr. Butcher is eminently fitted for the treatment of such a subject from his great scientific acquirements and his highly original intellect. He was likewise specially qualified for giving a good account of

Koch's method, as he had learned in Berlin itself much about it. But he did not touch upon the subject of the success or otherwise of Koch's treatment of human beings. He only referred to his laboratory experiments as illustrating the law of similars. Of course his paper was calculated to create a lively discussion, for we have amongst us not only some who are believers in Pasteur and Koch, but some who think that both these eminent *savants* have gone on quite a wrong method in their search for a cure for hydrophobia and phthisis. Some great man is reported to have said anything can be proved by figures, and this is conspicuously the case with regard especially to Pasteur's anti-rabic inoculations, for while his partisans, such as Sir J. Paget and Sir J. Lister, show by figures that his injections have saved the lives of many persons who otherwise would have died of hydrophobia (the former puts the number at 900, the latter at 12,000 in four years!) his opponents, like Drs. Lutaud and Peter, prove equally convincingly by figures that his injections so far from having prevented hydrophobia have spread it, and thus have been instrumental in causing the deaths of many who otherwise would never have had the disease. Another great man has said nothing is so fallacious as figures—except facts; so what are we to believe? "Who shall decide when doctors disagree?"

The results of the anti-tubercular injections of Koch are not so uncertain. It is now generally admitted that the whole business is a lamentable fiasco—that none have been cured but many killed by it. The Koch episode does not redound greatly to the credit of the medical profession. The first announcement of the so-called discovery caused an invasion of the capital of Prussia by doctors from all parts of the world. It was a most undignified scamper—a kind of "devil take the hindmost"—all eager to be the first to obtain a drop of the precious lymph, whose composition was then utterly unknown. The report that enough lymph for a thousand inoculations could be had for 25 shillings, and that the doctors of Berlin were charging from £5 to £10 for each inoculation, was enough to make the mouths water of the thousands of practitioners who were half-starving on half-crown fees. When the grand smash came, the disappointment of the credulous lymph-seekers must have been aggravated

by the discredit they had brought on an honourable profession by their indecent haste to employ a secret nostrum—an altogether unprofessional proceeding which the chief exponents of medical ethics had frequently condemned in the most explicit terms.

Incidentally I may remark that Koch's idea of curing tuberculosis by its own virus was anticipated long ago by homœopathy, the very name Koch gives to the prepared virus, "*tuberculinum*," being that given many years since by Swan to his similar preparation. The homœopathic idea passing through the allopathic brain was ruined in the transit, and *tuberculinum*, which, employed after the method of Hahnemann has only benefited patients, when used according to the directions of Koch has hurried many victims into a premature grave. One of our members, Dr. Burnett, has published a book, in which he shows how helpful *tuberculinum* is when rationally employed.

The sixth meeting in March was pleasantly and profitably spent in listening to an interesting paper by our esteemed veterinary colleague, Mr. Hurndall, on "Our Public Flesh and Milk Supply in Relation to Hygiene." The author, though not a member of the Society, is a welcome visitor, and last year favoured us with his experience on the homœopathic treatment of influenza in the special subjects of his *clientèle*, viz.:—horses. It is very satisfactory to us to find that horses are very amenable to homœopathic treatment, and we are glad to know that our system is practised with excellent results by such a skilful and scientific veterinary surgeon as Mr. Hurndall. Speaking for myself, I have a special fondness for veterinary practice, for I was once very near being a military veterinary surgeon. It happened in this way: Some thirty years ago, being seized with the desire to become acquainted with the art of war, I entered the military service of her most gracious Majesty in the reserve forces. I may mention that I served for nearly twenty years in the ranks, but that my wish to witness real warfare was not gratified, as during all that long period this country was never once invaded by a hostile army, and you are doubtless aware that the reserve forces are not sent on foreign service. I cannot say that my military career was

altogether bloodless, for on one of our field-days a spectator was shot through the body by a ramrod which had been carelessly left in a rifle. But as the victim was only a clergyman and therefore a pacific non-combatant, the catastrophe could not be fairly regarded as an incident of real warfare. The colonel of my regiment one day told me that he thought what he was pleased to term my talents were wasted in the rank and file of the regiment, and he asked me if I would not like to be one of the regimental doctors. I at once replied no, my object in joining the army was the slaughter, not the cure, of my fellow creatures; of the latter I had quite enough in my civil capacity. He then asked me if I would not accept a commission as an officer of some sort. I replied that if I quitted the ranks I would only exchange my present status for that of veterinary surgeon. He asked me what I knew about horses' diseases. I replied, nothing at all, but that did not signify, for if I were appointed to the post of veterinary surgeon I would adopt the stamping-out plan which had been so successfully enforced by the Government in the case of the cattle plague; and when a horse seemed ill and unfit for work I would order it to be slaughtered and a sound one procured. The colonel seemed struck by the simplicity and efficacy of my plan, but regretted that, as ours was an infantry regiment, and there were only three horses in the regiment—his own, the major's and the adjutant's—it seemed hardly worth while creating a special surgeon for such a small *clientèle*. I could not agree with him there, as the number did not matter when the whole efficiency of the regiment in the face of the enemy might be endangered by the disablement of the charger of any one of those important officers. Such an accident could not happen in a dragoon regiment, as any officer whose horse was disabled could be supplied with another from the ranks, therefore the fewer the horses in a regiment the greater the need of an official to see to their efficiency. My arguments did not move the colonel to adopt my suggestion. I have often noticed that colonels are indisposed to introduce any novelty or reform, however excellent, into their regiment unless it has originated in their own brain.

This little bit of military autobiography will enable you to understand the interest I feel in veterinary sub-

jects, and how thoroughly pleased I was to listen to the experience of our able veterinarian, Mr. Hurndall.

The chief object of his paper was to show that there could be no safety for the consumers of butcher's meat unless the body of every ox was, as it were, sat upon by a veterinary coroner, and a verdict of "died from non-natural causes" returned. This is similar to the Jewish plan with regard to their "Kosher" meat, and as we are apparently about to be deluged with an immense importation of wandering Jews from Russia, we may in course of time become so Hebrewised as to adopt their peculiar custom in regard to meat-inspection.

At our meeting in April we were favoured with an excellent paper by our worthy honorary secretary, Dr. Blackley, on "The Irritable Mucous Membrane of the Gouty Subject," which was fully up to date in erudition and practical value. I have often observed that patients seem to derive considerable comfort from the doctor's assurance that their complaints are due to gout in their system. Probably their satisfaction is owing to their belief, originally started by Lord Chesterfield, I believe, that gout is a highly respectable disease. When hereditary it shows a sort of aristocratic strain in the blood, of which every well-regulated mind ought to feel proud. The consciousness of the gentility of the disease may tend to mitigate its anguish, even though the victim may find that Ovid was right when he says :

Tollere nodosam nescit medicina podagram.

At our May meeting Dr. Blake gave us a luminous and interesting paper, entitled "A Study of Delphinium Staphisagria." Though the drug has been known to the faculty from the very earliest times, little use has been made of it by the old school, except as an application to the head, in order to destroy that loathsome vermin which Burns apostrophizes as an

Ugly, creepin', blastit wonner.

Detested, shunned by saint and sinner.

On the other hand, Hahnemann discovered in it great therapeutic virtues, which were all set forth by Dr. Blake, whose observations will materially help to precisionise its sphere of therapeutic utility.

At our last meeting in June, Dr. Fernie improved the shining hour by discoursing on the therapeutic virtues

of the busy bee. His paper, besides being replete with practical wisdom, was witty and humorous, and while it instructed it amused his audience, and elicited a general wish that the author would soon gratify us with another paper. Had Dr. Watts been still alive to hear Dr. Fernie's paper he might have added a verse in his celebrated poem about that exemplary insect, the bee, something in this style:

How artfully she stores her tail
With venom, strong and sure,
Adapted to a two-fold use—
To poison and to cure.

Casting a retrospective glance on the session just terminated, I think I may say that it has been a very satisfactory one. We have had excellent papers read and instructive discussions. We have had many interesting cases of rare disease exhibited, and we have had fair average attendances of members. We have increased the number of our members by the election of six new ones.

We have to regret the loss of two of our oldest members by death: Mr. Ayerst, of London, who though he remained a member of the Society to the last, did not attend our meetings of late years, and Dr. Moore, of Liverpool, who during his rare visits to London occasionally delighted us with his genial presence.

Indirectly connected with the Society we have had a series of post-graduate lectures delivered by some of our members belonging to the staff of the hospital. These lectures have been most interesting and instructive, and have been much appreciated by the audiences. It is to be hoped this excellent plan will be continued in future years.

As the British Homœopathic Society is intimately connected with the London Homœopathic Hospital, all that concerns this institution interests us in the highest degree. Accordingly we have viewed with feelings of the warmest sympathy the amazingly successful efforts made by the board of management of the hospital, headed by their indefatigable, energetic and liberal chairman, Major Vaughan Morgan, to collect funds for rebuilding, with all the scientific improvements required by modern sanitation and hygiene, the hospital which we feel has hitherto but inadequately supplied the wants of the

patients who have flocked to it. Now that the large sum of £30,000 has been collected there need be no delay in commencing the work of rebuilding, and perhaps before our next annual meeting we may have the pleasure of assembling in the hall of a handsome and commodious new hospital, which will increase the reputation and extend the knowledge of homœopathy.

I cannot leave the subject of the hospital without alluding to the great progress that has been made in the surgical department. There can be no doubt that during the last decade immense advances have been made in operative surgery, more especially in that of the abdomen, and that many cases which formerly would have perished from lack of operative help are now saved by the surgeon's skill. As we have a surgical department in the hospital, it would be shameful if the surgery were not quite up to date. We are proud to know that, thanks to the perfect skill of our surgeons, that reproach cannot be applied to our hospital. I do not hesitate to say that operations as skilfully performed and as wonderfully successful as those in any of the existing hospitals may be witnessed in the London Homœopathic Hospital.

Since we parted in June last year there has been but little mention of homœopathy in the old school periodicals. Our old adversary, "R. B. C.," *alias* Mr. Robert Brudenell Carter, distinguished himself by reporting to the Ophthalmological Society the outrageous conduct of one of the members who actually "submitted to consult with a homœopath," and proposing that the Society should pass a resolution to the effect that "it is inexpedient and improper for its members to engage in professional consultations with avowed homœopaths, or with persons holding office in homœopathic institutions." The Ophthalmological Society would have nothing to do with Mr. Carter's resolution, whereupon Mr. Carter indited an acrimonious letter to the *Lancet* in which he loaded with equal abuse homœopaths and the majority of the members of the Society, and loftily announced his resignation of the membership of the Society. Of course Mr. Carter's letter was duly answered, and a very pretty quarrel was kept up for a few weeks in the columns of the *Lancet*. Except this little fight there has been nothing stirring in the homœopathic contro-

versial sphere. It is to be hoped that it may not be long before some new assailant of homœopathy enters the list and gives our school the opportunity of having a fair stand up fight for the cause of scientific therapeutics. A young truth always flourishes amid the din of controversy. The palm of victory is not to be had without the dust of strife—*palma non sine pulvere*.

A characteristic attempt at boycotting was enacted at Bath on the occasion of Hospital Saturday. It appears that hitherto the collection on that day was in some way monopolised by the Royal United Hospital and was managed by the committee of that hospital. The committee of the Homœopathic Hospital considered this unfair, and thought that the collection should, as in other places, be made for all the hospitals of the place, including their own. They accordingly proposed to the committee of the allopathic hospital that the collection should be a general one; the proceeds to be afterwards divided among the hospitals proportionally. The allopathic committee scornfully refused to "enter into correspondence with" the homœopathic committee, so the latter instituted a separate collection for their own hospital, which was so far successful that they got upwards of £130. For my own part, I think the homœopaths acted perfectly right, and I should always approve of an energetic resistance being offered to all such attempts to treat us otherwise than on a footing of perfect equality. If we allow ourselves to be sat on we shall certainly be squashed.

In the old school nothing of permanent importance to medicine has occurred. Of course, a good many new antipyretics and hypnotics have been introduced, but as the same thing has occurred frequently during the last decade, and the novelties after a short trial are discarded for some still newer remedies of the same class, we need not trouble ourselves much about them.

Each remedy as it is introduced is said to be, like Keatings' insect powder, "perfectly harmless to animal life," but it invariably happens after a longer or shorter trial that some of those who have employed it, write to the medical periodicals to complain of its poisonous action on their patients. The most amusing incident in the old school is the tragi-comic drama enacted in Berlin

in connection with the Koch cure of tuberculosis, to which I have already alluded.

The hopes raised in the breasts of the aged by Dr. Brown-Sequard's announcement that he had discovered the true elixir vitæ have alas! not been realised. This is to me personally a great disappointment, as I had looked forward to renewing my youth at this new fountain of jouvence, when I might have roused your enthusiasm by a lively, vigorous and youthful address, in place of wearying you with the vapid babblings of senility.

I was just about to write that nothing more of a new and original character had appeared in connection with old physic, when I received by post a work entitled, "Rhyming and Mnemonic Key to Materia Medica." In this the author, who modestly conceals his name, endeavours to fix on the memory by means of rhymes and puns the rather dry facts of drug compounding. Sometimes he contents himself with the mere enumeration of the constituents of the compounds of the official pharmacopœia, as thus:—

"*Linimentum Aconiti*—

Take *aconite*-root and rectified spirit, parts twenty,
And *camphor* one part, you see it is plenty."

But he usually includes a bit of therapeutical information in his rhyme:—

"*Plumbi acetas, opium*, confection of roses
Makes a pill, which if taken, stops bleeding from noses."

"*Sulph. magnesia* one ounce and *mucil. amyllum*,
With one ounce olive oil to act on the rectum."

"Gum arabic in powder, syrup, cinnamon and chalk
This *mistura cretæ*, diarrhœas will balk."

These are perhaps the most favourable specimens of the author's work. In many of the couplets the metre and rhyme are both conspicuous by their absence, as for instance:—

"*Calomel*, 80 grains, one ounce *æxungia*
Prescribed much it is for scrotal eczema."

The idea appeared to me to be good, though the execution certainly leaves something to be desired. Why not utilise it for the purpose of impressing the homœopathic therapeutics on the mind? I remember when I was a student a certain teacher of anatomy in Edinburgh was credited with having invented a whole system of

mnemonic rhymes for the purpose of teaching his class students anatomy. I can only recall one specimen of this curious industry. In order to enable the student to remember the relative position of larynx and pharynx (called in Scotland laarynx and phaarynx) this elegant couplet was to be learned by heart:—

“The laarynx lies beneath the skin,
The phaarynx lies far in.”

Some of us remember how our distinguished colleague, Dr. Tod Helmuth, at the dinner of the International Homœopathic Congress in 1881, delighted us by reciting a poem of his own composition, in which he gave a sort of history of surgery and its chief operations. He showed that operative surgery was a very ancient art, the earliest recorded example of it being the enucleation of Adam’s rib. An Italian of the name of Guanciali in 1840 published a poem in Latin hexameters all about Hahnemann and his medicines; but he rather limited himself to giving a poetical account of the pathogenetic effects of the chief homœopathic medicines, and as he chose to write in Latin the circle of his readers was limited.

I thought that something might be done in the style of the *Rhyming Mnemonic Key* to impress on the unlearned reader’s mind the salient facts of homœopathic therapeutics. I remembered how the succession of kings, from William the Conqueror downwards, and some of the striking facts of English history, had been engraved on my memory by the rhymes learnt in the nursery, setting forth how—

“Norman Willy, the Conqueror, long did reign,
Red Billy, his son, by an arrow was slain.
Henry the First was a scholar bright,
And Stephen was forced for his crown to fight.”

And so on. If a serious subject like history could be legitimately taught in rhyming couplets, why not that equally serious subject, medicine?

I forthwith set to work to try and get the idea put into execution. Among my friends I have one who is what I may call a spiritualistic poet. Under the inspiration of spirits he will reel you off any quantity of rhymes on any given subject. So I interviewed him, told him what I wanted, put a copy of Dr. Clarke’s *Prescriber* into his hand and a glass of Glenlivet into his slot, and so set him going. In a short time he produced a sheet full of

couplets, wherein a number of our medicines and their therapeutic uses are set forth in alphabetical order as follows:—

If inflammation holds you tight
You'll loose its grip with *Aconite*,
For erysipelas, on my honour,
There's nought can equal *Belladonna*.
When flatulence unstable is
Take *Carbo vegetabilis*.
When our heart's action seems to fail us,
We take a dose of *Digitalis*.
Euphrasia, anglicé *Eyebright*
Is good for clearing up dim sight.
A tapeworm in a lad or lass
Is quickly killed by *Filix mas*.
Psoriasis an ugly sight is,
It's been cured often by *Graphites*.
To keep your boils from going deeper
Take every night and morning *Hepar*.
To one by sorrow who's emacia-
Ted, the safe cure is *Ignatia*.
For sweats excessive *Jaborandi*
Is of all med'cines the most handy.
Lest toothache tease you you should note
The remedy is *Kreasote*.
To give a gout-racked person *Ledum*
Is vastly better than to bleed him.
A cure for bilious trouble is
Mercurius solubilis.
Take for disordered stomach a
Pilule of *Nux vomica*.
If drowsiness you overcome
Then take a dose of *Opium*.
From Pentland Firth to Bosphorus
Pneumonia's cure is *Phosphorus*.
If grave disease has made you pine
A grand restorative's *Quinine*.
If suffering from furunculus
Your remedy's *Ranunculus*.
If thread worms make your baby whine
Give him a dose of *Santonine*.
When wheezy mucus clogs the chest
Tartar emetic is the best.
If you're attacked by diabetes
Uranium helps—see E. Blake's treatise.
Its full and copious proving stamps
Veratrum as the cure for cramps.
Water applied, both cold and hot,
Cures of diseases a great lot.

When maidens' menses painful come
Then dose them with *Xanthoxylum*.
Whene'er you feel down on your luck, a
Remedy you'll find in *Yucca*.
The sufferings from excess of drink—
Experto crede—yield to Zinc.

When I objected that the poetry was hardly up to the high standard I anticipated, the author replied: What could you expect from a single glass of whisky? If it had been a bottle the lines would have had more spirit in them. You can't get more out of a vessel than you put in it—and so forth. I only give this specimen by way of a hint to others who may be disposed to adopt this method of popularising homœopathy. Now that the allopaths have taken to the poetical plan, we may follow their example and show them that homœopathic therapeutics is quite as susceptible of poetic treatment as their pharmacopœia. *The Rhyming Repertory of Rational Remedies* would be as good a title as that of the allopathic work I have introduced to your notice. The historical nursery rhymes, of which I gave you a specimen, were, if I remember aright, set to a lively tune, and though lively music might seem hardly suited to such a grave subject as medicine, there might not be the same objection to intoning the *Rhyming Repertory* if it were considered advisable to give a public reading of it. But, perhaps, I had better avoid any allusion to ecclesiastical forms, lest it might suggest to some of you to propose reading the Commination Service for my benefit—or the reverse.

Gentlemen, we have well earned our holiday, and I trust we may all enjoy it. But I must remind you that to-morrow the Annual Congress, which is something quite apart from our Society, is to meet in this room, and I hope it may be largely patronised by our members, one of whom, our excellent friend, Mr. Harris, is to occupy to presidential chair. I am sure all you, and many others, will give him their cordial support.

Thanking you for the patience with which you have listened to my address, which I wish for your sakes had been better worth listening to, I bid you farewell until October next, when I trust we shall again assemble like giants refreshed by our holiday, prepared to develop our scientific therapeutics and extend the knowledge of the beneficent system of Hahnemann—*urbi et orbi*.

THE ANNUAL HOMŒOPATHIC CONGRESS.

AFTER TWENTY YEARS AND TWENTY YEARS AFTER.*

BY HENRY HARRIS, M.R.C.S.

COLLEAGUES, LADIES AND GENTLEMEN,—It was certainly not on account of any fitness on my part to fill such an office that my colleagues at Bournemouth did me the great honour of placing me in this position to-day, and rather I would say (and I say this as an encouragement to the more modest ones amongst us), it was an illustration of the proverb, “All things come round to him who will but wait;” and, almost for the first time, you will have from this chair, the views, not of a field-marshal, not of a general, not even of an officer, but of one of the rank and file of the medical profession. So, in speaking to you to-day in the capacity of President of the Congress, I would, in the first place, guard myself from misconception, that in so doing I am in any way a representative or mouthpiece of the homœopathic body. The views I lay before you to-day, I, and I only, am responsible for.

It will be within the recollection of many of you that, as long since as 1850, the custom of holding Congresses of the practitioners of homœopathy has obtained in this country. The custom continued annually until the year 1856, and then fell into desuetude. It was revived in the year 1870, and, with two exceptions—or, perhaps, I should say three—consequent on the meetings of the International Convention, it has since been continued year by year.

It is not my purpose to dwell at any great length, either upon the addresses which have been delivered at these Congresses, or upon the men by whom they were delivered.

Suffice it to say that among the latter have been all, or nearly all, the most prominent practitioners of homœopathy in the British Islands, and hence I feel strongly the sentiment of the old writer, “What shall a man say who cometh after a king?”

In 1879, Dr. Hughes, at the Malvern Congress, arranged the addresses which had preceded his under

* Being the Presidential address delivered in London, July 9th, 1891.

two heads: The Scientific, and the Politics of homœopathy.

This arrangement, admirable at the time, has continued equally applicable until now. By the addresses, classed under the head Scientific, it has been proved, first, that the homœopathic law is scientifically true; secondly, that it is in agreement with, and enables us to utilise to their full extent, all additions to our knowledge of physiology, pathology, and therapeutics; thirdly, that infinitesimal doses of drugs have a curative action in disease; fourthly, that by the practical working of the homœopathic law, diseases are more quickly, safely, and pleasantly cured than by any other known method of therapeutics.

Under the heading of Politics of homœopathy the addresses have shown:

First, that the reception of homœopathy by the old school of medicine has, from the very first, been intolerant and unjust; that its practitioners have been boycotted, persecuted, and deprived, as far as possible, of all professional privileges and emoluments.

Secondly, that the attitude of the homœopathic body has been (in this country, at any rate) characterised by a strict observance of the laws of medical etiquette, and by continued efforts for reunion, at the sacrifice of everything but fundamentals.

Thirdly, that the influence of homœopathy on the general practice of medicine has helped the discrediting and abandoning of the grosser forms of treatment.

Fourthly, that the remedies introduced by the homœopaths have been, and still are, constantly (without acknowledgment of the source from whence they are taken) appropriated by the so-called orthodox school of medicine.

I have thus four propositions under each heading which I shall take as proven, and should any one feel aggrieved by this course, my reply is that I am not to-day a missionary, but that I am speaking to those who are heart and soul convinced of the truth of homœopathy, and of its benefits to the human race.

What, then, after twenty years, is the position of homœopathy in this country? What signs are there of the triumph of its principles, the spread of its methods of practice?

A question that is constantly asked by our patients is, Does homœopathy increase? During the last few years, when that question has been asked me, I have felt considerable difficulty in giving the positive assurance I could wish. "If I might, with comprehensive view, survey mankind from China to Peru," I could always satisfactorily reply to my questioner; but when I know the meaning of the question is limited to the condition of homœopathy here, I speak with some fear that my questioner may compel me to give reasons for my reply.

In what direction can we fairly look for evidences of growth?

Taking first the attitude of the profession to homœopathy. At various times during the past twenty years, upon the slightest appearance of an increase of toleration and liberality on the part of the allopaths, an optimistic cry has gone up from the writers of the homœopathic school that the dark days had passed, the injustice to which we had been subjected was about to be acknowledged, and the homœopath was to be received into the fold of orthodox medicine.

Even in the year 1870, a writer in the *British Journal of Homœopathy* expressed the belief "that the time was not far distant when there will cease to be homœopaths and allopaths; but all will be one fraternity, joined together by one common aim, mutually respecting one another in their common labours, for the weal of suffering humanity."

Four years later a distinguished writer wrote, "The boundary line between the homœopathic and orthodox practice is daily becoming less distinct." And five years later, in 1879, another writer, equally distinguished, expresses himself in these words, "For our children 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 truth, when the antagonisms of to-day shall cease to separate between brethren."

I might go on quoting year by year similar sentiments, but I will come to more recent times, and bring to your memory the admirable address of Dr. Dyce Brown in 1888, wherein he brings before you certain evidences of this growth of toleration. Amongst others he mentions the fact that Dr. Percy Wilde had been invited to read

a paper before the local branch of the British Medical Association on a subject involving the question of the relation between the two schools, in the discussion of which most liberal feeling was shown. That I also was invited by a local Medical Society to address them on the subject of homœopathy. What Dr. Wilde's after experience has been I know not, but mine was this, that though my paper was well received and fairly discussed, the president was quietly informed by several members of the Society that they would resign their membership if the subject of homœopathy were again introduced. I mention these two cases as illustrating this hopeful view, for on them Dr. Dyce Brown mainly founds his statement that "all round we are frequently finding evidence of the direction in which the tide is flowing in favour of freedom in medicine," and Dr. Pope, at the last meeting of the Congress, gave, as illustrating the same progress of toleration, that our old enemy, *The Lancet*, had inserted a letter from a homœopath, repelling a slander made in their columns, and that was, as Dr. Pope said, something distinctly new.

I have also noticed that this same journal, *The Lancet*, now utilises the advertising columns of the *Monthly Homœopathic Review*, but against these recent evidences of growth may be placed the fact that, in the College of Physicians, there is now a library rule that books on homœopathy shall not be placed on the table of the reading room.

I confess that I cannot share these optimistic views which I have quoted.

I am unable to recognise any radical change in the attitude of the bulk of the profession towards the followers of Hahnemann.

It may be that the virulence of language, like the "damns" of conversation, has had its day; it may be that the outward, active persecution is less manifest, that recognising the old truth "that a persecuted faith always grows," the profession, acting on the advice of Dr. Bristowe, has ceased openly to assail us, but, conspiracy of silence and contemptuous indifference have taken the place of the open warfare, and the innuendo that of the curse.

To look in this direction for signs of progress, will, I feel sure, be unavailing.

In the medical hierarchy, as in all other bodies of that type, true reform will only come from without.

In discussing this first head of the attitude of the profession to homœopathy, I have also indicated sufficiently that the attitude of homœopathy towards the profession has continued to conform to that rigid observance of medical etiquette laid down in the second proposition.

We may now pass on to consider the modifying action of homœopathy on the practice of medicine at large.

As to the first part of such action, the discrediting of the more violent methods of practice (though it is true bleeding, blistering, emetics and violent purgatives still exist, and occasionally make efforts once more to become fashionable), on the whole we may say that healing by torture is almost extinct. As to the question of the adoption of our remedies. Each year continues to add its testimony to the growth of the practice, and acting on the advice of a previous president, I would be quite content to view such practice in a benevolent spirit, if Hahnemann's advice were taken, "If you imitate, imitate correctly."

But when we come to consider this as one of the evidences of the growth of homœopathy, I am not quite as well satisfied.

For what does this absorption mean?

Is it a real taking in and digesting of the guiding law? Or is it simply an empirical use of remedies used in our school? Were it the first, the result of such absorption would be a permanent alteration in the general practice of medicine, and would be, perhaps, the ideal to which we might aspire. But, meanwhile, it would necessarily have manifested itself by converts coming to our ranks, not as single spies, but in whole battalions, for the conviction of a great truth would have overridden all the worldly advantages pertaining to orthodoxy. But I am afraid that this adoption is simply, as has been often stated, a mere empirical use of the remedies, not likely to advance, but rather to hinder, the cause of true homœopathy.

And here I can do no less than bear an enthusiastic tribute to the immense work done by members of our school towards the building up of a reliable *materia medica*, and the furnishing us with the best means of

utilising that work. As Dr. Hughes, in 1879, was enabled to congratulate the homœopathic body on the completion of *Allen's Encyclopædia*, so I, in 1891, may, I think, fairly congratulate Dr. Hughes and his co-workers on the completion of the *Cyclopædia of Drug Pathogenesis*, a work of which any era of medical history might be proud, a work which, when supplemented by its appropriate repertory, must for many years to come be the chief source to which the homœopathic student will look for guidance.

As we have already considered the bearing on the progress of homœopathy of the attitude of the dominant school, as well as the results already attained by the empirical adoption by allopaths of homœopathic remedies, let us now turn for evidence to that which would perhaps occupy the first place in the mind of the outside observer. I mean the number of avowed practitioners. According to a homœopathic directory published in 1853, there were in the British islands 178 qualified practitioners of homœopathy. In 1868, fifteen years later, there were 258, which number gradually increased till 1874, when there were 278, but in 1890 the latest directory available, 256 names only appear in the list.

Consequently we are face to face with these facts :—

First, that the attitude of the profession towards homœopathy and homœopaths, though superficially altered, is not materially changed.

Second, that the appropriation by the profession of our remedies is not accompanied by the absorption of our law, and its effects are therefore not likely to be permanent.

Third, that whilst during the earlier years of homœopathy, the number of its avowed practitioners steadily increased, they are now fewer than they were 20 years ago. Of this last fact, we have had various explanations; but, explain how we will, the fact remains.

In 1874, Dr. Dudgeon, in the address from which I have already quoted, told his hearers that "they were not to look for, or expect, any great increase of the number of the avowed followers of Hahnemann, but must rest content with the assurance that the principles of homœopathic therapeutics were being largely adopted and acted on by nominal adherents of the old school."

In striking contrast we have the direct progress of homœopathy in the United States. In this same address, Dr. Dudgeon explains the reason of this difference, and attributes it amongst other things to the fact "that we are an eminently conservative race, and to the conciliatory and non-aggressive spirit in which homœopathy has always been advocated by its professional adherents in this country." He goes on to say: "While the new converts of the United States come out of the old ranks in an ostentatious manner, and enrol themselves openly among the adherents of the new school, our new converts remain in the old ranks, and are careful to avoid an open alliance, with what is still denounced as a heresy. The Ringers, Harleys, Wilks, Thorogoods and Burneses of America fill chairs in the homœopathic colleges; here, they stick to the old craft, and are rewarded by professorships, and the applause of orthodox journalists."

But Dr. Dudgeon is bound to confess that, at that time, the number of homœopathic practitioners in the United States, was at least ten times that of the number in this country. This disproportion has continued to increase, for we were told at our last Congress that there were at least 14,000 practitioners of homœopathy in the United States, and from a return I have recently read, out of the total number of 37,437 students who have during the past ten years graduated in medicine in the United States, 3,878, equal to more than one-tenth of the whole number, graduated at homœopathic colleges.

To counterbalance this disproportionate increase in the number of practitioners, we ought, before we endorse the difference in policy, have some evidence that we have gained in other directions.

But from what I can understand, the attitude of the dominant part of the profession towards homœopathy is at least no worse than in this country, and the tendency to use our remedies is quite as great there as here. Consequently, on the three grounds—the modifying of the attitude of the profession, the modifying of the general practice of medicine, and the direct increase in the number of practitioners—the balance of evidence is strongly in favour of the policy which has been pursued in America. But in what does this difference of policy consist? It is, I believe, simply the question of the relative importance, in the two countries, attached to

the duty owed to the profession, and the duty owed to the public. On this point the whole matter hinges. In America they may not have paid as much respect to the traditions of the profession as they might have done. It may be, they have occasionally been led into regrettable extravagances and have failed to preserve that intense respectability on which we so much pride ourselves. But the results obtained would justify worse means than any they have employed. And at the present time the homœopathic body in that country is in a position to command respect, and to influence the national policy with regard to the future of medicine.

In fields other than that of medicine, take that of politics for example, we are not content to be told that our opponents are coloured by our principles, and are stealing our measures. Before we accept the dictum that our cause is progressing, we require to see an increased number of voters at the poll, an increased number of representatives in the House. I do not believe the public will accept as satisfactory, any evidence of the growth of homœopathy, which does not show an increase in the number of practitioners. For myself, I am not content with this lateral development, nor am I content to wait much longer, with baited breath and bended knee, for an invitation to return to the ranks of orthodox medicine.

Still, perhaps, in this opinion I may be singular, and others may think that the influence and teaching of homœopathy have so thoroughly and permanently changed the general practice of medicine, that its progress is of little consequence, and that there is little left worth fighting for. They may tell me that during the past twenty years, medical science has made great strides—that our knowledge of the causes and natural history of disease has so increased that preventive medicine has become a perfect art, that by enforcements of the state of the laws of hygiene on the community, the ravages of zymotic diseases have been greatly reduced, and the public health generally raised to a higher standpoint than it ever before occupied. With all this I agree—for by reference to the Registrar-General's Returns, I find in 1869 the deaths from zymotic disease amounted to 4,174 in every million,

whilst in 1889 they were but 2,184; a little more than half.

A great improvement surely, mainly due, no doubt, to the improvements that have taken place in sanitation and preventive medicine.

If it should be said, however, that some at least of this great gain is owing to improved medical treatment, I would retort that if so, through its lateral development, homœopathy may fairly lay claim to a share of the credit.

But though in 1889 the death-rate from scarlet-fever was only 231 per million, as against 1,244 in 1869; though in enteric fever it was but 173 as against 390; in whooping cough 421 as against 493; in measles 508 as against 464; yet, notwithstanding, this death rate means that from scarlet fever there were 6,698 deaths; from enteric fever 5,011 deaths; from whooping cough 12,225 deaths; and from measles 14,732 deaths.

I know not how these figures will appear to you, but they seem to me to show that there is still ample necessity for the growth, direct or laterally, of homœopathy.

By a curious coincidence, in the 21st year of the renewal of our annual Congress, I have just completed my 21st year of medical practice, and with this death roll in my mind, it struck me that it would be interesting to review the army of martyrs who have fallen at my hands.

I find that during the 21 years that I have been in practice, I have certified as to the cause of death in 310 instances.

The number of cases of the diseases of which I have placed the statistics before you is:—

Scarlet Fever	8
Enteric Fever	3
Diphtheria	4
Whooping Cough	13
Measles	2

—
Total—30

Whilst preparing this address I have received a letter from a well-known colleague, who commenced practice the same year as myself, in which he says: "During 21 years' practice I have not lost a case of scarlet fever, measles, enteric fever, small pox, croup, or erysipelas,

and less than half a dozen cases of diphtheria out of many hundreds. I am not writing this boastfully or egotistically, but with a pardonable pride that our homœopathic law has worked out such brilliant results."

I take these records to be no better, and perhaps no worse, than that of other practitioners of homœopathy; but when I see that in London alone, since the 1st of January this year, there have been 255 deaths from scarlet fever, 845 from measles, and 1,225 from whooping cough, I am tempted to ask myself how many of these lives would have been saved had the general practice of medicine in this country been based on the benign law of *similia similibus curentur*.

There is another point which has been brought very prominently before us during the last two years, and that is, the great advantage the homœopath has over his allopathic brother when called upon to treat a new disease.

For him, it is not necessary to wait to find out the exact origin or pathology of the disease before he begins to treat his patient. The adaptability of homœopathy in these cases is an old tale, dating as far back as the founder of the system. You have all heard or read how Hahnemann was enabled to prescribe for cholera from the symptoms before he had seen a case of the disease.

In the recent epidemics of what has been called influenza (which, though perhaps not a new disease, was practically a new experience to a large part of our living medical men), the homœopath was enabled at once to set to work to cure his patients.

I thought it would be interesting to members of this Congress to hear something of the experience of the homœopathic practitioner in this field. With this end in view I sent a circular to all whose names appeared in the *Homœopathic Directory* in 1889.

I fear that some of my colleagues may have been overlooked, but if so, I must ask them to accept as my apology that I had no more recent record to rely upon.

To my circular I received more than 100 replies, and I am thus enabled to place before you the following facts:—Out of the total number 20 had kept no record of the number of their cases, but stated, in most instances, that they had attended a large number. The mortality in 1890 of these 20 practitioners was 1 case

only; in 1891, 5 cases; total mortality 6. From 82 men I had replies giving me particulars both as to number of cases as well as the mortality in both years. In 1890 the total of cases was 6,839, and the mortality 17. In 1891 the total number of cases was 8,146, and the mortality 56. So that, taking the two years together, we find a total of cases 14,985, with a mortality of 73, or at the rate of one death to every 205 cases; and, of these losses, 15 are stated to have been over 70 years of age. These statistics bear out the general idea that the mortality of the present year is greater than in 1890—for we find that whilst in 1890 the rate was 1 in 402 cases, this year it has been 1 in 146.

Forty-eight practitioners report on over 100 cases, and 58 were fortunate enough to treat 6,982 without a death.

From two of our older colleagues I had protests against these epidemics being called influenza; and one of our most promising young ones expressed his opinion that they partook much more of the nature of “Dengue.”

Some correspondents were kind enough to send me particulars of the treatment employed, but as my facts on this head are not numerous, I do not intend to go into that part of the subject, only remarking, in passing, that six or eight remedies would cover nearly all their recommendations.

There was a curious exception, however. One practitioner sent his return, but did not wish his figures inserted, as he did not think they would give a fair indication of the results of homœopathic treatment. For, he said, I have used whatever I thought would do good. Amongst other things, *antipyrine*, *antifebrine*, *quinine*, *James' powder*, *carbonate of ammonia*, &c. I agreed with this gentleman, and excluded his figures. Perhaps he is one of the fruits of the lateral development of homœopathy.

It is stated in the text books that, with influenza, though the rate of mortality is small, owing to its wide distribution, its effect on the death rate is greater than that of cholera. The latter part of this statement is fully borne out by the fact that between the first week of January and the second week in June, influenza killed exactly 2,000 persons in London, and probably may also

be credited with the increased mortality from bronchitis, and pneumonia during the same period. For whilst in the first three months of the year, when influenza was scarcely present, the mortality from these diseases did not greatly exceed the average during the month of May and the first two weeks in June, when influenza was at its highest point (having in that time caused 1,909 deaths), we find from bronchitis there were 1,919 deaths, and from pneumonia 1,187. In each case more than double the average. So that those three diseases, in six weeks, killed in London 5,015 persons.

It has been said that anything can be proved by statistics, a statement generally made by the persons they tell against; but as I have not any reliable information as to the mortality under allopathic treatment, I leave these figures to tell their own tale, simply remarking, if the allopathic percentage is as good as ours, the distribution of the disease must have been wide indeed to account for so large a mortality.

In this matter of collection of statistics, a useful work would be done if the British Homœopathic Society would take up the question, obtain from its members a return of all cases of zymotic disease occurring in their practice, with the mortality ensuing. If these results were published annually as the record of the experience of the members of that society, they would form a standing protest against the ordinary mortality from these diseases. I am aware that a scheme somewhat on these lines was set on foot by the *Monthly Homœopathic Review*, but from what I could gather the idea was to gain scientific information for the use of the profession. What I suggest is for use more as an argument for the conversion of the public.

And now I would have you think out what importance the facts, which may be deduced from the figures I have laid before you, have for the community.

If it is a true inference that in most diseases the use of drugs on the principle of *similia similibus curentur* diminishes to a certain extent the mortality; if, in addition to that, it shortens the time of illness and convalescence, it is surely a matter of grave importance that those advantages should be secured to the largest degree possible.

And I wish for a short time to forget that we are medical men, and look at these facts as citizens. Every human life lost before it has contributed its quota to the general well-being, is so much wasted effort ; and it is not merely this waste of life, and the loss of the results those lives would have produced had they been prolonged ; but there is also the infinitely larger quantity of damaged lives, which just survive after long periods of illness, many never able again to take their full part in life's struggle. Therefore it is a matter not concerning the profession alone, but of the greatest importance, that homœopathy should continue to increase ; and in discussing the means to be adopted for renewing its growth, we must not be guided only by our duty to the profession, but must distinctly remember we owe a larger duty to our fellow citizens. It is in view of this greater duty that I urge upon you to see that nothing is wanting on your part to help its promulgation.

I shall plead in vain unless you are convinced that in the law of similars there rests a power to control these ravages of disease ; that it is not simply a slight thing to be used now and then, but one which (with few exceptions, and those mostly owing to our own incomplete knowledge) should be the controlling and directing influence of our practice.

To the older practitioners this was distinctly so, and continues more or less the case amongst them to the present day ; but I am afraid there are some dilettante practitioners who fail to recognise the seriousness of this matter ; who consider the spread of homœopathy a small incident and not the main object of their life's work.

In the earlier days of homœopathy its progress was much more rapid than it has been of late years, owing, I believe, to the more active propagandism which characterised that time. Most of the earlier practitioners who had accepted the doctrine of Hahnemann were animated by the spirit and the desire expressed in the words, "It is our wish to extend the knowledge of homœopathy from city to town, and from town to village. We wish our doctrine to reach alike the palace and the lordly hall, the mansion of the rich, the modest home of the tradesman or mechanic, and the cottage of the

poor. We call upon all to look to the diffusion of homœopathy as the thing to be effected. Whatever may be a hindrance to this must be overcome, passed by, or leaped over. In a battle, whether by sea or land, all personal feelings are merged in the contest, the victory is the thing looked at. If this be the case in a quarrel between princes or states, when war is the result of folly or madness, or some base passion, how much more does it apply to those who contend for what they believe to be a great truth."

It was in this spirit that Curie lectured, that John Epps lectured and wrote. It was in this spirit that the earlier tract literature was written and given to the world. Men at that time did not limit their appeals to the profession, and as a consequence, conversions were numerous, and it required no arguments to show that progress was made.

It may be somewhat a cant phrase to speak of the "spirit of the age," but no one can be observant of the things passing around him without being convinced that there is a spirit of unrest and change pervading all sections of society and all forms of thought. Old well-established beliefs are being re-tested, old institutions reformed in all directions, and perhaps the most difficult thing of all, old conventionalities of society are being disregarded and swept away. This spirit has invaded the sacred precincts of the learned professions, and the intolerance of the public of class privileges is getting day by day more and more pronounced.

With the spread of public education—whether in theology, or law, or physic—its professors find their superiority no longer admitted without question. The magic letters after a man's name have lost their charm, and even the golden-headed cane, or the white neckerchief, fail to inspire reverence. The priest, the lawyer, or the doctor, must now retain his superiority by greater knowledge, or not at all. I am not prepared to say that this change is all for the better. A little knowledge, we are told, is a dangerous thing, and many a proverb describes in unflattering terms the man who attempts to be his own professional adviser. But that this is the condition of things, and that it will go on increasing, I am convinced. And what I now ask is, How can we

utilise this spirit for our great work? In other words, How can we make the public and the profession co-workers?

When the weapons of abuse and vulgar railings were found useless in the hands of our opponents, they replaced them with the more subtle and cruel innuendo; unable to deny, or disprove, the claims of homœopathy, they launched against its practitioners the charge that they were guilty of a breach of professional etiquette; that they owed their successes in practice to the fact that they assumed the distinctive title of homœopath; that, in short, they were trading on a name. The charge was false, but like many other false charges it wrought woeful mischief. For, as I have already pointed out, there has always been amongst our men a longing for union, a desire so strong that it has almost become morbid, that there should cease to be two camps in medicine. Consequently, there ensued an effort to remove even the faintest semblance of foundation for this charge.

Propositions were made that the name of homœopathy should be dropped, that the distinctive title should be blotted out from our societies, our hospitals, our dispensaries, our journals. With this end in view, men withdrew from the British Homœopathic Society, and refused to allow their names to appear in our special directories. This trading upon a name is but another view of the question to what extent a professional man is justified in giving the public the information that he is possessed of special knowledge, or follows in his practice a special line of treatment. The question has always been a difficult one, but the difficulty is not confined to the homœopathic body. The etiquette which forbids the medical practitioner adopting the modes of advertising usual in commerce is good, as far as it restrains the profession from using these means of publicity for personal advantage. But it is continually evaded among the so-called orthodox, for being denied the straightforward means of direct statement, they have been driven to underhand means to attain their end, such as starting specialist societies; writing specialist articles in public and in medical journals; publishing on their specialities unnecessary books, which uniformly contain

their names and full addresses; starting specialist hospitals and dispensaries with which their names are publicly connected. I do not say that the specialist should attach to his name words, such as oculist, gynecologist, dermatologist, &c., but it seems to me that men who honestly adopted this alternative would occupy a higher moral plane than those who use the subterfuges which I have described, and that for a profession, in which such practices are common, to charge the homœopath with trading on a name is as comic as the "Devil reproving sin."

In this question of special directories I think those men who, practising homœopathy and believing in its truth, yet refuse to allow their names to appear in such publications, have by such action clearly put their supposed duty to the profession before their real duty to the community at large. For were these directories to cease to exist, what means would remain for the public to discover what medical men there were who practised according to the law of *similia similibus curentur*? and I hold distinctly that the public have a right to that information. It is true that, to a slight extent, this difficulty has been met by the general directories inserting homœopathic literature and homœopathic appointments. But we do not all hold appointments, nor, fortunately, do we all write books. I have previously alluded to one inconvenience to which I myself have been subjected by the non-issue of a homœopathic directory since 1889, and a timely reminder has since been given by the fact that a homœopathic practitioner failed to receive an invitation to this Congress in consequence of the accidental omission of his name from that very directory. It is a matter of daily occurrence with all of us, that patients are compelled to change the locality of their residences, either permanently or temporarily, and one of the questions we have continually to answer is "What doctor shall I go to if I need one?" Without our special directory how are we to give this (in some cases) vital information? Hitherto these directories have been trade speculations of various chemists, and I think we owe them a debt of gratitude for what they have done in the past. But we ought not to be dependent on the question whether these trade speculations can be made to pay for the continuance of our directories. There should be an official

record, and for this we need no new association or reform union. It is a duty which, in my opinion, the British Homœopathic Society might well take up.

How are we to increase the spread of homœopathy among the public? We shall only do it by reviving the missionary spirit to which I have before alluded.

Five years ago an effort in this direction was made, which resulted in the formation of the Homœopathic League, which has since that time done considerable work by the circulation of tracts, and by the provision (in one instance, at any rate), of a lecture on homœopathy, but even in this effort this spirit of professionalism has had some influence, and it has been insinuated, if not openly asserted, that it would be a breach of etiquette for a practitioner to be openly connected with this movement. Even one of the most robust homœopaths amongst us considered it might well be left to the laity themselves, as they were strong enough and advanced enough, with the helps afforded by our serial literature, to carry on the work successfully. I believe that this excessive professionalism has crippled and considerably hindered the work of this useful body, and would have done so even more but for the fact that it had amongst its professional members a man willing and able to provide the admirable succession of tracts which it has issued.

Here, as elsewhere, to obtain the best results, the public and the profession must work hand in hand. And I would suggest, especially to my colleagues in country towns, the advisability of utilising the resources of the league in the delivery of popular lectures on the subject of homœopathy.

But though this activity is necessary for the spread of homœopathy among the public, yet I quite agree with what was stated in 1879, "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 waiting the multiplication of these to increase at a still greater rate." And this brings me to the second and more important part of the subject the necessity of increasing the number of homœopathic practitioners. I say the more important part, for it seems to me to be a senseless and almost cruel policy to

increase the number of believers, without at the same time furnishing them with the opportunities of putting their beliefs to a practical use.

The hindrances which obtained twenty years since to the medical student studying homœopathy, with few exceptions, obtain still. He must relinquish the hope of appointments and the emoluments of the profession. He is still generally excluded from the medical societies, or if perchance he becomes a member, remains there on sufferance only. Nor is there as much to tempt him in the loaves and fishes of the new school as there was, perhaps, in its earlier days.

But the great reason why we fail to get converts from the medical students is, that hitherto we have not been able to give them sufficient advantages in the way of instruction to compensate them for what they would have to relinquish.

To furnish this desideratum, since homœopathy was introduced into this country, several efforts have been made.

In the early days lectures were delivered at the Golden Square Hospital to medical men and medical students, and at various times also special lectures have been given at the London Homœopathic Hospital. But the greatest attempt in this direction was the scheme initiated by Dr. Bayes, in 1875, in founding the London School of Homœopathy. It was a great effort. It was well supported at the beginning, both by the public and the profession. Admirable lectures were delivered by most competent men, and in that school some of the younger ones amongst us learnt most of their homœopathy.

It was an effort that deserved success, but like previous attempts it failed in its most necessary element—the power to attract students—so that, after a few years of waning strength, it fell into a state of coma, waking now and then to give utterance to intermittent lectures, and then resuming its attitude of suspended animation. Why did that school, like its predecessors, fail? Because it had the radical fault that it was neither a complete school of medicine, nor had it the power of conferring a diploma.

Dr. Bayes was quite alive to these two weak points, and it was his hope and ambition to found a complete

medical school, with power to grant a diploma; but he found that in the then condition of things, a complete medical school was impossible, partly owing to the size of the hospital. And he wisely or unwisely attempted to attach to the school the power of giving a diploma to qualified men who attended the lectures and passed an examination in the theory and practice of homœopathy.

In this idea he was opposed by some of his most worthy and valued colleagues, who, from past experience, prophesied failure, and perhaps in some degree helped the fulfilment of their prophecy.

It is reported of Napoleon I. that he said, "If you want soldiers you must breed them," so I say, if you want practitioners of homœopathy you must educate them; and as we have learnt by past experience that it is of little use to attempt to do this by providing them with extra academical or extra professional lectures—lectures which they must attend in addition to their ordinary curriculum—it follows that the only alternative is that we must have a complete medical school in which students may be educated, not simply in the theory and practice of the orthodox school, but imbued from the very beginning of their career with that better knowledge of therapeutics which we owe to Samuel Hahnemann.

That which was impossible in 1875 may prove to be within our reach in 1891. We are now within a measurable distance of having a hospital large enough to qualify it for a school of medicine, and I must strongly support Dr. Carfrae, who, in his address to the British Homœopathic Society, brought this matter prominently before them.

I consider, therefore, not only for the benefits the hospital will confer upon the sick poor, but from this necessity for a school, that the duty which lies nearest to us at the present moment is to help forward to the full extent of our powers this scheme for its enlargement. And I would urge on those who have the rebuilding of the hospital in hand to keep this side of the question in remembrance. Not to build with the word "finality" in their minds, but so to build that they may in the future still further enlarge it, rendering it not only capable of giving accommodation to the increase of patients which will surely come to it, but of making it

a worthy and a fitting home for a medical school, in which shall be trained the rising generation, sons of homœopaths, both medical and lay, who, relieved from the inconveniences, the injustices, and the temptations their fathers have had to endure, may be trusted to worthily uphold the cause of truth and progress in medicine.

In establishing such a school as we have been speaking of, there enters of necessity the question whether or not it should have the power of granting a diploma. Theoretically, I am of opinion that no teaching institution should be also an examining or qualifying body. Had we a State examination, with examiners paid by the State and debarred from private practice—if this examination were thorough, including as an integral part of it the knowledge of homœopathy—we should be the first to recognise and admit that there was no necessity for any school granting a diploma. But whilst the qualifying power is entirely in the hands of our opponents, whilst the examiners are more or less connected with the various teaching bodies, and candidates must furnish certificates that they have studied a certain number of years in a recognised school of medicine, I am afraid it is more than possible that students presenting certificates from our school would be heavily handicapped in the race for a legal qualification, but we may make the experiment, and if we find that our students are unfairly treated, then I think we must brave the law and grant diplomas, trusting to the holders thereof by their conduct and by their numbers to force the State to give them legal validity.

For many years it has been in my mind that there was one way in which my Metropolitan colleagues might help the hospital in addition to begging for it. I mean by the establishing of local dispensaries. This idea was somewhat discussed in a paper read by Dr. Hayward, at the Leicester Congress in 1878, and it also came before the Board of the Homœopathic Hospital in 1886, when a scheme was propounded, of which Mr. Cross, the excellent secretary manager, has kindly given me the heads.

There are points of difference in principle between this scheme and that which has been maturing in my mind,

and naturally, perhaps, I prefer my own. Mr. Cross's scheme was to establish local branches of the hospital for out-patients.

1. Such branches in densely populated parts of London to be established under the title London Homœopathic Hospital.

Bermondsey }
Whitechapel } Out-patient Branch.

2. The central management to rest with Central Board.

3. Local committee to be formed to collect subscriptions and recommend improvements and developments.

4. The medical staff of each branch to be appointed by the central authority, and to form part of the medical staff attached to the hospital (of course the local men would be the most eligible).

5. The patient to pay a registration fee, except when recommended by a subscriber.

6. The expenses to be paid out of the subscriptions and registration fees.

7. The surplus, if any, to be applicable—

a. For a contribution to the central hospital in Great Ormond Street.

b. For honoraria to the medical staff of the branch.

From these headings it is clear that centralisation was to be a leading feature of this scheme, and this I think was a mistake. What I would rather propose is that the homœopathic practitioners in different neighbourhoods should join together and initiate local public dispensaries. I say initiate, for I am convinced that in this, as in other movements for the spread of homœopathy, the first steps must be taken by the profession, but, for the continuance and support of the scheme, they should endeavour to form a committee from amongst their patients, which committee should have afterwards the full control and management of the dispensary. On this map which you see before you, I have indicated by the red spots, the location of all homœopathic practitioners known to me in London and the suburbs, and by grouping them somewhat in the manner I have indicated by the coloured lines, you will understand, if the local men

co-operate, we might easily sustain five or six such dispensaries in connection with, but independent of, the Homœopathic Hospital. By some such plan as this, local men, whose distance from the hospital prevents their accepting posts on its staff, would still be able to do good work amongst the poor in their own neighbourhood. For though I have not stated the fact, the inference is plain, that I intend each dispensary to be officered by the local medical men. The necessary funds would be furnished by subscriptions and by a registration fee, not large enough to be burdensome to any but the very poor, in whose case the fee might be remitted at the discretion of the medical officer or on the recommendation of a subscriber.

Of course I know many practitioners have already private dispensaries. I have myself worked one for the last 20 years. But I do not think any fear need be felt that these public dispensaries would in any way interfere with them, for they would appeal to a lower stratum than that from which the private dispensary draws its patients.

Any surplus of funds would be sent as a subscription to the hospital, and I believe in most cases there would be sufficient to entitle the medical officers to send in cases which they should consider suitable for hospital treatment. The advantages that would be derived if this scheme were carried out would be felt in three directions.

In the first place, the poor (who are by no means the least appreciative of the benefits of homœopathy) would have an alternative at their own doors given them to the present allopathic dispensaries.

The medical officers would get a wider range of practice, and thereby gain knowledge; they would also be brought a little more in touch with each other, and cease to be such isolated atoms, as many of them now are.

The hospital would gain in funds, for I do not think the establishment of dispensaries would lessen its list of subscriptions. It would gain also by having sent into its wards cases more suitable for hospital treatment than any hospital depending in a great measure on the recommendation of subscribers for patients can hope to secure, and here I would make an appeal to the subscribers to

the hospital, with regard to the patients they recommend, that they should not send in trivial cases, or cases that only require rest and nursing. It is true the house-surgeon has the power of refusing unsuitable cases ; but it is not fair to put him in the position of risking offending an influential patron because he thinks the case unsuitable. I have said cases better suited for hospital treatment, but I would add also for clinical instruction ; and if we are to have a medical school, that will be a most important point.

I commend this idea of local public dispensaries to the favourable consideration of my Metropolitan colleagues.

In all the suggestions that I have made to you I have tried to keep in mind the cardinal principle of the co-working of the public and the profession ; and, if in so doing I have seemed to cast some contempt upon professional etiquette, it is not that I have no respect for the injunctions of that code, but that I feel that those injunctions must give way when they conflict with the higher duty which we owe to the public. There is one of those injunctions with which I am in complete sympathy, and that is the one which forbids professional men holding or using secret remedies. For when they disobey this injunction they are not simply violating the laws of medical etiquette, but they are failing in their duty to humanity ; and in connection with this part of the subject I would speak of what some would consider a comparatively small matter, and that is the practice pursued by some homœopathic chemists of putting up as secret remedies what they call homœopathic specifics, which is a description both untrue and misleading. The result of such practices is that the purchaser, being, as he often must be, disappointed in the results of these quack remedies, goes away and says "he has tried homœopathy and it has failed." In the co-operation of the public and the profession in this matter of homœopathy, it is essential that they should both keep their hands free from quackery, and it is no less essential that the link connecting them, the homœopathic chemist, should remember that he also has his part to play in this great cause.

Gentlemen, I have said that the tendency of the times in which we live is rather to diminish than increase class privileges and the power of close corporations, but

though it is an age, democratic—revolutionary, if you will—it is also an age of dreams and ideals. And, after looking back twenty years, if we have the temerity to try and forecast what may be the results of a change of policy in the homœopathic body, we shall not be without good examples in other fields. It is a safe advice of the American that you should not prophesy unless you know, but I cannot help feeling that, with an increasing responsibility for human life, that with the knowledge forced upon us that though we are professional men we have not ceased to be citizens, getting rid of some of this professionalism that has bark-bound us so long, we shall make an intense effort to supply the great need of our time, and if we put our hearts and souls into that effort we shall succeed; and I see in the future not simply one medical school attached to this hospital, educating students in the best methods of therapeutics, but similar schools at Liverpool, at Birmingham, at Manchester, and other great centres of population, each doing its part, and doing it well, by sending forth, year by year, men thoroughly qualified in every respect to practice medicine. I see the men of the homœopathic school still pursuing the noble course that they have so long held, increasing and perfecting our knowledge of the materia medica, and the best way to apply it; but no longer in the position of providing perfect weapons, and having no soldiers to use them. I see the profession generally so influenced by force of numbers that it is compelled by public opinion to admit the equality of the homœopathic practitioner. Then with the still increasing knowledge of the history of disease and the laws of health, with this perfected power in therapeutics, the millennium of medicine will not be far distant, when a premature death will be as great a scandal to society as a case of starvation is now. This may be an ideal, this may be a dream; but remember that the dreams of to-day are the realities of to-morrow, and if we, utilising our opportunities, help to the best of our powers the advent of this time, we may with a clear conscience, when the time comes for us to lay down our work, say, We have done our duty as physicians, we have done our duty as citizens, we have done our duty as men. "I have gathered a posie of other men's flowers, and nothing but the thread that binds them is my own."

OVARIOTOMY AT THE BRITISH HOMŒOPATHIC
CONGRESS MEETING.

July, 1891.

By G. H. BURFORD, M.B.

A. B., æt. 28, was sent from Eastbourne by Dr. Croucher, for removal of a rapidly growing ovarian cyst, to the hospital on July 3rd. Ovariectomy was performed on Wednesday, July 8th, before a large and distinguished company of visitors.

The cyst was monocular, and contained nearly a gallon of fluid. Some omental adhesions were ligatured, the pedicle tied with silk, and the cyst removed. The peritoneum was next flushed with a weak solution of *boroglyceride*, a glass drainage tube inserted, and the incision sutured.

The patient made an unusually excellent recovery: the sutures were removed on the seventh day, and the patient warded on the eighth. Her present condition could scarcely be improved: the appetite is good, the digestion sound, and sleep perfectly natural.

CLINICAL NOTE.

By W. LAMB, M.B., C.M. (Edin.)

Bryonia Alba 30 in Rheumatism.

I HAVE been induced to put on record my success with *bryon. alb. 30* in rheumatism owing to my intense dissatisfaction with the lower potencies as recommended by Dr. Hughes in his incomparable *Manual of Pharmacodynamics*. Indeed I have been singularly disappointed with *bryon. 1x* in rheumatic fever, and I do trust that any of my professional brethren whose experience corresponds with mine will also put on record their failures.

T. W., railway employé, was attended for rheumatic fever and recovered *very slowly* up to a certain point. At first he got *acon. 1x m̄ij.* and *bryon. 1x m̄ij.* alternately, and not progressing as I would like, I gave *bryon. φ*, and doing no better I changed to several medicines, amongst them *sulphur*. But as he did not

progress beyond a certain point, and having read somewhere of the efficiency of the 30th dilution, I prescribed it, and I was extremely gratified to find that *at once* his tardy convalescence was converted into speedy recovery.

After some time, having been at his usual work, he came back with rheumatic ophthalmia, accompanied with rheumatic pains in his back. I gave *bryon. 30* again, and he at once got better. I may add, he got no local application for his eyes.

I have used *bryon. 30* in several other cases of rheumatism, both acute and sub-acute, and find it most trustworthy.

My first cases of rheumatic fever treated by *acon. 1x* and *bryon. 1x* went steadily on from bad to worse, peri- and endo-carditis supervening, disheartened me very much. One case recovered satisfactorily, another recovered with damaged heart and is still alive, a third recovered for a time but has since died of the cardiac complication under an allopath, a fourth died with a hyperpyretic temperature of 108° F. If my unfortunate experience is unique I should like to know it, and would be most thankful for any light upon the subject. But having found that I can depend on *bryon. 30*, I think it is my duty to place the fact on record.

40, High Street, Dunedin,
New Zealand.

REVIEWS.

Fever: Its Pathology and Treatment by Antipyretics. By H. A. HARE, M.D. Published by F. A. Davis, Philadelphia and London.

THIS little work, of some 200 pages, is a careful *résumé* of the action of antipyretics. From *antipyrin*, through the ranks of *antifebrin*, *thallin*, *phenacetine*, down to *salicylic acid* and cold bathing, the anti-fever forces are passed in review. The conclusion, however, seems to be that cold sponging is after all the best and safest mere reducer of temperature, with the addition of the cold bath in hospital practice. That the use of antipyretics is not without danger in large doses, and that the disease is often not much influenced by mere reduction of temperature, is also abundantly manifested in these pages.

The reduction appears to be brought about in three ways.

By diminution of tissue waste and oxidation.

By diminution of heat formation by direct action on the nerve centres.

By increase of heat elimination, as by sweating, &c.

Although the high temperature itself is a danger in some cases, it should be remembered that it is only one symptom in the course of a disease like typhoid or phthisis, and perhaps a necessary and curative process. In England, at least in private practice, the use of the cold pack, followed by cold bath, is too much neglected. Only those who have been thus treated, during the course of typhoid, for instance, can realise the comfort of it; how the patient longs for the pack, as the one luxurious oasis in the fever-stricken desert of his dreams.

Antipyrin is the first and most important of the antipyretics. It delays or prevents fermentation and prevents putrefaction in blood. In moderate doses it lowers ordinary healthy temperature. It lowers febrile temperature. The lowering is due to lessened production as well as decreased dissipation of heat. It has no effect on the circulation or respiration. Tissue waste is diminished, urea diminished. It delays reflex action, depresses the motor and sensory tract of the cord and motor and sensory nerves. It is eliminated by the kidneys.

In certain cases 5, 10 or 15 grains are a poisonous dose, setting up nausea, vomiting, ringing in ears, cerebral congestion, cyanosis, duskiness of face and hands, sweating, prickling and tingling of skin, erythematous patches on hands, feet, face, arms and chest; even pemphigus and bullæ have been noted. A hundred cases of poisoning are recorded, of which six were fatal.

There has been noticed a serious fall of temperature from the use of *antipyrin* in tubercular cases, and in typhoid the gravity of symptoms does not diminish with the apyresis. It has no antiperiodic value.

Its use in migraine, hemicrania, in allaying the pain of gout and rheumatism is certain. Germain See praises its analgesic powers in hepatic colic, in tapes dorsalis and in angina pectoris, replacing *morphia* in many cases of long standing.

Antifebrin is a depressant of the heart as well as a reducer of febrile temperature. Its analgesic are even greater than its antifebrile virtues.

There is a curious observation by Faust, which the author says "he cannot understand, and which flavours of *similia*

similibus, viz., that the use of *antifebrin* immediately after the cold bath in typhoid fever *prevents* any subsequent chilliness and quiets the patient."

Its poisonous symptoms are nausea, sweat, cyanosis, clonic convulsions and collapse.

Thallin is a powerful antipyretic. It reduced the temperature in a case of high temperature due to an injury to the inhibitory heat centre of O H in the corpus-striatum. It is antiseptic and reduces tissue waste. In large doses it produces congestion of the kidneys and has a destructive action on the white blood corpuscles.

Phenacetine has a similar effect on the nervous heat centres, and a depressant action on the spinal cord. As an analgesic in cases of neuralgia and migraine it is most efficacious.

Salicylic acid is no longer used as an antipyretic, but as an anti-rheumatic. Even in rheumatism it seems doubtful if it does more than relieve the pain.

There is an interesting observation that the oil of *gaulthesia* (*salicylate of methyl*) may be inhaled from a sponge, and appear in the urine in a few minutes. Moreover, inunctions of the acid rubbed up with vaseline have a similar effect.

The untoward effects of *salicylic acid* and its salts include tinnitus aurum, delirium, visual hallucinations, dimness of vision and contraction of retinal vessels, motor disturbances, hæmaturia, albuminuria, urticaria, petechial exanthemata, œdema of face and eyes, sweats and deafness.

The work is well got up and printed. The diagrams of temperature, pulse, blood pressure, &c., are so numerous as to be rather bewildering. There seems to be a necessity for further proving of these drugs in much smaller doses and on the human subject. There are very careful and detailed tables of the untoward effects of *antipyrin*, *salicylic acid*, &c.

Altogether the essay, to which was awarded the Boylston prize of Harvard University, is one of great interest; the authorities have been carefully studied, and there is a considerable amount of original research. As an example of the modern mode of examining new therapeutic agents it is disappointing. To begin the study of a remedy by finding what weight per pound will kill a dog or rabbit, to follow up by injecting large doses into the veins, seems but a coarse and clumsy method to those who are accustomed to the more delicate experimental researches of our own school.

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

This annual gathering of medical men practising homœopathically took place in London on Thursday, July the 9th, and by the kind permission of the Board of Management of the London Homœopathic Hospital was held in the Board-room of that institution. The number of gentlemen present again proved that London is a favourite "fixtured," and that for holding a successful meeting it has advantages which no other locality can present. On this occasion the annual assembly of the British Homœopathic Society being held on the evening of the 8th, together with an opportunity of visiting the wards of the hospital and witnessing some operations, proved additional attractions. The cleanliness, neatness and cheerful appearance of the wards of the hospital were generally remarked upon. The first operation was performed by Dr. Burford, who, assisted by Mr. Knox Shaw, removed a unilocular ovarian tumour. Dr. Burford gave a short history of the case at the conclusion of the operation. Of it, the details will be found on page 581. Mr. Knox Shaw removed a cancerous breast, and Mr. Dudley Wright a dermoid cyst from the abdominal wall.

The Congress assembled at ten o'clock on Thursday morning, when there were present Mr. H. HARRIS, of London, President, in the chair; Mr. HUGH CAMERON, Dr. YELDHAM, Dr. DUDGEON, Dr. DYCE BROWN, Dr. CARFRAE, Dr. J. G. BLACKLEY, Dr. BYRES MOIR, Dr. J. H. CLARKE, Mr. KNOX SHAW, Dr. BURFORD, Dr. COOPER, Mr. DUDLEY WRIGHT, Dr. MARSH, Dr. R. DAY, Dr. W. EPPS, Dr. BUCK, Dr. E. BLAKE, Mr. W. COX, Dr. BRADSHAW, Dr. POWELL, Dr. SUSS-HAHNEMANN, Dr. GOLDSBORO, Dr. JAGIELSKI, Mr. GERARD SMITH, Dr. RENNER, Dr. MORRISSON, Dr. HERRING, Dr. BENNETT, and Dr. BLACKWORTH (London); Dr. SANDBERG (Brixton); Dr. PUL-LAR and Mr. NEWBERY (Norwood); Dr. F. NANKIVELL (Sydenham); Dr. COOK (Richmond); Dr. MADDEN (Bromley); Dr. PURDOM (Croydon); Dr. BURWOOD (Ealing); Dr. MCKILLIAM (Blackheath); Dr. BRYCE and Dr. WOLSTON (Edinburgh); Dr. DRYSDALE, Dr. HAYWARD, Dr. C. HAYWARD, Dr. GORDON SMITH, Dr. MURRAY MOORE, Dr. HAWKES, Dr. SIMPSON, and Dr. CAPPER (Liverpool); Dr. PROCTOR (Birkenhead); Dr. BLUMBERG and Dr. STOFFORD (Southport); Mr. WILKINSON and Dr. THORNLEY (Bolton); Dr. HUGHES (Brighton); Dr. PERCY WILDE, Dr. McKECHNIE and Mr. NORMAN (Bath); Dr. RAMSBOTHAM (Leeds); Dr. POPE (Grantham); Dr. A. C. CLIFTON (Northampton); Dr. G. CLIFTON (Leicester); Dr. NICHOLSON

(Clifton); Dr. MURRAY (Folkestone); Dr. CROUCHER (St. Leonards); Dr. KENNEDY (Newcastle); Dr. ABBOTT (Preston); Dr. H. NANKIVELL (Bournemouth); Dr. HAWKES (Ramsgate); Dr. ROCHE (Norwich); Dr. NIELD (Tunbridge Wells); Dr. LUTHER (Belfast); Dr. GILBERT (Reigate); Dr. GUINNESS (Oxford); Dr. HAYLE (Rochdale); Dr. ALEXANDER (Southsea); Mr. JOHNSTONE (Maidstone); Dr. RIDPATH (Huddersfield); Dr. BODMAN (Devizes); and Dr. GORDON (Liverpool). Dr. FRENCH, of San Francisco, and Dr. BEAUMONT, of Minneapolis, were also present as visitors. Letters or telegrams regretting their inability to attend, and expressing good wishes for the success of the Congress, were received from Dr. FROST, of Bournemouth, Dr. BLACKLEY and Dr. MOIR, of Manchester, Dr. DRUMMOND, of Malvern, Dr. GIBBS BLAKE, of Birmingham, and Dr. ROTH, of Divonne les Bains, who also sent his kind regards to all his colleagues in England.

The Congress was opened by an Address from the President, Mr. HARRIS, entitled "After Twenty Years and Twenty Years After," which was received with frequent applause. It will be found *in extenso* at page 507 of our present number.

At its conclusion

Dr. HUGHES said he had several times at these Congresses had the pleasure of proposing a vote of thanks to the President for his address, but never with greater pleasure than he felt in rising to do so on the present occasion. He felt when they elected Mr. Harris to the chair last year at Bournemouth that they would have a good address, and he had been gratified by hearing one so full of energy, so well conceived, and so well delivered, as that which they had just heard, one which would inspire them to renewed efforts in the work committed to their charge of labouring for the advancement of homœopathy, and making that their primary and most sacred duty as professional men. He quite trusted that some recognisable and distinguishable progress in homœopathy would take its date from this occasion.

Dr. POPE said he had very great pleasure in seconding the proposal. They had indeed heard a most admirable address, one full of spirit, calculated to encourage them in the future, and one which he believed would do permanent good to the progress of homœopathy in this country. They must all as medical men remember that in the progress of homœopathy lay the real progress of medicine as a practical art. Nothing within his remembrance had appeared to him to cast a greater reflection upon what was termed modern medicine than the course of the recent epidemic of influenza. That such diseases as pneumonia and bronchitis should have caused so

serious a mortality, and that such methods of treatment as they had read of as being adopted should have been pursued by a large proportion of medical men, seemed to him to constitute a very grave reproach indeed to the therapeutics of the present day, and it was to remove this reproach that they were anxious to push forward a knowledge of homœopathy both among the members of the profession and the public at large. He felt sure they would join cordially with Dr. Hughes and himself in thanking the President for his address. (Applause.)

THE PRESIDENT, in reply, said he accepted with much gratitude the thanks they had been so kindly pleased to give him. It was not without a certain amount of trepidation that he undertook the duty of bringing before the Congress what he felt might be, in some measure, disagreeable facts, but if any blame was to be attached he hoped they would allow it to rest with himself only. He trusted that nothing he had said would in any manner hinder the cause of homœopathy, the advancement of which was the one hope and desire he had before him in his professional career; and he did most emphatically and from his heart say that if they wanted to do good in the cause of homœopathy and promote its progress they must make it their life's work. (Hear, hear.)

Mr. KNOX SHAW, of London, next read a Paper entitled:—“Observations on the action of the *Iodide of Potassium* in tertiary Syphilis.” This, with the discussion to which it gave rise, we hope to publish next month.

Dr. BURFORD, of London, then read a paper on “The Reciprocal Relations between Surgery and Homœopathic Therapeutics as exemplified in Pelvic Lesions,” the subject being illustrated by three examples of tumours recently successfully removed in the London Homœopathic Hospital. This, with the discussion upon it, we hope to publish next month.

After hearing the paper the members of the Congress adjourned for luncheon, which took place at the Holborn Restaurant, the members of Congress being the guests of the British Homœopathic Society. After luncheon,

The PRESIDENT conveyed the thanks of the Congress to the British Homœopathic Society for their kind entertainment. In a sense, perhaps, it was an expression of thanks to themselves, but not entirely, for he was sorry to say that not every member of the Congress was a member of the British Homœopathic Society. (Hear, hear.) Those who were not ought to be. (Hear, hear.)

Mr. KNOX SHAW, the President of the Society, replied, assuring the members of Congress that they were extremely pleased to see them. He only hoped that those who were not members of the Society would join, and so make the forthcoming session the most successful they ever had. (Applause).

Congress reassembled at the Hospital at two o'clock, when Dr. Hayward, as Secretary to the Hahnemann Publishing Society, read the following report of the meeting of that Society held the same day.

The meeting of this Society was held in this room this morning. At this meeting it was announced that the funds in hand were £24 7s. It was also intimated that now that the *Cyclopædia of Drug Pathogenesis* was near completion the Society's work can and should be prosecuted with vigour. It is now evident that the *Cyclopædia* does not, will not and cannot supplant any of the Society's three great works, viz.: the *Materia Medica, Physiological and Applied*, the *Pathogenetic Repertory*, or the *Clinical Repertory*, and that the necessity for the Society's *Materia Medica* with its *Schema*, its *Repertory of the Pure Pathogenetic Symptoms*, and its *Therapeutic Repertory*, with its collection, tabulation and practical application of the clinical symptoms, and the *usus in morbis* is, if possible, more evident now than ever before. The SECRETARY mentioned that the introduction to the *Therapeutic Repertory* had been prepared by Drs. Drysdale and J. Gibbs Blake, and that Dr. Cooper was engaged in the preparation for this work of the chapter, Diseases of the Ear; and that Dr. John D. Hayward, of Liverpool, was engaged in preparing for the press, for the *Materia Medica, Physiological and Applied*, the late Dr. Alfred Drysdale's MS. of *Colocynth*; also that for the *Pathogenetic Repertory*, Dr. Jones, of Birkenhead, was engaged in the preparation of a re-issue of chapter, Nose; whilst Dr. Hayward was engaged in a similar re-issue of chapter, Ears, and chapter, Throat; and there was promise of an issue of chapter, Larynx, Bronchia and Chest. Also that Dr. O'Connor, of New York, has promised to get the help in this work of some of our younger colleagues in America. Appeal was also made to our own practitioners to join hands in one of the works of the Society. The three works offer spheres for the tastes and abilities of all—those whose taste does not lie in the *Repertory* line can take up the *Materia Medica*, and those who like clinical work can assist in the *Clinical Repertory*: our specialists may take up clinical work in their own line: Mr. Knox Shaw, for instance, Diseases of the Eye; Dr. Burford, Diseases of Uterus, and so on, just as Dr. Cooper has Diseases of the Ear. Let each try to be something more than a sponge—living on homœopathy—let us feed the cow

as well as milk her. After some discussion it was agreed that the symptoms of Hahnemann's Chronic Diseases shall be included in the *Repertory*, but that they shall be indicated as such by some distinguishing mark.

The PRESIDENT then asked for proposals for a place of meeting next year.

Dr. YELDHAM proposed, and Mr. CAMERON seconded, the selection of London.

Dr. BLUMBERG proposed Southport, and Dr. MURRAY MOORE seconded him.

Dr. MADDEN proposed, and Dr. HUGHES seconded Manchester.

Dr. HAYWARD proposed Bath, in which he was seconded by Dr. CLIFTON.

After voting upon each proposal, the majority rested with Southport.

The SECRETARY (Dr. Dyce Brown) then read the report of the Congress for last year.

The next business was the balloting for the President for next year.

The PRESIDENT, on the votes being counted, said he had much pleasure in announcing that they had elected Dr. RAMSBOTHAM their president for the coming year. (Applause.)

Dr. RAMSBOTHAM having expressed his thanks to the members for the unexpected honour,

Dr. HUGHES proposed that Dr. Blumberg, their able representative of homœopathy at Southport, be the Vice-President for the ensuing year, and that Dr. Stopford, as a younger practitioner in the same town, be appointed local secretary (hear, hear); also that the general secretary and treasurer be asked to continue the honorary offices, which they had so well filled in the past.

Dr. HAYWARD seconded and the proposition was carried unanimously.

Dr. DYCE-BROWN proposed that the Congress of 1892 be held, as usual, on the Thursday of the third week in September.

Dr. HUGHES seconded, and this was also agreed to.

The PRESIDENT then announced that Dr. Hughes, as the permanent secretary of the International Convention, had a communication to make to the Congress.

Dr. HUGHES said, as they were aware, he had just returned from the meeting of the International Homœopathic Convention in America. At the last gathering a unanimous vote was passed expressing the desire that the next should be held in England, and, as permanent secretary, he was desired to communicate this to the present Congress. The course they took when a similar wish was expressed in 1876-7, was to

appoint a committee to consider the arrangements, and he therefore proposed that they appoint a similar committee on the present occasion. If he might be permitted to do so, he would nominate Drs. Dudgeon, of London, Pope, of Grantham, Hayward, of Liverpool, and Clifton, of Northampton, to co-operate with himself in carrying out the necessary arrangements.

Dr. DYCE-BROWN seconded, and the motion was unanimously carried.

Dr. Hughes also placed on the table some views of the homœopathic institutions in New York, Brooklyn, and Philadelphia, for the inspection of the members.

The Congress, at the end of the general business, proceeded with the discussion of Dr. Burford's paper, of which we propose to give a report next month.

The discussion having terminated, Dr. ROBERSON DAY read a paper on "The Supervision of Normal Parturition." This, with the discussion that followed, we shall publish next month.

At the close of the discussion, tea was kindly served in the dining room by the lady-superintendent and assistants. After this much appreciated refreshment, Dr. MURRAY MOORE read a paper, entitled "Notes on the Climatology and Prevalent Diseases of New Zealand," illustrating it by specially prepared maps. This, together with the discussion upon it, we hope to publish in a future number.

The debate having concluded, a hearty vote of thanks was presented to the President, and the members separated to re-assemble at

THE DINNER,

which took place at the Holborn Restaurant. There was an exceptionally large company, including, in addition to those attending the meetings of the Congress, Dr. Priestley, Mr. Hurndall, Mr. G. A. Ross, Mr. Edwyn L. Pope, and others, whose names we were unable to obtain, together with a number of ladies were present. The chair was taken by the President, Mr. HENRY HARRIS. The arrangements for the dinner, which was served in the Venetian Room, were admirable. The usual brief toast list was gone through afterwards.

The PRESIDENT proposed as the first toast that which, without exception, held the first place in every assembly of Englishmen, the health of Her Most Gracious Majesty the Queen, and of the other members of the Royal Family. (Applause.)

The PRESIDENT, again rising, said it was the custom in all meetings of homœopaths to let their thoughts revert for a time to the man who was the founder of their system. He had just proposed the health of a monarch. He had now to propose the memory of a true monarch, though dead, a man who devoted his life to the service of his fellow men, and despite persecution and obloquy stood firm to the last, and did his very best to promulgate the doctrine which he felt was pregnant with benefit for mankind. Samuel Hahnemann, perhaps, did not receive his due reward during his lifetime, but when the fame of monarchs that now filled the world's ear had died away, the fame of Samuel Hahnemann would remain as that of one of those saviours of mankind of whom the world was ever proud, a fame which would not diminish as time went on, but which would grow and increase until even those who now refused to acknowledge the truth of his doctrines, or even to see the genius of the man, would be proud to say that they had at last come to recognise that Samuel Hahnemann was not only a reformer, but that he was a true man. (Hear, hear). He asked them to drink in silence to the memory of Hahnemann.

The PRESIDENT, on rising after an interval, said that the next toast would be proposed by Dr. Pope, who he, amid much laughter, described as "the Pope of Homœopathy."

Dr. POPE, who was received with applause, said he did not think there had ever been a time in the history of homœopathy in this country when anyone could have risen to propose the toast that had been entrusted to his care with greater pleasure than that with which he was able to propose it on this occasion. The toast was that of "Homœopathic Hospitals and Dispensaries." He did not propose to trespass upon their time by giving them a special report of each institution, but he might be allowed to mention one or two, and in the first place the London Homœopathic Hospital. He was glad to be able to say that this, the central institution for the teaching and practical illustration of homœopathy, was never in a better state than at the present time (hear, hear), and never had it a more efficient medical staff. (Hear, hear). He felt sure that anyone who was present in the wards and operating theatre on the previous afternoon must have been greatly interested and gratified with what he saw. He had been particularly glad to hear that in connection with this hospital a dinner was to be given early in the following week in honour of Major Vaughan-Morgan. (Applause). As persons interested in the welfare of that institution, there was hardly anyone, if indeed there was anyone, to whom they were more indebted than to Major Vaughan-Morgan. (Renewed

applause). During the past ten years very considerable improvements had been made in its financial position and general management, and he believed that these were all mainly due to the unceasing care, watchfulness and energy of Major Vaughan-Morgan. (Hear, hear.) In addition to that they had the prospect of the institution being re-erected on a larger scale, and with greater provision for its efficiency than could be possible in the case of a building adapted from two or three old houses; and here, again, it was owing to Major and Mrs. Vaughan-Morgan's active efforts that total subscriptions, now amounting to £29,000 out of the £80,000 required, had been raised. Every homœopath in the country was interested in the welfare of that hospital, or at all events, ought to be, and therefore owed a great debt of gratitude to Major Vaughan-Morgan for the manner in which he had championed its cause. He felt sure they were all extremely glad to have this opportunity of doing him honour. There were other institutions in different parts of the country as to which he should like to say a word. Southport had one which had been established for the last thirty years (hear, hear), a very excellent institution, which had been the means of benefiting some 5,000 children, and altogether had done an immense amount of good. The Liverpool Hospital was also present in their minds as an institution built and furnished at the expense of a wealthy Liverpool merchant, who felt himself largely indebted to homœopathy for benefits received by himself and his family, and who founded it as an acknowledgment. At Birmingham was a well-managed hospital, which began as a dispensary forty years ago, under the care of the late Dr. Fearon. At Bath they had a useful hospital, which had also done good work, and to which they all wished prosperity. At Plymouth there was another, to which the same remarks applied, and another at Bromley—a memorial to a much respected homœopathic physician, Dr. Robert Phillips—which their friend, Dr. Madden, had been the means of establishing, while only recently, one had been opened at Tunbridge Wells. He asked them, then, to drink to the prosperity of all these institutions. Each was doing the work for which it was designed, and doing it well, and all were fulfilling their object in such manner as to make them a credit to the system, to illustrate, and in order to spread among the poor the advantages of which, they had been established. (Applause).

Dr. HAYWARD returned thanks for the toast, and speaking for the London Homœopathic Hospital he assured them that all those connected with that institution would feel gratified by the kind manner in which the toast had been proposed and received. They had been given to understand that when

the new building was erected the institution was to become something more than it was at present, and that they were to have a fully-equipped school. He could only say, might the day very rapidly come when this would be an accomplished fact. Homœopathy at the present time stood very much in need of the authority of a medical school, which would bring homœopathic practitioners into the world without the necessity of their going through the mill of an allopathic training, for there was no question that many young men, the sons of homœopathic fathers, who had shown a tendency towards the medical profession, disappointed the hopes of their families by not turning out homœopathic practitioners. They had to go through such a mill in the allopathic school that very few of them came out as homœopaths, much to the regret of parents and to the loss of the community. When they had a London school of homœopathy, which would have the power to grant diplomas and bestow full qualifications on young medical men, they would have a great power for good in favour of homœopathy. Perhaps he might make special mention of the Liverpool Hospital, as he had something to do with its being established, and which, as well as being a lasting testimony to the munificent charity of Mr. Henry Tate, was an illustration also of the advantages of a homœopathic hospital to the community. The Southport Hospital had also done good work, and under the guidance of Dr. Blumberg and the rising practitioners who were associated with him, would no doubt continue to do equally good work in the future. The remaining institutions were in a flourishing condition, and in behalf of one and all of them he would say that they were extremely obliged for their good wishes, and they would endeavour to continue to deserve them.

The PRESIDENT then called on Dr. Blumberg, as one who had long rendered valuable service, both by pen and practice, to the cause of homœopathy, to propose the toast of Homœopathic Literature.

Dr. BLUMBERG said: Mr. President, ladies and gentlemen,—Some persons, perhaps rather paradoxically, have questioned whether Gutenberg really conferred a benefit on mankind by inventing the art of printing. And indeed, if one considers the immense amount of perfectly useless books which this art has produced, one certainly cannot call it an unmitigated blessing. Take medical literature, for instance. If all the books and pamphlets on medicine which had been printed up to the time of Hufeland and Hahnemann could be thrown into the ocean, the loss would be really infinitesimal. The farrago of cruel absurdity found in the period before our great Reformer introduced careful induction, logic, and common sense into

medicine, is perfectly incredible! With him a new era of medical literature began. (Cheers). We look back with reverence upon his works, and the works of his helpers and disciples—Stapf, Noack, Gross, Hartlaub, Jahr, Roth, Hering, Trinks, Hirschel, etc. In England, too, the new system of medicine has found most worthy literary champions; most valuable works have been published in the course of the last fifty years, and the *British Journal of Homœopathy* did more than yeoman's service in our cause. It would be difficult, nay impossible, to match it for perfect fairness, for variety of information, for deep research, and for lucidity of argument. It was a sad day for homœopathy when, after more than forty years of a most useful and splendid existence, it ceased to exist. Let us exert ourselves, gentlemen, to resuscitate it if possible, from its ashes. (Cheers). And let us give honour to the three men—happily with us this evening—(great cheers) whose names will always be associated with this great publication. First, my friend who sits next to me, Dr. Drysdale (great cheers), whom, with his permission, I will compare to Thomas Carlyle, combining the most varied and profound knowledge with the greatest singleness of purpose, a lover of truth and a hater of shams. Next Dr. Hughes (great cheers), who resembles Bacon in so far as he made a new doctrine acceptable, even to its enemies, by his careful investigation, his logical power, and the clearness of his diction; and last, not least, Dr. Dudgeon (great cheers), whom I would like to compare to Swift, wielding the keenest pen of his time, ever getting the victory by apt illustration, by the most felicitous humour and wit, a joy for us, and the dread of our enemies. (Immense cheering, accompanied by the singing of "For he is a jolly good fellow.") But though we have lost the great Quarterly we have still, Mr. President, ladies and gentlemen, two more popular and widely read periodicals for our cause. I mean the *Homœopathic Review* and the *Homœopathic World*. (Cheers). No one who reads them can doubt that they are conducted with the greatest ability; and in proposing "Homœopathic Literature," I cannot do better than couple it with the names of their editors, Drs. Pope, Dyce Brown, Neatby and Clarke. (Great cheers). May they long continue to lead the battle for the only rational system of medicine, a battle which ultimately—depend upon it—must prove victorious! (Cheers).

Dr. CLARKE, who was then called upon by the President, said why the burden of the response to this toast should fall on his shoulders, after they had had the names of the giants of homœopathic literature called up before them, he could only attribute to the fact that for six long years he had borne the

“*World*” on his shoulders, and so might be supposed to have had some little preparation for the task. After Dr. Blumberg’s remarks little remained to be said about homœopathic literature. He might mention, however, that it was of very ancient date, going back to the time of Hippocrates, and taking in Shakespeare, and as the editor of *Health* had pointed out, Milton also, before it reached Hahnemann. Since Hahnemann’s day homœopathy had always been literary. It had never wanted for literary expression. Hahnemann himself was a mighty literary man, and after him there were scores of others, not forgetting Constantine Hering, who had given to the world works of literature not confined to medical subjects, and not forgetting Dr. Blumberg himself, who as they knew was a poet as well as a doctor. (Applause). The world was no doubt greatly indebted to literary men, while they on the other hand were very much indebted to the rest of the world for accepting their services, and in thanking them for the enthusiasm with which they had received this toast he would also offer them the thanks of the literary men for the manner in which their services were appreciated.

The PRESIDENT remarked that the next toast was a very important one, including, he was glad to say, both sections of the medical profession, and it could not have a better proposer than the “jolly good fellow” whose name they had so enthusiastically received—Dr. Dudgeon. (Applause).

Dr. DUDGEON said the toast which had been entrusted to his care was that of the guests. They were always glad to see as many guests, strangers to their Society, and even strangers to homœopathy, as possible on these occasions, and especially were they honoured on this occasion by having among their guests a number of the fair sex (hear, hear and applause), whom they very cordially welcomed. They had not previously been honoured by the presence of ladies at their festive gatherings, and they were extremely pleased to see them, for

“Without a smile from partial beauty won,
Oh! what were man? a world without a sun.”

(Applause). The gentlemen whom he was specially requested to mention in connection with this toast, were two from distant America, Dr. Beaumont and Dr. French, together with Dr. Priestley. Dr. Beaumont came from Minneapolis, from whence they had a guest at their last Congress, in the person of Dr. Aldrich. Dr. French came from the still more distant quarter of San Francisco, which he believed could not be reached, travelling at the utmost speed of steamboat and railway, in less than a fortnight. He could only say that they felt extremely honoured in having two gentlemen from

such distant places present to take part in their proceedings. But the third gentleman he had mentioned, Dr. Priestley, came from a still more distant quarter. He came from the allopathic camp. (Laughter). But they were more than delighted to see their friends the enemy among them (hear, hear), although he could scarcely call them enemies now, seeing that only a very short time ago he received a beautifully emblazoned card stating that the President and Council of a well-known medical society requested the honour of his presence at a *conversazione*—a gratifying evidence of the *rapprochement* between the two schools. (Laughter). He called upon them to drink the toast with all honour, coupling with it the names of Drs. French and Beaumont, and last, but not least, Dr. Priestley. (Applause).

Dr. BEAUMONT said it gave him great pleasure to be among them, and he thoroughly appreciated the courtesy and kind attention which he had received at their hands. He had been very greatly interested in the proceedings of the Congress, and particularly in the address of the President. (Applause). He had been given to understand that British medical men were very conservative people, and he must say that it came to him rather as a surprise to hear their President come forward and state his real views in the able address which they had heard. The subject of medical education was one in which he was especially interested, inasmuch as he had just gone through rather a severe fight in establishing the teaching of homœopathy in the State University of Minnesota. They had a large university, in which provision had been made for different departments of instruction. Law was provided for, and after it had been added they knew that medicine would soon follow, but they were at a loss to know how homœopathy would get fair and equal representation, and they were resolved to accept nothing short of equality between the two schools. (Hear, hear and applause). The result was that a few of the homœopathic physicians of Minneapolis and St. Paul united their efforts and established a medical school. They obtained a charter from the State, raised the necessary funds and started the school. They issued pamphlets in the spring, and in the fall they had eight or ten students paying them for instruction in homœopathy. After two or three years of hard work the subject was agitated in the State legislature. A Bill was brought in which would have closed the doors to homœopathy entirely, but of course they had able workers on their side, and in the end they gained the day. (Applause). The opposition Bill was lost, and, to make a long story short, they had now a university in Minnesota, in which there had been from the

start fourteen full chairs in which homœopathy was taught. (Applause). They were in the same building with the allopathic school, and he ventured to think, using a vulgar expression, they were able to keep their end up admirably. They had found no trouble or annoyance when carrying on their work; in fact, the authorities of the university would not allow it. The first practitioner in either school who dared to introduce any sarcasm in his lectures would be immediately called upon to answer for his conduct. In short, they had established a splendid school, and in the whole medical department they had about 225 students. Homœopathy had at present only 30, but the number was increasing. The curriculum was very long, three years of nine months each at the start, and this year they had accepted a fourth year class, established by the American Institute of Homœopathy, making four years the full collegiate year. (Applause). He ventured to say that they could do the same thing in England. They had an admirable hospital, and abundant material. They had very able men in their ranks who could not be equalled, not even in America (laughter), and a school of medicine here under the title of "Hughes, Dudgeon & Co., Unlimited," would undoubtedly achieve a thorough success. (Laughter and applause).

Dr. PRIESTLEY, who was cordially received, also responded. He said he came there that evening as a guest, and he must in the first place say that he had been immensely delighted with the entertainment of the evening, and felt proud to be in such an assembly. Although classed as one of the opposition he must explain himself a little. Some time ago he was in doubt whether he should come over to the homœopaths or stay where he was among the allopaths, and he must confess that he was strongly urged to go over to homœopathy. He was so by one of their former Presidents, who very nearly captured him, and would have done so altogether had it not been for the kind assistance of their present President, who enabled him to drift into another channel, one which he felt to be more congenial to himself, viz.: sanitation. He had drifted off into sanitation pure and simple, and hoped to stop there all his life. He felt that he ought to take this opportunity of thanking their President, who was occupying the chair that evening, for the great assistance he rendered him in enabling him to obtain his present position. Had he been guided by their former President he should certainly have become a homœopath in the ordinary sense. He would add that he felt very much gratified by their kindness and the manner in which he had been received. (Applause).

Dr. HAYES C. FRENCH, of San Francisco, California, being called for, also responded for the toast. He remarked that the honoured guest of the recent American Congress, and their honoured countryman, Dr. Richard Hughes, would doubtless have informed them as to the growth of homœopathy in the United States, so that he might safely leave that important duty in his hands. Accustomed as they were daily to look upon the ivy-clad monuments of ages, it might not be uninteresting to them to know something of the phenomenal growth of homœopathy on the Pacific Slope. Previous to 1848-9 it had not become the home of the Anglo-Saxon, but to-day they had more homœopathic physicians on the Pacific Coast, alone, than there were in all the British Isles. Nor had it been altogether smooth sailing for them, for during the past year they had had a legal tilt with their medical opponents, from which happily they emerged with credit, and the positive improvement of their standing before the law. An effort was made under the stronger patronage of the old school to enact proscriptive class legislation against them, but it failed, and he was glad to be able to say that it developed a strong sentiment in their favour, both on the part of the press and the general public, and once more homœopathy was triumphant. He was also glad to report that the Hahnemann Hospital College of San Francisco, in which he had the honour of representing the chair of ophthalmology, was in a flourishing condition. This briefly was their report of homœopathy on the Pacific Coast. (Applause). Here let him say that he did not share the pessimistic views of some as to the future of homœopathy in Great Britain. Great as had been their growth in America, with the fine literary advantages of this country, and their good old English stock of persistency and pluck, they were bound speedily to follow. Dr. French then greatly entertained the company with several American anecdotes, finally saying that some years ago one of their Irish-American brethren was called upon at the Court of St. James' for a toast, and gave the following, with which he would now close:—

“ Here's to the American eagle,
Proud burrid of freedom, all hail !
The fowl that no man can invaigle
Nor put salt on his beautiful tail.”

(Laughter). In conclusion, he thanked them very sincerely for the manner in which his health had been received.

Mr. W. H. Cox, in response to the call of the President, returned thanks for the ladies, and said that on behalf of the ladies he thanked them very sincerely for the manner in which the toast had been received.

Dr. RAMSBOTHAM, in proposing the last toast, the health of the President, said he felt sure they would agree with him that in electing Mr. Harris to the chair the Congress did itself as much honour as it did him. (Hear, hear). No one could have listened to the address which he had delivered that day, and marked the learning, the persuasiveness, and the hopefulness for the future by which it was distinguished, without esteeming it a great privilege to listen to him. There was one feature of their assembly this year on which he might especially congratulate their President, and it was that his occupancy of the chair had been marked by the largest attendance at their annual dinner of which they had yet been able to boast, reaching the very respectable total of 101. He had always understood that 101 guns constituted an imperial salute, and as most of those present that evening were great guns he thought the gathering marked an era in their career. He asked them to drink with all heartiness the health of their President, Mr. Henry Harris. (Applause).

The company drank the toast with enthusiasm, singing :—
“ For he’s a jolly good fellow.”

The PRESIDENT, who was greeted on rising with renewed applause, said it was obvious from Dr. Ramsbotham’s speech that he was the odd one. (Laughter). If his occupancy of the chair was marked by the fact that they had a larger attendance of guests at the annual dinner he trusted that it might be an augury of better things to come, and though he took an immense interest in the general progress and welfare of humanity, he had in more fields than one upheld the idea that humanity would not prosper to its fullest extent unless the whole of humanity, both men and women, joined in promoting its elevation. Therefore he was pleased to see that in one other respect his occupancy of the chair was marked by a new departure, and that was that in their present Congress they had invited the influence of men and women to work together for the progress of their cause. He said distinctly that much as both medical men and laymen might exert themselves, a vast deal more useful work might have been done in persuading the public of the benefits of homœopathy had they but engaged the efforts of women in their cause (hear, hear), and he knew no better method of bringing women into this important field of action than by putting them on a position of equality with their lords and masters. (Oh!) Continuing, the President said that when last year his colleagues placed him in that position, he felt, without any self-depreciation, that they had made a mistake. (No). If, by stirring up the rather stagnant waters, he might have set free some organisms, which

would not be poisonous, but which might be the seed of future growth, and which might cause a more rapid spread of homœopathy in this country than they have seen hitherto, any efforts which he had made would be amply repaid. (Applause). He could not speak otherwise than seriously upon these matters. Perhaps it was not in his nature to do so. He could not banish from his mind the feeling that this question of homœopathy and its progress was a question of great importance to the community at large. He impressed upon them most strongly that they held in their hands a power capable of conferring upon humanity one of the greatest possible blessings in the deliverance from disease. (Hear, hear). He most sincerely and thoroughly believed that let medicine in general progress as it might, let surgery advance to its utmost extent, they would not attain to the highest state of society in this matter until they had brought about a general belief in the law of similars. He was conscious that after the humorous speeches they had heard this must seem to them rather a heavy deliverance. But he could plead this as his excuse—that it was his only opportunity. Men were not Presidents of Congress more than once in their lifetime, and if they let slip that opportunity of impressing upon their brethren what was their life's faith, they failed, in his opinion, to discharge their duty properly. (Hear, hear). He was firmly convinced that one of the factors of human progress, moral progress indirectly, but more especially physical progress, one of the factors which would tend to make a healthy nation, therefore a wealthy nation, and therefore a prosperous nation, was that which they held in their hands in the reform of the therapeutic treatment of disease. (Applause). He would not detain them longer. There was much to say, but time failed them. He must say, however, that he had been extremely gratified with the reception they had given him. It was with no slight amount of trepidation that he dared to put on paper thoughts which he knew might be unacceptable to some amongst them, because although he loved a fight with an enemy worthy of his steel he should be sorry, indeed, that there should be any split or disunion in the homœopathic camp. (Applause). What he wanted to see was that they should join hand in hand, stand shoulder to shoulder, and fight this battle as their forefathers had done in the past, showing themselves worthy of the trust that had been committed to them, and if they would do that he had no doubt that in the not far distant future homœopathy would occupy in this country as good a position as it did among their friends across the water, and that sooner or later that union would come about

which they all desired—only they sought to attain it by different methods—and that the lamb would lie down *with* the lion, but not inside him. (Laughter). They must not allow the homœopathic lamb to be slaughtered by the allopathic lion, but must hold fast by their principles until they were acknowledged by all to be the true principles of medicine. He had no doubt that by-and-bye, when their allopathic friends had undergone an operation, so to speak, upon their organs of mental vision they would see this fact clearly, and join with them hand in hand—one brotherhood and one sisterhood for the common weal of humanity. (Applause).

This concluded the toast-list, and the singing of "Auld Lang Syne" brought the proceedings to a close.

BRITISH HOMŒOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE Annual Assembly of the Session 1890-91 was held on Wednesday, July 8th, 1891. Dr. Dudgeon, President, in the chair.

After the reading of the minutes, the President called on

Dr. HUGHES, who gave his report as delegate at the International Congress, which met in Atlantic City last month. He said the meeting was a splendid success. There were over five hundred members present. There were five days of work, and three hours morning and afternoon of solid work each day. The arrangements were excellent and the time was very well occupied. Whilst there was great liberality of sentiment, the loyalty to homœopathy displayed was of the most encouraging kind. He brought back most pleasant recollections of his visit. He spoke of the homœopathic institutions in the States, and handed round engravings of some of them. The Hahnemann Hospital and Medical School of Philadelphia was the finest medical institution he had ever seen. It was the unanimous vote of the Congress that the next meeting should be held five years hence in England.

On the motion of the PRESIDENT, a vote of thanks was passed by acclamation to Dr. Hughes for his attendance and report.

The PRESIDENT then delivered his valedictory address, which will be found on page 493.

The address was listened to throughout with the liveliest interest, and at its close a vote of thanks to the President was moved by Dr. DRYSDALE, seconded by Dr. MACKECHNIE and carried with great enthusiasm.

BANQUET TO MAJOR VAUGHAN-MORGAN.

In the Whitehall Rooms, at the Hotel Métropole on Monday night, July 18, the Board, the Medical Council, the Medical Staff, and Governors and subscribers to the hospital united in entertaining Major Vaughan-Morgan, Chairman and Treasurer of the hospital, to a banquet, in recognition of his great and long-continued services to the hospital and the cause of homœopathy, as well as to congratulate him on the attainment of a total of £26,000, for rebuilding the hospital, and to place in his hands as Treasurer the further amount—£4,000—necessary to make up the total of £30,000 requisite for the new building. The Earl of Wemyss and March presided over a large company, and supporting him were: The Hon. Algernon Grosvenor, General Beynon, Sir Robert Palmer Harding, Mrs. Reed, Mr. Sidney Gedge, M.P., Mr. O. V. Morgan, M.P., and Mrs. Morgan, Captain Davies, Mr. and Mrs. Trapmann, Colonel Clifton Brown, Mr. G. Holt Stilwell, Mr. Allan E. Chambre, Mr. Hugh Cameron, Rev. and Mrs. Dacre Craven, Mr. Campbell Wynne, Mr. J. E. Hoffmann, Mrs. Faskally, Mr. and Mrs. Hoffnung. Mr. G. A. Cross.

Following an excellent dinner,

The CHAIRMAN proposed "The Queen and the Royal Family." Under ordinary circumstances, he said, he should have said nothing except to simply ask them to drink the toast with all the customary loyalty. But it had been recently said of Her Majesty—and he could not do better than repeat it—"Her name will ever be remembered as a noble character, and as a lady great in the wisdom of her counsels, and whose reign has conferred lasting blessings on England." They were noble and true words, and worthy of the occasion on which they were uttered, and did as great honour to those who heard them as to the illustrious Emperor who recently spoke them. (Cheers).

The toast was loyally honoured.

The CHAIRMAN, in rising to propose the toast of the evening, "The health of Major Vaughan-Morgan," was received with loud and prolonged applause. In the first place, he said, he wished to lay before them the reason why he presided that evening. About a month ago he received a letter from Lord Ebury, their President (cheers), stating that owing to his great age—which he (Lord Wemyss) had no doubt was entirely due to his having been an homœopath (cheers), he (Lord Ebury) would be unable to preside at the banquet. Lord Ebury asked him to preside in his stead, and the request was couched in such terms as left no possibility for him to

refuse. Therefore it was that he occupied the chair that night, and that it had devolved upon him to propose the health of their guest. (Cheers). Well, he thought Major Morgan and they also would expect him to say something more as to the position of homœopathy than to sing their guest's praises. He was sorry to say he could look back over half a century. (Laughter). Great changes had taken place in medical practice during those years. At that time it was said at his grandfather's place that the housemaids kept themselves in tea and sugar simply by selling empty medicine bottles. Everybody in those days took something like three draughts a day. (Laughter). It was thought the right thing to take salts and senna in the morning, and added his lordship—possibly from experience—they might guess what an awakening that was for the children in the morning. (Laughter). Carlyle said men were mostly fools, and in that respect it was fortunate for the medical profession that men were fools. (Laughter). He confessed to have been a fool for many years himself, as far as medical treatment was concerned. A great change had taken place; all those draughts were at an end, and he believed it was due to the successful practice of homœopathy. (Cheers). It was Dr. Quin, who founded the hospital, and had done so much to popularise homœopathy in London and elsewhere, who taught him that salts and senna in the morning were not a necessity of human existence. (Loud laughter). This he ventured to think had been the good result of homœopathy. Their medicines had been cribbed without any acknowledgment, and leeches and lancets had been thrown to the winds. (Applause). While such was the position at the present moment of homœopathy—that it had produced those great changes in medical practice, a very beneficial change both by example and precept—it was still misunderstood and ignored. Homœopathic practitioners were looked upon as the pariahs of the medical profession; all public authorities ignored them, and they had simply to fight their way. More than that they could show by statistics, when they looked to the recent visitation which had devastated so many districts—that mysterious disease influenza. So, too, when they looked to the cholera, they found the results of homœopathic treatment would compare more than favourably with any other treatment. Mr. Henry Harris, President of the Annual Congress of Homœopathic Practitioners, in the excellent address delivered by him a few days ago, showed that the treatment of influenza by homœopathic doctors was far in advance of that of allopathic practitioners. Returns, he said, had been received from fifty-eight homœopathic medical men, and of the 6,900 cases treated not

one had been lost. (Cheers). From a book put into his hands, he saw the returns on cholera were still more striking. A gentleman was sent by Government to enquire into the treatment in various hospitals. In his report he said he would rather be treated in a homœopathic hospital by one of those physicians than by any other medical man. (Applause). Seeing the success of the treatment—truth was great—it did not progress as it should. What should they do? Mr. Harris said they must assert themselves. He said the same, and that they should insist in the new hospital on having a medical school in which they could show the difference between the systems and thus assert themselves. (Loud cheers). These were the days of self assertion, and everybody pleaded the right to assert themselves. That surely was the conclusion of the present gathering. Who would not plead guilty to the soft impeachment? Certainly not the ladies; for the last right to which a woman has asserted herself was the right to leave her husband if she did not wish to live with him. (Laughter). He wished every practitioner to take an example by the assertion of rights he saw around him. "Form your school and build your hospital, assert your right to enquiry by public authority and appeal to Parliament." (Loud cheers). If that was of no effect they might obtain popular support by striking. (Laughter). Nearly all the great artistes, including Madame Albani, Madame Nordica and Madame Patti, believed in homœopathy; and he would say to those doctors who had the good fortune to attend those artistes, that they should induce them to strike unless the public recognised the admirable system, or until Parliament no longer turned a deaf ear to the appeal to be recognised as a school. (Laughter and cheers). He was preaching on behalf of a system which was right and just, and which if more widely diffused would confer great benefits on the human race. They were about to have a new hospital established on the site of the old one, which had already conferred such great benefits on those patients who had the good fortune to be treated there. The enlargement was wanted; the hospital had now 90 beds, but if there were 120 beds they had then a right to call upon the authorities to recognise them as a medical school. They were not so now for the reason he had referred to, but they could put themselves in the right by putting the authorities in the wrong. (Applause). If the new hospital was as airy, as clean, as well managed, and the patients looked after as carefully—especially the children—as they were that day, when he had been to the hospital, there was every prospect of having a most successful institution. Now he came to what had brought them together, and that was,

as they were well aware, to do honour to the man to whose exertions they owed the excellent results achieved. Those results were mainly, if not entirely, due to the advice and energy of Major Morgan. (Cheers). That he had not known Major Morgan previously had been his great loss. He regretted that he had only made the acquaintance of that gentleman that day, but he had heard much of his liberality and energy. He knew Major Morgan had offered for five years £1,000 a year to any hospital which would set aside a certain number of beds for homoeopathic patients. That was one of his good deeds, and during the fifteen years he had been connected with the institution he had rendered it the utmost service. (Loud cheers). He had developed its resources and increased its usefulness until it had fallen into a state of chrysalis decomposition, to revive into a beautiful and fully-grown butterfly. (Laughter). As his acquaintance with Major Morgan had been so short, he could hardly deal adequately with his merits. But in a letter received from Lord Ebury, regretting inability to be present, the noble lord had paid the highest possible compliment to Major Morgan. Lord Ebury stated it was a real grief to him that he was not able to be present that evening in order to do honour to a man who had been one of the greatest supporters of the hospital, and one of its ablest councillors. He doubly regretted it, because it happened at a moment when they had attained the object of all their desires, the building of the new hospital. Continuing, the Chairman said it seemed to him in those days of calls upon people's purses, by rival institutions, almost a marvel that any man should by any possible amount of persuasion or attraction obtain in one year £26,000. (Cheers). Now in conclusion he would simply ask them to drink Major Vaughan-Morgan's health, thanking him in their name, and all the patients who had passed through the hospital for the last fifteen years; and to remember that the most practical manner in which they could show their appreciation of his work was by completing the sum which was wanted.

The toast was musically honoured with great enthusiasm.

Major MORGAN on rising to respond was most warmly greeted. He said he had delayed rising until that moment in the hope that the subscriptions would have been announced; that was the programme, and he trusted that before he resumed his seat he should know the result of the banquet. His first duty was to ask their indulgence and consideration for the peculiar position in which he stood. He would not use the hackneyed phrase "unaccustomed as I am to public speaking," but he would say he was no orator, and following such an able speaker as the Earl of Wemyss

and March, he felt he was at a great disadvantage. They could not all be orators, and his life had been one of activity, working, in fact, rather than talking. (Hear, hear). He had, of course, to thank the noble Chairman for the kind expressions he had used concerning him, and for the kind, and more than kind manner in which they had received those remarks. He could not lay claim to all that had been attributed to him, but he was not going to use another hackneyed expression, viz., "that he altogether undeserved everything that had been said"—not because he felt he did deserve it, but because a man's co-workers were much more able to discriminate what his merits were than he could himself. (Applause). His personal inclinations towards public dinners were not very strong; indeed, he had always had an inherent objection to them. Therefore, when it was suggested that a banquet should be given he declined; but when it was further suggested that the object was not only to give him a compliment, but to complete the funds, he felt he could no longer refuse. (Cheers). He could not altogether acquiesce in the statement of the Chairman, that the grand results achieved were mainly due to him, because he had been enthusiastically supported by his colleagues on the Board of Management, the medical staff of the hospital and outside medical men, many of whom were present that evening. At the same time, there were outsiders, who were in the homœopathic profession, who might have helped more than they had. He felt he owed a great deal to the Committee, who had organised the banquet. If they had succeeded in obtaining the remainder of the required sum, they must have greatly exerted themselves, and he could only say that Mr. Cross, their Secretary, deserved every recognition, because his tongue had almost become blistered and his throat choked with the amount of talking he had had to do. (Laughter and cheers). As far as he was concerned, he was not going to strain the question of whether he was deserving or not. His own conscience told him that he had done what Lord Nelson said every Englishman ought to do; it had fallen to his lot in his humble sphere, and he hoped and believed he had done his duty. (Cheers). He could fully bear out the noble lord in the chair regarding his statements of the horrible doses of medicine children were often forced to swallow. The whole world had to thank Hahnemann for his discoveries. If it was permitted to the spirits of the departed to hover around them, and to know what is going on in this sphere, what must be the joy of Dr. Quin, who 40 years ago founded the hospital. Since that time 250,000 patients had passed through it in one form and another. Hundreds of

lives had been saved and terrible sufferings mitigated. That hospital had, however, served its purpose. The time had come when, through new discoveries with regard to bacteria and bacilli, &c., it had been found necessary to alter the structure. The Board of Management had thought it desirable to establish a new hospital. They proposed to build one which should have all the good qualities of the other hospitals. (Cheers). They thought the homœopathic medical men, who had a very hard time of it now and then from their brethren—should at least have a good hospital so as to show they could bring about as good results as their brethren. They did not refuse in the hospital any case whatsoever with the exception of contagious disease. It did not matter what the disease was, it was at once taken in, and he was going to say “done for,” but as that was vulgar (laughter) he would say “and the patient cared for.” (Cheers). In England, however, homœopathy did not progress as it should. He quite agreed with the sentiments of the noble Chairman on the point, and hoped he would carry out those sentiments by joining the hospital as one of the Vice-Presidents. Lord Wemyss could be of material assistance to them in the construction of the hospital for he (Major Morgan) had ascertained from his conversation that morning that the Chairman had splendid constructive abilities. (Applause). In the United States a very curious state of things existed as compared with England. In this country they numbered their homœopathic practitioners by hundreds. In the United States there were 12,000 in actual practice, and a great many homœopathic medical schools. In England they had not one, and all their medical men were converts. In a country like England a man usually kept to the creed in which he was brought up, therefore if they could establish a school it would be a grand undertaking. In conjunction with Dr. Bayes, he made about ten years ago an effort to establish a school, but somehow or other it failed. Many of them had doubtless heard of Mr. Andrew Carnegie, the Pittsburg millionaire. Well, the other day he read a pamphlet of his in which he advocated the distribution of a man's surplus wealth during his lifetime. He was much struck by his arguments, especially as they were enforced by practice. They had, he was glad to say, examples of this practice also, and without going out of their own sphere he could mention, as a case in point, Mr. Henry Tate. In common with others in the room, he also tried to carry the idea into practice, but it was in his case by only small degrees. There was also a lady amongst them who carried out this principle, viz., Miss Durning Smith. (Cheers). In alluding to the principle he particularly

did so for one reason that he entirely agreed with the principle which Mr. Carnegie emphasised ; but he also did so in order to inform anybody who heard him that if they felt disposed to hand him a cheque for £10,000, he would not insult them by refusing it. (Cheers and laughter). Their scheme contemplated a hospital not much larger than the present one, but if they had another £10,000 they could do a great deal of good with it. (Hear, hear). In conclusion he would quote a few lines from Longfellow on the text that a man—however humble his sphere—could in that sphere do a great deal of good, and that he should not be deterred by the fact that his sphere does not allow him to do larger things. The lines were :—

“Lives of great men all remind us,
We can make our lives sublime,
And departing leave behind us
Footprints on the sands of time.
Footprints that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing shall take heart again.
Let us then be up and doing,
With a heart for any fate ;
Still achieving, still pursuing,
Learn to labour and to wait.”

Mr. G. A. Cross, the Secretary-superintendent, then read the list of donations, amidst great enthusiasm. The total amount subscribed was £4,800 2s., including a cheque for £100 from the Earl of Wemyss and March.

Major MORGAN then proposed the last toast, viz. : “The Health of the Earl of Wemyss and March,” amidst loud applause. Before alluding to the subject of the toast, he wished to say a few words about Lord Ebury, whom they all regretted was unable to be there that evening. (Cheers). He was well known to them as a most amiable man, and was now in the last decade of a hundred years. He had been for more than 50 years in the front rank of homœopathy. He thought the fact that a gentleman at his time of life wishing to attend a banquet and expressing grief at being unable to do so, must be taken as a great compliment to them. Lord Ebury had always done his utmost for the hospital, and his last act had been to secure them such an able Chairman as the Earl of Wemyss and March. (Cheers). Not only was the noble Chairman an ardent homœopathist, but he was able by his position to give “tone” to his opinions. It was said that some were born great, others achieved greatness, while others had greatness thrust upon them. He could only say the noble Chairman was born

great and had also achieved greatness. (Cheers). Lord Ebury, they had heard, was a splendid specimen of homœopathic treatment; but there were hundreds of others also, and if they wished for a specimen, they could not do better than to take the noble lord in the chair. (Applause). They could congratulate him on being a homœopathist. As far as he (Major Morgan) was personally concerned, he was convinced that had he not been a homœopathist, he would ere now have been in another world. (Hear, hear). Without further preface, he would ask them to join with him in drinking to the health of the Earl of Wemyss and March, and thank him for being present that evening.

The toast was warmly honoured.

The noble CHAIRMAN in response said he cordially returned thanks for the kind, but somewhat personal speech (laughter) of Major Morgan. If he had done anything of benefit to the hospital he was truly glad. (Cheers). He had been asked to become a Vice-president. Well, he was not an idle man, and he was afraid he could not give much time to the objects of the hospital, but if he could do anything towards the new hospital he would gladly do it. (Cheers). He had told them a short time ago that he was a fool. (Laughter). Well, some said fools built houses for wise men to live in. For the last 16 years he had been engaged in that particular folly, and thus if he had gained any experience in construction it should be gladly placed at their service. (Cheers). He congratulated every one present on the great success which had attended the dinner, and on having completed the sum, without which he thought they had wisely determined not to lay a single brick or stone. He again cordially thanked them for the reception they had given the toast of his health.

This completed the list of toasts, and the guests shortly afterwards dispersed.

During the evening a choice selection of music was rendered by Mons. Tivadar Nachéz (violinist), Mr. Francis Walker, Madame Guilia Valda, and Mr. Wilbur Gunn. Mr. Ivan Watson cleverly gave a recitation. The musical proceedings were under the direction of Mr. Raphael Roche.

NOTABILIA.

SEQUEL TO A CASE OF ACUTE INTESTINAL OBSTRUCTION CURED BY LAPAROTOMY.

In the *Monthly Homœopathic Review*, vol. xxxiv., p. 476, 1890, is reported by Dr. Gilbert and Mr. Knox-Shaw, a case of acute intestinal obstruction, treated by abdominal section,

with a successful issue. A man, aged 81, was operated on by Mr. Knox-Shaw, in April, 1890, for obstruction of a week's duration. The patient quite recovered and was able to resume his employment as a footman. A year later he was seized with his old symptoms and notwithstanding an operation he succumbed to the attack. By the courtesy of the Resident Medical Officer of the General Infirmary, Worcester, Mr. Knox-Shaw is able to report the termination of this very interesting case.

It seems that he was admitted into the Infirmary on June 1st, 1891, with obstruction of the bowels and feculent vomiting, the obstruction being of about a week's duration. He was operated on a few hours after admission, an incision being made through the old scar, but the omentum was found so adherent that the opening into the abdominal cavity through it was abandoned and another incision made through the right linea semi-lunaris. A loop of small intestine was found bound together about two feet from the caput cæci, and also a band from the old wound over which a portion of intestine hung. Both obstructions were released. About two feet of the intestine was in a state of active peritonitis and very congested. The operation was successful and his bowels acted very freely within half-an-hour of the operation, but the peritonitis did not subside, and that, in conjunction with a very weak heart, carried off the patient on the third day.

STATE HONOURS.

WE learn, from *The British Medical Journal*, that our colleague, Dr. B. London, of Carlsbad, has received the Cross of an Officer of the Star of Roumania.

OBITUARY.

WILLIAM MORGAN, M.D., M.R.C.S., OF CARDIFF.

WE regret to learn that our veteran colleague passed away on Thursday, the 9th of July, the day of our Congress meeting. Dr. Morgan was in his 73rd year, but had been in good health till last year, when he met with an accident on the Taff Vale Railway, which gave him a shock from which he never recovered, and since then his health has been gradually failing.

He was a native of Glamorganshire, and the son of a clergyman. In his profession he was very popular, and his genial temperament made him a favourite with all. He will be much missed in Cardiff and its neighbourhood by a wide

circle of friends. He practised at first in Brighton, where he was physician to the homœopathic dispensary. Subsequently he moved to London, and was one of the medical officers for out-patients to the London Homœopathic Hospital. After removing to Cardiff, he started the South Wales Homœopathic Institution, and which he remained in charge of till the last. Dr. Morgan was the author of several popular treatises on homœopathy, some of which had a wide circulation. He leaves a widow and two daughters.

CORRESPONDENCE.

THE NEW HOSPITAL.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—By the donations promised or paid on the occasion of the banquet to Major Vaughan-Morgan at the Whitehall Rooms, Hotel Métropole, on the 18th ult., under the Presidency of the Earl of Wemyss and March, amounting to £4,800, the fund for rebuilding this hospital has been carried over the total originally proposed—£90,000.

This sum, the largest ever contributed to further the cause of homœopathy and confer its advantages on the poor, concluded by the largest sum ever raised at any festival of the hospital, the whole having been promised within the short space of twelve or fourteen months, provides a standing answer to the suggestion that homœopathy has ceased to progress, or that the public estimation of its worth, or the public enthusiasm for its development, has died away.

Although munificent sums have been contributed by constant supporters of the hospital, the Board of Management gladly recognise that so large a sum could hardly have been raised in so short a time without the active co-operation of members of that section of the medical profession practising homœopathy.

This co-operation, in response to repeated appeals, has been forthcoming from every member of the medical staff, and from medical men in every part of the United Kingdom.

I am therefore desired by Major Vaughan-Morgan and the Board of Management to tender, through the medium of your Journal, their cordial and grateful acknowledgments to those members of the medical profession who are thus represented in this fund, and who will, in consequence, be represented in the new hospital, which is being designed by the architect, Mr. Wm. Pite, of Bloomsbury Square, and which, occupying the site of the present building, will form a striking testimony

in the metropolis to the reality and the advantages of homœopathic science.

The Board cannot tender these public acknowledgments to those numerous medical friends who have exerted their best influences for this new hospital—many of them having local interests and local institutions to consider—without an expression of regret that a considerable proportion of the homœopathic medical body have refrained from recognising the force of any and every appeal to them to participate in this movement (which will certainly commence a new epoch in the history of the struggle of homœopathy for its proper status in medicine), and have allowed the present gratifying result to be achieved without their slightest sign of effort or of interest.

This curious apathy has made the more distinguished the activity of those who are so liberally represented in the fund, and intensifies the grateful appreciation felt by the chairman and the board, as to the successful and hearty co-operation of medical friends in the metropolis and in far distant parts of the kingdom.

The board, however, cherish the hope that should they find it desirable to adopt certain propositions now being urged upon them for the yet further development of the hospital (which would necessitate an additional sum of £10,000), those members of the medical profession who have refrained from co-operation on this occasion, may yet consider that the welfare of a small and militant body, like the homœopathic medical profession, depends upon absolute unity of idea and action, and that individual isolation cannot bring about the advancement of the general cause.

Permit me to repeat once more to the medical friends of the hospital, collectively and individually, the most cordial recognition and thanks of the chairman and the board.

I am, Gentlemen,

Very faithfully yours,

G. A. CROSS,

Secretary-Superintendent.

London Homœopathic Hospital,
Great Ormond Street,
Bloomsbury, W.C.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Having devoted my Presidential address at the Congress held in 1880 to an examination of the condition of our *Materia Medica*, and having at the same time

offered some suggestions for its improvement, I naturally feel a lively interest in any movement having that object in view. Hence I venture to ask you to spare me a corner in your journal, to congratulate the members of the revising committee on the excellent work they have done in the production of the *Cyclopædia of Drug Pathogenesis*, and on its virtual completion. It is no small achievement to have brought the contents of Allen's ten volumes of symptoms, to say nothing of other provings, within the compass of four volumes; and to have reduced the number of medicines from 650 to about half that number. We owe the committee a deep debt of gratitude for the large amount of time, thought, and patient perseverance they must have devoted to the laborious, and, I should think, uninteresting task. None of us, I imagine, will feel disposed to sympathise with Dr. Proctor, in his regret—as expressed in your last issue—at the exclusion from the *Cyclopædia* of so many drugs that find a place in Allen's and other works. If I have any regret at all in the matter it is that the process of rejection was not carried somewhat further; for it cannot be denied, that after all that has been effected a good many medicines are retained that have no title to be admitted to fellowship with recognised homœopathic remedies, as well as a host of symptoms that it is difficult to believe ever had any existence except in the imagination of the prover. This difficulty will never be got over until many of our medicines have been submitted to careful and exhaustive re-proving. We may then look for a real *Materia Medica pura*.

Still, considering all the circumstances of the situation, which was a delicate and difficult one, more could not reasonably be looked for than has been accomplished. Nevertheless, one may be allowed to express a hope that in any future editions of the *Cyclopædia*, the pruning knife will be applied until the number of our remedies is brought down within manageable limits. All we require in treating ninety-nine cases in a hundred is a selection from our grand old remedies of a comparatively small number of well proved, well tried, strongly marked medicines. And this, I am persuaded from extensive observation, is all that most of us aim at or require.

In the meantime let us be duly grateful for past favours, and patiently wait for more.

Yours faithfully,

S. YELDHAM.

NOTICES TO CORRESPONDENTS.

* * * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Dr. THOMAS (Llandudno), Dr. YELDHAM, Dr. ROBERSON DAY, Mr. KNOX SHAW, Dr. WASHINGTON EPPS, Dr. BURFORD (London), Dr. HUGHES (Brighton), Dr. MURRAY MOORE (Liverpool), Mr. CROSS (London), the Publishers of the *British and Colonial Druggist* (London).

We greatly regret that owing to the conjunction in time of the Annual Meeting of the British Homœopathic Society, the Congress and the American International Congress, we are compelled to postpone a very interesting report of the latter by Dr. Hughes, till our next issue. The papers read at the Congress have also, for the same reason, to be deferred. Also papers by Drs. M. Cash and Alexander, which are in type.

BOOKS RECEIVED.

Modern Materia Medica. By H. Helbing, F.C.S. 1891. British and Colonial Druggist. London.—*Text Book of Materia Medica and Therapeutics.* By A. C. Cowperthwaite, M.D. Sixth edition. Chicago. 1891.—*The Drug-Proving of the Future.* By Richard Hughes, M.D.—Homœopathic League Tracts. No. 36. *Homœopathy and Blood-Letting.* London: J. Bale & Sons.—*The Therapist.* June. London.—*The Homœopathic World.* July. London.—*The Chemist and Druggist.* July. London.—*The Monthly Journal of Pharmacy.* July. London.—*Address to the International Homœopathic Congress of 1891.* By R. E. Dudgeon, M.D., Honorary President. Papers from the Anti-Vivisection Society. London.—*The North American Journal of Homœopathy.* June. New York.—*The Hahnemannian Monthly.* July. Philadelphia.—*The Clinique.* June. Chicago.—*The Homœopathic Journal of Obstetrics.* July. New York.—*The Philadelphia Inquirer.* June 17-23.—*The Homœopathic Physician.* July. Philadelphia.—*Southern Journal of Homœopathy.* June. New Orleans.—*The Medical Record.* June 13, 20, 27. July 4 and 11. New York.—*The California Homœopath.* June. San Francisco.—*The Medical Current.* July. Chicago.—*The Medical Argus.* June. Minneapolis.—*Homœopathic Envoy.* July. Lancaster, U.S.A.—*Kali Chloricum.* A Lecture by C. S. Mack, M.D. Ann Arbor.—*The Medical Advancer.* June. Chicago.—*The New York Medical Times.* July.—*The Medical Era.* July. Chicago.—*Revue Homœopathique Belge.* April. Brussels.—*Bull. Gén. de Thérapeutique.* June and July. Paris.—*La Médecine Hypodermique.* May. Paris.—*Allgem. Hom. Zeitung.* July. Leipzig.—*Populäre Zeitschrift für Homœopathie.* July. Leipzig.—*Homœopathisch Maandblad.* July 15. Gravenhage.—*Rivista Omiopatica.* June. Rome.—*Gazzetta Medica Di Torino.* June and July. Torino. *New England Medical Gazette.* July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:—

OBSERVATIONS ON THE ACTION OF IODIDE OF
POTASSIUM IN TERTIARY SYPHILIS.*

By C. KNOX SHAW, M.R.C.S.

If there is one fact that stands out clearly amidst the general unbelief in the action of remedies, it is the universal acceptance of the curative power of the *iodide of potassium* in tertiary syphilis.

I am referring, of course, to those late manifestations of syphilis which are characterised by the local fibroid degeneration surrounding a more elastic and rather softer matter which distinguishes the gummatous deposit.

Though the efficacy of the power of the *iodide* is acknowledged, yet the explanation of its action is various and unsatisfactory. I do not propose to discuss the probabilities of the theories advanced, but, as a matter of interest, will merely mention one or two. "The *iodine* set free from the *iodide* is taken up by albuminous substances, and the entrance of the *iodine* molecule into their composition causes them to undergo more rapid metamorphosis. Gummatous deposits appear to be especially affected in this way." (Brunton). "The beneficial action of *iodide of potassium* may be due, in part at least (when *mercury* has been given in the earlier

* Read at the British Homœopathic Congress, London, July, 1891.

stage of the disease), to its again liberating part of the mercury which has been in a state of more or less dormant combination with some of the tissues." (Brunton). Some who otherwise cannot explain its action, speak of it as a "specific."

Most writers on homœopathic therapeutics acknowledge the power of the *iodide* to remove tertiary deposits, but are unable to claim this action as an illustration of the law of similars. Dr. Hughes says that "the indications for its use must not be looked for in its pathogenesis! Dr. Trites, in his article on Syphilis in *Arndt's System of Medicine*, writes: How the *iodides* act in tertiary syphilis is an open question, but the action is certainly dependent upon the rapidity with which it finds its way into and out of the blood." Dr. Madden in the *British Journal of Homœopathy*, vol. 26, p. 415, expresses the opinion that "the cure of tertiary syphilis by the *iodide of potassium* is specific but not homœopathic," and himself inclines to the view that the new growths are quasi-parasitical, and that they are removed by the parasitocidal action of the drug. Dr. Allen too is unable to attribute its action to its homœopathicity to the disease.

As far as I can judge the reason for giving the above opinion arises from the fact that in the pathogenetic action of the drug no conditions have been produced that are in any way similar to the manifestations of tertiary syphilis. On carefully studying the article on *Iodide of Potassium* in the *Cyclopædia of Drug Pathogenesis*, it is very evident that few observations are there recorded that help us in this matter. Ricord's statement that when the drug had been given in strong doses in a case of cancer of the face he had seen a rupia—like rupia cachectica—develop on the legs and forearms, seems to be the only inkling we get of the action of the *iodide* upon the deeper tissues. The amount of the drug used in all the cases was either frequent small doses or a few large but seldom repeated ones. I was therefore content to leave the action unexplained until I read Mr. Hutchinson's very interesting book on Syphilis, p. 304, published by Cassell & Co., in 1887, when I came across the following. "On cases of poisoning by the *iodide of potassium*. The eruptions which occur in connection with *iodide of potassium* are

very various in character, and some of them closely resemble in appearance those due to syphilis. Thus mistakes may very easily occur, and the remedy may be pushed in the hope of curing symptoms of which it is itself the cause. I believe that I have known more than one case in which, where this mistake was made, a fatal result followed. For when the depression from the *iodide* has reached a certain point and been continued for a certain time, the system recovers with difficulty or not at all when it is discontinued. . . . It is a curious fact that these eruptions on the skin in many cases begin immediately after the first few doses, now and then a single dose is quite sufficient to bring them out. They may occur at any age, and are often very severe in the young. . . . An acne eruption, occurring on the face first and subsequently on the body, is by far the commonest of the *iodide* eruptions, but is not the only one. The eruption may be vesicular, or bullous, or flat-topped tubers, such as we see more frequently after the use of the *bromide*. Speaking generally I know of no rules whereby an *iodide* rash can be distinguished from the *bromide*."

Hutchinson remarks upon the idiosyncrasy of some persons to the action of the *iodide*. In some a grain or two will produce iodism, and in others drachm doses or even more will produce no apparent harmful effect. He has known cases cured by a third of a grain, and others requiring an ounce and a half in the twenty-four hours.

Here was indeed food for reflection and though not exactly establishing the relationship between tertiary syphilis and *iodide of potassium*, yet it opened the door to the probability of there being a similarity between the disease and the drug. This probability was further strengthened by the publication by Mr. Hutchinson of two plates in the first volume of his *Archives of Surgery*. These plates are so interesting that I ask you to study them, and I venture to assert that if any one here present were called upon to diagnose such a case, his opinion would most probably be that it was undoubtedly the manifestations of tertiary syphilis.

I do not think that I can do better than quote the remarks that accompany the plates. These two portraits "belong to the same case, and illustrate the most exaggerated form of *iodide of potassium* eruption which I

have ever seen. I do not think that there could be any reasonable doubt that the huge tuberos masses here depicted were really the result of the use of the *iodide*. As such I diagnosed them before knowing anything of the man's antecedents, and subsequent enquiry confirmed the suspicion. It will be observed that they are very similar in all local characters to others which have been not unfrequently observed after the use of the *iodides* and *bromides*, differing simply in the size attained. The explanation of the very large size of the growths in the present case was to be found in the fact that the dose of *iodide* had been steadily increased as the eruption advanced.

"The patient was a man aged twenty-six, who was admitted in the London Hospital much in the same condition shown in the portraits. The latter were, indeed, taken on the day after his admission. He died from exhaustion a few days later. On enquiry at the hospital in which the man had been treated before he came to us, it was ascertained that he had been admitted there on account of some swelling of the groin, which was diagnosed as syphilitic. He had at that time no skin eruption whatever. *Iodide of potassium* in five-grain doses was at once ordered. An eruption soon began to appear, and as it was considered to confirm the diagnosis of syphilis the iodide was increased to ten grains at the end of a week. Ten days later it was increased to fifteen, and later still to twenty. He continued it without intermission from July the 23rd to October the 9th, when *mercury* was substituted. The eruption had been steadily getting worse the whole time, but as it had been throughout considered to be syphilitic the specific had been pressed.

"On careful enquiry I did not think that there was much reason to suspect that the man had really had syphilis. He lived for about a fortnight after the *iodide* was completely left off, but during this time no material change occurred in the eruption. He was in an extremely feeble condition the whole time; and his death was from exhaustion. The microscope was carefully used, but revealed nothing of importance." Hutchinson further suspects that not a few cases which have been classed as cutaneous gummata in connection with syphilis have been really examples of *iodide of*

potassium eruption, and not only is it necessary in the diagnosis of syphilitic gummata of the skin to first eliminate *iodide* eruptions, but the same remark applies to the various conditions which have been grouped together under the name of "granuloma fungoides."

It must be very rarely indeed that we can get such evidence of the action of large and oft-repeated doses, and I have tried to confirm this action by reference to other cases. In my researches I have been very materially indebted to a work by Dr. Prince Morrow, of New York, published in 1887, entitled *Drug Eruptions*; and I would commend this book to the notice of the editors of the *Cyclopædia of Drug Pathogenesis*. The chapter on *Iodide of Potassium* shows that Dr. Morrow has made very extensive investigations into the subject, and from his bibliographical references I have been able to trace to their original sources many of the articles therein referred to.

I do not intend to refer to the manifestations of iodism, which are so well-known to us all, but to pick out such cases as I hope will throw light on the subject of this paper; nor do I propose to weary you on an occasion like this with tedious details of symptoms. If the suggestions of this paper are of any value the compilers of our *Materia Medica* will naturally refer to the articles themselves for the necessary information. So may I ask your attention for a few moments to some interesting records of the pathogenesis of the *iodide of potassium*.

In addition to the rupial sores described by Ricord, he has further noticed a nodular erythema (*Bullet. de Thérapeutique*, t. xxiii., p. 162, 1842). Celso Pellizzari, in a paper in the *Archives of Dermatology*, July, 1881, p. 263, on some phases of the pathogenetic action of the *iodide*, reports a case where a man, aged 30, was for some syphilitic symptoms ordered fifteen grains of *iodide of potassium* each evening and some *mercury* during the day; the latter he soon left off, but he continued the *iodide*, from March 20th to April 14th when he became very ill and was admitted for what was supposed to be glanders. He had many large inflammatory nodular masses varying in size from that of a nut to an apple, seated in the subcutaneous cellular tissue. The nodules were round and situated under the skin, so much so that the latter did not take part originally in the morbid

process. Abscesses formed, but healed slowly and left cicatrices. On omitting the *iodide* the eruption departed but recurred each time the drug was repeated.

In the same paper Professor Pietro Pellizzari is stated to have seen a patient in whom the *iodide* produced inflammatory masses in the subcutaneous cellular tissue; and another, a lady, in whom he could cause the reappearance of nodules at any time, as large as a fist, by giving the *iodide*. Celso Pellizzari agrees that the rupioid form is certainly much less frequently met with than the urticarial.

Besnier (*Annales de Derm. et Syph.* 1882) had a patient, a man, aged 40, who consulted him for an eruption on the palm of the hand, which was very difficult of diagnosis, but for which he gave him two grammes of the *iodide of potassium* daily. This was followed in a week by an eruption on the face and thorax of veritable tumours, varying in size from a small to a large pea. They were of a reddish coppery hue, flabby, almost fungous, and presenting punctate depressions. Incision only gave exit to blood. A similar condition was observed in a woman, aged 65.

Dr. Valanur observed (*Journal of Cutaneous and Venereal Diseases*, 1884), in a woman, aged 49, with mitral disease, who had been given for four days two-and-a-half grammes of the *iodide*, that she was attacked with acute pain in her buttocks, thigh, calf of leg, and in the dorsal region. Then there appeared upon the parts small indurated nodules of the size of a nut of a deep red colour, and readily appreciated by palpation. During three days they developed in size, one or two attaining the volume of an egg. The *iodide* was repeated three times, and after each repetition the same symptoms appeared.

Talamon (*Journ. de Méd. et Chir.* 1885) reports the case of a woman in whom two and a half grammes of the *iodide* produced an eruption resembling erythema nodosum.

Hallopeau (*L'Union Médical*, 1885) observed the development of painful nodes in one of his patients, which was repeated every time he took the *iodide of potassium*. The tumours were oval in shape, reddish at the surface, and painful on pressure; they were chiefly

situated over the anterior surface of the thighs. She also had iodic purpura.

Dr. Prince Morrow himself lost a patient from *iodide* poisoning, where tubers were developed, but there was much more general dermatitis than in Hutchinson's case.

Dr. Fox says (*Trans. Clin. Soc.*, vol. xi.) that he has often been consulted for supposed syphilis, when the disease has been simply an *iodide* rash. Dr. Morrow, too, asserts that cases of *iodide* poisoning "have been mistaken for syphilis, and the *iodide* may be continued, possibly in increasing doses, for the very condition which it has caused."

I think I may fairly say that these records establish the fact that there is in the pathogenetic action of the *iodide of potassium* a condition markedly similar to the tertiary manifestations of syphilis. The evidence I have adduced is not biassed, as in none of the cases was an attempt made to prove the drug with preconceived notions as to its action, but the symptoms occurred during the administration of the drug, and in most cases the action was verified by the withdrawal and renewal of the drug.

The study of the subject brings out strongly one or two very interesting points, to which I wish for a moment to draw your attention.

One is summed up by Dr. Prince Morrow as follows: "The length of time which intervenes between the administration of the drug and the first appearance of the eruption varies according to the size of the dose and the predisposition of the individual; usually it is from the third to the sixth day; it may be a few hours or several weeks." There seems to be no definite relation between the size of the dose and the form of the eruption; this would appear to be a matter of individual constitution. It is very striking what a prominent part the peculiar idiosyncrasy of the patient plays in the development of iodism. The pathogenetic action of the drug may be produced in one patient by a grain or two, and in another very large doses are needed before any effect is visibly excited. May this not be a key to the fact—surely observed by all who have given the drug therapeutically,—that in some cases of tertiary syphilis a cure can be obtained by a small dose, whilst in others it is only when the large dose is reached that any benefit is obtained. I would

venture to suggest from this fact that there is a direct correspondence between the dose of the drug in its pathogenetic and curative action. As in some cases the pathogenesis is induced by small doses, so in some cases the cure is obtained with small doses. But as in other cases large doses are required to bring about any pathogenetic action so there are cases of tertiary syphilis which can only be influenced by large doses of the *iodide*.

In commending this very imperfect paper to your kind consideration, may I ask for an expression of opinion as to whether in the light of later investigations and observations we may not with some degree of probability ascribe a homœopathic action to the action of the *iodide of potassium* in tertiary syphilis.

DISCUSSION.

The PRESIDENT said they were much indebted to Mr. Knox Shaw for his very able paper, and as a homœopath wishing to bring within the scope of the homœopathic law all curative agencies, he felt very great interest in his attempt to show that the action of *iodide of potassium* was homœopathic. There were two or three experiences met with in their daily practice which they had not yet been able to bring within the scope of their law, and for his own part he must confess that hitherto the action of *iodide of potassium* in syphilis had been one of them. But it was a question which they might now very fairly begin to consider whether they could not claim this action of *iodide of potassium* for homœopathy. He would only add that in discussing this and the succeeding papers, their speeches should be like Liebig's Beef, concentrated, and that they should have as much of the essence and as little of the verbose as possible.

Dr. HUGHES remarked that Mr. Knox Shaw had been good enough to tell him that he had him somewhat in view in writing this paper. He would therefore lose no time in rising to say what he had to say upon it. He thought Mr. Knox Shaw had done well to bring the subject before them, as it was of course desirable that they should face any apparent exception to the prevalence of their law, and from time to time reconsider the evidence which might formerly have been sufficient to convince them that any given course of procedure was outside the region of homœopathic practice. Mr. Knox Shaw had brought forward a number of very pertinent cases, and if his thesis were this—that there were features of tertiary syphilis to which *iodine* was perfectly homœopathic and which it might cure after the homœopathic manner, he should say he had

entirely proved it. If he were to specify still more minutely, and say that in tertiary syphilis affecting the skin they were probably acting homœopathically when they gave *iodide of potassium*, and might expect a cure with reasonably small doses, he should again say that he had established his point. But if he were asked whether the cases which had been brought forward proved, or even made it probable, that *iodide of potassium* acted homœopathically in the gummatus deposits in the viscera, he should say that nothing that had been brought forward seemed to him to shake the conviction to which Dr. Madden, himself, and others had arrived in times past, that it did not act homœopathically here, but after the manner of a parasiticide, if they were pleased to so term it—he should say rather of a dissolvent, melting-down these adventitious masses of tissue, so that they might be washed away and carried out of the system. These gummata were entirely different from the affections of the skin they had heard described, which were only exaggerations of those well known to occur frequently during the administration of *iodide of potassium*. On the question of doses he would only say one word. Mr. Knox Shaw had resolved the question into one of susceptibility, and thought that this would account for the necessity of giving larger doses in certain cases. Well, if Mr. Knox Shaw could bring them forward, say half-a-dozen cases, in three of which the real gummata, either in the viscera or in the bones, had been dispersed by even 1 or 2 grain doses of *iodide of potassium* in a reasonable time, and then three more in which the same gummata had required a 15 grain dose or more, he might be inclined then to say that it was a matter of susceptibility. But when the fact seemed to be that to disperse these tumours they must always use the larger dose, he thought the probable reason was not the susceptibility of these patients but the different mode of action. (Hear, hear). Such at all events was the impression made upon his mind by the interesting and valuable paper they had heard read. (Applause).

Dr. POPE said he wished to endorse most fully Dr. Hughes' appreciation of Mr. Knox Shaw's very interesting paper, one of the most interesting papers on *Materia Medica* he had heard for some time, and at the same time he must also endorse his criticism so far as the gummata were concerned. That the *iodide of potassium* acted specifically, that was to say, homœopathically, in the dispersal of gummata, he did not think Mr. Knox Shaw had proved at all, and the mere question of the large doses that were required in order to disperse the true gummata seemed to him to show that the theory that Dr. Madden advanced years ago was so far as they were con-

cerned more nearly accurate. An illustration of that was the case reported in Dr. Byrom Bramwell's very interesting clinical lectures of about twelve months ago of intra-oranial syphilitic gummata, giving rise to paralysis and convulsive movements of the right arm and hand. That patient was given 80 grains of the *iodide of potassium*, three times a day, and Dr. Bramwell remarked "I expect if the lesion is, as I suppose, a syphilitic gumma on the surface of the brain, that in the course of a few days, when the system gets thoroughly saturated with *iodide*, the headache will subside, sleep will return, and the localised convulsions will disappear. The essence of the treatment in a case of this kind consists in rapidly saturating the patient with the *iodide*. At least 80 grains should be given three, four, or five times a day; if you want to obtain brilliant results you must give large doses." As a matter of result his patient was practically well within a fortnight. The *iodide* could only be said to exert its specific influence upon lesions which were directly syphilitic, and it was chiefly the gummatus products upon which its specific influence was exerted. In the case quoted the gumma was carefully diagnosed, the dose given was a very large one, and, as he had said, the patient was well within a couple of weeks. Mr. Knox Shaw had quoted very largely, and very profitably also, from Mr. Hutchinson, and Dr. Morrow of New York. There was another feature, both of syphilis and of *iodide of potassium*, which was very well worthy of being kept in mind. Many of them would doubtless recollect Mr. Langston Parker, of Birmingham, well known as a syphilographer, and a man of very acute and careful observation, and a very large experience. (Hear, hear). In the *Provincial Medical and Surgical Journal* of 1852, Mr. Parker gave the particulars of four cases of hypertrophy of the tongue. The surface of the tongue was lobulated and fissured, and he described the appearance as being almost that of a cancer. He said he had selected these cases from a mass of others, and his examination of them had established in his mind the conclusion that this appearance of the tongue was due to the long-continued use of *iodide of potassium*, the patient having taken several grains a day for two or three years. These cases he (Dr. Pope) thought confirmed in another direction the idea Mr. Shaw had given them with regard to Mr. Hutchinson's skin cases. *Iodide of potassium* was a drug of very considerable interest, but unfortunately it was also one which had not had the advantage of being carefully proved upon absolutely healthy persons. They had indeed a so-called proving by Mons. Houat, but this was simply a work

of fiction, and therefore valueless. Then they had a proving by Nanning, who was a thoroughly confirmed hypochondriac, and lived in an atmosphere of symptoms, while the only other one he believed was by Dr. Colby, showing that it produced one symptom of the action of *iodide of potassium* on the throat. Another point worthy of remembrance was that in a great number of other cases, such as rheumatism and diseases generally, the action of *iodide of potassium* was upon the tissues, which were invariably affected in the course of syphilis, and especially upon the glands and the mucous membrane of the mouth and throat. All these circumstances seemed to him to point largely to the fact that in prescribing the *iodide of potassium* in cases of syphilis of the skin they were prescribing a medicine which was homœopathic; but when it was given in a case of true gummata upon the brain, or bone, or in the abdomen, there, on the other hand, they were prescribing a chemical or parasitical solvent. (Applause).

Dr. EDWARD BLAKE viewed the paper read by Mr. Knox Shaw as a most valuable contribution to scientific medicine. Its clearness, its conciseness, and its excellent delivery were beyond praise. Dr. Blake thought it was hardly fair that Mr. Knox Shaw should be required to show cases cured with small doses of *iodide of potassium*. The patients who needed the drug come to us commonly in a different attitude from the ordinary class. They were often soaked with syphilis, saturated with alcohol, permeated by mercurials, and profoundly depressed in body and mind. In such patients the sensibilities were deadened, and there was little chance of response to the stimulus of the mere dilutions. Mr. Knox Shaw was quite right in saying that death might ensue from persistent overdosing with *potassic iodide*. Dr. Blake had watched an undoubted example. A guardsman, of about forty years of age, suffered from some signs of cardiac dilatation with vertigo. There was a history of slight sunstroke, but there was no evidence of organic change in any vital organ. The patient was making steady progress under *lachesis*, when the friends asked for an allopathic opinion. The aid of a craniologist of quite European fame was sought, who diagnosed intra-cranial syphilis, and gave massive doses of *iodide*. The man immediately grew worse. His reason became impaired, dementia set in, and general dropsy soon closed the scene. The brain was examined after death, and was found to be typically healthy, with no trace whatever of syphilis, past or present. There seemed little doubt that this man died from the immediate effects of over-drugging. There was certainly a good deal in "idiosyncrasy" as regards *iodine*. The thirtieth centesimal induced in some persons a marked coryza.

Dr. Blake had been disappointed in the curative influence of *iodide* over acne, till he ascertained that Dr. Thin had pointed out that *iodides* do not specially affect the true glands. They cause a vesiculating dermatitis—not a folliculitis. This observation of Dr. Thin had been confirmed by the microscopic researches of Duckworth and of Vincent Harris. Dr. Blake had shown that the microphyte of dandruff, when conveyed from the scalp by means of the finger nail to a gland affected by acne punctata, had the power of setting up a butyric acid fermentation, with the formation of propane, thus converting the punctate acne into acne pustulosa. If vitality be impaired a local sphacelus took place, staphylococci appeared, and the case then became one of acne pustulosa.

Dr. DRYSDALE said when he first took up the programme he felt a sense of disappointment that there was so little homoeopathy in it, but on looking at the analysis of Mr. Knox Shaw's paper he was bound to confess that he had touched upon what ought to be a most interesting question for their consideration. The difficulty was certainly with the gummata. They could not expect to have in provings a very exact and complete disease reproduced. (Hear, hear). It was not so in the case of any other disease, and why should they expect it in this? There must be something in the inward nature of the process that was homoeopathic, although it could not produce a whole and complete gumma. They undoubtedly found that when they got a case of internal gummata, such as that of Dr. Byrom Bramwell's, the larger dose was more effective than anything they knew of at present. He did not regard the question as settled yet, but they must admit that they felt more security in giving the 15 grain dose. At the same time, he confessed that Dr. Byrom Bramwell's observations, in that paper which they had all read, were far too dogmatic. The principle which Mr. Knox Shaw had laid stress upon, of the idiosyncrasy of patients—which meant the contingent susceptibility of each patient (hear, hear)—was of very great importance. He thought they might in this way explain the necessity for larger doses. When there was a poison in the system, generally speaking, it was so—in intermittent fever and several other diseases they found that the very infinitesimal dose would not do. It was useless talking about it; it failed, and they must give larger doses. Therefore upon all that had been said he was inclined to the belief that in the present instance they must use the larger dose and consider it homoeopathic. (Applause).

Dr. YELDHAM would like to state the result of his experience in the use of *iodide of potassium*. He had used it in

a large number of cases of tertiary syphilis, and he had found nothing else to equal it. He had given it in considerable doses. Small doses he thought were almost inoperative. (Hear, hear). From five to ten grains was the dose which he usually gave. He must say that he had never seen anything at all as the result of any quantity he had given, to correspond in any way with the examples which Mr. Knox Shaw had brought forward in his admirable paper. The only effects he had seen that were what they might call pathogenetic effects were the physiological action of the medicine on the throat and nasal passages. It was very common to find, two or three days after beginning the use of the medicine, that the patient suffered with catarrhal symptoms, often very troublesome, but after the medicine had been continued for a few days longer, those symptoms all disappeared, and they got the symptoms of the curative action of the medicine. (Hear, hear). But in no instance had he ever seen anything at all like the gummata, or any other of those secondary or tertiary diseases that sometimes occurred.

Dr. HAYWARD said he would like to draw attention to a point which appeared to him to have escaped notice. Mr. Knox Shaw had pointed out that many of the cases he had referred to were not the giving of *iodide of potassium* in syphilitic cases, but absolutely the effect of the *iodide of potassium* in cases that were not syphilitic. The symptoms were therefore purely pathogenetic, and it appeared to him that they did correspond very closely with a great deal of the effect that they saw in tertiary syphilis. (Hear, hear).

Mr. KNOX SHAW said he would, in view of the proximity of luncheon, reply extremely briefly to the very kind consideration which his paper had received. He particularly laid down that in many of the cases he recorded the skin itself was not primarily affected (hear, hear), but that the deposit, as they might call it, arose in the subcutaneous tissues. In most of the cases it was in the subcutaneous tissues that the disease first developed, and secondarily it affected the skin. So that they had here instances of the *iodide of potassium* acting deeper, in reality, than in the ordinary skin eruptions. Of course, as he had said before, they could very rarely get anyone who would submit to death in the interests of proving a medicine (laughter), and it was only very rarely that they could get cases where a man would heroically attack a disease, and heroically go on attacking it and defending the position taken up, as was evidently done in some of these cases. The case was treated in the first instance with the idea that it was syphilis, and the medicine was continued when indicated, and so they

obtained an excellent proving. Dr. Byrom Bramwell laid down in one of those didactic articles which he wrote that if the patient had tertiary syphilis and they gave *iodide of potassium* there would be no iodism; but that if they thought the case was tertiary syphilis and they gave *iodide of potassium*, and the pathogenetic or physiological action of the iodine was produced, they might be quite sure they had not got syphilis to deal with. He laid that down very strongly indeed, especially in cerebral medicine. Dr. Yeldham, in his careful selection of his remedies, would not be likely to produce any such symptoms as they saw here, because he would only give the drug where it was indicated. In reply to the remarks of Dr. Hughes, he felt positive that he could undoubtedly produce cases of tertiary gummatous syphilis which had been cured by himself with two or three grains of *iodide of potassium*, while he had also had cases in which he had required at least ten or fifteen grains. (Hear, hear). He was quite certain that he could bear out what Mr. Jonathan Hutchinson said, that he had cured cases with one-third of a grain, while others needed an ounce-and-a-half. (Laughter). So he believed in those cases there was some analogy between the production of the symptoms and the cure of the disease. In conclusion, he begged to thank them for the kind manner in which his paper had been received. (Applause).

THE SUPERVISION OF NORMAL PARTURITION.*

By J. ROBERSON DAY, M.D., Lond.

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“Old things are passed away, all things are become new.”

THESE words seem exactly to describe the revolution that has come about in obstetrics, and may well introduce the subject, and as disciples of Hahnemann are peculiarly appropriate to our method of treatment.

But not only has the medicinal treatment changed, but all the surroundings of patients are now altered. Hygiene and sanitation have explained much; antiseptic

* Read at the British Homœopathic Congress, July, 1891.

nursing has done more, till the mortality of the puerperal state is reduced almost to zero. Each branch of our profession is so intimately related to the others, that discoveries in one directly or indirectly benefit all.

Homœopathy, which has done so much for us in other special departments, has not been behind-hand in obstetrics, and there is every reason to believe will do much more for us in proportion as we have means and opportunities for its study. But as in the case of surgery, obstetrics must always to a large extent depend on the *tactus eruditus* of the physician, and also on the thorough and conscientious carrying out of antiseptics; and it is only when these and all other considerations are taken into account that are likely to bear on the welfare of our patients, that we can expect the best results from homœopathy. Indeed, it is not giving homœopathy a fair chance to disregard these very important adjuvants, and when this is done we must expect disappointment.

But I shall endeavour to limit my remarks to that portion of my subject which I have selected, as being one which will be of interest to the majority—the “Supervision of normal parturition.”

Latterly it has been my habit to prepare the patient for parturition by a course of medicine commenced about the sixth or seventh month of pregnancy and continued during the remaining period until delivery.

I give *actæa rac.* 1x, gtt.j. dose every morning for one week, then *caulophyllum* 1x, gtt.j. dose every morning for the next week, and then back again to *actæa*, and continue this alternation of the remedies. So far as I have observed the effect has been to render labour easier and, I think, more rapid. In some cases I have reason to believe the labour has been induced a week or ten days before term, and if this be so, although it is always difficult to be sure of these dates, it may explain the greater ease and rapidity of the labour.

Mr. W. H. Rean, in a paper read before the British Homœopathic Society in 1884, speaks in the highest terms of *arnica* given the last three weeks of pregnancy. He gives the first decimal in half-drop doses every morning. He says, “I have tried it in a large number of cases, and I can say with confidence that in no single instance have I been disappointed in it. Two most important results may be confidently expected from its

use, supposing the condition of the mother and the fœtus be normal. It materially reduces each of the three stages of labour and marvellously minimises the pain."

He quotes three cases, one a girl of 14, a second who had not borne a child for 15 years, and the third, a primipara of 43, all of whom had very easy times.

He uses the tincture prepared from *fresh plants* only, the ordinary tincture having failed. In conclusion, he says, "*arnica* possesses a power over the uterus the value of which cannot be easily estimated. I use it now in nearly all my cases, and the larger my experience the more fully I am convinced that the obstetric practitioner has at his command a drug, by the side of which nearly all other medicines sink into insignificance." A drug so highly eulogised cannot fail to commend itself.

During the early stage of parturition *ignatia* 1x suits well the excitable state so commonly resulting from pain and loss of rest.

As I wish this paper to be as practical as possible, and to give a true and exact picture of the modern lying-in room, it will be well to name the requisites for the comfort and welfare of all concerned.

In the first place a *good nurse* is essential: one who has had a scientific training (if I may use the word in speaking of a nurse) as to the nature of septic diseases and their prevention. Without such a training a nurse cannot be expected to carry out the minute details of aseptic nursing: indeed, it would be useless to expect anyone to, without understanding the *rationale*, to do so. For the welfare of the patient a good nurse is as essential as a good doctor, and a careless nurse may thwart all the care and skill of the physician, and may be the means of bringing him into disrepute. This point cannot be too strongly insisted on.

It is my habit to place in the hands of the nurse a card of "Rules for the Use of Monthly Nurses."* These are as follows:—

1.—The nurse will have charge of two bottles, labelled No. 1 and No. 2. No. 1, corrosive sublimate in strong solution (308 grains in 4 ozs. glycerine); No. 2, tincture of iodine, pure; also a pot of eucalyptus vaseline (1 in 8).

* Modified from Playfair.

2.—A small basin containing a (1 in 1,000) solution of corrosive sublimate, made by adding one teaspoonful from bottle No. 1 to one pint of water, must always stand at the bedside, and the nurse, after washing her hands with soap and nail-brush, must well rinse the hands in this before touching the patient in the neighbourhood of the genital organs, whether for washing or any other purpose, before or during labour, and for a week after delivery.

3.—All sponges, vaginal and enema syringes, catheters, as well as bed-pans or slippers, must be well rinsed in a similar solution of (1 in 1,000) corrosive sublimate before being used.

4.—The eucalyptus vaseline is to be used to grease all vaginal tubes, catheters and enema tubes before being used.

5.—Twice a day the vagina is to be syringed with two pints of warm water (temp. 100° F.), to which two teaspoonfuls of tincture of iodine (bottle No. 2) have been added. The external genital organs must be sponged with corrosive sublimate solution (1 in 1,000).

6.—All soiled linen, sheets, diapers, &c., should be at once removed from the room.

N.B.—Southall's sanitary towels are strongly recommended, and also a sanitary sheet for the accouchement.

Instead of the strong solution of corrosive sublimate No. 1 I now use a more convenient preparation of corrosive sub. tablets—one tablet being added to a pint of water makes a solution of 1 in 1,000. They are very portable, and keep well. Or powders composed of corrosive sub. gr. x, tartaric acid grs. 50, and $\frac{1}{2}$ gr. carmine may be used, as recommended by Dr. Cullingworth, one powder making one pint of 1 in 1,000 solution of perchloride.

Southall's sanitary sheets are invaluable. They should be placed before the fire before use, when they swell up and become soft and downy; one is generally sufficient. They are very absorbent and cleanly.

The nurse's dress should be of a white glazed or starched material, and of course be put on fresh for each case. Attention to the hands and nails may be thought superfluous, but success can only be insured by attention to details, and the nurse (and it need not be said the physician) should be in the constant habit of using the nail brush. It is well after washing the hands in hot water, after drying them to well rub in lanoline and calendula ointment. This should be a matter of *habit*, especially as most antiseptic solutions are somewhat

irritating to the skin if the hands are often in them, especially in cold weather. Rule 2 applies equally to physician and nurse. At a well known lying-in institution not far from here, at one time the enthusiasm for antiseptic midwifery was carried to such a degree that it was the practice to deliver the child in a cloud of carbolic spray. This we know now to be superfluous, but still the spirit of the practice was good, and it would be well if all who practise obstetrics constantly kept the subject of antiseptics before them. It is only by scrupulously attending to all the details of antiseptic nursing that immunity from puerperal fever can be insured, for we now know this to be an entirely preventible disease, and here we have the explanation why some men constantly meet with this disease in their practice, whilst others never see it.

During the first stage of labour I have had the best results from *chloral hydrate* in very tangible doses, following Playfair's recommendation, giving ʒiiss of the syrup = gr. xv. every 20 minutes for three doses; it lessens the pain, produces a drowsy state, and often the patient sleeps between the pains, only waking up when they are severe. A fourth dose may be given if necessary. Good progress is made during this drowsy condition, and the os, which perhaps at first seemed rigid, goes on dilating. The *chloral* possesses another advantage, for should an anæsthetic be required during subsequent stages less is required than if no *chloral* has been given. This may or may not be due to decomposition of the *chloral* in the blood giving off *chloroform* as Oscar Liebreich believed.

Dr. Edward Janney, of Baltimore (*Hahnemann Monthly*, May, 1891), speaks well of *gelsemium* 2x in rigidity of the os.

Another plan which I have found very useful, and which may be used in conjunction with the above, is a hot vaginal douche, temp. from 100°-105° and rendered antiseptic by Creolin or Sanitas. The stream is directed against the resistant os, and the douche may be repeated if necessary.

As soon as the os is fully dilated or dilatable the membranes should be ruptured if they have not already ruptured spontaneously. Nothing is gained by waiting if the fact is fully determined that the os is quite relaxed,

indeed the membranes are occasionally so tough that great delay is caused by waiting for their spontaneous rupture.

The method I adopt for this purpose is extremely simple, and much safer than the use of hair-pins, quill pens, &c., which are commonly resorted to. The nail of the forefinger of the right hand is notched with a penknife, and the sharp point thus produced is quite sufficient to tear through the membranes when they are rendered tense during a pain. The progress of the case is now greatly facilitated, and by the escape of the amniotic fluid the head descends into the pelvis. The chief danger of delay now is when the anterior lip of the cervix gets jammed between the pubes and the head. This can easily be avoided by pushing it up and keeping it so during one or more pains, when it recedes over the head and gives no more trouble. It is during the second and third stages of labour that the physician can be of most service; during the first stage the examinations should seldom be made.

Should the perinæum be rigid it is well to let the nurse foment the parts, and freely lubricate with eucalyptus vaseline. During dilatation of the ostium vaginæ is the most painful period, and it is always well when this takes place slowly. The A.C.E. mixture administered at this stage, at the acme of the pains, has a most beneficial effect, and, if thought desirable, may be pushed to the production of complete anæsthesia. A mixture made by substituting Eau-de-Cologne for the alcohol is more pleasant and equally efficacious.

The various plans for supporting the perinæum are fully described in the text books, but most must be expected from fomentations and stretching and lubricating the parts. Even when all has been done, and the utmost care taken, rupture in certain cases will take place to a greater or less extent. Lateral incisions have been suggested to obviate this, but if the rent be properly sutured, union by first intention is obtained, and nothing more can be desired. The perinæum should always be examined afterwards to see if there is any laceration, and if there is the wound should be thoroughly cleansed from adherent clots, and the edges brought together by two or three deep sutures of silk or

gut passed well through the perinæal body. A dry dressing is then applied with crystallized iodoform.

It is astonishing how little pain is caused by this procedure, the parts being in a somewhat anæsthetic condition. The chief discomfort the patient suffers afterwards is from having the legs tied together.

This little operation is so simple, and gives so little pain if done at once, that to omit it and leave the perinæum ruptured on the chance of its uniting can only be regarded as criminal, considering the life of subsequent misery which has by this neglect been insured for the patient.

How much of the work of the gynæcologist would be prevented if this precaution were always taken! It is true that now and again we find an advocate for leaving the rupture, saying, that if united, with the next pregnancy it will tear again; this is very likely, but then it can be united again, and between whiles the patient is perfectly sound.

Should there be great delay in the second stage, the head advancing and receding when on the perinæum, the patient getting worn out and restless, I have only seen the best results from the application of the forceps. Here we have a powerful and most valuable means of controlling labour, a means which is perfectly safe, but too often neglected. There is a limit as to the time a patient should be allowed to remain in this stage, and if this limit be exceeded, subsequent convalescence is retarded, even if no worse results follow. The state of affairs is somewhat comparable to the condition which exists at the end of the first stage, where timely rupture of the membranes greatly facilitates progress, and obviates much suffering.

With the expulsion of the child our thoughts should be directed towards the state of the uterus, which should be carefully followed down by the hand, making sure that it is in a state of contraction, which state must be maintained. The hand should not be removed from the fundus now till some time after the birth of the placenta, depending on the degree of contraction and the amount of hæmorrhage which should be carefully watched.

The expulsion of the placenta should not be attempted until about twenty minutes after the birth of the child. This gives time for the closure of the sinuses. Traction

on the funis is *never* necessary, and should be strictly avoided; the method of expression as described by Credé is always sufficient to force the placenta out of the uterus, and in most cases (by bearing down efforts of the patient at the same time) out of the vagina as well. Experience in the maternity department of University College Hospital convinced me, and subsequent practice has only confirmed the opinion then formed, that the often heard of "retained placenta" is extremely rare.

The method of expression consists in driving the placenta out by *vis à tergo*. After about 20 minutes from the birth of the child, advantage is taken of a pain, when by grasping the fundus firmly and expressing in the axis of the pelvis, being helped by the bearing down efforts of the patient the placenta is born, without the introduction of any part of the hand into the parturient canal. Should the contractions of the uterus be feeble, the hand should be placed in a jug of cold water for a few minutes, then quickly wiped and applied to the fundus. This will almost always produce a contraction. It is not necessary for the physician to keep his hand on the fundus all the time, but the nurse may from time to time relieve him of this duty, for *duty* it assuredly is, and by its observance *post partum* hæmorrhage may be prevented.

Immediately after the expulsion of the placenta a hot *calendula* douche should be given, strength about ʒi to the pint, and temperature 100° to 105°. The effect of this is twofold, it is wonderfully soothing to the abraded passages, and it causes powerful contraction of the uterus, and will effectually control any hæmorrhage. A medicated pessary, containing gr. v. to gr. x. *iodoform*, is then inserted to insure antiseptis.

The reaction at this stage is best met by hot drinks and *arnica* ʒx, and keeping the patient warm with hot bottles. In another twenty minutes or so the binder may be applied. This is frequently too narrow, but should reach from the crest of the ilium to well below the trochanter.

It is very important that the patient should not exert herself in its application, and to avoid this it is best done by commencing its application when on her side, and having the binder rolled up as is done in changing

sheets; the patient is rolled over on her back, and no lifting required.

Hitherto I have said nothing about the time-honoured *ergot*, which has in measure become associated with the lying-in chamber. It is certainly a very powerful agent, and has often been the cause of much harm. Even amongst the old-school practitioners it is almost restricted in its use to the end of the third stage of labour, indeed, one might go so far as to say it is never safe to employ it *before* the placenta has been delivered. I find now it is rarely necessary to use it at all, and never in the form of the liquid extract, which is a nauseating and disgusting preparation, and liable to go bad on keeping. If the labour has been carefully conducted as above described, there is very little tendency to *post partum* hæmorrhage, the uterus having had no opportunity of relaxing. Should it occur, however, a hot vaginal douche is the most prompt means of insuring uterine contraction. At the same time I always have by me *ergotine*, 10 minims of which I inject into the glutei. It is a permanent solution made by Huggett and Co., and contains gr. iij. to ℥ x. It acts more promptly than the liquid extract taken by the mouth.

By carefully adhering to the above described methods of treatment, the very best results are obtained, the labour itself is reduced in time and the pain modified, and, if desired, by pushing the anæsthetic, abolished; convalescence is also rapid and certain. The remedies at this stage vary with the symptoms; *arnica* 3x every few hours is best indicated immediately after delivery and for the first few days. About the third day should there be any appreciable rise in temperature *aconite* or *bell.* will give most relief.

I am sure the longer the patient can be persuaded to maintain the horizontal posture the better; at least a fortnight should be spent absolutely in bed, most of the third week lying on the bed or couch, and the fourth week the patient may come down stairs and finish by taking a drive.

It is always well to explain to the patient the reason for this, what to her may appear, enforced idleness. Sub-involution by these precautions is avoided, with its attendant miseries,—prolapse, retroversion, flexion, etc.

In conclusion a word about the diet. The patient's

appetite is always the best guide provided there is no morbid craving. It is always well to bear in mind that a person in bed, and doing no work, has not the appetite of one who is up and about. The old-fashioned gruel has almost ceased to be given, except, perhaps, for the first day after delivery. The feeling that the parturient woman is *not* an invalid, and simply passing through a series of natural events, should ever be uppermost in our thoughts and guide us in our treatment; the diet should therefore be light and easily digested, and abundant, especially the liquids. Stimulants are not necessary, but positively harmful, as they tend to produce and keep up pelvic congestion.

DISCUSSION.

The PRESIDENT remarked that if it were not for the carbolic spray Dr. Roberson Day had spoken of, it would seem to him that the whole tendency of his paper would be to make them regret that they could not be born again. (Laughter). To be surrounded by so many scientific appliances, and to be protected with so much care from their earliest hours against the approach of germs, seemed to suggest a condition of things in which, if they could not bear children themselves, they must at least long to be born. (Laughter).

Dr. HAWKES (Rainsgate) would like to express his very cordial thanks to Dr. Day for his most able paper. It would be exceedingly helpful, and especially to those among them who happened to have their lot cast in rather outlandish neighbourhoods where they could not readily get the help of their *confrères* who were in sympathy with them on the subject of homœopathy. He was reminded in listening to what Dr. Day had said as to the use of drugs during the progress of pregnancy, that he had also found the drugs mentioned of very great service in the treatment of the patient during a couple of months beforehand. The results had been so marked that he had made careful notes of them in his obstetric book, and his experience was quite in accord with that of Dr. Day. He remembered having some years ago had given to him a book entitled *Parturition Without Pain*, with which Dr. Day was no doubt familiar. It was a small book, published by an American, and in it the writer advocated the great value of the dietetic treatment of the patient before the confinement. Dr. Day had referred to the question of dietary afterwards. He lent this book on several occasions to ladies who were approaching their confinement, and where they had sufficient strength of mind to follow the suggestions therein given their cases were

very greatly helped, and some of those who had previously suffered long and painful parturition recorded their experience as most satisfactory. The advice was that the patient should live well, principally upon fruit, and the idea which the writer advanced was that there should not be any great amount of mineral matter in the bone of the fœtus, so that it should come quite easily through the passages. This, he believed, had been realised in cases which had come within his own experience. He would give one instance. Of course, one swallow did not make a summer, but he could give a number of cases if necessary. One, however, particularly struck him. It was the case of a lady who had borne four children, and in each case had experienced very long and painful confinements. On the fifth occasion he happened to be called in, and having just had the book in question lent to him he handed it over to her, and took the advice of her husband about it, with the result that the patient, being rather a strong-minded woman, read and carefully followed the practice laid down, with a result which he well remembered. He was dressing on a Sunday morning between seven and eight when he was called to the house, which was about a quarter of an hour's journey from his own. The lady had been out of doors the evening before and had been in perfect health all through her pregnancy, and the confinement was over, and he had left the house before half-past nine. He thought that was an exceedingly satisfactory result, and the patient, from her previous experience, thought so also. On three subsequent occasions when he had the opportunity of attending her, the same result followed. He also agreed entirely with Dr. Day as regards the subject of the nursing. They did not always have the selection of the nurse, and sometimes the nurses were anything but what might be desired. He would only add that he was thoroughly in sympathy with the essence of the paper, and thanked Dr. Day most heartily for his contribution to their proceedings. (Applause).

Dr. JAGIELSKI also congratulated Dr. Day upon his excellent paper. He referred to the value of such an institution as that for the instruction of midwives, of which his father was the director, and spoke in congratulatory terms of the starting of such institutions, which in Prussia had been in existence for fifty or sixty years. Here in England, the movement was only of recent growth, and he did not think that as yet it had developed to such an extent as the importance of the subject merited. He pointed out that it was the greatest help and relief to the surgeon to find on his arrival at a confinement that a midwife had been already engaged who had prepared everything that was prescribed in their practice, and therefore

it was of the greatest importance that midwives should have this opportunity of qualifying themselves by training and examination for the duties they would have to discharge. The speaker also alluded to the excellent results of using *arnica* in cases of confinement, and to the value of homœopathic treatment in cases where abortion was of frequent occurrence, and in which *apis* had served him in good stead.

Dr. WOLSTON (Edinburgh) said he should like to touch on one or two points raised in this interesting paper. The first was as to the breaking of the membranes. No doubt there were some cases in which the rupture of the membranes was exceedingly advisable, but a sort of rule of thumb statement, that the membranes should be broken, he certainly could not agree with. He was persuaded that the preservation of the bag of membranes was of immense value, particularly in certain cases. To allow the membranes to be broken early, and the head to come down upon the perinæum, was to prolong labour, because a hard resisting body like a head down upon a rigid perinæum would not have the same effect in dilating it as the bag of membranes. The latter was in reality a hydrostatic bag, and water as they knew pressed equally in every direction according to the force employed. There were cases on the other hand in which the breaking of the membranes was of the first importance. Then as to the using of the forceps in suitable cases, he (the speaker) believed they had all made mistakes in their younger days in not having used the forceps more frequently. In those days they were liable to be deterred by an element of fear, whereas they got over that disagreeable sensation when they were a little older. Practically he had put on the forceps in every third or fourth case, when there had been any delay. Of course, in a rapid case they were not required. But no harm came when the work was done wisely and well. They must bear in mind, however, that the presentation of the head must be carefully made out. He remembered having been called in in consultation in a case where another medical practitioner had gone to work in this rapid way, put on his forceps immediately, after only an hour of labour, and pulled the head through, with serious consequences to the patient, who only recovered after several months' careful treatment. In that case the practitioner had undoubtedly mistaken a posterior for an anterior presentation. They must therefore use them with caution. Thirdly, as to the binder. He believed the binder as usually applied was a downright abomination. He did not know what other members of the Congress thought, but he knew that when he had taken the trouble to ask patients who had had a binder five or six times, and then had been induced to give it up on

the seventh, they always elected to do without the binder. There was no possible utility in the binder while the patient was lying in bed in the early days. In his judgment it only had the effect of pressing down the womb and its appendages deep in the pelvis, at a moment when it should be left free for the elastic tube, which the vagina is, to support it in its natural position, and he believed that a very large number of the cases of chronic metritis and retroversion that fell into the hands of the gynecologist were the result of the binder having been put on too firmly. He felt convinced, from twenty years' experience of never using the binder, that patients got on more comfortably without it. The time to put the binder on was the fourteenth or eighteenth day, when they were rising. Give them a nice binder then, and they would thank you for it. As to the strength of the solution, he thought that one in a thousand of corrosive sublimate was a solution on the strong side. (Hear, hear). He knew there had been cases where a solution of that strength had passed into the abdominal cavity with very serious results indeed. Personally, he thought that one in three to four thousand was amply sufficient. He thanked Dr. Roberson Day most cordially for his interesting paper.

Dr. DYCE BROWN said he had only one remark to make on Dr. Roberson Day's admirable paper, and that was rather in support of what Dr. Wolston had just said. He must say that he thought it was a mistake on the part of Dr. Roberson Day to advise that the solution of corrosive sublimate should be one in a thousand. A number of cases had been recorded in the old-school journals where solutions of less strength than that had produced very serious results indeed, and he thought that when they wished to take every possible precaution, to assist normal labour as far as possible, and to bring the patient through in the most perfect condition, they should not run the least risk by using, with the best intentions, a solution which might have such lamentable results as had been frequently brought about. He sympathised strongly with Dr. Wolston in saying that one in three or four thousand was quite sufficient.

Dr. MARSH said they had been given some very good advice as to the constant use of the nail-brush, but even after this had been followed they would often find blood still remaining at the quick of the nail, to remove which he would like to recommend the use of a penknife or towel as well. The value of the binder had always been a matter of opinion. Those who were engaged amongst poorer people would have found the binder practically useless. It was nearly always up under the axilla. He used the binder himself out of deference to the

prejudices of patients. Sometimes he had it put on for the first 24 hours, where he thought it would be useful, but he thought, if it were left to himself, he should not trouble about using it at all. As one of the previous speakers suggested, there certainly seemed more to be said in favour of using it, if at all, when the patient got up. As to corrosive sublimate, he was not much given to its use, and to tell the truth he was rather afraid of it. A medical man, not a homœopath, from the York Road Lying-in Hospital, told him, when he was down at the mortuary four or five years ago, that they had had four, five, six, or seven—he would not speak positively as to the number—cases of inflammation from it, and gave a complete proving. He had been fearful of using it in the strength suggested, on that account, although it might, perhaps, be safely used in a higher dilution.

Dr. BODMAN suggested that a solution of Sanitas or Creolin would be quite as effectual, and very much better. (Hear, hear). Personally he never used corrosive sublimate.

Dr. GORDON SMITH (Liverpool) remarked that he had had a considerable amount of midwifery practice. When he first commenced his practice he knew nothing of homœopathy, but by-and-by he began to use *arnica* and *pulsatilla*, 3x in both cases. After a time he gave up *arnica* in favour of *pulsatilla*, and now he used in almost all cases, for the last month, usually *caulophyllum* in the morning and *pulsatilla* at night, the third decimal in both cases. He had noticed that the time he had to wait now at midwifery cases was not half so long as in his earlier days.

Dr. ROBERSON DAY, in replying upon the discussion, said he brought the subject forward with the special object of eliciting opinions. He thought the subject of obstetrics had not been fairly treated by homœopaths. They had very little literature on the subject, notwithstanding that it presented a wide field for observation. Referring to the remarks made by Dr. Wolston, he quite agreed with him as to the value of the bag of membranes in the dilatation of the cervix and os, and he would point out that he was very careful in his paper to use the words: "it should not be ruptured until the os uteri was fully dilated or dilatible." After this stage had been reached the bag of membranes ceased to be of any further value. It had no value, so far as we knew, in dilating the perinæum, this, of course, being done by the progress of the head subsequently. With regard to the binder, the value of its use was a matter of opinion. They, in the south, preferred the binder. In the north, and among the Scotch, he supposed the ladies preferred more liberty, and objected to such restraint. Two or three gentlemen appeared to be

under a little misapprehension as to his remarks concerning the use of corrosive sublimate. He was very careful to specify that it was only to be used externally. He was fully aware of its danger as an injection, and he never allowed it to be used as such, having observed many cases of poisoning following therefrom. They would observe that in the rules for midwives which he had passed round, its prescribed use was entirely limited to the cleansing of utensils, such as the bed-pan, the rinsing of the hands, and so on, and never as an injection. With these explanations, he begged to thank them for the manner in which his paper had been received.

TACHYCARDIA, OR RAPID HEART.*

By A. MIDGLEY CASH, M.D.

I AM about to describe a somewhat rare case of gastro-cardiac neurosis, on which I should like to invite discussion, especially with regard to treatment.

Mr. R., aged about 64, consulted me early in October, 1890, with the object of seeing what homœopathy could do for him. He had pretty well exhausted allopathic resources, having tried some of the chief lights of the profession, from one of whom he held most particular instructions, both as to medicinal and dietetic treatment; whilst Dr. —, of Leamington, and one or two doctors on the Riviera, had devoted much time and attention to his case.

For some time past he has suffered from attacks of rapid heart's action, when for a period of from 12 to about 48 hours the heart will fairly run away. During this time the pulse at the wrist is uncountable, if not entirely imperceptible. The hands are cold and often moist, a general condition of shock or collapse pervading the whole system, an anxious pallor overspreading the countenance, voice low and weak, and the patient lying in bed in an exhausted condition. On examining the heart with the stethoscope, I generally find the pulsations to be about 170 per min., both sounds weak, especially the second, but although weak, there is no murmur. The apex beat is exceedingly feeble, and the action of the organ, although fairly regular, fluttering and powerless.

The great exciting causes of these attacks may be said to be two, a chill, either solely or through the stomach, and sometimes the stomach alone.

* Read before the Western Counties Therapeutical Society.

As to the *Stomach*. It may be briefly described as persistently and most extraordinarily acid. There seems to be an unwonted fount of acidity, which he constantly describes to me as "boiling up." He suffers from almost constant acid eructations of wind. The tongue dry and brown, a high state of constipation, urine very acid and often charged with lithates, but no albumen, and almost any food in the stomach would at certain times bring on an attack.

A constantly present condition of highly acid dyspepsia thus culminates at intervals in heart attack, either by some reflex action upon the sympathetic nerve hastening the heart's action, or else by reflected power, decreasing the prohibitory action of the vagus; possibly both these causes act together. For 20 years he has been a hypochondriac, and a close student of his own case. Has taken large quantities of medicine, especially of alkalis and antacids, *soda*, *bismuth*, and *magnesia*, and his decided testimony is that they made him much worse! and that the attacks were more frequent than formerly. Has lost much flesh, his aspect sallow and cachetic, so much so, that when I first saw him I suspected cancerous disease, probably of the stomach, but could find no evidence of any tumour, and though he had formerly been in the habit of vomiting brown fluid, this had not been the case recently; neither, as a rule, did he suffer from pain in the stomach, other than what was obviously caused by acidity. The liver is not enlarged. The stools, which were only brought away by enemas, were of a dark, frothy, yeasty consistence, a sense of great relief following their discharge. His medical attendants had been greatly exercised to find some purgative which he could bear, so as to cleanse the intestines of this offensive matter, and so relieve the system, but hitherto without success, for though he himself had a strong yearning for aperients, and a steady desire to try every fresh one that had been recommended, his uniform experience has been that whenever taken an attack of palpitation is sure to follow.

Within a fortnight after my first visit, one of his attacks of palpitation occurred, from which he had scarcely recovered when he had a threatening of paralysis. The articulation became difficult, and next day he was hemiplegic on left side. Hughlings Jackson saw him with

me, and gave a good prognosis as to paralysis, but could give no explanation as to heart attacks. From the paralysis he made rapid and good recovery. From that time to the present there have been nine of these heart attacks, seven of them with the usual rapid action, pulsations of from 160 to over 190 per minute, and, in addition to these, two other attacks in which the general symptoms were much the same, but the pulsations remained quiet, at about 68 per minute. There was bilious vomiting, and the chilliness and collapse were rather more marked than in the usual attacks.

His diet, which had been most carefully regulated, I did not, in the first place, very much alter, with the exception, however, of cutting off most farinaceous substances, including potatoes, and only allowing bread, stale or crisply toasted. His experience had taught him to avoid alcoholic stimulants, as these, even including whiskey, increased his acidity; warm water and nib cocoa were the fluids best tolerated, a little weak brandy and water being occasionally given during the collapse stage of an attack.

As to *Medicines*, he seemed to do very well for some time at first upon *lyc.* 6x and *nux.* 3x, although *lyc.* had to be suspended when the paralysis occurred, and *coccul.* 3x was given with *nux.*

During the next heart attack, which was preceded and accompanied by a great amount of acidity, *puls.* was given and *cactus*, which relieved the severe constriction of chest. *Carbo. veg.* and *bryon.* were both useful at times. For acidity, which kept recurring, I now tried *sulph. ac.* 3x. Later on *argent. nit.* 6x and *capsicum* was given intercurrently for the heartburn. The acidity proving intractable I now tried *calc. carb.* for some days. *Digitalis* and *strophanthus* had been frequently and carefully tried by his former medical advisers with only negative results. Under *iris.* 1x he seemed to do well for some days, but whether this was a case of *post hoc* or *propter hoc* it would be difficult to say. *Cactus* and *musk* seemed to be of some service during the attacks of rapid palpitation, but I cannot say that any medicine appeared to do much good, or that any decided ground was gained by treatment.

I felt particularly anxious to make the skin act well, and in order to relieve the system, and for this purpose

he had both hot water and vapour baths. For the latter, being of a mechanical turn, he had an ingenious arrangement made by which he could procure a very effective Turkish bath in his own bedroom, and copious diaphoresis was thus maintained at intervals. Still the attacks recurred. The latest and worst being indeed, in his estimation, brought on by a hot water bath, after which he was positive no chill could have been taken.

Another case of rapid heart came under my care seven years ago. He was a stout, large gentleman, a retired lieutenant-colonel of from 65 to 70 years of age, of pronounced gouty constitution. When first examined I found his heart working steadily, at 80 per minute, though occasionally I could note a double beat, or stumble in its action. He would get great palpitation come on if excited or nervous—if he had to make a speech, for instance—but he could walk well up hill and shout without trouble. Plain ordinary food he could digest well, but any condiment would bring on an attack. He had suffered from chalk stones, and the urine was often lithiatic. There was no faintness, flatulency or pain, but he would get attacks either daily or three and four a week. Coming on about 3 p.m., they would last the night and sometimes the following day, often about 86 hours. During them the pulse would run on to 180 per minute, and a fluttering would be detected by the hand laid on the side. There was no arcus senilis. The bowels tended to be loose. Violent exertion, such as hopping or pressure, would sometimes stop an attack. *Glon.*, *nux vom.*, *mosch.*, *colchic.* and *bell.* had failed to effect much improvement at the time. Here some peculiar condition of the gouty habit, or some stomach irritation, may have predisposed to the attack. Simple weakness, as of fatty condition of the heart muscle, was scarcely so probable a cause. This case is now keeping much better, but the paroxysms still occur from time to time. It may be probably best classed as a purely *nervous* case of tachycardia.

A case of rapid heart is described in the *Brit. Med. Journal* of January 31st, which was put down as probably caused by the shock of an accident inducing some cerebral disturbance so as to derange the normal equilibrium between the vagus restraining and the accelerating sympathetic nerve power. Here there was no gastric cause in operation, and improvement is stated to have occurred from

large doses (30 min.) of tincture of *belladonna*, and the application of the interrupted galvanic current to the pneumo-gastric nerve, "one pole behind the neck high up, and the other along the course of the nerve in the neck." This treatment within a fortnight reduced the pulse from something between 190 and 200 to 120 per minute. Physical shock was evidently the factor here. In the following case mental shock was the active cause of the malady.

Mrs. K., the wife of a friend of mine, an allopathic doctor, as a girl was hysterical, but got quite free of this as she grew up. No neurotic history in family. The catamenia were regular. No anæmia. Had had a fever in youth, supposed to have been enteric. A quiet, unemotional woman. She lost her first child very suddenly at six months' old. It died instantly, in an attack of laryngismus stridulus. She took its death very quietly apparently, but two weeks afterwards had an epileptic fit. Within three years she had three miscarriages, and two years later began to get heart attacks of rapid action, lasting from ten minutes to ten hours. The heart would start off in a moment without any apparent cause and run on up to 200 beats a minute. No pulse could be felt at the wrist. The attack would terminate suddenly with a sensation as if the heart turned over. Her affection was termed epilepsy of the heart. A mitral murmur existed prior to any attack of it, worse after she had passed through a number of them. No gastric or other symptom co-existed, and nothing was known to produce an attack. Twelve months before death she began to get petit mal, and again one time of grand mal. The last heart attack began two weeks before death, and went on till it wore her out. She became cyanotic and died in syncope. No medicines touched the ailment. Mental shock was considered to be the *fons et origo*.

In all these cases it appears that something disturbs the cardio-vascular trophic centres in the medulla oblongata, especially those of the vagi and sympathetic nerves. It would seem that the inhibitory action of the vagus is suspended for a time. This disturbance may be due to shock—physical or mental—or to the presence in the blood of uric acid or other poison. But whatever the cause, the resulting condition is one which is difficult to

treat, and medicines are not of very striking utility. Most can be done by the removal of the cause where that is possible. When a gastric attack is at the bottom of the trouble, rapidly emptying the stomach of acid mucus or bile will quickly stop the runaway heart. And when—as in my first case—ordinary emetics are only retained, and vomiting is difficult to set going, a $\frac{1}{10}$ grain *apomorphia* which I injected under the skin gave a good result. Vomiting occurred in five minutes, the patient shortly fell asleep, and woke after some hours with the attack over and the heart beating at its normal rate.

That medicines should fail in such a case as this does not seem extraordinary. Rather would it be surprising if they could effect much in the way of quieting the rapidly working heart as long as the cause of this was still acting. Conquer the acid dyspepsia—not always an easy task—and you cure the heart trouble. When, however, pure nervous causes are at work to produce tachycardia, medicines might—given homœopathically—be more successful, as indeed we frequently find them to be in cases of functional palpitation of various kinds.

Torquay.

THE SINGLE REMEDY IN DISEASE.*

BY SAM. PHILIP ALEXANDER, M.D., C.M., M.R.C.S.

THE point for discussion under this heading, I take it, is the use of the single remedy as against the practice of giving drugs in alternation. We all agree, I have no doubt, that for the proper application of the law of similars the use of the single remedy is one of the great essentials. In my own practice I find it sufficient for the bulk of cases to prescribe one remedy at a time, and only to change it for another, as indicated by the varying symptoms and stages in a given disease. Of course, in some cases—"chronics" especially—the properly chosen single remedy will often cure straight away, or eventually, if the remedy is persisted in, without having occasion to change. I can recall many instances in support of this. I have been especially struck lately in comparing two cures I have

* Read before the Western Counties Therapeutical Society.

had; one an acute case and the other chronic, but both treated with the same drug. The acute case was one of violent headache, attended with maniacal symptoms and melancholia, the totality of the symptoms pointing to *calc. carb.* The other case was a baby of about a year old, who had suffered from birth with diarrhoea and vomiting, perspiration of the head, mesenteric enlargement, and all the usual symptoms and signs of marasmus. In the first case *calc. carb.* 6 cured in a week, whilst the same drug in the same potency made a man of the baby (so to speak) in six months.

I find it a very good rule, where the indicated remedy fails to benefit, to first try a different potency before changing the drug, in acute cases going, as a rule, lower, in chronic higher. A few days ago I was consulted by a young girl suffering from an acute attack of herpes zoster of the upper part of back and left side. The eruption consisted of a mass of vesicles from the size of a pin's head to that of a pea, and was accompanied by neuralgic pain. *Rhus tox.* 3 was prescribed and taken with little effect for three days. I then changed to *rhus tox.* 1x, when the eruption dried up forthwith, *arsenicum* 8x completing the cure by removing the pain. As to high potencies, I can never forget a case I used to attend when in Yorkshire.

The patient, a lady, was a chronic sufferer from strumous disease, which manifested itself in almost every conceivable form, more especially as severe double ophthalmia. A symptom peculiarly distressing to her, and from which she frequently suffered, was a "feeling of grit or sand under the eyelids." *Sulphur* 30 always promptly removed this feeling, any lower potency of the drug being entirely without effect.

And now as to alternation of remedies. Whilst strongly deprecating the method, as a rule of practice, I cannot help thinking that in some cases—acute especially—we can do more for our patient with two drugs given alternately, than by the single remedy. *Belladonna*, though pretty well specific for scarlatina, does not appear to me to reduce the fever so quickly given alone, as when alternated with *aconite*. This applies, too, to other acute diseases attended by fever, such as pneumonia, pleurisy, bronchitis, &c., in which *aconite* given during

the pyretic stage seems to help the action of the more specific remedy.

Again we frequently have to treat a mass of symptoms, which it is almost impossible to hit off with one drug, or two distinct sets of symptoms occurring simultaneously in the same patient. How frequently when treating a case of eczema or any other definite disease, are we requested by the patient to prescribe something at the same time for his "poor stomach," or liver, or to "put something into the medicine for the bowels," or to help the sleep? In such a case, I expect, the most of us would order with success some such drug as *lycopodium*, *caffein*, &c., to be taken at bedtime? This is really to alternate, and yet to do so does not, as a rule, interfere with the action of the specific remedy. The ideal practice no doubt is to embrace such side issues and additional complaints in the totality of the symptoms, and with the single remedy fire a shot at the whole. How many of us manage to hit, I wonder?

The stock treatment of piles with *nux* and *sulphur*, adopted by some, certainly seems to do more good than the employment of either of those drugs singly.

Then there are cases, in which we may have descended to alternation, where I am confident the second drug, if it does not actually assist the action of the proper remedy, does not interfere with it, but acts like so much additional water. I have seen a case of acute rheumatism promptly cured—*mirabile dictu*—with *bryonia* and *rhus. tox.* given alternately! (I would just remark that I had no hand in this prescription.) That two such antagonistic drugs, thrown into the system together, should effect a cure is only to be explained on the principle of the "survival of the fittest;" the disease selects its own *simillimum*, and discards everything else. But the great argument against alternation, and one which should teach us to steer clear of the practice as much as possible, is the obscurity in which it involves us as to the proper estimation of our results. I can recall at least two cures in my own practice, following upon the alternation of drugs, in which, to this day, I am ignorant as to which drug to apportion the credit. One was a case of chronic gastro-enteritis, the principal symptoms being vomiting and diarrhoea after food, with burning pain in the stomach and severe colic. These symptoms seemed

to me to indicate *arsenicum* and *colocynth*. Accordingly the two drugs were given in alternation, and the man who had suffered for months was well in a few days. Whether one or both drugs did the work I cannot tell.

The second case was somewhat similar, occurring not long ago in a lady, whom I was called to see in the country. This case, however, was recent and typhoid in character, attended with liver symptoms. *Baptisia* doing no good, I hesitated between *merc. sol.* and *verat. alb.*, but finally gave the two in alternation, with immediate and complete success. Possibly the two drugs helped in the cure by each removing their own peculiar symptoms, but as they were given in alternation I could never know certainly.

I quote these cases, not to defend alternation of drugs, but to show how instructive a study of the practice may become, as contrasted with the more precise and better way—"the single remedy."

Tecumseh House,
Southsea.

LEMBKE'S PROVINGS.

By R. E. DUDGEON, M.D.

DR. LEMBKE, of Riga, is one of the most voluminous contributors to the homoeopathic *Materia Medica* since Hahnemann's time. To the pathogeneses of no less than thirty-six medicines he has contributed provings. These provings, unlike those of his predecessor, Cajetan Nennig, which were made on a number of seamstresses, and which Hahnemann did not hold in much esteem, were all made on himself. A cursory glance through them will convince anyone that they display a very remarkable similarity, especially in the predominance of symptoms relating to the joints of the extremities. There is seldom anything in them which one would say was characteristically distinctive of the action of the various drugs subjected to experiment. As a rule, they seem more like the ordinary sufferings of a person with a decidedly rheumatic diathesis.

I have always credited Dr. Lembke with an honest belief that the symptoms he records were due to the

action of the medicine he was proving, though they seem to me more like the pains and aches of a gouty dyspeptic person, evoked probably by the slight derangement of health caused by the drug, which though not intense enough to excite its own characteristic effects, was sufficient to stir up the latent activity of the prover's constitutional ailment. But an examination of his recorded symptoms in the pathogenesis of the *sweet spirits of nitre*, a medicine for which he is the chief sponsor, leads me to doubt whether Dr. Lembke is as reliable an authority with regard to the effects of the medicines he has published as one should wish him to be, and whether he is not rather what Hahnemann called Dr. Nenning—"a symptom manufacturer."

What has staggered my confidence in the trustworthiness of Dr. Lembke as a prover, more even than the suspicious similarity of the symptoms he attributes to the different medicines he professes to have proved, is the absolute identity of the symptoms of two alleged provings of *nitri spiritus dulcis*, said to have been made on two separate occasions at twenty-two years' interval. In order to show this identity, I subjoin in parallel columns a portion of each of these so-called provings.

Spiritus Nitri Dulcis.

28th April, 1849, 8 a.m., 10 drops.

Soon after taking this, a feeling in the head as if vertigo were coming on, repeated several times; when seated a sensation as if the upper part of the body swayed. The pulse, until 8.30 a.m., rather fuller and slower than usual. In the hands uncertain feeling, like trembling, when grasping and holding objects. Some aching in left knee, and later in right forearm, 9.30 a.m. About 4 p.m. drawing on dorsum of left foot, in joint of left metacarpus.

29th April, 6.30 a.m., 15 drops.

Tearing in fingers and toes, pain in right hip-joint, 7.30 a.m. Aching in top of left thoracic wall, going and coming, unaffected by breathing and movement. The left ear feels stopped up without pain and swelling, 8 a.m.; this lasts an hour; was probably only the commencement of a bad catarrh which became developed the same day.

18th Nov., 1871, 8 a.m., 10 drops.

Soon after taking this a feeling in the head as if vertigo were coming on, repeated several times; in the intervals, when seated, a feeling as if the upper part of the body swayed. The pulse until 8.30 not otherwise altered, than that it beat fuller and perhaps slower than usual. In the hands an uncertain feeling when holding objects. Some aching in left knee and then in right forearm. About 4 p.m. on the dorsum of left foot, in left wrist joint.

19th Nov., 8 a.m., 15 drops.

Tearing in fingers and toes. Aching in left thoracic wall, coming and going several times, during which breathing or movement were without influence

2nd May, 7.15 a.m., 25 drops.

Soon after taking this heaviness in the occiput, with heat; through the back sensation as if hot water ran from below upwards, lasting $\frac{1}{2}$ hour. Heat in the face, more inwardly than outwardly, then in the whole body; sweat in the hands, and greatly swollen bloodvessels in them, although no movement had previously occurred, lasts $\frac{1}{2}$ hour. The pulse during the past $\frac{1}{2}$ hour sometimes unequal, the beats on the whole fuller and stronger. About 8 a.m. inward chilliness, cold hands, desire to urinate, lasting till 10 a.m. Drawing in muscles of calves in the left tibia at 9.45. Fine shooting on the tongue-tip, 9 a.m., slight nausea. The urine at 10 a.m. showed nothing peculiar.

22nd Nov., 8 a.m., 25 drops.

Soon after taking this, heaviness and heat in the occiput, in the back sensation of heat rising from below upwards, and lasting about 20 minutes. Great heat in the face, then through the whole body. Sweating of palms; highly swollen bloodvessels of the hands when the body was at rest, lasting about 10 minutes. About 9 a.m. inward chilliness, cold hands, frequent micturition, urine bright yellow, lasting one hour. Shooting on tip of tongue. Nothing more was observed during the day.

And so it goes on throughout the whole of the two provings, almost word for word the same in both, a few unimportant alterations in the phraseology and the omission of a few trivial symptoms constituting the only difference between the two accounts. The only explanation of this marvellous coincidence that occurs to me, is that Dr. Lembke was paid so much per column for his provings, and that, not having any new proving on hand, and perhaps wishing for a little ready money, he imagined that by changing the dates he might serve up an old proving which would not be recognised as being the same as that he had contributed so many years ago. What makes me think that Dr. Lembke was paid for his provings according to their length, is the obvious manner in which they are spun out by repetitions and irrelevant remarks. The number, too, of the provings he has furnished—thirty-six at least, perhaps more, some of them very long—seems almost beyond the power of one man to have accomplished during his career as a medical practitioner presumably in active occupation. These provings, or most of them, may be seen in the *Cyclopaedia of Drug Pathogenesis*, and though they are there given considerably condensed and pared down, they will still be found to bear out the criticism I have given of them. If this be the true explanation, it throws a doubt upon the trustworthiness of all his other provings, and would warrant, if not their entire omission from our *Materia*

Medica, at all events, their admission as doubtful until some satisfactory evidence is afforded of their genuineness. And, indeed, the *Materia Medica* would suffer no great loss by their entire omission, for as a rule they consist of trivial and unimportant symptoms by no means characteristic of the effects of the drugs such as we have them from other sources.

REVIEWS.

The Drug Proving of the Future: A Contribution presented to the International Homœopathic Convention, June 18th, 1891, by RICHARD HUGHES, M.D., &c. A reprint from The Hahnemannian Monthly, July, 1891.

We should imagine that there is no physician more highly qualified for the task of instructing the medical profession on the subject of drug-proving, of how most accurately and at the same time most completely to ascertain the pathogenetic properties of drugs, than the author of this paper. Widely read in medical literature, of a long and large experience in the use of drugs as curative agencies, Dr. Hughes also brings to his task the information he has derived from seven long years' devotion to the examination of the records of the effects of drugs upon the human organism—effects which have been produced under well nigh every variety of circumstance and by doses of an almost equal variety of magnitude. Such a course of study could not fail to show, to one of Dr. Hughes' culture and breadth of mental view, how the most useful and thorough investigation of the properties of drugs can best be made: he has also been able to ascertain the requirements of all real progress in this most important branch of medical study, the drugs of which we need fuller information, and others of which the very little that we know accurately suggests that well and thoroughly carried out provings of them may make them fruitful therapeutic weapons.

The subject of provings has often been enlarged upon by men who have been hampered by hobbies. To one, no proving is satisfactory except such as is made with massive doses, to him all else is "rubbish." To another, none is of any service unless made with drugs in a more or less high state of dilution—and so on. Dr. Hughes, on the other hand, shows the necessity alike for single large doses as presenting "the image of acute disease in its course and duration," of small doses, gradually increased if necessary, repeated and persisted in until morbid phenomena appear, continuing them until the medicinal disease has been thoroughly established in order to

produce pictures of chronic diseases; of such as may be termed infinitesimal, which, though possibly only producing effects in five per cent. of the provers, and requiring especial care to avoid illusions, do in such a proportion of subjects as he has stated give results which the crude drug does not. They are effects dependent upon special suscepibility, and present as a rule those minuter features of idiopathic disease which enable us to select *simillima* instead of *similia* only, enabling us, in short, accurately to individualise our cases when prescribing.

Dr. Hughes urges the importance of availing ourselves of all the modern measures for conducting physical and chemical examinations during a proving; of testing the health of a prover by giving him blank powders for a time before commencing a proving, as a check to subsequent trials made with the drug itself, and to distinguish between real medicinal action and the mere spontaneous perturbation of the prover's health.

The paper is in every way an excellent one; and, in presenting it at the "International" Congress, Dr. Hughes reflected great credit upon homœopathy in Great Britain.

Text Book of Hygiene from an American Standpoint. By G. H. ROHÉ, M.D., Baltimore. Second Edition. Philadelphia and London: F. A. Davis. 1891.

THIS book traverses in an interesting and instructive manner the whole range of Hygiene and Public Health. In it Dr. Rohé has incorporated the most reliable work of his predecessors and co-workers in the field of sanitary science, both in this country and America. The chapters on Air, Water, Food, Sewage, etc., are representative of the best views on the subject. We notice that Dr. Rohé strongly recommends, when writing of house sanitation, the Dececco closet. This is a comparatively new "wash-out," but we are disposed to agree with him that it is probably the best of its kind. Contrary to the generally accepted English opinion, Dr. Rohé does not advise the house drain being trapped, as he considers this no guarantee to prevent pressure of air from the sewers.

Whilst not entering very fully into it, the chapter on this subject brings out well the salient features of Hospital Construction.

The chapter on School Hygiene (a subject about which the profession cannot be too well informed) is clearly written and contains sound information. There is much to be done for the welfare of the rising generation by a proper hygienic supervision of schools. And no one has a better chance of helping those who are unable to help themselves than a school medical officer who

is well-versed in this important subject. We might mention in passing that in the table of contents, chapter viii. should be School Hygiene, and not School of Hygiene.

Dr. Rohé does not favour cremation as the best method for the disposal of the dead, as he considers the supposed dangers of burial grounds to be much exaggerated; and he lays stress upon the medical-legal objection of the removal of all trace of poisons should it ever be necessary to examine a suspected case.

The section on epidemic diseases enters fully into the subject, but as the book professes to be written for sanitary officers as well as students and practitioners, it would have been profitable to have devoted some space as to the best manner of investigating the causation of an outbreak of an epidemic. The part of the book most essentially American is that on Quarantine, which has been supplied by Surgeon Wyman, of the United States Marine Hospital.

Whilst being a good exposition of the principles of sanitary science, this book will scarcely compete with its English rivals amongst the students of this country.

MEETINGS.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1891.*

At the meeting at Basle in 1886, a vote was passed that the next quinquennial gathering should take place in the United States. This desire was communicated by the Permanent Secretary to the Secretary of the American Institute—the great national body of American homœopathists—and by him to the meeting of the association held in 1887. It was welcomed, and the institute undertook the organisation of the Congress and provision for its expenses. This has been done by converting—so to speak—the annual assembly of the Institute into an open and international gathering, and charging its officers with the business and its subscriptions with the cost.

Accordingly, on Dr. T. Y. Kinne, of Paterson, N.J., President for the year, and on Dr. Pemberton Dudley, the General Secretary, has fallen the main burden of organising the present Congress; and the success we shall see it to have attained is largely due to their endeavours. Not the least felicitous of their provisions was the nomination of Dr. Talbot, of Boston, as President. (Their wish—so gratifying

* The meeting at Philadelphia in 1876 was called the "World's Homœopathic Convention." For that of London in 1881 it was decided that the phrase "International Homœopathic Convention" should be used. This time it has been determined to substitute "Congress."

to us in England—that Dr. Dudgeon should assume the post was, when his presence was found impossible, met by naming him Honorary President.) Dr. Talbot proved an ideal chairman; and his business capacities, and combination of courtesy with firmness, secured order and despatch, while it left no rankle or sense of hardship. Another excellent provision was the constitution of a Committee on Business, of which the President and Permanent Secretary were *ex officio* members, which met every evening to arrange the work for the following day. In this way everything was carefully planned before-hand—the order and grouping of papers determined, and the leaders of the discussions on them selected. Dr. McClelland, of Pittsburg, was the agent in carrying out the decisions of this conclave; and very assiduously did he fulfil his task.

While much of the success of the meeting is thus due to its officers, not a little credit for this must be assigned to the rules under which the proceedings were conducted. Each day's work was commenced by an "Address," of more or less oratorical and general interest. The papers prepared could be read by the authors or their deputies, in full, in part, or in abstract as they pleased, so long as they did not occupy more than fifteen minutes. A member (chosen beforehand) was then called upon to open the debate, for which purpose ten minutes were allowed him, and the subject was finally thrown open for general discussion, speakers being limited to five minutes each. When the President considered that sufficient time had been spent on the paper, having consideration to those which had to follow, he called upon its author (if present) to reply. This plan worked admirably. At first, indeed, the readers of papers miscalculated the relations of time to matter; and had more than once barely reached the end of their preliminary considerations when their fifteen minutes had expired, so that we lost the very pith of their remarks. The lesson, however, was soon taken to heart; and judicious omissions and summaries enabled later essayists to do more justice to their themes.

Finally, all praise must be given to the earnestness, the good spirit, and the discipline which characterised the assembly. Its proceedings thus passed off with the utmost smoothness—without loss of time or temper; abundance of good matter was presented and of thorough discussion carried on. It was unanimously felt that no pleasanter or more profitable meeting of homoeopaths had ever been held; and *esprit de corps* among us cannot but be advanced by its experiences.

And now a few words as to the locality and *personnel* of the meeting.

1. Atlantic City, where we assembled, is a summer resort on the ocean from which it derives its name, about 60 miles south of Philadelphia. It possessed the advantage of a large hotel which—at this season of the year—could be devoted entirely to the Congress; of coolness; and of freedom from the noise of traffic. The two latter qualifications were keenly enjoyed by those who remembered Philadelphia in 1876 and London in 1881.

2. As many as 498 practitioners of homœopathy registered their names as attendants upon the Congress (and it is probable that others were present who neglected this ceremony). Of these, one—Dr. Alex. Villers—was from Germany; one—Dr. Hughes—from England; two—Drs. Fisher and C. W. Clark—from Canada. The rest were Americans. Among the latter were, save Ludlam, the Wesselhœfts, and Hale, almost every one known to fame. Helmuth and Allen came from New York; Talbot and Sutherland from Boston; Raue and the Jameses from Philadelphia; Holcombe from New Orleans; Wood and McLachlan from the University of Michigan; McClelland from Pittsburg; Foster and Woodward from Chicago. The last-named city also sent us a rising surgeon, of singular fire and energy, in Dr. Pratt; and a lady-physician, no less a person of mark, in Dr. Julia Holmes Smith. To complete statistics, it may be added that over 500 visitors were present (chiefly from the families of the members), so that the total attendance was reported as 1,058; and that 218 addresses, papers and speeches were delivered during the five days occupied by the assembly.

With these general remarks, we proceed to give a detailed account of what took place.

Tuesday, June 16th.

The Congress opened this evening at 8 o'clock with a preliminary meeting. The place of assembly was a pavilion attached to the hotel where most of the members had taken up their quarters; it was commodiously arranged with benches, platform, &c., and hung round about with shields, on which were inscribed the names of deceased champions of our cause in all countries. The Permanent Secretary—Dr. Hughes—took the chair, no other officers yet existing. Addresses of welcome were then presented by the Mayor of Atlantic City, and by the President of the Institute. In the course of the latter a portrait of Hahnemann, hung above the chair, was unveiled; and the Master was eloquently apostrophized by the speaker. Dr. Kinne was next called upon to present the report of the Institute as to the officers it.

would nominate and the rules of proceeding and order of business it would recommend to the Congress. These being put and adopted, Dr. Talbot was led to the chair; and the Permanent Secretary, vacating it in his favour, presented him with the gavel which had been used by the foregoing Presidents, bearing their names inscribed upon it. Dr. Talbot addressed the meeting in a few words of thanks, and of encouragement to their impending labours; and then, in lieu of an address of his own, read one which (on request) had been prepared by Dr. Dudgeon. It was entitled "The Certainty and the Doubt of Homœopathy;" and, it need hardly be said, was warmly received, and thanks for it directed to be cabled to its honoured author.

Wednesday, June 17th.

The regular meetings, from 10 to 1 and from 3 to 6 daily, now commenced. On the upper dais of the room sat the President, with Dr. Kinne as Vice-President on one side*, and the Permanent Secretary at his table on the other. On a lower platform were Dr. Pemberton Dudley and Dr. T. M. Strong, acting as Recording Secretary and Stenographer respectively. On this also each speaker took his stand, so as to be seen and heard of all.

The morning's work was Homœopathic Therapeutics, but first we listened to an address from Dr. A. S. Couch, of Fredonia, N.Y., on "The Ethical Basis of the Separate Existence of the Homœopathic School." Dr. Couch is a born orator, and both matter and manner on this occasion were worthy of him. The essence of his contention was that loyalty to the truth we are entrusted with requires the maintenance of our distinctive position and the persistent assertion of our claims.

Dr. Cowperthwait, of Iowa City, now read a paper on "The Influence of Homœopathic Therapeutics on Old-School Practice," for which, of course, recent doings in the camp of traditional medicine gave him ample material. Coupled therewith a paper by the venerable Dr. Lilienthal, on "Homœopathic Therapeutics," was presented in abstract by Dr. Hughes, who also opened the discussion on the pair. Dr. Lilienthal's main thesis was an urging to purity in homœopathic practice, and this Dr. Hughes warmly supported, warning against the temptation to a shallow and lawless eclecticism. He was followed, in the same strain, by Dr. J. C.

*All Presidents of National Societies (including Mr. Harris as chairman elect of our Annual Congress) were *ex officio* Vice-Presidents of the International Convention.

Morgan, of Philadelphia, and Dr. T. F. Allen; and the debate was then closed.

We were next called to more practical considerations by a paper from our own Dr. Edward Blake, entitled "How to Cure Back-ache." It was read in an abstract prepared by the author; and discussed by Drs. Schneider, Monro, Sartain (a lady), Owens, Flora Brewster, Dudley, Duncan and Hughes. A main point made was the need of searching for mechanical causes of drag or pressure.

Dr. Korndœrffer, of Philadelphia, then brought us back to philosophy by a paper on "The Relation of Homœopathic Therapeutics to Constitutional Predispositions." It was conceived on so large a scale, that its allotted time was entirely occupied by its preamble; but its aim was evidently to enforce the necessity of taking chronic diatheses into account, even in local or acute affections. A paper by Dr. Diederich, of Kansas City, on a cognate theme, having been read in abstract, the discussion on the pair was opened by Dr. Allen. He vigorously supported the position of the essayists. Chronic disease must always, acute disease must often, be treated constitutionally, with regard to cachexiæ inherited or acquired; and the former might be eradicated, and the latter prevented, by such medication. He was followed by Drs. Morgan and Hanchett, and by Dr. Korndœrffer in reply.

Dr. Cowl, of New York, now read a paper on the "Import of Bacteriology to Homœopathic Therapy in General." He advocated a certain auxiliary use of antiseptics, of which he regarded the *sulpho-carbolate of sodium* as the least foreign, and, therefore, the least inimical to the organism. The discussion (which had to be adjourned till after luncheon), was opened by Dr. A. Villers, and was then further fed by a paper from Dr. J. N. Mitchell, of Philadelphia, advocating antiseptics in obstetrical cases, and carried on by Drs. Dake, McClelland, Mitchell, Higbee, Bushrod James, and Custis. It turned mainly on the question between antiseptics and asepsis; and differences of opinion appeared here as among all who treat of the subject.

The afternoon session had been assigned to essays and discussions pertaining to Obstetrics. These were initiated by a paper, humorous and sensible, by a lady from Connecticut, Dr. Pardee, who found her only critic in one of her own sex, Dr. Millie Chapman, of Pittsburg. Dr. Danforth, of New York, followed with an essay on "Puerperal Septicæmia," which revived the antiseptic question, and excited a vigorous discussion, in which Drs. Sanders,

Holmes Smith, Bushrod James, Allen, Owens and Flora Brewster took part.

By this time the afternoon was far advanced, and when short papers by Dr. Church on "Decubitus in Dystocia" and by Dr. Morgan on "Prolapsed Funis" had been read, and as briefly discussed, the Congress adjourned.

Thursday, June 18th.

This was the "Materia Medica Day," and a goodly list of papers appeared on the programme. First of all, however, the Congress listened to, and were instructed by, an address by the veteran Dr. Dake, entitled "Practitioners of Homœopathy always the Defenders of Medical Freedom." It praised the medical liberty enjoyed in England, and deprecated the tendency to fetter this now showing itself here and there in the United States.

Dr. Hughes then came forward to present, on behalf of Dr. Dake and himself, a "Report on the Cyclopædia of Drug Pathogenesy" now close on its completion. Dr. Woodward opened the discussion thereupon, followed by Drs. Allen, Mack, and Dudley, all expressing warm appreciation of the work, and Dr. Allen stating that he always recommended would-be students of homœopathy—many of whom, from the ranks of the old school, applied to him for advice—to begin by mastering it.

Next, papers by Dr. Conrad Wesselhoeft and Dr. Hughes, entitled respectively "The Demands of Modern Science in the Work of Drug Proving" and "The Drug Proving of the Future," were presented, the former by Dr. Cowperthwait, the latter by its author. Dr. Allen opened the discussion, telling us—*inter alia*—that there was a good prospect of the endowment of a physiological laboratory in connection with the New York Homœopathic College; and was followed by Drs. Mohr, Morgan, Van Denburg, Dake, Sutherland, and Cowperthwait. Dr. Dake roused great applause when he recalled the fact that it was 84 years ago when he first came before the Institute to advocate the sounder methods of drug-proving which were now being everywhere accepted and followed.

The subject was resumed in the afternoon, in its pharmaceutical branch, by papers from Dr. J. W. Clapp, of Boston, on "The Pharmacy of Triturations," and from Dr. Sherman, of Milwaukee, and Mr. A. J. Tafel, on "The Pharmacy of Tinctures." On the former there was nothing to be said; but *apropos* of the latter the question between the British and the (projected) American Homœopathic

Pharmacopœia, as to the unit of strength for attenuation, was raised by Dr. Hughes, discussed by Drs. Duncan and McClelland, and referred to the American Institute (which is preparing the latter work) for re-consideration.

Dr. Allen now came forward with a paper of his own, on "Indexes and Repertories." While commending the proposed index to the Cyclopædia, he considered a therapeutic repertory also necessary—one that should fill up gaps from clinical experience, and present symptoms in three aspects—viz., locality, sensation and conditions. He thought that Bönninghausen's Pocket-book best supplied such need. Dr. Mack, the Professor of *Materia Medica* at the Homœopathic College of Michigan University, followed with a "Discussion of Dr. Hughes's Proposed Index to the Cyclopædia of Drug Pathogenesis,"* of which, with some modifications, he approved. The two papers were then debated by Drs. Mohr, Van Denburg, Korndærffer, Church (who suggested a "Reference Bible" as the model for a repertory), Morgan and Hughes; Drs. Allen and Mack replying. A main point in question was whether modalities can be separated from their symptoms, and sensations from their seats; Dr. Allen advocating this, Drs. Mohr and Hughes cautioning against the abuse of such practice.

Dr. Eldridge G. Price, of Baltimore, now brought forward the plan of a club formed in that city for "A Reconstructed *Materia Medica*." It is based upon the *Cyclopædia*; and proceeds upon the principle of retaining only such symptoms as have been experienced by two or more persons, giving these precedence according to the number of those who have observed them. It was discussed by Dr. Sutherland (who, with Dr. C. Wesselhœft, is engaged upon a similar plan based on Allen's *Encyclopædia*), and Dr. Dake.

Last, a paper by Dr. E. M. Hale, "The Probable Homœopathic Uses of some new but unproved drugs" was—in the absence of its author—presented in brief and criticised by Dr. Hughes.

A paper by Dr. Van Denburg, "A Comparison of Therapeutic Methods, based on a study of Arsenic," having been read by title and referred to the Committee on Publication, the Congress adjourned, feeling that a good day's work had been done.

Friday, June 19th.

The address of to-day was by Dr. Talbot, on "The Duties and Responsibilities of Homœopathic Colleges as Leaders in

* See this journal for November, 1890.

Medical Progress." It was brief, though pregnant; and the speaker asked that the time he had not occupied might be given to others who could speak on the theme. This brought up Drs. S. R. Beckwith and Helmuth, whose reminiscences of the colleges at Cleveland and Philadelphia respectively dated from 1853; and they strikingly contrasted the state of things at the present day with what then existed.

We now passed to the subject of the morning—Gynæcology. The first paper read was one by Dr. James C. Wood, on "Epilepsy as a Hystero-neurosis" (using the term "hystero" in its etymological sense, and including the ovaries). He related three cases illustrating the thesis implied in his title, one of which was cured and the others greatly benefited by operation. The discussion was carried on by Drs. A. Villers and Helmuth, the latter of whom related a very interesting case of menstrual epilepsy, the aura starting from one of the ovaries, which persistent pressure for two to three days before each period completely cured.

Dr. L. A. Phillips, of Boston, now discoursed upon "Aids to Gynæcology neither medical nor surgical." His paper was discussed by Drs. Danforth, Julia Holmes Smith, McClelland, Morgan, Schneider, and Flora Brewster; and many practical points were made.

Dr. Betts next came forward with a paper on "The Scope of Homœopathic Therapeutics in Gynæcological Practice." He stated, as the result of extensive inquiry, that he could find no instance of uterine neoplasmata occurring in the subjects of homœopathic treatment from their youth up—the inference being that early symptomatic treatment prevented the development of these growths. Drs. Johnson (a lady), Dake, Phillips and Bushrod James took part in the discussion.

Dr. Ostrom, of New York, followed upon "Damaged Uterine Appendages and their Removal." He did not think pyo-salpinx ever amenable to internal treatment. One o'clock having now arrived, discussion was deferred till the afternoon; but when the Congress re-assembled, no one was found to speak on the subject. Other gynæcological papers still remaining, they were disposed of before coming to the special subject of the meeting.

Dr. Lee, of Rochester, presented a record of "Forty-two consecutive Laparotomies," all of which recovered but one. Dr. Helmuth congratulated the homœopathic school on the advance of its surgery; and Drs. Fiske and S. R. Beckwith also spoke.

Dr. Higbee, of St. Paul's, Minnesota, read a paper entitled "Gynæcological Surgery—when to operate"—discussion on which was postponed, and eventually never came off.

This brought us to "Ophthalmology, Otology, and Laryngology;" and, though the afternoon session was prolonged till 6.30, the time proved quite insufficient for doing justice to so large a subject.

Dr. McLachlan began with "Similia in Eye, Ear, Nose and Throat Diseases." ("Similia," we should say, by a frequent American usage is short for S.S.C.) He was general only in his statements, but warmly commendatory; and was followed by Dr. A. B. Norton in the same strain, the latter testifying, from the experience of the New York Ophthalmic Hospital, to the undoubted power of our remedies (especially *causticum*) in checking the progress of cataract. Drs. Bushrod James and MacDermot bore similar testimony.

Dr. Hooker followed on "The Surgery of the Nose and Naso-pharynx," which was discussed by Dr. W. A. Dunn.

Dr. Ivins, of Philadelphia, then read an interesting paper on "Hay Fever." He gave a more hopeful prognosis than is generally ventured on, his main remedies being *allium cepa*, *naphthalin*, *ars. iod.* and *alb.*, and *arum triphyllum*. Dr. Wright opened the discussion, and was followed by Drs. Morgan and H. C. Allen.

Dr. Hayes French, of San Francisco, next discoursed on "Points of Diagnosis in Refractive and other Eye Troubles," but was too technical to excite discussion; which was otherwise with a paper by Dr. Park Lewis, of Buffalo, "On the study of Ophthalmic Therapeutics." As speakers on this topic there rose successively Drs. Wanstock, Mc Dermot, Korndœrffer, Dunn, Hayes French, Norton, and Bushrod James; all bringing forward useful matter, which will be found in the Transactions.

Saturday, June 20th.

Dr. Charles Gatchell, of Michigan University, led off to-day with an address on "The Influence of Homœopathy on Recent Medical Literature and Practice." He thought that—in America at least—literature had been much influenced by it, but practice very little.

Dr. Holcombe, who was called upon to speak on the subject, said that old-school practitioners adopt bits of homœopathic practice, empirically, but never acknowledge the law.

The subject of the day was Surgery; and the first paper was by Dr. Horace Packard, of Boston, who is achieving quite a reputation in this sphere. It was upon "the Present Relations of Antiseptic Methods to Surgery," and was a strong defence of Listerism. It was read in abstract only—the author being absent; and the discussion was undertaken by Drs. Lungren, and Sheldon Leavitt. Both had been with

Lawson Tait; but while the former was well satisfied with the cleanliness and hot water on which alone that surgeon relied, the latter thought he had seen better results still when actual antiseptics were employed.

Dr. Helmuth followed with an able paper on "Carcinoma and Sarcoma," based on a collation of 100 cases, and, like all this great surgeon's writings, "hewn from life." He had no doubt of the value of homœopathic medication. For true carcinoma the remedies were *arsenic* when the face was affected, *coniium* for mammary scirrhus, *hydrastis* for uterine. In sarcoma he had seen excellent results from *thuja*, internally and locally. Dr. McClelland, who opened the discussion, had had best results from *ars. iod.*, *silicea*, and *calcareo*. He related two cases of nodular liver, apparently cancerous, which recovered under *ars. iod.* 8x. Dr. Owens had had much success from *acetic acid* applied to the tumour and taken internally. The subject was also spoken to by Dr. J. N. Henry (who commended *calc. phos.* as the chief anti-cancerous medicine), Dr. S. R. Beckwith, Dr. T. E. Sawyer (who had found most relief to the pains of malignant disease from the higher attenuations), and Dr. Fisher.

Dr. van Lennep, of Philadelphia, now gave us an excellent paper on "Inflammations of the right iliac fossa," chiefly typhlitis and perityphlitis (both of which he considered to be primarily "appendicitis"); which was spoken to by Dr. J. E. James. The remainder of the surgical programme was then adjourned to the afternoon.

Before we resumed it, however, we listened to an address from Dr. H. M. Lewis, of Brooklyn, on "Training Schools for Nurses;" on which subject Drs. Julia Holmes Smith, Moffatt Cook and D. H. Beckwith spoke. America should be a paradise for nurses, as it seems that trained ones receive from 20 to 25 dollars a week.

Surgery now began again by a paper from Dr. Wilcox, of Buffalo, on "the Surgery of the Spinal Cord" (it should have been "column"), which excited no discussion; and then Dr. Pratt came forward to expound the "Orificial Surgery" by which he has made so much stir during the last five years. He points to the extreme importance of the outlets of the body as sources of reflex irritation, comparing them to the ports and railway stations of traffic. He believes that a large portion of chronic disease is caused by such irritation, and is curable by surgical rectifying of the orifices themselves. His success, as he reports it, has been something phenomenal; and the volcanic force and earnestness with which he expounded his views made a deep impression on the

audience. The discussion was carried on by Drs. Monro, Helmuth (who had had little experience of the practice, but wished to encourage it), Storke and Skiles; and Dr. Pratt replied, avowing himself a hearty homœopathist, and only advocating his practice as a *dernier ressort*.

Dr. TERRY, of Utica, closed the surgical section by a paper entitled "Are Sinuses and Fistulæ Curable without Surgical Treatment?" a question he answered in the affirmative. Peroxide of hydrogen and balsam of Peru appear to be the local agents on which he depends.

Not much time was now left for the subject of the afternoon, which was Diseases of Children, but we had papers on "Infantile Eczema," by Dr. Millie Chapman, of Pittsburg, discussed by Drs. Orme, Gilbert, Morgan, Hughes (who questioned the existence of any such thing as the "psorinum" mentioned in the paper), and Henry; and by Dr. Owens, on "Diet in Diseases of Children," to which Drs. Edmondson, Custis, Hooker, Dudley and W. T. Morgan spoke.

Monday, June 22nd.

Sunday was of course a day of rest; but on Monday we re-assembled, and completed the work of the Congress.

We first took up the Reports from the various countries in which Homœopathy has been planted. Dr. T. Franklin Smith gave that of America. Dr. Hughes presented those sent for England by Dr. Stancomb, for India by Dr. P. C. Majumdar, and for New Zealand by Dr. Murray Moore,—adding, later, a report from Russia by Dr. Bojanus. Dr. A. Villers read reports from Germany and Austria by Dr. Th. Kafka, Dr. Klauber, and Dr. Lorbacher. Others presented similar communications from Dr. Brückner regarding Switzerland, Dr. Hansen for Denmark and Dr. Gonzalez for Mexico.

No discussion having been excited by these reports (all of which, save that from Switzerland, were favourable), Dr. Wright, of Buffalo, was requested to deliver his address, put down for the afternoon, on "Hospitals, their construction, maintenance, management, &c." This was spoken to by Drs. Talbot (who stated that there were now five hospitals in Massachusetts equally divided between two schools), Bushrod James, Hayes French, McClelland, Stout, Moffat, Gilbert, and Dudley—Dr. Wright replying.

In the afternoon, the first business was the decision as to the place for the next Congress, which was unanimously determined to be England.

The subject of Insanity was then handled by the Superintendents of the two great State Asylums under

homœopathic management—Dr. Simmons Paine, of Massachusetts, and Dr. Talcott, of New York. The former spoke chiefly of the treatment by rest, but mentioned incidentally that none but homœopathic remedies were prescribed in his institution, and hypnotics never given. Dr. Talcott made a like statement for the Middletown Asylum, and stated his death-rate as 4 per cent. in contrast with 6 per cent. in the old school asylums of his State, while his proportion of recoveries was as five to three. Drs. Fellows, Morgan and Wanstall spoke to these papers, and Drs. Paine and Talcott replied.

A number of miscellaneous papers were then cleared off, being read either in full or in abstract, but no discussion taken, and this way we had Dr. Cooper, of London, on "Camphor Bromide;" Dr. Salzer, of Calcutta, on "Asiatic Cholera;" Dr. Gailliard, of Brussels, on "Psora," and on "Complex and Alternating Remedies;" Dr. Dearborn, of New York, on "Lanoline and Agnine;" and Dr. Deschere, of the same city, on "Diet and Homœopathic Treatment." Two more were read by title only—by Dr. Clifford Mitchell, of Chicago, on "Spermatorrhœa, &c.," and by Dr. Vincent Leon Simon, of Paris, on the "Abuse of Coffee." Lastly, Dr. Storke, of Denver, gave us some account of the climate of Colorado, and Dr. Stout, of Jacksonville, spoke of that of Florida.

This completed the programme, and after the usual votes of thanks, and the singing of the Doxology, the Congress was dissolved.

R. H.

NOTABILIA.

NOTES FROM AMERICA.

At the meeting of the American Institute of Homœopathy on the 22nd of June, Dr. Dyce Brown was elected a corresponding member of the Institute.

* * * *

The next meeting of the American Institute of Homœopathy was appointed to be held at Washington, D. C., in May, 1891.

* * * *

Dr. J. H. McClelland, the senior surgeon of the homœopathic hospital in Pittsburgh, has been unanimously elected President of the Pennsylvania State Board of Health. It should be remembered that this Board consists of physicians entertaining all kinds of therapeutic views.

* * * *

The Clinique (Chicago) for June contains a letter from Dr. Ludlam, who has recently visited this country, giving in his own genial style a very appreciative notice of the London Homœopathic Hospital, its medical and surgical staff, nursing institute, treasurer and secretary. Dr. Ludlam urges upon his colleagues the formation of a nursing institute in connection with the Chicago Hospital. Referring to the lady superintendent, Dr. Ludlam writes: "Such lady superintendents as Miss Brew, with whom I was glad to renew my acquaintance, are like rare bits of old china, one to the set, but having found her counterpart as nearly as possible, and secured her interest, the work of building such an enterprise would be half done to begin with."

* * * *

The editor of *The Medical News*, published in Philadelphia, has been greatly excited by the meetings of the International Homœopathic Congress at Atlantic City, or rather by the notices of the proceedings of that body published in the newspapers. His impotent rage expended itself in a leading article of some length, which concluded as follows:—"The moral of it all is, that to indulge in good-humoured contempt of these pestiferous doctrines and doctrinaires; to show them mercy, to be indifferent to them, to compromise and play politics with them, is to be poltroon and renegade in the face of one's duty to science and humanity." The editor of the Philadelphia *Medical News* is happily perfectly safe in writing this sort of stuff; no one can prosecute him for doing so, for a countryman of his once told us there was "no law in the United States preventing a man making a darn'd fool of himself." So he can go ahead, and, after his own long-winded fashion, follow Dogberry's example as often as he likes!

MAJOR VAUGHAN-MORGAN.

The Philanthropist and *The Gentlewoman* for last month contain excellent portraits of the popular and highly successful Chairman and Treasurer of the London Homœopathic Hospital, together with a report of the proceedings at the banquet recently held in his honour. We subjoin a complete list of those present:—The Earl of Wemyss and March, President, supported by the Hon. Algernon Grosvenor, General Beynon, Sir Robert Palmer Harding, Mr. Sydney Gedge, M.P., Mr. Octavius Vaughan Morgan, M.P., and Mrs. Morgan, Captain Davis, Colonel Clifton Brown, Dr. Edward Blake, Dr. and Mrs. A. H. Buck, Dr. Dyce Brown, G. Barratt, Esq., Dr. and Mrs. Galley Blackley, Dr. Burford, Dr. Bennett, Mr. A. Ridley Bax and Mrs. Bax, Dr. and Mrs. Burwood, W. Deane Butcher, Esq., A. Barnet, Esq., Alan E. Chambre,

Esq., Miss Cole, G. A. Cross, Esq. (Secretary-superintendent), W. S. Cox, Esq., Dr. J. H. Clarke, Dr. A. H. Croucher, Mr. and Mrs. W. M. Cross, Miss Couch, Vincent Cotterell, Esq., Dr. Cooper, Rev. and Mrs. Dacre Craven, Hugh Cameron, Esq., Dr. Carfrae, Dr. Roberson Day, Mr. and Mrs. William Debenham, Dr. and Mrs. R. E. Dudgeon, Mrs. and Miss Drew, Dr. and Mrs. Washington Epps, Mrs. Faskally, Mrs. Gregory, Dr. and Mrs. Gilbert, Wilbur Gunn, Esq., Miss Harrison, Dr. and Mrs. Süß-Hahnemann, Mr. and Mrs. Stanley Harding, Dr. and Mrs. Fall, Mr. H. W. and Mrs. Henderson, Dr. Harper, Mr. and Mrs. Henry Harris, Dr. and Mrs. Hawkes, Mr. and Mrs. S. Hoffnung, The Hawaiian Chargé d'Affaires and Mrs. A. Hoffnung, Bernard Henderson, Esq., J. H. Hays, Esq., Mr. and Mrs. Malcolm Jonas, Dr. and Mrs. Jagielski, Miss Jones, Mr. and Mrs. C. A. Kelly, Mr. Henry J. and Miss Klunt, E. H. Laurie, Esq., Miss Florence Lewis, Mr. and Mrs. Septimus Vaughan-Morgan, Dr. Byres Moir, Dr. Cavendish Molson, M. Tivadar Nachez, Mr. and Mrs. William Pite, Alfred Robert Pite, Esq., Mr. and Mrs. W. M. Penfold, Dr. Powell, Dr. and Mrs. Pullar, Mr. and Mrs. R. P. W. Reneau, Mrs. Reed, Mr. and Mrs. Alfred Rosher, Raphael Roche, Esq., Miss Rapley, Frederick Rosher, Esq., Mr. and Miss Reed, Dr. and Mrs. Renner, Dr. and Mrs. Sandberg, Mr. and Mrs. Knox Shaw, Mr. and Mrs. J. P. Stilwell, G. Holt-Stilwell, Esq., Dr. Gerard Smith, Miss Thacker, Major-Gen. Thomson, Mr. and Mrs. Leo. Thomas, Mr. and Mrs. Edwin Tate, Mr. and Mrs. J. Truslove, Mr. and Mrs. Trapmann, Madame Gullia Valda, Dr. George Wyld, Campbell Wynne, Esq., Ivan Watson, Esq., Mr. and Mrs. A. Williams, Miss Williams, H. T. Wooderson, Esq., Mrs. Wooderson, A. Walker, Esq., W. F. Watts, Esq., Mrs. Watts, Dr. Yeldham.

THE REV. C. H. SPURGEON AND SIR A. CLARK, BART.

A LONDON contemporary says: "The announcement that Sir Andrew Clark was 'not available' to see Mr. Spurgeon means, we suppose, that Sir Andrew will not meet Dr. Kidd in consultation. The same question arose when Dr. Kidd was attending Lord Beaconsfield in his last illness, in 1881, and on that occasion Dr. Jenner, with the concurrence of Sir William Gull, also refused to meet him. Dr. Kidd's offence in the eyes of the profession is his leaning towards homœopathy. Not that he is a homœopath out-and-out; he is rather to be described as an eclectic. That is to say, he claims to take the good and leave the bad of both systems. But this attitude will not do for orthodox medicine, which

regards the homœopath with much the same feelings as the Russian Emperor does a Jew, and will have no paltering with the evil thing. And perhaps, for the patient's sake, it is as well, that the two kinds of practitioners should not meet and practise their various systems upon him at the same time."

Mr. Spurgeon, as might have been expected, seems to have done quite as well without Sir Andrew Clark's advice as if that commodity had been "available"! The only loser by the refusal to meet Dr. Kidd was Sir Andrew himself!

HOMŒOPATHY IN INFLUENZA.

"There's a queer thing about this epidemic which is that the allopaths are losing all the cases," said an overworked undertaker to a *News* reporter yesterday afternoon.

The undertaker was drawing on his gloves preparatory to attending a "4 o'clock" at Forest Lawn.

"Are you serious or jesting?" asked the reporter, who is an allopath by predilection.

"Dead in earnest," was the reply. We've been rushed to death for a month and we haven't buried a homœopathic victim yet. If you doubt what I say, go and look at the death certificates."

The reporter proceeded to the bureau of vital statistics and found the undertaker's statement pretty well backed up.

Inquiry elicited the fact that there are 800 allopaths in Buffalo to 60 homœopaths—a proportion of 5 to 1. To bring up the proportions and eliminating the doubtfuls, the reporter multiplied the homœopathic deaths by five, which would give that school 10 deaths to the allopathic's 63, given an equal number of homœopaths and allopaths in Buffalo.

"Why are the homœopaths apparently so successful?" asked the same reporter later in the day of Dr. S. N. Brayton, of Delaware avenue.

"They are not 'apparently' successful, they are successful," was the reply.—*The Keystone*, May, 1891, Buffalo, New York.

LADIES AT THE INTERNATIONAL CONGRESS.

ONE of the most interesting features of the Homœopathic Convention of Atlantic City was the large number of pretty women doctors in attendance. They were all young, the majority of them being apparently under thirty, and their fresh faces, attractive costumes and stylish hats made a blooming oasis amid the Sahara of wrinkled male faces around them. Among these fair physicians were Dr. Harriet Sartain, a daughter of the celebrated Philadelphia artist; Drs. Eliza M'Clure, and Mrs. Bronson, also of Philadelphia, and Drs. Millie Chapman and Mrs. Brewster, of Baltimore.—*Dublin Evening Telegraph*.

THE KEYSTONE.

THE *Keystone* (Buffalo) is a paper published monthly in the interest of the Homœopathic Hospital of Buffalo. The June number contains a report of a year's work in the hospital, and the journal publishes from time to time reports of interesting cases.

In England the method of forwarding the interests of hospitals by means of a monthly journal devoted thereto has not hitherto obtained. In the case of the *Keystone*, success seems to have attended its advocacy, for since its first issue, rather more than a year ago, "the gifts have more than doubled."

Instead of our London Hospital Saturday, a collection is made in several factories and stores of the city by boxes for weekly contributions for the formation of a "Workman's Free Bed Fund." If the hint is worth anything the Buffalo authorities will doubtless esteem imitation of their methods a sincere flattery.

The *Keystone* asks its readers for opinions as to the advisability of discontinuing the word homœopathic in the title of the Buffalo Homœopathic Hospital. When the truth of the homœopathic doctrine is universally acknowledged, and absolute liberty of opinion is allowed to all medical men—when therefore every hospital is, or may be, a homœopathic hospital, then, and not till then, the distinctive adjective may be dropped.

RATIONAL THERAPEUTICS FROM A "REGULAR" STANDPOINT.

DR. G. A. FREEMAN contributes the following interesting article to the *New York Medical Times*:—

"The trend of thought upon the subject of therapeutics among the more conservative members of the Old School, is so clearly indicated in a paper contributed to the *Medical Record*, May 16, 1891, by Dr. S. Henry Dessau, that an outline of his argument will not, we think, be found uninteresting. The author begins by emphasizing the necessity which exists at the present time for a more correct system of therapeutics. Such a system, he says *must* be founded upon a correct understanding of the relationship between the physiological action of drugs and the manner in which the causation of disease affects the healthy state. Here has been the wider field of investigation in recent years, and such immense progress has been made in this direction that many ideas held concerning therapeutics as taught by former leaders of medical thought have now been almost, if not entirely, abandoned. Yet, when we look about us and take a mental survey of the medical situation, we find that little progress has been made toward a

more certain means of cure. The principal endeavour has been to discover the causation of disease, and if possible, a means to remove it. In this direction the discovery of microbes as the specific agents of contagious disease has led up to very important results. But further researches in this field will probably show that our main dependence for the successful treatment of disease will be required to be based upon *the physiological action of remedies, and a correct application of such action to the diseased condition.*

“There are evidently many instances of diseased action in which our attempts at therapeutics can not be directed against the removal of this cause which has fled, but more properly to a restoration of the normal function. In view of what has been learned respecting the action of ptomaines, it is not at all improbable that germ diseases may depend for their successful treatment upon remedies administered upon the principle of their physiological as well as their antiseptic action.

“In the investigation of this physiological action of drugs, perhaps the most important fact which has been disclosed is that of their *double action*—a phenomenon known in an indistinct sort of way from the earliest times, but which has only quite recently been studied in a rational manner. Ringer, Brunton, Phillips, Rabagliati, Ross and Sharp in England, Schultz and Peiper in Germany, and Bartholow, Smith, Reed, May, Mayer, and numerous others in this country are some of the workers in this direction. The testimony from all sources goes to show that, in all carefully conducted and recorded experiments, *the primary effect of a drug, as manifested in physiological disturbances, is the direct contrary of the secondary or more fully developed of the drug.*

“I have long thought that a more rational therapeutics could be founded upon the utilisation of the primary physiological action of drugs when given in their minimum quantity to produce this effect, eliminating from consideration, of course, all chemical antidotal actions that drugs possess. To my mind it presents many advantages, chief of which is the simple and rational principle of applying the uncomplicated action of a drug to a diseased action, which is of a like uncomplicated nature, as a means of cure. That is to say, we obtain the action of the remedy without its consequent reaction, which in this instance would be the equivalent to the restoration of normal physiological action.

“The secondary advantage of giving a remedy with little or no disagreeable taste, either in the form of a small sugar-of-milk tablet or an aqueous solution, is not to be slightly regarded, not only in our practice among children, but also with adults of a delicate and fastidious taste.

“I have endeavoured to show that a certain class of drugs affecting the nerves and another the specific organs and tissues, have an undoubted double action, the primary or initial action being the direct contrary of the secondary or complete physiological action; and that the primary action, being, so to say, devoid of reaction when obtained from an exhibition of the minimum dose, can be scientifically applied for its direct action against those disturbances of the economy corresponding in their effects to the secondary or full physiological action of the drug employed.

“The question of dosage necessarily becomes one of the highest importance, and it behoves us to turn our attention with all due judgment and deliberation to a reformation of this subject.

“In these paragraphs we behold a representative of medical orthodoxy proclaiming his belief in a rule of drug action which is only the principle of *similia* differently stated, and also calling for a reformation in the direction of small doses! Let Dr. Dessau take one step further, and learn to *individualise* his remedies, and the last shade of difference between his practice and that of the average homœopath will have disappeared. When his colleagues shall have followed him, what then will stand in the way of medical union?”

Dr. Dessau's account of the rule of drug can scarcely be defined as “the principle of *similia* differently stated.” It is rather, as we have frequently shown when reviewing Dr. Sharp's later essays, an endeavour to explain the *modus operandi* of a homœopathically selected medicine. Without the guidance of the principle of *similia*, it is impossible to individualise remedies. There is in Dr. Dessau's views nothing to prevent co-operation with homœopathic physicians, either at the bedside or in societies; on the contrary, any one holding them and refusing such professional intercourse is directly opposing the progress of therapeutics. It is not men of Dr. Dessau's stamp that prevent a union of medical men of all shades of thought, but persons like the editor of the *Philadelphia Medical News*, whose references to homœopathy are mixtures of studied misrepresentation and savage invective. Unfortunately they are the men who at present have the ear of the profession. Hence it is that we must still fight on.

ANTAGONISTIC ACTION OF POISONS.

An interesting illustration of the antagonistic action of poisons is given in a letter we have received from Mr. W. Rushton, addressed to his brother in Tasmania, by Dr. Mueller, of Yackandawdah, Victoria, in which he states that in cases of snake bite he is using a solution of strychnine in

240 parts of water mixed with a little glycerine. Twenty minims of this solution are injected in the usual manner of a hypodermic injection, and the frequency of repetition depends upon the symptoms being more or less threatening, say from ten to twenty minutes. When all symptoms have disappeared the first independent action of the strychnine is shown by slight muscular spasms, and then the injections must be discontinued unless after a time the snake poison again reasserts itself. The quantity of strychnine required in some cases has amounted to a grain or more within a few hours. Both poisons are thoroughly antagonistic, and no hesitation need be felt in pushing the use of the drug to quantities that would be fatal in the absence of snake poison; but of about one hundred cases treated by this method, some of them at the point of death, there has been but one failure, and that arose from the injections being discontinued after $1\frac{1}{2}$ grain of strychnine had been injected. Any part of the body will do for the injections, but Dr. Mueller is in the habit of making these in the neighbourhood of the bitten part or directly upon it.—*Pharmaceutical Journal*, June 19th, 1891.

SIR WILLIAM GULL AS A SCEPTIC IN THERAPEUTICS.

In the last volume of the *Guy's Hospital Reports*, recently issued, vol. xlvii., 1890, there appears an "In Memoriam" notice of its late distinguished Consulting Physician, Sir William Gull. The paper, though unsigned, bears internal evidence of being written by one of the hospital's present senior physicians; and as some of his remarks therein may be said to represent the views of the militant section of medical nihilists, they may be interesting to those who have not yet lost all faith in drug administration, and who are not yet wandering in the slough of therapeutic negation. The idea of holding up homœopathy as a system of "do nothingness" is amusing in its conception and yet saddening as a display of ignorance of its principles.

"It would be a great mistake to suppose that Gull's excellence as a practical physician was limited to power of diagnosis, appreciation of the patient and his conditions, or facility in acquiring and retaining that confidence of the sick man which in most cases is essential for carrying out treatment, and in many is itself a help to cure. He was generally supposed to be a sceptic as to therapeutics, and his treatment to be what some people call "expectant" and others "do nothing." As in most cases of general reputation, the conclusion, so far as it was incorrect, was in great measure due to the very man whom it wronged. If a physician honestly believes that medicine is powerless over disease, he need not relinquish

his practice, for it is often well worth a patient's while to ascertain whether he is really ill or not, and what is the nature of his complaint; he may often wisely pay for the knowledge of what is likely to happen, and what cannot be cured may often be prevented. But although negative practice might still be followed for the sake of diagnosis and prognosis and prophylaxis, yet an honest disbeliever in therapeutics could never prescribe a potion or a pill without losing his self-respect. As a matter of fact, Sir William Gull often prescribed no drugs whatever, and his prescriptions when he wrote them were of extreme simplicity; ten or fifteen drops of tincture of steel three times a day, sulphate of magnesia, and carbonate of soda, mineral acids in infusion of gentian or orange, aloes and compound rhubarb pills—these were his frequently recurring formulæ. To these, in suitable cases, were added quinine, digitalis, opium, arsenic, and mercury in moderate, but efficient, doses. He was never tired of exposing the absurdity of much of the traditional polypharmacy. He would show how much harm may be done by the vigorous treating of half-understood diseases, and he once said that if every drug in the world were abolished, a physician would still be a useful member of society. To appreciate his position, we must remember something of the unquestioning faith in bleeding and blistering, purging and physicking, which was still held when Gull was a student. The physicians of the first half of the present century seemed to have no conception that many diseases naturally tended to recovery if not interfered with, and that others as naturally tended to death, however treated. Their erroneous notions of physiology and pathology, their not yet exploded remnants of mediæval superstition, their almost unsuspected ignorance of the processes and even the detection of disease, and their boundless credulity in the action of remedies, led to just criticism in the minds of the more thoughtful of the laity, and to something like negation among a few in the ranks of the profession who were not bound by the fetters of tradition—such as Sir John Forbes and Dr. Hughes Bennett, of Edinburgh. The astonishing fact that under treatment by Hahnemann's sect patients did not always die, led thoughtful men to open their eyes.

“Gull's treatment of fever and of acute rheumatism were valuable contributions to the scientific study of therapeutics; and he once said to the present writer after his retirement from practice, ‘One thing I am thankful that Jenner and I have together succeeded in doing:—We have disabused the public of the belief that doctoring consists in drenching them with nauseous drugs.’ Nevertheless, those who knew Gull's

practice, either in the hospital or in private, are well aware that his scepticism was perfectly reasonable, and his therapeutical faith all the stronger because it was discriminating. The popular belief that he did not believe in medicines did great harm, and did him injustice—injustice which, as usual, was not quite undeserved by the sufferer. But there are not wanting signs of a new era of meddling medication and reckless polypharmacy. The generation which is now getting old was brought up under the healthy reaction from the old tyranny of drugs; but the new generation is familiar with scores of new, much vaunted, but little tested remedies, most of them uncertain, and many dangerous in their effects. The practice of medicine in Germany, and to some extent in America, is with many honourable exceptions rash, meddling, and sometimes mischievous, repeating the old blunder of assuming that every disease has its appropriate remedy, and too often treating each symptom as it arises with the self-confidence and ignorance of a homœopathist.

“The worst of the almost daily introduction of highly-vaunted remedies to be used, abandoned, and replaced by others destined to live as short a life, is to produce in scientific tempers complete scepticism in therapeutics; and the worst of the universal scepticism, which clever men are apt to feel or to affect, is to encourage relapse into pharmaceutical credulity.”

A LEGACY.

THE *Lyons Médical* reports that a very wealthy lady, who died recently at the advanced age of eighty-three, made the following provision in her will: “Je lègue au Docteur X— en reconnaissance de ses soins éclairés et dévoués auxquels j’ai dû vivre si âgée tout ce qui se trouvera dans mon bonheur du jour.” When the article of furniture thus fantastically denominated was searched, its only contents were found to be the untouched mixtures, boxes of pills and other medicaments (still enveloped in paper as they had been sent by the chemist) which had been prescribed for the defunct by her medical attendant during the past ten years!—*The Lancet*.

OBITUARY.

EDWARD HENRY MILLIN, M.R.C.S., L.S.A.

WE much regret to have to record the death of Mr. Millin, of Worcester, on the 2nd of August, at the age of 76, after an illness of several months duration. He was born in Santa Cruz, Feb. 24th, 1815. Before commencing private practice he acted as ship’s surgeon for some years. In 1846, he settled at Hull, where he made the acquaintance of the late Dr. Atkin,

and through his instrumentality he had his eyes opened to the truth of the law of similars. After deciding to practise homœopathy, he removed to Coventry. There he practised with success till 1860, when he resolved to settle in Worcester, in which place he remained till his death. Mr. Millin was very successful in practice, and was greatly beloved and respected by all who knew him, while his uniform courtesy to his professional brethren in Worcester tended much to soften their prejudice against homœopathy. Mr. Millin leaves a widow and three daughters.

CORRESPONDENCE.

WHAT IS A HOMŒOPATH?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have always been surprised at the conception of homœopathy which my allopathic friends possess, but their opposition to my methods of practice still remain on the same ground, and not one of them will give up this curious idea as to what homœopathy is; I have now made a discovery. I have found that their accusation is quite just, and that there is a section of our school which consists of men who hold just those opinions which I have stoutly denied as belonging to homœopathy. What am I to do? These men are, I am told, the only true and conscientious homœopaths, and I am sailing under false colours if I do not practise as they do.

I have been studying one of the latest books which are used in practice by the "conscientious homœopath," and I am quite bewildered by it. "Bœnninghausen's Therapeutic Pocket Book" is the work, and though I believe myself to be an homœopath, yet I find that this work, and others like it, would be utterly useless to me, it is an enigma, the answer to which I despair of finding.

Diseases are not referred to in this work, and there are very few of the symptoms of disease; those concerning discharges and excretions being almost the only really characteristic symptoms which can be said to lead one to any diagnosis, all the rest seems to my uninstructed mind utterly vague and unpractical, and, more serious than this, it seems to be ridiculous, giving to our opponents the very strongest grounds for the ridicule they express for our opinion.

As an example, take the sections for the head. Here we find several vague and inaccurate divisions, first "External Head," followed by the equally useless terms "General Sensations," "Sides of Head," "Light Hair," "Dark Hair," and so on. Under each of these headings are grouped hundreds of drugs, with no word to say what these drugs do to these parts, nor

what is their relation to the head. Take, as another example, the region "Chest," Of what use is it to be told that there are nearly two hundred drugs related in some way not expressed to the "Internal Chest," and then that these same drugs are also related to the symptoms of every other part of the chest, with no word as to what is their relation, what the changes they produce, or the symptoms exhibited as the result of those changes.

The chapter on "Sensations" is surely one which might give reasons to the enemy to laugh at us. I have every respect for the descriptions of their pain and sensations given me by my patients, as indications of the particular mental condition of the patient, and as leading me to track out the seat of the disorder, but I could never have any proof that the sensations they describe are the same things as were experienced by the prover of drugs. One man may say he has a "sticking pain," but the next man, be he prover or patient, may call it a "stabbing pain," and by this book I should have to look under two different heads for these pains. How on earth am I to ascertain from a patient if his pain be or be not one of the bewildering list of stickings, stabbings, jumpings, crawlings, drawings, tearings, twistings, twingings, ticklings, and the rest, which I find have been experienced by provers? A sick man will take any description which seems to indicate that he is very bad. Such descriptions are of no use clinically, nor are these vague lists of the sensations of provers, for we cannot fit them to the case of disease before us.

If we are to pay so much attention to symptoms which do not in any way aid us to our diagnosis, and to remain content with symptom collecting without tracing the symptoms to their pathological seat, or prescribing for the diseased condition; if we are thus to do all we can to escape making any diagnosis, we shall always be open to the ridicule of our opponents, and so long as we have books full of such absurdities as I have quoted, we deserve to be ridiculed. If this school of symptomatology had been exhibited to me as the true path of homoeopathy at the time of my conversion (I am tempted now to say perversion), I would never have looked further, but I was at the first outset introduced to homoeopathy by men who went upon the principle of diagnosing what was the matter with the patient before they prescribed.

I was trained upon Hughes' Manual of Pharmacodynamics, which has nothing in common with this—to me—new system; for Hughes determines first of all what is the matter with his patient, and then proceeds to prescribe for him, giving drugs which affect the part disordered, and only using symptoms as they point the way to the diagnosis.

Should we not recognise the fact that there is a split in our camp? We are "Symptomatologists" and "Pathologists," and these two are becoming more opposed to each other as we go on; but, which are the homœopathists?

Yours truly, HERETIC.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Dr. DUDGEON, Dr. W. EPPS, Dr. PRIESTLEY, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Mr. GERARD SMITH, Mr. CROSS, LIQ. CARNIS Co. (London); Dr. HUGHES (Brighton); Mr. JUMP (Folkestone); Mrs. COOK (Buffalo); Dr. ALEX. VILLERS (Dresden); **MEXICAN HOMŒOPATHIC INSTITUTE.**

BOOKS RECEIVED.

The Masseur's Vade Mecum. By E. Donato Jump. Bristol: John Wright & Co. 1891.—*Annual of the Universal Medical Sciences.* Edited by C. E. Sajous, M.D. Five vols. Philadelphia and London: F. A. Davis. 1891.—*A Report on the Results of Homœopathic Treatment of Cholera in March-May, 1891.* By Radh. Ghosh. Calcutta.—*The New Remedies.* A bi-monthly epitome of progress in Homœopathic Materia Medica and Therapeutics. Edited by Drs. Gross, E. M. Hale, and R. N. Tookes, M.D. Chicago. May.—*The Lancet.* August 8th. London.—*The Homœopathic World.* April. London.—*Hospital Gazette.* July 25. London.—*Medical Reprints.* August, London.—*The Chemist and Druggist.* August. London.—*The Monthly Magazine of Pharmacy.* August. London.—*The Philanthropist.* July and August. London.—*The Gentlewoman.* August. London.—*Nurses' Journal.* August. London.—*The North American Journal of Homœopathy.* July. New York.—*The American Homœopathist.* August. New York.—*The New York Medical Times.* August.—*The Medical Record.* July and August. New York.—*Journal of Ophthalmology, Otology, &c.* August. New York.—*The New England Medical Gazette.* August. Boston.—*The Hahnemannian Monthly.* July and August. Philadelphia.—*The Homœopathic Physician.* August. Philadelphia.—*The Clinique.* July. Chicago.—*The Medical Advance.* July. Chicago.—*The Medical Era.* August. Chicago.—*The Keystone.* June. Buffalo.—*Homœopathic Envoy.* August. Lancaster.—*Southern Journal of Homœopathy.* July. New Orleans.—*The Medical Argus.* July. Minneapolis.—*Revue Homœopathique Belge.* May. Brussels.—*Bull. Gén. de Thérapeutique.* August. Paris.—*Allgem. Hom. Zeitung.* August. Leipzig.—*Leipzig Populäre Zeitschrift für Homœopathie.* August.—*Gazzetta Medica Di Torino.* August.—*La Reforma Medica.* May. Mexico.—*Homœopathisch Maandblad.* August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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NOTES ON THE CLIMATOLOGY AND PREVA-
LENT DISEASES OF NEW ZEALAND.*

BY JOHN MURRAY MOORE, M.D., M.R.C.S., F.R.G.S., &c.

MR. PRESIDENT AND GENTLEMEN,—In submitting to this honourable assembly a paper on the Climatology and Prevalent Diseases of New Zealand, I wish to anticipate at the outset an objection which may exist in some of your minds that the subject is outside the range of topics associated with homœopathy. This may be so; but surely the therapeutics of climate ought to be studied by every well-informed practitioner, whether homœopathic or non-homœopathic. And I should think that the communication by a *confrère* of the results of his personal experience and observations made in so interesting, valuable and remote a country as that of New Zealand, would be more interesting than reading books on the subject.

Personal residence in a foreign climate for some years is a good solid test of its value, if we deduct the necessary "personal equation;" and if any invalid should be saved from loss of money, time, and health, and his medical adviser from disappointment and chagrin by the warnings, advice, or suggestions I have thought out in

* Read before the British Homœopathic Congress in London, July, 1891.

this paper, I hope this half hour will not have been unprofitably spent.

From their medical attendant, patients not only expect now-a-days all sorts of instruction, as to diet, hygiene, clothing, house drainage, &c., &c., but even exact and definite information about foreign climates which the busy practitioner has neither time to visit, nor even to read up, so great is the flood of literature now teeming from the medical and general press.

It was with a view of adding my humble contribution to a more exact knowledge of the New Zealand climate, and of placing that grand country fairly before the profession and the public, that I published my handbook, entitled *New Zealand for the Emigrant, Invalid and Tourist*, through Messrs. Sampson Low, last year.

The idea I had formed that a need for such a book on this particular colony existed was confirmed by a letter from Sir Andrew Clark, Bart., the eminent consulting physician, who wrote thus: "I cannot doubt that an accurate and comprehensive account of New Zealand climates will be of great service to the public and to the profession. To intending colonists, and invalids especially, a book of the kind must prove of inexpressible value, not merely as a guide to seeking what is right, but, before all other things, as a guide to shunning what is wrong. Mistakes made by persons seeking climatic change in New Zealand are frequent; and I know of some that have been attended with the worst results."*

Now I hope, this afternoon, to give you definite ideas both of the general climate of New Zealand, and of the four climatic Zones—first differentiated and mapped out by myself—aided by this map of the physical geography of the Colony, and by the hand-maps which I have had printed expressly for this occasion.

* In a subsequent letter, after a careful perusal of my book, he wrote: "I am exceedingly pleased with your book on New Zealand, and expect it will soon occupy a first place among the handbooks to that country. For, in the extent, variety, and accuracy of the information it conveys; in the acuteness of its observations; in the frankness and impartiality of its comments; in its dealings with the drink trouble; in the soundness of its judgments; and in the excellence of its literary form, the book is one of the best of its kind with which I am acquainted. I congratulate you on the happy success of your undertaking, and I hope that with restored health you will find ample opportunities for the exercise of those abilities, both literary and professional, which the execution of this book proves that you possess."

Concerning the best time for invalids (and tourists also) to leave England for New Zealand, if we take the average length of the voyage at six weeks, I recommend them to leave home during the months of August, September or October, in order to arrive in the Colony during the antipodean summer months of October, November or December.

Concerning routes: Anyone desiring the quickest possible transit to New Zealand would leave Liverpool by the Saturday Cunard steamer for New York, cross the United States with the Australian mails to San Francisco, thence by fast steamer across the Pacific, and would reach Auckland, New Zealand, on the thirty-fourth day after his departure from home. This time will be reduced to thirty days when the Canadian Pacific Railway gets its new mail steamers running.

But no invalid could stand the fatigue that this involves. Nor is the Red Sea transit otherwise than injurious at any season of the year. The hurry across the Continent by express train to catch the Orient or P. and O. steamer at Brindisi, or Naples, is also prejudicial to the health-seeker.

Of all the routes now available to New Zealand, the long sea voyage round the Cape of Good Hope, taken by the Direct Mail steamers of the New Zealand Shipping Company, and of the Shaw Savill and Albion Line, gives the traveller the least possible risk to health from too rapid changes of temperature, while the table-fare, cabin accommodation, and so forth, are of the best attainable quality.

No doubt the three or four months' voyage in a well-found sailing ship is still better for some chest-invalids, if they are able to endure the monotony and are pretty fair sailors.

But by the Direct Mail steamer one has many of the advantages without any of the drawbacks of the long voyage under canvas. On the fourth day after leaving Plymouth you enter warm air, and are gradually prepared, day by day, for crossing the Line. Calling in at Santa Cruz, Teneriffe, is a pleasant interlude. By the time the Cape is reached, you are so braced up and invigorated by the voyage that the inevitable cold and wet of the south latitudes between the Cape and Tasmania do not injuriously affect you. Then from Hobart,

supposing you have correctly hit upon the antipodean summer, the journey to the Bluff Harbour, the southernmost part in New Zealand, and so up the east coast, calling at all the chief sea-ports, until you reach Auckland—the northernmost, with the best harbour and most picturesque scenery of all—is a most enjoyable one. As the large steamers (of 4,000 to 5,000 tons) do the outward voyage in forty-two days, and the homeward voyage in thirty-nine, a mere tour to New Zealand and back, allowing five weeks to explore the Colony, need not occupy more than four months; and, I may add, need not cost more than £160.

Invalids, however, must spend at least the five summer months—say from mid-November to mid-April, to obtain any permanent benefit.

You will see by the hand-maps that the three islands—North, Middle, and South, or Stewart's—forming the Colony of New Zealand, lie in curvilinear form from N. to S. (rather like Italy and Sicily reversed) with the concavity turned towards the west; that they extend over thirteen degrees of south latitude, and lie between the meridians of 166° to 178° longitude E. of Greenwich. The length of the Colony is about 1,100 miles, and its breadth varies from six miles at Auckland up to 160 miles at Dunedin. The mountainous character of the country and its deeply-indented coast-line (3,000 miles)—both well seen on this physical map—together with its position in the track of the south-west trade winds, occasion the general climate of New Zealand to be marine, humid, and windy; warm in the north, which is nearest to the equator, and cold in the south, which is nearest to the Antarctic Pole. The mountain ranges are distributed over the surface of the North Island irregularly; but in the Middle Island form a back-bone, as it were, close to the West coast. The highest mountain in the North Island is Ruapehu (8,878 ft.) near the centre, and the highest in the Middle Island is Mount Cook, near the centre of the range of Southern Alps, 13,000 feet, surrounded by snow-crowned mountains of from 9,000 to 10,000 ft. There is, then, a difference in the arrangement of plain, plateau, and mountain, and therefore of rainfall and wind, between the two chief islands.

In the North Island the seasons are two only—a summer or "hot season," which extends from November

to April inclusive, and tapers off into the "rainy season," which is called "winter." In the middle of the Colony (Zone II.) the four seasons blend into each other; but in the southern part (Zone III.) spring, summer, autumn and winter can be better distinguished, though not so clearly as in England. Each season of the year is more constant in its duration and uniform in its weather than in our own country.

The barometric range for the whole year is only a fraction over 2° Fahr., on the average of many years' observations.

Throughout the greater part of the North Island the climate is so mild, allowing for the winds—for *de gustibus non est disputandum*—that a healthy man can safely sleep out of doors during two-thirds of the year, protected merely by a blanket and mackintosh.

The clearness of the atmosphere a few hundred feet above the land's surface, the constant sunshine even in winter, and the rapid evaporation of moisture from the soil, greatly reduce the risk of taking cold from a wetting. Hence we can understand how the tourist from Europe, not specially hardened by Alpine mountaineering, can safely undergo hardships and exposure to cold and wet in climbing mountains in New Zealand, a tithe of which would have disabled him in Europe. For, though the weather is subject to sudden and sharp fluctuations, it is free from great extremes, there being only about 23° difference between the mean average temperatures of the warmest and of the coldest months of the year.

The Southern hemisphere being colder at these latitudes than the Northern, the climate of North New Zealand is cooler than the country corresponding to it in the Old World, which is Northern Africa; while the South, or Stewart's Island, having its shores washed by Antarctic current, is colder all the year round than the west coast of France at the level of La Rochelle, which is warmed by the Gulf Stream.

The three chief elements of meteorology which go to form a climate are—I. Temperature. II. Rainfall and humidity. III. Winds. It is necessary to dwell upon these in some little detail.

I.—TEMPERATURE.

The observations of sixteen years ending 1884 showed that the mean temperature of the entire North Island was for the spring months, 56.4° ; summer, 65.4° ; autumn, 56.8° ; winter, 50° . The mean temperature for the whole year was 57° , the same as that of the cities of Rome, Montpellier, and Milan.

Auckland, one of the two chief cities of the North Island, situated on nearly the same parallel as Melbourne, Adelaide and Buenos Ayres, has a more equable climate than any of those places.

The mean temperature of the Middle Island for the seasons are: Spring, 52.9° summer, 61.5° ; autumn, 54.6° ; winter, 44.9° ; and for the whole year 52° , which is a little higher than that of London, viz., 50° , and of New York, viz., 51.7° .

Thanks to the Gulf Stream, Jersey, in the Channel Islands, though lying further north in latitude, has the same average annual temperature as that of the Middle Island.

Throughout New Zealand the night temperature is on an average 12° colder than the mean day temperature.

The mean annual temperature of the towns in the Colony has been noticed to be lower than that of towns in corresponding Northern latitudes in Europe, but higher than that of towns in America on the same parallels.

The climate on the west coast of both islands is more equable than on the east (and is more moist also), there being, for instance, 18° greater range of temperature at Christchurch on the east than at Hokitika on the west of the Middle Island throughout the whole year; the yearly range being 63° and 45.9° respectively. This is very perceptible to residents in each of these places, though escaping the notice of the visitor passing through. But the invalid must be informed that *per contra*, five times as much rain falls upon the west coast of this island as upon the east, thus rendering that more equable district undesirable for health-seekers, because of its excessive moisture.

The average winter temperature* of the north part of

* This temperature is a degree warmer than the average October temperature at Bournemouth (1861-84), and at Brighton (1871-84).

the North Zealand is 53°, which is 11° higher than that of the warmest of our wintering places—Llandudno, 42°; Torquay, 41°; and Penzance, 44°. The clearness and purity of the atmosphere, its freedom from fog, mist and smoke greatly enhance the power of the sun's rays in the winter season.

II.—RAINFALL AND HUMIDITY.

To the sufferer from any pulmonary disease, perhaps the most important element in a climate is its dryness or humidity. The chief distinguishing feature between all the Australian climates and the climatic zones of New Zealand is the excessive dryness of the former, owing to the hot winds of the interior, and the plentiful rainfall and well-watered condition of the latter. In New Zealand, drought, which in Australia is of annual occurrence, is unknown. Not a month passes, even in the warmest summer, without rain. It is stated that no inhabited spot in the whole Colony is more than ten miles from a river, stream, or spring of good fresh water. The towns and villages are well supplied with water of fair purity. Taking the year 1888 as an example, the latest official figures from the five principal meteorological stations are these:—

Station.	Total Rainfall for Year.	Rainy Days.	Humidity. Saturation=100	Gales or High Winds on	Mean Temp.
Auckland	34.6	174	73 %	26 days	57.5
Rotorua	40.1	126	68 %	4 "	52.6
Wellington	41.0	186	77 %	106 "	54.4
Christchurch (Lin- coln)	29.1	128	69 %	27 "	51.6
Dunedin	48.3	157	75 %	19 "	49.7

Average humidity of the five stations—72.4.

During this year I find recorded three earthquakes at Rotorua; three at Dunedin; eleven at Christchurch; sixteen at Wellington; and *none* at Auckland.

There were no foggy days whatever at Rotorua; only one at Auckland; and but five at Dunedin; seven at Wellington; and nineteen at Christchurch.

Now, as the average humidity of the English health-resorts is, from several years' observations, 81 per cent.

for the year—varying from 78.8 at Llandudno up to 87.8 at Osborne, Isle of Wight—and as the average humidity of the colonised part of South Africa is, according to Dr. Fuller,* 60 per cent., I place New Zealand, as a whole, intermediate between England and South Africa as regards humidity. But local topography makes very great differences in this respect. For a long series of years (eighteen) the average annual rainfall at Christchurch was only 25 inches, which was just that of Nice; and which contrasted very strongly with the rainfall recorded of Hokitika on nearly the same parallel of latitude, on the west coast, namely 112 inches. This large amount exceeds that of Bergen, in Norway, which is said to be the wettest town in Europe, namely 80 inches. (I visited Bergen in August, 1889, and can well believe this to be a fact.) We should, then, seek to know something of the meteorological peculiarities of any particular town or district in New Zealand before we can safely advise or permit a chest invalid to take up his residence there. That which attracts the farmer and grazier is often most prejudicial to the *poitrine*.

III.—WINDS, STORMS, ETC.

The wind is the most constant and most notable feature of the New Zealand weather. The stranger who lands at the capital of the colony when what is facetiously termed “a Wellington zephyr” is in full swing, will not see a lady pedestrian in all the streets; will see good-sized pebbles blown about; and must exert all the co-ordinating power of his cerebellum to keep his balance. It is said that you can always tell a Wellington resident from any other New Zealander by his instinctive habit of putting up his hand to his hat at every street corner, no matter where he is! This city has a splendid deep-water harbour, into which, or out of which, rude Boreas sometimes prevents large steamers from entering or issuing. In most parts of the Colony a calm day is the exception, not the rule. But the winds, which are generally from one of the three points of the compass—N.E., accompanied with warm mist and soft drizzle or rain; S.W., dry, cold; and S., accompanied by heavy rain, sometimes hail,

* *South Africa as a Health Resort.* 1886. (W. B. Whittingham, London).

and in the extreme south with snow occasionally—these winds, I say, form one of the healthiest features of the climate, for they are, as with us in Liverpool, the most efficient scavengers of the towns. The New Zealand towns are not kept in the best sanitary condition possible, owing to the use of earth closets, insufficiently supplied with earth and too seldom attended to, and the want of good water closets. Though water is plentiful, the house supply in towns is costly, compared with ours.

New Zealand is happily free from hot winds, dust storms, whirlwinds, cyclones, blizzards, and has only an average of six or eight thunderstorms in the year. Those invalids who have experienced a Sydney "brick fielder" or a Melbourne "Southerly burster" or the terrific thunderstorms of the Veldt, in South Africa, will appreciate these advantages of the New Zealand climate more particularly.

Probably from the constant atmospheric movement there is a corresponding activity excited in the human circulation, and in the brain and nerves, which enlivens even the most lethargic and lymphatic of new comers to the colony.

It has been noticed that, children born in New Zealand, of British or foreign parents, are more precocious, more nervous, restless, daring, and excitable than their brothers and sisters born in the parents' country; and that when they grow up these characteristics strongly develop, especially their abounding *energy*. When the British visitor sees the wonderful developments of this young country's resources, and in the towns music, art, science and literature carried up to the highest level of *fin de siècle* culture, he cannot but feel proud of his race when he reflects that all this is the outcome of a mere half million of people—the population of one of our large cities.*

THE FOUR CLIMATIC ZONES OF NEW ZEALAND.

In a chain of large islands which together have an area of 104,000 square miles, and extend so as to cover a space of latitude equal to that of Central and Southern France, Italy, the Mediterranean, and part of Northern Africa (were it placed in Europe), we may expect, and we do

*632,352 by this year's census, to be exact.

find, several climates, distinct in their effects on the human frame, but shading into one another from a meteorological stand-point.

I have been the first to study out the actual Climatic Zones of New Zealand; and am both surprised and pleased to see that no destructive criticism has been inflicted upon my segregation of the Zones by such acute censors as those of the *Athenæum*, *British Medical Journal*, *Lancet*, and *Edinburgh Medical Journal*. The divisions I have adopted are marked in black lines upon the hand-maps. (That of Zone IV, however, is drawn inaccurately, and made too thin by the printer.)

When you thoroughly explore New Zealand you find that, just as the scenery of the North Island reminds you of Greece and of Southern Italy, and that of the Middle Island and South Island of Switzerland and Norway, so there are various climates recalling those of Algeria, Italy, the Riviera, the South of France, the Channel Islands, and the South of England. Therefore my division is a natural one.

NO. I CLIMATIC ZONE.

This Zone extends from the North Cape of the North Island, southwards to Napier on the east and Patea on the west coast. It has a deliciously soft warm climate, with a mean summer temperature of $66\frac{1}{2}^{\circ}$, and a winter mean temperature of 53° . Frosts occur only at night, in the sheltered valleys of the inland districts. At Whangarei and other places, guavas, bananas, oranges, citrons, lemons, and the largest grapes I ever saw grown without artificial heat, ripen freely. Although within the influence of the sub-tropical rainfall, the warm nor'easter, bringing in what is called "muggy" weather, lasts only two or three days, and is succeeded by bracing, clear, dry weather. It is difficult to write tame prose as I recall to mind the balmy softness and sweet purity of the air of this climate, so like that of Greece.

The principal towns resorted to by invalids, who naturally seek society and not the isolation of country farms, are, from north to south—the Bay of Islands, a verdure-clad Gulf of Sorrento; Whangarei, built partly on limestone formation, where the orange and citron-groves and vineyards, amid fine volcanic scenery, form a pleasing *entourage*; Waiwera, the best sea-side resort in the

Colony, twenty-six miles north of Auckland, where the attractions of hot springs, forest, mountain, river and sea-bathing are all combined; Auckland, of which more presently; Tauranga, a miniature edition of the Bay of Naples or of Santa Cruz in Teneriffe; Napier, the driest sea-port in the Colony, built partly on limestone hills; and New Plymouth, on the West Coast, the most bracing of all these places.

Auckland, the capital of a large province containing 150,000 inhabitants, which has been variously named the "Naples," or the "Corinth" of New Zealand, has a most genial climate, the winter mean temperature, taking in nights and days, being from 52° to 57° . Frost does not visit the city at all during an ordinary winter, but outside, there may be in June or July about 4° or 5° , just enough to make a very thin sheet of ice, which melts by noon. House fires are started towards the end of May, and discontinued early in September. We called it "very cold" when the thermometer stood at 40° Fahr. In summer, the thermometer stood generally about 75° to 77° at 2 p.m., the hour which I found by my observations for some years was the hottest of the day. Everyone complained of the heat if it went up to 85° . Sun helmets are much worn there. But how trifling a summer heat, compared with the 110° in the shade of Sydney and Adelaide, or the 90° and 100° of New York! When, however, the N.E. wind blew, even this moderate heat was felt relaxing. This Zone, generally, is well suited for patients suffering from chronic ulcerations of the throat (except tuberculosis of the larynx), chronic bronchitis, chronic bronchitic asthma, chronic pneumonic phthisis, chronic rheumatism, and organic heart disease. Even cases of genuine tuberculosis may be safely recommended to Tauranga, which is a small sea-port on the E. coast, situated on a dry, light soil of pumiceous sand and gravel, well sheltered from wind; or to Napier, where there is a rainfall of only 37 in., or less, and very good society. In the height of summer the invalid can move from Tauranga up to Rotorua, 950 ft. above the sea, or from Napier to the country hotel of Kuripapanga at a still higher elevation. The mean annual temperature of Napier is 58° , and it stands high for the climatic cure of phthisis in the estimation of the New Zealand medical profession. It is singular that at New Plymouth, on the

opposite side of the island, half as much rain again falls as at Napier (namely, 58 inches), and that this otherwise healthy sea-port is quite contra-indicated for both phthisis and bronchitis.

Inland there is the Thermal health-resort of Te Aroha, in the Thames Valley, 126 miles S.E. of Auckland by rail, where there are valuable sulphur and soda springs, which are stronger than those of Waiwera, and weaker than those of Rotorua. I shall not take up your time by any detail concerning these or the other Thermal springs, having described them fully in my book.

There is a great variety of choice in this Zone for the residence, temporary or permanent, of the invalid. Each place I have named being well supplied with competent medical men, the invalid who has selected that place will consult the resident doctor of course, for all additional information.

Though the general effects of the climate of Zone I. is, after some years, enervating to a healthy yet nervous man, requiring him to take a sea voyage, or move further south, yet to nearly all *poitrinaires* it is a grateful and beneficent region, and there are many men and women living there now, healthy and vigorous, who, according to their Home physicians, ought to have died long ago! For chronic liver disease and for chronic neuralgia, which is aggravated at the sea-side, this Zone is not suitable.

NO. II. CLIMATIC ZONE

extends from the southern boundary of No. I., in lat. $39^{\circ} 30'$, southwards across Cook's Straits to the parallel of 43° , which crosses the Middle Island from the Hurunui River on the east to the mining town of Hokitika on the west. This Zone offers a colder and more variable climate than No. I., and is better suited for a healthy emigrant than for an invalid. Persons, however, who suffer from lax cutaneous action, from torpidity of liver; or irregular action of kidneys; and those who are acutely sensitive to prolonged hot weather, will find residence at Palmerston North, Wanganui, or even Wellington, with its wind and earthquakes, more agreeable than in the warmer North. It is easier also for healthy persons to work hard, mentally or manually, in Wellington than in Auckland. In this Zone frosts

occur nightly, all through the winter, but they are neither severe nor long lasting.

Crossing the Straits, we find at Nelson, the "Garden of New Zealand," a climate rather too warm for the consumptive in summer, but a very mild and suitable winter climate.

The little port of Picton, at the head of Queen Charlotte Sound, is a charming sea-side resort all the year round, and ought to be more frequented than it is. Tophouse, 50 miles inland from Nelson, though the hotel is a primitive one, affords an Alpine summer resort at an elevation of 3,000 ft. above the sea. This whole Zone is very mountainous, windy, and liable to earthquakes, of a slight kind, but not pleasant to the nerves of invalids. But I do not know in the whole of New Zealand a more delightful place wherein to end one's days than Nelson, whether for quiet scenery, climate, society, or intellectual resources.

(To be continued.)

THE EAR AND SCALP; THEIR SYMPATHIES.

By ROBERT T. COOPER, M.A., M.D.

ON the 16th of last July a gentleman, aged about fifty, whose ears I have been in the habit of syringing from time to time for the last ten years, came to me with the left ear plugged up apparently with cerumen, and the entire scalp covered with eczematous eruption. The top of the head especially was covered in a crust in which was matted the scanty supply of hair that remained to him. If he scratched his head there was a great deal of irritation, but not otherwise.

It was evident the case was one of seborrhœa of the scalp, and such being the case, when interrogated by him as to the cause, the reply I at once gave was: "You have in all probability been using vaseline;" and it turned out precisely as expected.

This is about the fourth time I have seen seborrhœa of the scalp produced by vaseline, and have also seen the same consequence from a petroleum ointment, used for the purpose of promoting the growth of the hair.

The great importance of this case, however, arises from the evidence it supplies of a simultaneous stimula-

tion of the sebaceous glands of the scalp and of the (left) aural meatus.

It is such a common thing to find one or both ears blocked with cerumen without any visible alteration in the state of the scalp or of the surface of the skin of the face or neck, that in the presence of neighbouring exanthems any deductions as to their causal or sympathetic relationships would be at most very uncertain.

But in the above case we have as strong evidence as it is possible to imagine that the ear and scalp affection were but parts of a whole, and that the ear in becoming blocked was but thrown into precisely the same pathological condition as the scalp. And my reason for saying so is this: I had seen this gentleman in the middle of the previous December, and had then cleared out the comparatively small amount of cerumen in his ears, and now he presented himself after the lapse of seven months with one ear—the left—completely blocked.

Now as I had had the opportunity of watching this gentleman for over ten years, and as his ears had never required syringing oftener than at two years interval, and even then for but small quantities of cerumen, the conclusion is perfectly justifiable that there was in operation an unusual cause stimulating the meatal sebaceous, *i.e.*, the ceruminous, glands.

This case therefore ought in my opinion to mark an epoch in the etiology and therapeusis of ear disease. For it proves what I myself, Dr. Galley Blackley, and, I have no doubt whatever, a great many others, have from time to time suspected, that a great sympathy exists between the cutaneous surface of the scalp and that of the aural meatuses, and consequently of the middle ears.

A patient I lately saw suffering from fronto-occipital headache, alternating with severe occipital prurigo, and whose hearing is at other times perfect, gets an almost complete deafness of both ears while the intense itching of the scalp and nape of the neck lasts.

It would appear that petroleum or its presumable derivative vaseline (potentized) ought to be a corrective of undue disposition to ceruminous impaction, when of course this is not due to structural imperfections.

But the grand lesson from such a case is to pay very close attention to the condition of the scalp, and of

the state of the skin of neck, and of the face when considering the possible causes of imperfect hearing.

It is well known that the mere fact of wearing a nightcap will often arrest the progressive enfeeblement of hearing in those advancing in life; and it is very common to find cases of deafness where the slightest breath of cold wind blowing upon the head will most painfully deafen the patient. Again there is no more certain way of acquiring deafness than sitting in a drafty office where every current of air is felt to chill a scalp rendered additionally sensitive, from its being perhaps devoid of its natural covering.

There is no doubt that much of the increase of deafness is due to the substitution of spirituous and watery preparations for oleaginous ones as habitual applications to the head.

A little olive oil, or beef or mutton suet pomade, or perhaps a lanolin preparation is very much to be preferred to the quinine and cantharidine preparations so much in vogue, but so dangerous in every way to the maintenance of the healthy functions of the surrounding important organs.

RHEUMATIC FEVER WITH EXTREME HYPERPYREXIA.

By JOHN D. HAYWARD, M.D., Lond.

CASES of hyperpyrexia are not so common but that a short account of one which has just occurred may prove of interest. The inevitably fatal result of this complication is announced in the reference books of medicine; and I am unaware of any record of the recovery of well-marked cases under homœopathic treatment, though I have heard of several which have succumbed. The resemblance to sunstroke and narcotic poisoning, and the profound affection of the central nervous system and its heat-regulating control are well marked in the following case.

Mrs. C., a stout lady, aged 38, of active habits and general good health, sent for me on the morning of August the 17th of this year, complaining of feeling unwell and of pain in one finger and one knee.

Previous history: The patient is one of a numerous family, most of the members of which have in childhood shown signs of tabes mesenterica and other symptoms of the strumous diathesis; she is the mother of several children, who have been affected with caseating cervical glands, carious fingers and maxillæ, ozæna and similar troubles, one son being a helpless imbecile; she has never had rheumatism, nor have any members of the family, except an uncle who is reported to have died of rheumatic fever with cerebral complications. Mrs. C. has been under observation for many years, and has had no serious illness; but she has become very stout, although active, and the manageress of a very large concern; she has been rather breathless on exertion, and the heart sounds were weak but otherwise healthy; she has been troubled with indigestion, and has been a large eater, especially of animal food.

Present illness: The history of the present attack at first pointed to a septicæmic origin, and indeed it is even now possible that a blood-poisoning taint was present. The patient had, more than a week ago, been visiting and syringing a relative, who had recently been confined, and who had very offensive lochia; this woman had been dangerously ill, with what I am informed had been certified as puerperal fever. Mrs. C. was menstruating at the time. In addition to this, there is a history of exposure to damp and cold while perspiring, about a week previous to the present attack. For two days, before my first visit, patient had felt poorly and shivering, and said she had caught cold.

Present state: Patient was in bed complaining of pain in the right second finger and in the tendons at the back of the left knee. The finger was swollen and very tender, it resembled the early stage of a whitlow; the middle joint was the most painful, and no solution of the continuity of the skin could be perceived. The knee was not hot, red nor swollen, but was acutely sensitive to touch and movement, the patient became hysterical on attempts being made to examine it. Patient was excitable and herself volunteered the blood poisoning theory. Temperature 99.6°. Knee and finger fomented, and *rhus. tox.* prescribed, the painful condition being worse in bed and relieved by voluntary movement.

On visiting the patient in the afternoon of the same day, she was found screaming with attacks of cramps in the legs [she was rather subject to cramps]. These cramps were better when she sat up in an arm chair, and this she insisted on doing; they remained severe until next day, when they gradually became less frequent and severe, but occasionally occurred for two days more. *Camphor* and a dose or two of *cup. sulph.* were administered and then the *rh.* continued.

August 18th.—Patient better, temperature 99°, cramps less severe; finger and knee less painful. She had not slept much, but seemed progressing favourably. Bowels opened by enema.

Dr. J. W. Hayward saw the case with me in consultation at this and several subsequent visits; he recommended *crotalus* alternately with the *rh.*

August 19th.—Restless night, temperature 99.6°. The other knee and both ankles were now painful and very tender; but not red or hot, and not much swollen; patient took food and drink readily, indeed all through the illness she took food well and often complained of not getting enough to eat and drink, although taking a fair amount. *Rhus* and *crotalus* continued, with a dose of *hyoscyamus* at night.

August 20th.—The case now resembled ordinary rheumatic fever; the ankles, knees, wrists and the right shoulder being affected; the wrists and ankles were swollen, and all the joints were painful to touch or movement. Temperature 101°. Continue *rh.* and *cro.*

August 21st.—Temperature 100.6°. Slight dry cough; no pleurisy or pneumonia to be detected. *Bryonia* given. Evening temperature 102°. *Verat. vir.* and *bryon.*

August 22nd.—Temperature 101.4°. *Bryon.*

August 23rd.—Mrs. C. very much better, joints only slightly painful or swollen; she could move herself and lie on her side and could sit up for examination; she expressed herself as feeling cheerful, well and hungry. Temperature 100°, pulse 90. No headache. Continue *bryonia*.

The heart had been carefully examined at each visit and, although weak, was apparently unaffected. The urine could never be obtained owing to the patient having defective control over the bladder, and to her being so heavy and so sensitive to movement that the

bed-pan could not be used. The urine and motions were passed into napkins. Patient was menstruating [before usual period].

On the evening of this day [23rd August], patient rapidly became worse, and on my being summoned to her, the temperature was found to be 104.6, pulse 108, and breathing 36. Patient had become rather drowsy, and the pupils contracted. The cardiac region was rather tender, and a soft mitral systolic murmur was present. Patient, for the first time, appeared dangerously ill, and a serious prognosis was given. *Spigelia* was administered.

August 24th.—The heart sounds were improved, but the drowsiness had increased. Through the night she had rambled and dozed at intervals; she could be roused, but did not recognise nor remember well. Pupils contracted, react slowly to light, no pain or headache. Temperature 105.4°.

The cardiac region had been poulticed and the legs and joints wrapped in flannels wrung out in mustard and hot water. In the afternoon, temperature being still 105°, a wet pack was applied; during its use she became much more sensible, looked better and brighter, and the temperature fell to 103.6°. Soon afterwards she relapsed, and the temperature was again 105°. Later another wet pack was employed, but she became more comatose, and after its removal the temperature was found to be over 105°. Mrs. C. gradually became still more comatose and the breathing more laboured. Urine and loose motions passed involuntarily. A cold bath was not readily available even if the condition of the patient had rendered its employment possible. The skin was always dry and hot, even after the packs. There was sensitiveness to noise, but not to light. At no time was there pain or tenderness over the abdomen or on breathing. Since the morning, *pulsatilla* had been given at short intervals on Dr. J. W. Hayward's suggestion.

At 10 p.m. the temperature was 105.8°. At 1 a.m. (August 25th) it was 107°. Dr. Gordon saw the patient, and *apis* was administered for a few doses. At 2 a.m. the temperature was 108.6°, and just before death, at 3.30 a.m., the thermometer registered 111.4° Fahr. after one minute in the axilla. The temperature was probably even higher than this, and it certainly felt so

to the touch, half-an-hour after death; but as neither of my own clinical thermometers, nor those of the nurses, registered above $111\frac{1}{2}^{\circ}$, this could not be ascertained. The temperature under the arm was taken with several different thermometers, and in one of my own the mercury was driven to the extreme top of the capillary tube.

The case is probably one of rheumatic fever, endocarditis, meningitis, and hyperpyrexia. It is of interest on account of the early resemblance to septicæmia, and of the height to which the pyrexia rose. *Note*:—Of possible interest is the following fact. The present reporter having visited Mrs. C. twice on August 17th, on the morning of the 18th his wife, who had been confined twelve days before and had not had a bad symptom, suddenly began shivering, and the temperature was found to be 103° ; in the afternoon it rose to 105.6° ; on the 19th it was 102° in the morning, and rose to 104.8° in the afternoon; next morning it was normal, but rose to 104° in the afternoon, gradually declining to the normal during the next day. Her pulse was between 120 and 160. No symptoms except fainting, headache, and weakness were present. She soon recovered. But from what?

Liverpool.

CAMPHOR IN URINARY DISEASES.

By JOSEPH THORNLEY, M.D.

The following notes of a few cases of urinary disease treated with *camphor* may be of interest to the general practitioner, to whom a medicine which experience has proved to be so sure and powerful is invaluable. In those cases in which strangury was the most prominent symptom, its action was like magic. In two of the cases the pain during, and for some time after micturition, was so violent that it was a source of terror to the patient. Yet, in a few hours, this condition was entirely removed by the aid of this drug.

CASE I.

This was a man aged 40 years. The history was that while on a railway journey he was seized with pain in the left lumbar region with vomiting following the attack

of pain, and with suppression of urine. The case was diagnosed as one of renal colic. The treatment consisted of hot fomentations applied over the region of the kidney and extending round the side and down the left groin. The pain in a few hours spread along the entire course of the ureter, and into the left testicle, which was retracted up beneath Poupart's ligament; this latter condition caused very violent pain, and the sickness was attributed mostly to this cause by the patient himself.

Medicinally I administered *calc. carb.* 30 every hours, and gave ice, which allayed the sickness and quenched the thirst. The hot fomentations gave almost instant relief to the very acute pain, and it was noted that even during the short interval while the flannels were being changed (although this was very short) was quite sufficient to cause the pain to return.

This treatment was continued until the paroxysm passed, which took place in about 24 hours. The urine, though now clear, was high coloured and was found to contain uric acid though not in great abundance.

The patient now remained apparently well for twenty-four hours, after which he had a return of all his previous symptoms, this attack lasting three days. The urine during this second attack contained greater quantities of uric acid than before. He now suffered from strangury, the pain lasting for some time after each act of micturition. For this I gave *camphor* ϕ 3 drops on sugar every three hours. Within an hour the pain was relieved, and in 24 hours had entirely gone and did not return.

CASE II.

A. B., a married woman, aged 30 years, sent for me to visit her at her home. She complained of violent pain after micturition, with constant desire to pass water, and a feeling that the whole of the urine had not come away, this caused her to have what she called "heavy bearing down pains" and straining to force more urine away. The pain she said was like a knife cutting her, and it was so severe that she was in great fear of the desire to urinate coming on. I ordered her to foment the parts with hot water, and I gave her *camphor* ϕ 3 drops on sugar every three hours.

Next day I saw her, she was very much improved. She got relief after taking the second dose of the

camphor, and had continued to improve ever since, the pain now after passing water was very slight, but it had not entirely gone. Continue the *camphor*. The following day the pain had gone altogether; I ordered her to continue the medicine three times a day for a few days longer. She had no return.

CASE III.

E. A., aged 40, a married woman, complained of having much pain in the region of left kidney and ureter, and bearing down scalding pain on passing water. I gave her *camphor* ϕ , three drops on sugar every four hours. Next day I saw her she was much improved, the strangury had entirely gone, and the pain in her side and back was very much better. She continued to improve from day to day until she was quite well.

Since the above cases, all of which were very acute, I have given *camphor* in many cases with charming results.

I gave these cases to show how great a weapon we have in our hands for combating this very painful disease, and also to point out the danger of neglecting a remedy which from its familiarity we are in such danger of ignoring.

Bolton.

CLINICAL CASES.

BY WILLIAM LAMB, M.B.

CASE I.

MRS. D. C. C., eight and a half months pregnant, complained of *obstinate constipation* all through her pregnancy, having to sit for an hour before she could extrude a few hard round balls. Gave *plumb.* 12 mij t. d. s. The next day after taking the medicine she had an easy, natural evacuation, and continued so up to time of labour. After labour the same medicine taken on the third day produced an easy evacuation next day. Nothing done except medicine. No dieting, etc. I gave the 12th dil. upon Dr. Ussher's strong advice not to go lower.

CASE II.

C. G., æt 9, was suffering from *neuralgia* (not tooth-ache, his teeth being all sound) of this peculiar character—that as regularly as the clock would strike 6 p.m. his pain came and continued until he fell asleep after tossing upon the bed exhausted. He would awake free of pain, go through the day without any intimation of his trouble, but as sure as 6 p.m. came, so surely the neuralgia returned. This was of nightly recurrence until I gave *cedron* 2, mij 2 hrs. This at once and permanently removed the affection. I believe malaria was at the bottom of this intermittent neuralgia, the boy having come from a malarious part of India. The “clock-like periodicity” directed me to the drug.

CASE III.

Mr. R. W. G. came to my house at 6 o'clock one evening suffering from *catarrhal ophthalmia*, with such profuse lachrymation that his handkerchief was put to his eye every few seconds. I prescribed *euphrasia* ϕ in fractional doses of a drop every two hours, and locally a lotion of *euphr.* ϕ 1 in 10. Next day he came to my house about 1 p.m. without any appearance of ophthalmia. This was truly magical.

CASE IV.

Mrs. P., blonde, suffered all through her pregnancy with most distressing heartburn, that made her life a misery. I gave *pulsatilla* 3x mij for a dose, and was pleased to learn when attending at her confinement, that “that water medicine” had removed her heartburn at once. As she was my patient previously in my allopathic practice, this exhibition of what homœopathy could do made her a complete believer in the new therapeutics.

CASE V.

Mrs. C., suffering from aponia so complete that only the lowest whisper was possible, was treated allopathically for six weeks without the slightest benefit. As it was catarrhal, I gave *causticum*, 3x mij 2 hs.; in a couple of days she was able to speak in her natural voice.

CASE VI.

Mrs. S., on being asked immediately after accouchement if she felt all right, said, "Yes, except for this throbbing toothache I have had for some days." *Bellad.* 30, mij relieved her in a few minutes, one dose.

CASE VII.

Mrs. L., over 60 years of age, sent for me, as she was suffering the intensest pain in the stomach, with obstinate vomiting, which was of the "coffee grounds" character. She had suffered for many years with acute exacerbations every now and then. She had consulted three of the best allopaths all of whom suspected "malignant disease" of the stomach. In her previous attack her allopathic physicians required to inject morphia for the pain, and seemed baffled to check the vomiting, one of them confessing he had exhausted his armamentarium. For the vomiting I gave *ipecac.* 1, mij every quarter of an hour at first, and then at longer intervals. They were truly astonished at the marvellous efficacy of the "drops." For the pain I gave *atrop. sulph.* from the 1st cent. to 3rd cent. trituration, 1 or 2 gr. doses every few hours. This so relieved the pain that there was no need of hypodermic injection of morphia. She got quite well, and has remained so, not having enjoyed such good health for a number of years. Diagnosis, ulcer of stomach.

Dunedin, New Zealand.

THE RECIPROCAL RELATIONS BETWEEN SURGERY AND HOMŒOPATHIC THERAPEUTICS AS EXEMPLIFIED IN PELVIC LESIONS.

By G. H. BURFORD, M.B.

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A HUNDRED years ago the only natural law of amplitude correlating drugs and diseases was enunciated as an induction. A hundred years of test and verification have determined the practical value of this law, and have raised it from the barren import of a historical

incident to what Goethe phrases as "des Leben's goldnen Baum." But no law of nature is dowered with finality or exclusiveness, no sweeping generalisation but has its limits and its complement: and the condition of our knowledge of truth is that such knowledge shall be progressive. As yet, however, no new therapeutic induction has been elaborated which bears any relation to homœopathy, such as, *e.g.*, that of the second law of motion to the first, or that of the survival of the fittest to the law of variation. It is legitimate to enquire therefore if in the homœopathic law we are to see the be-all and end-all of therapeutic science: whether in "similia" we have heard the final deliverance of therapeutics: or if in the evolution of knowledge we may expect yet more brilliant discoveries, yet more inspirations of genius, to fitly amplify the homœopathic law. How much this law needs supplement ere it can successfully displace sacrificial surgery, and in what degree surgery has been supplanted by therapeutics, are the lines of enquiry of the present paper.

MODERN SURGERY INDEPENDENTLY OF HOMŒOPATHY.

Any therapeutic scheme, whose aim it shall be to rival the work of surgery, must discover to us a power in the use of drugs, a celerity in operation and an amplitude in resource as yet conspicuously lacking. There is nothing in the promise or the potency of any known natural law, or any certified empirical procedure, which lends countenance to the statement that the sphere of therapeutics is conterminous with the sphere of surgical removal; or, differently phrased, that the therapeutics of the future will eliminate the sacrificial surgery of the present. For let us form a clear conception of the burdens this therapeutic Titan must adequately bear. It must remove with celerity and certainty the grave risks incident to tumour degeneration. (Case of strangulated ovarian cyst successfully operated on cited). It must devise an effective means for removing the dangers of suppurating masses when in contiguity with the peritoneum. (Case of intra-peritoneal abscess, where surgical interference was declined, and which was soon fatal, cited). The appalling results of extra-uterine gestation, with its immense and continuous hæmorrhage, must be obviated in some way without the use of the

ligature. The drenching hæmorrhages from polypi may be staid once and for all by the simplest surgical procedure, while therapeutics may be doing its ineffective best at a time when, for purposes of relief, the days are golden. The rapidly growing and fatally tending ovarian cyst is now often removed, with a safety of result and an ease of convalescence denied to any therapeutic treatment of any serious lesion. It is needless to detail for you the vogue of surgery in the removal of symptoms caused by impacted calculi of gall-bladder or kidney, in the treatment of ileus or volvulus, in the establishment of anastomosis of intestine in cases of obstruction, or in the surgical treatment, often alone quite successful, of tubercular peritonitis. If diagnosis be an unnecessary procedure, and symptomatology the only basis of successful treatment, the fact remains that before abdominal diagnosis was elaborated, or abdominal surgery hinted at, these serious lesions existed, and in spite of homœopathy slew annually their thousands and tens of thousands. In the palmy days of symptom-study, in the first fifty years of this century, homœopathy elaborated a recondite method for dealing with such cases. The totality of symptoms was to be the key of the situation. After fifty years of assiduous labour it became evident that homœopathy had done something, but not all that was hoped from it. It had relieved symptoms, it had deprived illness of many of its pangs, and death of some of its terrors; but it had not caused neoplasms to disappear, or recurrences to cease, or metastases to vanish in any appreciably greater ratio than before. Under these circumstances modern abdominal surgery was born. Its results you all know. And when, for non-infective lesions that are fatally tending, I compare the effects of removal with the only partial relief of symptoms by drugs, I am compelled to admit that in this field therapeutics have been signally wanting in the success that has attended the work of the great rival surgery.

THE INFLUENCE OF HOMŒOPATHY ON SURGICAL PROCEDURE.

We are concerned here with the question, What change has homœopathy effected in the relations of surgery and medicine? Has any notable re-distribution of cases

been effected, and the medical sphere enlarged by detachment from the surgeon's work?

Here certain preliminary considerations come in. The basis of exact science is the possibility of perpetual verification. As therapeutics is not an exact science, it is irrational therefore to expect invariably the same result from remedies chosen even in strict accordance with the law. Human life, and at present human therapeutics, are worked on the laws of probability and average. So *frequent* verification of results must suffice for us in the place of that *constant* verification required by exact science. But further, therapeutic successes of an occasional and infrequent type are not to be denied on account of their rarity. They may not be frequently repeated in even similar cases, but this only proves that the similarity was apparent, not real. Thus we may admit therapeutic results that can be frequently achieved, and those that can be but rarely repeated, if these latter are consistent with the canons of evidence.

There is scarcely a department of surgery where well-attested results in carefully diagnosed cases have not been obtained by competent observers. In the great mass of reported cures the diagnosis is open to serious objections, but I will adduce others to which no exception can be taken. Dr. Byres Moir has under his care a case of aortic aneurism, which has considerably lessened and finally ceased to trouble under *baryta carb.* The patient had elsewhere previously a prolonged hospital experience to no avail, and was steadily getting worse. A most gloomy prognosis had been given, but the steady improvement under drug treatment negatived the asserted imminence of dissolution.

Dr. Dudgeon has communicated to me a case of a lady suffering from persistent menorrhagia, and who had undergone operation for removal of ovaries and tubes in the hope of arresting the bleeding. But in vain; and preparation was being made for the severer operation of hysterectomy, when it was suggested that homœopathic treatment might be tried. *Apis* was the remedy selected, and a short course of this drug promptly staid the hæmorrhage, and that permanently.

In another case seen with Dr. Hall, at Surbiton, the results of treatment were quite as striking. With the

assistance of my friend Dr. Carfrae I opened the abdomen to remove a suppurating cyst. Everywhere the peritoneal cavity seemed obliterated by adhesions; no serous surfaces were to be seen; and the fingers separated sheet after sheet of false membrane, before even the cyst wall could be clearly made out. No intestines even were seen during the operation. In consequence of these universal adhesions, a small part of the basis of the cyst was left behind. *Hepar* was steadily given for months; and a year after the primary operation I again opened the abdomen to remove the remnant of cyst wall. A most striking change had occurred; the serous cavity had again become visible, every shred of membrane had disappeared, viscera were mobile, and all traces of the intense inflammatory storm had vanished. *Hepar* was the only medicine given for any length of time.

The cure of hæmorrhoids; the disappearance of fistula; the reduction of prolapsus ani and uteri; the closing of lachrymal sinuses, and many other conditions in minor surgery are to be found in literature as observed by competent men. But their relatively infrequent occurrence, as compared with intractable cases, removes these from the list of probable events. They cannot, even in cured cases, be prognosed with certainty; and this incertitude of result, together with the relative infrequency of the curable type, limits, and will always limit, the influence of homœopathy on surgery.

Some of these results can be secured with much greater frequency than others. While the arrest of aneurism, the restoration of infiltrated tongues to the *status quo*, and the cure of cystic bronchocele are rarely achieved, the disappearance of enlarged glands, the cure of varicosis, the absorption of hordeola and more rarely of meibomian cysts, and the vanishing of young and succulent fibromata come within the range of frequently repeated successes.

And in the after treatment of operations, these remedies have a brilliant sphere. I ascribe much of our success in abdominal sections in hospital and private work to my uniform practice of prescribing *bell.* and *merc. cor.* during the critical period, the first four days; a plan I have never had reason to alter.

ON THE NECESSARY LIMITS OF THERAPEUTICS IN THE
TREATMENT OF LESIONS STYLED SURGICAL.

Although an operating surgeon, accustomed to deal with the gravest issues of life and death in cases where therapeutics have failed, I confess I should regard with feelings of the liveliest apprehension any stagnation of therapeutic interest, or any paralysis of therapeutic effort in the direction of therapeutic sufficiency. To regard therapeutics as all-sufficient for the cure of cancer, for the removal of tumours, for the absorption of calculi or the removal of remnants of inflammation, is a position neither warranted by experience nor justified by *a priori* deduction. If the theory of therapeutic exclusiveness be a counsel of perfection, it must be remembered that only stimulated by such an ideal conception have the advances of therapeutics been made. To the stimulus of this idea we owe the law of similia itself; with all its train of results in limiting inflammations, retarding suppuration, eliminating diatheses and alleviating symptoms. Says a distinguished living neurologist: "Only by such a working hypothesis have facts been won from darkness to light, and the realm of knowledge widened, and usefulness increased." And if we failed in renewed research and experiment in the force and sphere of drugs, we should have the insistent voice of human appeal and public sentiment, which, stimulated by surgical triumphs, calls on therapeutists to justify their existence and extend their usefulness by similar brilliant successes.

Let us examine with scientific care the issues of experience as defining time and place for the physician and surgeon respectively; and finally let us consider the scientific basis on which therapeutics is founded, and the necessary limitations which they, as natural laws, possess.

In the *issues of experience* as regards the therapeutic treatment of surgical lesions, we will consider well attested facts only, available as scientific evidence. To save time, I will adduce only three, of whose verity I have personally assured myself.

CASE I.

I saw in the country a few weeks back, a middle-aged lady suffering from an ulcerating scirrhus of the breast, and which had been some years in existence. In six of

these years, however, it had been prevented from spreading, the discharge almost banished, and the pain reduced to nil, by the local and internal use of *arsenic* and *hydrastis*. She was a woman in authority, with many servants under her, "none of whom," said she, "have the least idea that there is anything amiss with me."

CASE II.

I was called in consultation some time ago to see a lady with obscure abdominal symptoms. She had previously been treated for cancer of the breast, evidence of which existed in the fact that the lung of the same side was infected. But of the earlier lesion scarcely a trace remained. The axillary glands had disappeared, the swelling of the arm had gone down, the pain had ceased, and the breast itself had returned to its normal size and density. It is true that the lung was infected; it is also true that during the time the patient was under treatment, the mammary lesion had thus been controlled.

CASE III.

A lady, æt 50, seen in consultation with Dr. Dyce Brown. Here there was a huge abdominal swelling, with history of recent peritonitis, the base of the left lung dull, aphthæ in the mouth, pulse 120, and some constipation. In view of the abdominal deposit and tumefaction, a diagnosis of exciting cause was deferred, although pretty well surmised. After a series of cardiac and gastric crises, the patient recovered sufficiently to leave her bed, to walk about the room, to sleep well, to enjoy her food, and to have absolutely no pain. The abdominal tumour now being more defined, exploratory section was made, and the existence of sarcoma placed beyond question. This was at a time when the most surprising advances had been made in general bodily condition.

The existence of these results proves merely that, in the adduced cases, disappearance or limitation of lesion followed the use of certain therapeutic measures. So, as a single exception is fatal to an induction, we cannot accept as a scientific fact that lesions carefully diagnosed as malignant are universally outside the pale of drug influence. But from the rarity of this occurrence we

may establish the generalisation that malignant lesions, removable by drug influence, belong to a type rare in its occurrence, but possessing no differential symptomatology from those which are incurable.

These results obtain attestation in a new and most interesting manner. We are indebted to the most enterprising surgeon of the day for the following facts:—

“I have seen,” says he, “a myoma disappear after an abdominal section intended for its removal, where nothing was done except handling the tumour, with the result of deciding that it was immovable. This experience has been recently confirmed abroad, where, in Vienna, a case of myofibroma of the uterus was shown under the following circumstances:—The existence of the tumour being known, a laparotomy was performed, and a large solid tumour found, as large as a man’s head, solid and quite immovable. As operation was futile under such conditions, the abdomen was closed. When the patient was examined fourteen days later, they were astonished to find the tumour shrunk to half its former size, being no larger than a child’s head, and it had also become movable. The tumour continued to lessen in size until finally it became no larger than a man’s fist.”

“I know,” says Tait, “of several cases in my own practice where such disappearances have been completely effected; unfortunately I know of a much larger number where no such result has been obtained.”

Tait relates another case where a cholecystotomy, an operation not involving parts anywhere near the uterus, resulted in the diminution to one third of a large fibroid reaching nearly to the umbilicus.

I have recently watched, with Dr. Madden, a case where simple exploratory incision was sufficient to terminate a series of hectic symptoms, and at the same time to cause to vanish a large pelvic effusion, the *fons et origo mali*. And Dr. Madden further informs me of a case seen some years ago with Lawson Tait, where cancer of the gall duct, a condition precluding anything but exploratory section, had, some time after, quite vanished, and defied the gloomy prognosis given after operation.

ON THE SCIENTIFIC BASIS OF THERAPEUTICS AND THEIR
LIMITATIONS AS NATURAL LAWS.

In one of Herbert Spencer's most philosophical works is the following striking paragraph, which may fitly be transposed as the cry of the therapist: "Give us a guide," cry men to the philosopher. "We would escape from these difficulties in which we are entangled. A better state is ever present to our imaginations, and we yearn after it, but our efforts to realise it are fruitless. We are weary of perpetual failures; tell us by what rule we may attain success."

Gentlemen, I must here reiterate my assertion that the law of similia is the only natural law of amplitude hitherto enunciated in therapeutics; and that like all other natural laws it has its limits and conditions. The essential condition of its operation is that the symptoms of the disease shall be exactly paralleled by the symptoms produced by the drug. Were these conditions exactly and thoroughly in harmony, it logically follows that the drug would always cure. Pushing the hypothesis a little closer, the greater the similarity the nearer the approach to identity; and recent experimental observations bear out the validity of this view. Koch's tuberculin, or as potentised by Burnett, is a sample; but the most striking parallel is furnished by spectrum analysis. Thus the D lines in the spectrum, in place of appearing as yellow bands, are simply exactly neutralised and blotted out when the rays from sodium vapour traverse another mass of sodium vapour, detached, but exactly similar, to the first.

Among the limitations of therapeutics, the first is that conditioned by the necessity for the drug and disease action to be as similar in manifestation as possible; and this necessarily implies that the forces which express themselves as bodily symptoms shall be similar, even to identity. But we cannot know bodily forces except by their manifestations, their intimate nature we can never know. As homœopathy thus resolves itself into a similarity of forces, and as we can only know these forces by their expression as symptoms, we often find that two drugs or two diseases will produce symptom-series nearly exactly similar, but of widely differing real nature. See, for example, the mimicry of symptoms due

to tissue degeneration by those resulting from functional neurosis. Until we can be assured then not only of the exact harmony in symptoms, but also of the harmony in nature, of drug and disease forces, our application of the law must often be erroneous.

The next limitation is due to the variations in the law of correspondence correlating disease symptoms and drug provings. The similarity between the effects of certain drugs and the symptoms of certain diseases almost approaches identity; examples of which we see in *arsenic* and some forms of cholera, and *belladonna* and some forms of scarlatina. But from exact parallels such as these the variations increase, till at length we have collated many drug provings not corresponding in their entirety to disease, and very many disease effects not paralleled by drugs. We know no drugs nor combinations of drugs that have as their effects such common lesions as fibroid of the uterus, cyst of the ovary, scirrhus of the breast, or sarcoma of the kidney capsule. It is not legitimate to found homœopathic practice on the statement that if the provings were carried sufficiently far, these results would ensue; for here we leave the safe ground of proven result for the uncertainty of speculation. A proven and a re-producible parallel between disease symptoms and drug provings is the scientific basis of homœopathy; but the moment we leave this safe ground we venture into regions beyond the homœopathic law and outside its sanction. In some instances a limited analogy has been established. I need not recapitulate Mr. Knox Shaw's erudite demonstration of this morning, or Hutchinson's discovery of arsenically produced epithelioma, or Berry's demonstration of the magnesic and calcareous antecedents of bronchocele. These are scientific facts, and justify drug exhibition; but expectation from analogy does not carry with it the necessary warrant of homœopathic similarity. I do not say that it is not within the sphere of chemical bodies to eventuate in these lesions, on the contrary, I think it highly probable, but, as yet, because we lack the provings, we are in exactly the same empirical mist as the old school; and our results in the treatment of neoplasms are little better.

The third limitation of therapeutic effect arises from the oft forgotten fact that we cannot transcend nature.

When we introduce drugs into the organism we carry therewith no new force which, permeating the organism, cures in its integrity; but forms of force which act upon pre-existing bodily energy through the medium of molecular transformation. And the effects of our drug are simply different combinations of vital energy, limited by the possibilities of the tissues. Thus we cannot produce absorption where there are no lymphatics, nor hypertrophy in encapsuled masses with no blood supply, nor co-ordination in tumours where there are no nerves, nor reproduction of organs or limbs that have been removed.

Curative processes must always be conditioned by certain physiological constants; and to determine if a given lesion is within or without the pale of possible physiological recovery is the province of the physician, varying from age to age as new successes are recorded.

Gentlemen, I will conclude by advancing a series of general propositions, all of which are capable of demonstration.

1. Neoplasms, both benign and malignant, have been observed to disappear under certain conditions.

2. This result is relatively rare; and cannot in any given case be with certainty prognosed.

3. The absence of tumour formation in drug provings is a serious bar to the curative use of drugs in cases of neoplasms.

4. New growths are often the outcome of a complex series of influences resulting from temperament, race, environment, diet, work, and mental harass.

It is unwise to expect to eliminate a result, without at the same time taking measures to neutralise the existing causes; which so long as the relation between antecedent and consequent exists, will always eventuate in bodily defect.

From Homeric times the work of the physician has been viewed as a measure of public safety:—

“A wise physician, skilled our wounds to heal,
Is more than armies to the public weal.”

DISCUSSION.

Dr. **BODMAN** said he did not remember that Dr. **Burford** drew attention to the value of the homoeopathic treatment in preparing patients for operations, which in his opinion was very great. As an illustration, he might mention the case of

a lady who consulted him for a little growing fibroid in the uterus. She had gone about with it for a very long time up to last September, when she consulted him. She had called in a surgeon with a view to an operation, which he declined to carry out, on the ground that her general health and condition were so bad that it was impossible to operate with any expectation of success. After three months homœopathic treatment she improved so much in general health that the same surgeon saw her again and undertook the operation, which was most successfully performed; the manner in which the patient recovered and gained her health being a matter of surprise to the surgeon and all who saw the case in the hospital. In that case he thought the preservation of life was as much due to the homœopathic treatment and the skill of the physician as to that of the surgeon. They had here an illustration of the great use of homœopathy in the preparation of patients where an operation was inevitable. (Hear, hear).

DR. GOLDSBROUGH said he felt sure they must all have listened to Dr. Burford's paper with a great deal of interest. He had always regarded the physician and surgeon as twins, indeed, almost as Siamese twins, and he was a little surprised to hear the possibility suggested of doing away with either. It seemed to him that they had to work hand in hand, and he, for one, as a general practitioner, was glad indeed to see the revival of a more accurate and a more enthusiastic surgical procedure in the London Homœopathic Hospital. (Hear, hear). They would be able to look forward to some of the cases referred to by Dr. Burford having far more successful treatment than they could receive by merely drug medication. Dr. Burford referred to the almost identical correspondence between drug action and disease, which they were bound to look for in choosing their remedy. True; but they did not look to that for the explanation of the action of the drug, and it seemed to him that they had to study more minutely and more carefully the reaction of the organism in itself, the totality of the patient's state against the action of the drugs, if they were to get success in the early manifestation of what finally turned out to be surgical lesion. At the end of his paper Dr. Burford referred to the temperament of the patient. It seemed to him it was that, which they, as physicians, had more particularly to study. If by any unfortunate chance the lesion turned out eventually to be a neoplasm, or any other growth, then they must hand their patient over to the operator as having passed beyond the efforts of the physician. But, in the meantime, they had a wonderful field of investigation in studying the causes of these lesions which in the end

proved to be only amenable to surgical procedure, and in the reaction of the organism against these causes they must find their principal field of result. To wit, how should one have guessed that the mere opening of the abdomen and the handling of a tumour would have caused the diminution of that tumour? How was such a result to be explained? They might term it the reaction of the organism, but it was in this line of investigation that their efforts must be directed if results were to accrue. (Applause).

Dr. ROCHE said one thought had particularly struck him in listening to this most interesting paper, and it was suggested by Dr. Burford in what he said as to the *obiter dictum* of therapeutics and these surgical proceedings. Anyone who had taken an interest in surgery for a number of years would be able to remember, both in surgery and in medicine, tides of differing opinion, and after all it lay with the rank and file, those who were dealing every day with disease, to hold the balance between the opposing sections of opinion. They were thankful as general practitioners to have in the front rank those who were at least holding their own, and doing so as it were on their observation, with the great and wonderful advances of surgery, especially abdominal surgery, during the past ten years. Speaking for himself, he could only say that in his time, which was longer ago than one cared to remember, when he was house-surgeon of King's College Hospital, nothing was known of such proceedings as they found in vogue to-day. They were entirely new, and they must be thankful that their hospital was sharing in the great advance which had been made in that department of medical science. While they were glad to find that line being pursued on the one hand, on the other there would be those who would adhere very strongly to the course of depending more entirely upon medicine; and, the balance being held between the two, they might expect as time passed to gain additional knowledge of what was true in one department and in the other, and thus come to abidingly improving conclusions. He had seen cases, just as Dr. Burford had told them, which one day seemed perfectly hopeless from a medical point of view, and yet as time passed circumstances had developed, points had been cleared up, and things had taken a course which they could never have expected. On the other hand, they might be led by such a case to wait and wait to the danger of their patient, and their wisdom lay in encouraging those who would bring matters to such a state of certainty that they might be enabled to decide in cases of doubt when they might safely wait, and when, for their patient's good, they must actively and promptly interfere. To his mind it

seemed that at the present time they had arrived at the position of doing what was necessary in cases where they were sure. In doubtful cases they might reasonably wait, and while waiting let those who took up the therapeutic side be as active as possible, so that grain by grain they might be able to gather that full and complete information which was necessary to bring all such questions to a satisfactory conclusion. He hoped they would see these operations going on as successfully as they had done of late, not only in this but in every other department of their profession. (Applause).

Dr. EDWARD MADDEN remarked that without attempting to discuss fully so able and philosophic a paper until he had been able to digest it at leisure in the printed record, he would just like to say this—that while no doubt the elements of the therapeutic action were as Dr. Burford had stated, they still looked forward to extending, or perhaps he should rather say reducing, those elements by further experience and knowledge of drugs. Thus, while they were told that it was possible for nature to bring about a cure of what was apparently a foreign substance to itself simply as the result of an exploratory incision, the fact of course proved that it was not really a foreign substance to the organism, but that the changes took place through the connection between the nerves and blood vessels of the tumour and those of the rest of the body. While that was so, it ought, and he believed it would, become more and more possible for them to discover drugs which would influence the organism to take on that reaction without the necessity of the exploratory incision or other operation. While, therefore, they were very thankful that surgery was advancing in the way it was, and that they, as homœopaths, were able to share this progress, he still looked forward to the increased knowledge of drugs reducing the number of cases which they had to hand over to the surgeon. (Applause).

Dr. HUGHES said he might mention one important matter bearing on the paper, with the main drift of which he entirely agreed. At the late Congress in America, Dr. Betts, of Philadelphia, stated that he had consulted as many as possible of his fellow practitioners as to whether they had ever, in their practice, seen any neoplasms in the persons of those who had been under homœopathic treatment from their youth up, and the answer was, from one and all, that they never had. Well, one must not build too much upon that, but the natural inference from it was this—that whenever those patients had any symptoms of things going wrong with them, those symptoms had been treated homœopathically upon the usual indications, that the morbid changes had thus been

overcome while they were still fresh and young, and so never went on to become organised in the form of new growths. This, although not scientifically demonstrable, was sufficiently plausible in appearance to encourage them to treat homœopathically in the early stages, with the hope of effecting a cure in the first developments of disease. But at the same time he agreed with Dr. Burford that when once the changes had become organised it was a waste of time to treat them medicinally. They might succeed in one case out of five hundred, but in the other four hundred and ninety-nine the sooner the patients were operated on the better.

Dr. HAYWARD said Dr. Hughes had touched on a very important point. It occurred to him that they might even regret the excellence of Dr. Burford's paper, for one reason—that such excellent results, on such excellent evidence, of the recourse to surgery amongst them might possibly lead them to look forward too much to surgical assistance. As young men, they had a tendency to see that surgery held out a grand field for their enterprise, and that they would all be surgeons. He believed that in their younger days they were all really surgeons, and disposed to believe that surgery was the thing. Gradually they had come to see that the constitution needed other treatment besides surgery. Dr. Hughes had hit upon the very point—the origin of the necessity for surgery, and he quite believed with Dr. Hughes that in these early stages was the time when the physician might render potent and valuable aid. He (Dr. Hayward) thought they must not look for the production of the neoplasm by medicine. They must look for the general condition of the body which produced the neoplasm. As Dr. Hughes remarked, the homœopathic treatment of patients in general prevented the growth of these neoplasms, and the need for the intervention of the surgeon. He hoped that Dr. Burford's paper would be taken into very careful consideration, and that it would not lead them all off into surgery, and he warned the younger men amongst them not to think of all becoming "Burfords" because surgery was so successful. (Laughter).

Dr. BURFORD said he would not venture upon any lengthened reply, but would content himself with one or two remarks in reference to what had fallen from Dr. Hayward. If there was one thing more than another upon which he prided himself in the construction of his paper, it was that he had put the physician first, and first, and first again, and left the surgeon out in the cold. The direction of progress which he had indicated was that if they were to improve their therapeutic measures their surgical procedure might be left to take care of itself. He thought the tendency of progress so far as

one could forecast was in the direction of therapeutic rather than surgical increase in armamentum, and he put it as plainly as he could that it was to the physician they must look rather than to the surgeon for that universal grasp over neoplasm of this description that at present they failed to possess. In view of the shortness of the time he had nothing more to say beyond expressing his cordial thanks for the very gratifying manner in which his paper had been received.

REVIEWS.

Report on the Influenza Epidemic of 1889-90. By Dr. PARSONS, of the Local Government Board.

DR. PARSONS has presented us with an exhaustive report, full of statistics and facts which are more or less valuable. It is practically a compilation of facts obtained from answers to a circular note from medical officers of health and others. The mass of information thus obtained is enormous and heterogeneous, useful and useless. The book will certainly rank as a standard work on the Influenza Epidemic, and will afford valuable material for future investigators.

Certain conclusions are drawn from the mass of evidence by Dr. Parsons, and for the benefit of those readers who have not time to read the book, we propose making a few abstracts.

Epidemics of influenza have occurred in this country in 1803, 1833, 1837-8, 1847-8, 1889-90, 1891. Dealing with the history of the epidemic of 1889-90, Dr. Parsons has given us a very full and interesting chapter, tracing out the Epidemic as it appeared in various parts of the world. The general course of the epidemic in the Northern Hemisphere has been from east to west (*i.e.*, in a direction contrary to the prevailing surface winds), and from north to south. In the Southern Hemisphere its course has been from south to north.

It follows, as a rule, the lines of human intercourse, and does not travel faster than human beings, parcels, or letters can travel. It is independent of season, climate, and weather. Its appearance has been noticed nearly simultaneously in the north and south hemispheres. It has prevailed in the cold of Russia and the heat of India; in the moist climate of the British Isles, and the dry air of Egypt. Several sporadic cases (generally of a mild type) occurred before the general outburst—the droppings of a thunder-cloud before the storm. The progress of the epidemic over the globe (starting from Russia) has been more rapid than in previous epidemics.

The bacteriology of Influenza is not yet settled, and the germ is still at large defying the detective powers of nations.

Pathologists, too, have failed to make anything out in morbid anatomy. Sifting the mass of evidence as to the etiology of Influenza, the author finds that the epidemic has been propagated mainly, if not entirely, by human intercourse, though not in every case necessarily from a person obviously suffering from the disease. The contagion once imported into a locality *may* propagate itself outside the human body in such media as damp ground or air contaminated with organic exhalations; but the fact of adjoining communities suffering at different dates seems opposed to the notion of the poison travelling far through the air. The rapidity with which Influenza develops into an epidemic may be accounted for by its short period of incubation, by the comparatively general susceptibility to the disease, and by the existence of numerous slight and unrecognised cases. It is possible, the author goes on to say, that the specific germ of the disease may multiply in appropriate media, *e.g.*, in damp organically-polluted confined air, outside the human body. Insanitary conditions (except overcrowding and impure air) do not seem to have had any influence over it.

The chapter dealing with the prophylaxis of Influenza is short and to the point. Knowing nothing of the causation of the disease we cannot scientifically and logically suggest measures for its prevention. The "isolation" method may in suitable cases be applied, but if applied generally, clearly would be absurd. [As to the advisability of notifying this disease under the Act of 1889, we think as our knowledge of it at present stands, it would be useless, except as a source of income to general practitioners.]

Statistics in regard to the Influenza epidemic of 1889-90 as it affected the public services and public institutions are interesting. The percentage attacked has been high in industrial and reformatory schools, and in training ships; but has been low in prisons and lunatic asylums. In the General Post Office the highest percentage of Influenza cases was in the telegraph department. It is suggested that this is due to the ozone given off from the batteries used in producing the electrical currents! Postmen suffered seriously too.

Chapter X. is amusing, but is from the pen of another medical officer of the Local Government Board—Dr. R. B. Low. He has investigated the epidemic in Lincolnshire and East Yorkshire, and the suggestion is made that the epidemic began in Lincolnshire. The germs travelled over from somewhere and landed at Boston or Grimsby. Finding the soil of Lincolnshire to their liking (being an old malaria soil) the germs prospered and multiplied, and wandered or were carried into other parts of Lincolnshire and elsewhere. We

may notice that the second outburst of the epidemic in 1891, began in Hull.

As to the horse-influenza, if statistics go for anything, it is difficult to resist the idea that human Influenza is derived from equine Influenza, either directly or indirectly. They have much in common; and where the one is, there you will find the other is, has been, or will be.

While the Report was passing through the press, a second outbreak of the Influenza presented itself, and Dr. Parsons has added a few remarks upon it. Its mode of travelling is the same, viz., by human intercourse. It is almost certain that one attack of Influenza does not protect against another. Persons attacked with Influenza in 1889-90 epidemic have suffered again in 1891. The type of the latter epidemic is severer. We congratulate Dr. Parsons on the result of his arduous task, and we will congratulate him even more on his second edition if he will only add an index.

The British, Continental, and Colonial Homœopathic Medical Directory for 1891. London: Keene & Ashwell, and Homœopathic Publishing Company.

ANOTHER edition of Keene & Ashwell's useful little directory has at length been presented to the profession and the public. We say "at length," for returned letters and reminders from correspondents that they had changed their address "some time ago" had led us to realise that the information contained in the previous edition was rapidly becoming unreliable, and revision was much needed. That we have had so long to wait is probably as much the fault of the homœopathic profession, for whose convenience the directory is issued, as of the publishers, who have very properly awaited the support which their enterprise certainly well merited.

The errors and omissions pointed out in our pages in 1889 have, we believe, been corrected. Some of the information, however, is out of date, and it would have been wiser to send out a fresh circular for confirmation or correction, more than twelve months, we believe, having elapsed since the issue of the last.

However, we welcome the appearance of the Directory and hope it will be regularly published in future. We regret still to note the absence of some names which ought to be there. If these gentlemen would reflect how much positive inconvenience they sometimes cause to their colleagues and their patients by thus withholding needed information, they would forego their sentimental objections to appearing in "The Homœopathic Directory."

Gedichte von Gottfried Rahl. Leipzig. A. MÖLLER, 1891.

In this volume of German verse, by Gottfried Rahl, the kindest critic, we fear, could find but little to praise. Its contents are with few exceptions love-poems of the most common-place description, trivial alike in thought and expression, and, though intended to be expressive of very fervid emotion, they only succeed in conveying the idea that the writer's experiences of the passion which has moved great minds to such mighty utterances are those of the ordinary young man. There are no traces of any love of nature, and even in the later poems but few indications of the high thought and feeling which lie at the root of all true poetry. Herr Rahl, however, by no means lacks confidence in his own genius and in the verses entitled "Sendung," after bidding a condescending farewell to "Emma," on the ground that she cannot follow him in his flight sunwards, holds out the consolation that he has made her immortal! We fear that this hope and the wish expressed in the introductory verses that his song may meet with "Ruhm und Macht," and "Lieb und Dank," are alike doomed to disappointment, and that the writer will learn that the title of poet is more easily claimed than earned.

PERISCOPE.

ARSENIC.—A lecture (*Brit. Med. Journ.*) by Mr. Jonathan Hutchinson, recently delivered on the use of this drug in some forms of skin disease, is interesting from several points of view. Relying entirely upon the clinical method for ascertaining the conditions in which *arsenic* is remedial, Mr. Hutchinson's experience shows how unsatisfactory a method it is. Recent observations of its employment have, he says, "strengthened our faith in certain directions, they have limited it in others, and they have impressed upon us the great need of caution." Had those who have thus indiscriminately prescribed *arsenic* in skin disease restricted their use of it to cases and conditions similar to such as the drug will excite in healthy persons, and used it in such in no larger a dose than was necessary to secure its therapeutic effect, a more useful, because more decided, definition of its sphere of action would have been deducible from their observations, and to lay stress upon the "great need of caution" would have been unnecessary.

Given as *arsenic* commonly is in skin disease, the want of caution in dosage ordinarily displayed furnishes us with additional knowledge, or confirms that we already have regarding its pathogenetic properties. Mr. Hutchinson's lecture has some interesting information of this kind.

In connection with a liberal administration of it, Mr. Hutchinson has "had repeated opportunities of observing its effects upon the palms and soles. It makes them burn, itch, and perspire. In the instance of the soles, the profuse perspiration has on several occasions caused the epidermis to become sodden and to peel."

In referring to the question Is *arsenic* a tonic? Mr. Hutchinson suggests that it probably becomes one through removing a troublesome and irritating disease, and he adds, "of this, however, I think we may feel quite sure, that if *arsenic* is to act as a tonic, everything depends on the smallness of the dose. It has been my almost invariable experience in patients in whom we had pushed it for the cure of any special disease, that they were very willing to leave it off, having usually felt languid and out of health during its continuance."

Mr. Hutchinson has "formed an unfavourable opinion as to the influence of *arsenic* upon elderly people. . . . More especially is caution, I think, necessary if any symptoms of nerve degeneration are present." As a matter of every day experience, the homœopathic physician can assure Mr. Hutchinson that there are few medicines more useful in the diseases accompanying old age than *arsenic*—but here, again, everything depends upon the dose. A homœopathically indicated remedy *cannot*, either safely or advantageously, be used in a dose suitable enough for one that is antipathic.

"Among the facts which have been thoroughly established as regards the possible effects of *arsenic*, we may, I think, now claim that it is an undoubted cause of peripheral neuritis. . . . During its medicinal use patients not infrequently complain of local numbness, more especially of portions of the skin of the lower extremities, numbness and tingling of the soles of the feet are by no means infrequent symptoms."

Herpes zoster, Mr. Hutchinson is quite convinced, is produced by *arsenic*, "after the drug has been used for some time."

"If *arsenic* be given in full doses for long periods, although it may be doubted whether there is any reason for styling it a cumulative drug, yet I am sure that its employment is not without danger. There are certain symptoms which ought to lead us to take alarm. If the patient has numbness and tingling in the palms and soles, or if there is numbness in any particular part of the skin, or if there is decided loss of flesh, then it ought to be suspended. Irritation of the conjunctiva is of course a well known symptom of disagreement, . . . liability to diarrhœa, and in a certain number of cases, extreme irritability of the bladder." Such symptoms as these occurring in the course of a disease do, *ceteris paribus*, indicate *arsenic*, while their arising as the result of arsenical overdosing renders the suspension of the medicine essential.

As a result of over-dosing, Mr. Hutchinson has seen *arsenic* appear to cause or to increase the liability to epileptic attacks, and one or two others in which a form of partial paraplegia seemed to be definitely connected with its use.

In writing of its influence on persons free from skin disease, Mr. Hutchinson says: "Its effects upon the nutrition of the skin in such cases (supposing the doses to be large) are usually, I think, that the skin becomes brown and muddy-looking; it is also dry and harsh on the trunk and limbs generally, although there may be perspiration in the palms and soles. The discolouration may be attended with actual pigmentation and may increase until it almost resembles the tint of Addison's disease. In extreme cases not only is there dryness and discolouration but scaly patches may form on the knuckles, elbows and knees much resembling common psoriasis, but less well circumscribed. A much commoner result than this is, however, disturbance of the nutrition of the skin, not over the body generally, but over the palms and soles only. On these parts, in addition to dryness, corns may form, and in certain very rare cases these corns pass on into epithelial cancer."

"Certainly," says Mr. Hutchinson, "one of the most remarkable facts as regards the influence of *arsenic* is that it appears to prevent certain affections which are very similar in nature to those which it causes." This observation he illustrates by a reference to its control over "cases in which herpes occurs on the skin, and is grouped exactly like zoster, although usually more limited in extent." True doubtless, but hardly "remarkable." It might have appeared so a hundred years ago, but during that time the same fact has been observed regarding not only *arsenic* but many another drug. So far from being remarkable it is but an additional proof to the overwhelming number of well substantiated proofs that homoeopathy is true.

VENESECTION.—During the last nine months essays, lectures, and letters have appeared in the medical journals which have given rise to the suspicion that a reaction was taking place in the estimate which had been formed of the worthlessness of venesection as a remedy, and the injury done by it to the patient. An examination of these contributions to medical literature, however, shows that there is no tendency to reinstate blood-letting as the "right arm" of medicine, no one now suggests it as an antipyretic, no one would think of practising it in every acute inflammation. Still less do the quantities of blood advised to be drawn, where it does appear to be indicated by the writers referred to, approach those used during the first half of this century. In which cases, or rather

under what circumstances, then, do Dr. Pye-Smith, Dr. Ogle, and Dr. Wilks, of Guys, regard that old-fashioned implement of "healing by torture," the lancet, as still capable of being used effectively in the effort to preserve or prolong life? The indications for blood-letting, Dr. Pye-Smith said, "were probably the recognition of the anatomical and physiological condition of the organs at the time venesection was proposed rather than the consideration of the pathology of the disease." In other words this revival of venesection is limited to the relief of a mechanical impediment to the freedom of the circulation, this impediment being, as Dr. Ogle states, "a congested or overloaded right side of the heart." This *dictum* is enforced and illustrated by Dr. Wilks, who states that he has employed this measure thirty times during his professional career—which must now be approaching fifty years of hospital and private practice—strong evidence that it is only very exceptionally that a physician meets with a case demanding it.

In the same number of the *Lancet* as that in which Dr. Wilks' paper appears, Mr. Grey, of Putney, gives a very good illustration of the kind of case in which blood-letting appears to give relief, and in it this relief was obtained by only two ounces of blood flowing. The late Dr. Rutherford Russell, in a paper on *Some Organic Diseases of the Heart*, published in the *British Journal of Homœopathy*, vol. xii., refers to cases evidently dependent on the same cause—viz., an over-distended state of the right heart. "Suppose," he writes, "we are called in to a man 45 years of age, of robust muscular frame, and find him insensible and the pulse thumping away like a sledge hammer; suppose on applying the ear to the chest we detect hypertrophy of the heart and are thus convinced that there is instant danger of the rupture of a blood vessel from the enormous impetus and quantity of blood that is driven into the vessels of the brain, in such a case shall we open a channel for the escape of the destructive stream that threatens every moment to break down the dykes of life? This seems to me rather a question of hydraulics than of pathology. The relief to be derived from blood-letting can scarcely be doubtful, and the only counter question we can put is, have we in our pharmacopœia remedies as certain and as speedy as blood-letting, and will blood-letting prevent their use? From my own experience I am unable to answer this question."

The present suggested use of blood-letting is, then, as Dr. Rutherford Russell wrote forty years ago, "a question of hydraulics."

ARNICA IN THE ALPS.—The arnica flower abounds throughout the whole Monte Rosa group, and its virtues in sprains, bruises, and such-like accidents common in Alpine regions have long been

familiar to the mountain population. The practice among them has been to gather the yellow daisies at midsummer, dry them in the shade, and put them in a bottle just big enough to hold them, with the addition of spirit more or less rectified. Closely corked, the bottle is thus left for a year, after which the liquid contents, duly strained, are fit for use.—*Chemist and Druggist*.

LARYNGOLOGY, ETC.

LACHESIS.—*Pathological Indications.*—Coryza and ozæna.

Clinical.—When the sneezing is excessive and the nasal catarrh begins with sore throat (left side) or there is obstruction of the posterior nares, and discharge of bloody matter, sometimes with soreness of the nostrils and lips. During the climacteric period, with flushes of heat.

MERCURIUS.—*Pathological Indications.*—Coryza, acute and chronic. Syphilitic ozæna. Hypertrophy or thickening of the Schneiderian membrane. Perforation of the septum. Periostitis of the nasal bones.

Clinical.—Profuse fluent coryza of watery corrosive mucus, generally worse at night. If the catarrh is of some duration, it is better indicated when discharge is greenish, gluish, corrosive, and offensive, and fœtid. Generally, the nose is red and swollen. *Nitric acid* will complete the cure if there is a syphilitic taint in the system. Ozæna, with soreness in the bones.

Characteristics.—Inclination to perspire in bed, and no relief. Coryza worse at night. Feels bad in a warm room, but cannot bear the cold either. The *mercurius iod. ruber* acts better if the patient is syphilitic or scrofulous, or if there are polypoid growths in the nasal cavities.

NAPHTHALIN.—*Clinical.*—It has been found a valuable remedy for hay fever, many inveterate cases seeming to have been entirely arrested; sneezing, eyes inflamed and painful, head hot; also spasmodic bronchitis and asthma; better in the open air; soreness in chest and stomach; has to loosen the clothing. (Dr. J. A. Terry, in *Jour. of Ophthalm., Otol. and Laryngol.*—*Hahnem. Monthly*). C. W. HAYWARD.

HÆMORRHAGE CONSECUTIVE TO TRACHEOTOMY.—Dr. Ad. Maas (*Deutsch. Zeitschr. f. Chirurg.*, 8-4, 1890). Report of a case in a child four years of age. Nineteen days after this operation furious hæmorrhage took place, with fatal result. At the autopsy the superior wall of the innominate trunk was found ulcerated through. Six other cases are mentioned which were fatal through ulceration of one of the great arterial or venous trunks in the neck by extension of the diphtheritic process, or consecutive to the pressure of the canula. In 11

others the blood poured in streams from the tracheal wound, coming in reality from the lungs, where, however, no vascular lesion could be found. In these cases the hæmorrhage is as furious as in the first set, but it is not always fatal, ceasing, as a rule, gradually, and the flow often being intermittent. Broncho-pneumonic patches are often found, but in some instances no lesion can be demonstrated.

RELATION OF NASAL AND PHARYNGEAL DISEASES TO STUTTERING.—In the greater number of 151 stuttering patients the author has found adenoid vegetations and other naso-pharyngeal diseases. He believes that the stuttering will be cured by the treatment of these diseases. (Kafemann, *Danzig*, 1891.)

SCRAPING THE MAXILLARY SINUS.—Eyssautier (*Dauphine Med.*, August, 1890). A lady, 37 years of age, suffered for 18 months from a discharge from a sinus at the level of the first molar. The tooth was extracted, and fœtid pus came away. For a year after the fistula discharged purulent matter. The opening was then enlarged, the second molar extracted, and the antum washed out with antiseptic lotion; the mucous membrane was also scraped with a small curette and the surrounding granulations removed. After a thorough painting of the cavity with tincture of *iodine* the opening was closed with a tampon. Four days afterwards this was removed, and recovery took place, which has been permanent.

CASE OF ASTHMA, WITH POLYPI AND HYPERTROPHY OF THE TURBINATED BODIES—OPERATION—CURE. (Cholmeley and Spencer Watson. *Lancet*, February 21st, 1891). Patient suffered from asthma for 18 years, and had received no benefit from treatment. The nostrils were obstructed, but not completely. Mucous crusts covered the turbinates. Free application of 20 per cent. cocaine relieved for the time. Clearance was effected by means of the snare and (under *chloroform*) the ring-knife. The great success of the case is attributed by Watson to the sudden blow to the morbid habit following the very thorough clearance effected by the ring knife, as compared with the successive snaring operations.

D. WRIGHT.

SURGERY.

KOCH'S LYMPH IN SURGICAL CASES.—(Wilcox, *North Amer. Journ. Homœop.*, June, 1891). Dr. Wilcox gives the following summary of thirteen cases, which are probably a fair average of the class as found in charity hospitals; eight cases improved and five did not improve. The improvement was

frequently the most marked in those cases which received small doses and had light reactions. Small doses were the rule and were given at considerable intervals. It was impossible to say why one case improved and another did not. To all appearances it would seem that Case ii. (lumbar abscess from spinal caries, discharging sinuses in thigh after resection of hip-joint) and Case ix. (spontaneously cured spinal caries, recovered resection of right hip-joint, commencing disease in left) were the ones especially calling for the treatment, and yet they were worse, or not better, at the end than at the beginning. On the other hand, Case xiii. (sinus following drilling of femur for traumatic osteitis) in which the disease dated from an injury, and with no signs of tubercular trouble elsewhere, gave one of the best results obtained. The reactions varied in degree. There was usually a fever, accompanied with flushed face, and a dull, stupid condition, and also a general feeling of illness with aching in the muscles. The urine was generally diminished, while the condition of the bowels varied, sometimes being constipated and sometimes loose. Occasionally the reaction did not come on until the second day. The injections were given in the back between the shoulder blades. These places were usually very sore for a few days afterwards, but never suppurated.

In conclusion, he gives it as his opinion, that in this substance known as tuberculin, or more commonly as Koch's lymph, we have a very useful remedy for a certain class of cases. It is difficult yet to draw the line and state definitely where and how it will best act.

He believes that the violent reaction of opinion among our old-school brethren is due to their sledge-hammer method of using an unproved agent. Proceeding on the opinion that if a little was good a great deal was better, they did violence to nature instead of helping her. Time and experience will settle the question. The remedy is a powerful one, and one to be used with caution.

NOTABILIA.

HOMŒOPATHY AND THE BELGIAN SENATE.

Our contemporary, the *Revue Hom. Belge* (June), gives a reprint from the Parliamentary annals of an important discussion respecting the teaching of homœopathy in the Belgian Universities. This is the third time the subject has been before the Senate.

Taking advantage of a proposal to make some alterations and fill up some omissions in the University Examinations

programme, Senator Terlinden indicated what he believed to be a want in the medical curriculum—a want which had existed for a quarter of a century. In so long a time opinions change and progress is made. Monsieur Terlinden thought that a great step forward had been made in the discovery by Professor Koch. Unable himself to decide between Koch's admirers and detractors, he nevertheless observed how that effects upon the organism, both immediate and undeniable, resulted from the injection of so minute a quantity of Koch's fluid as one milligramme. Indeed it was likely that still further dilution of the fluid might be necessary. The effects of thermal waters, of sea air, of vaccination, and of post-mortem wounds also made it impossible to deny the power of infinitesimal quantities. He thought one result of Dr. Koch's discovery should be the recognition of homœopathic medication. The two schools should walk abreast.

Homœopathy does not date from yesterday, and is not kept a secret. Hahnemann said that "when the saving of the lives of our fellow men is in question, to be ignorant is a crime."

For more than a century "animal magnetism" was treated with contempt, as homœopathy now is in official spheres—now it is recognised by the Academy. Qualified medical men only, however, are allowed to use it, for if it is a powerful aid, it is also a terrible weapon. Shall medical students, he asks, be left to instruct themselves in hypnotism? The answer must be "no," and the same must be said of homœopathy, which, indeed, some who do not believe in the system imagine owes its results to "suggestion." M. Terlinden admitted there were probably many arguments in favour of homœopathy better than those he advanced, but being of a more or less technical nature he left them to others for discussion. Another popular reason in favour of the public teaching of homœopathy and of its practice in the State hospitals was the claim of the poor, who, having experienced the benefit of homœopathic dispensary treatment, were unwilling to give themselves over to the old methods.

After referring to the statistics of homœopathy in the United States, he appealed to the Government to establish a chair of Homœopathy in the State Universities and in the Veterinary College, and to set apart hospital wards for those who desire or are willing to be treated by that method. Science, he maintained, should be untrammelled, and said that it was the essence of the higher learning that all opinions should be defended and discussed in the various Faculties.

M. Terlinden adopted the suggestion of Dr. Martigny (*La question hom. en Belgique*, Brux., 1879), namely, that there

should be appended to the subjects taught for the final examination that of homœopathic therapeutics, that this should be an optional course, and that the diploma should state whether or not the recipient was examined on this subject. This would give to "homœopathic" patients a guarantee respecting their medical man. It was granted that the Government had the power to establish such optional courses, and to recognise them in a supplementary clause in the diploma, and M. Terlinden hoped that by next year the Chamber would see fit to comply with the recommendation he made.

M. SOUPART, without discussing the question, wished to bring out one point, viz., that it would be advantageous to leave to the universities more autonomy in the organisation of their courses of instruction, the law only regulating the length of studies, subjects of examinations, &c.

M. le baron SURMONT de VOLSBERGHE and M. de BURLET, "Minister of the Interior and of Public Instruction," both spoke more or less favourably of the proposal of M. Terlinden, M. de Burlet remarking that he understood that no substantive motion had been made, but that the Government were requested to study and examine the subject for future discussion. He stated that the founding of optional courses was a financial question. The setting apart of hospital beds could not well be accomplished by law. If homœopathy spread and commended itself by its success, he thought that recourse to its aid would be had by the authorities without legislative compulsion.

Our contemporary adds that the Municipal Council of Antwerp has taken the initiative by the establishing a homœopathic dispensary. We join in its expressed hope that next year a discussion of the subject may be followed by some arrangement for the teaching of homœopathy, which is said to be daily gaining ground in Belgium, to those medical students who may desire it. This would probably be followed sooner or later by the establishment of hospital accommodation. We wish our Belgian colleagues every success.

HOMŒOPATHY IN ANTWERP.

In the *Revue Homœopathique Belge*, Dr. Lembrecht fils makes the important announcement that the Town Council of Antwerp, with the exception of one vote, unanimously decreed, at its meeting on the 25th of June, the institution of a public homœopathic dispensary. This, as Dr. Lembrecht points out, was a measure of simple justice to the poor; because, while the well-to-do portion of the citizens of Antwerp were able to choose for themselves which system of treatment they would

adopt in illness, the poor alone had no choice, but were, in seeking gratuitous medical aid, compelled to submit to allopathic treatment. "Thanks," writes Dr. Lembrecht, "to the energetic initiative of the *Bureau de Bienfaisance* and of the *Administration Communale* of Antwerp, the first public bodies in Belgium who have had the courage to break through routine and old prejudices, this abnormal position is to disappear, at least to some extent, and, in future, the necessitous poor will be able to choose which method of treatment they prefer.

"The formation of an official homœopathic dispensary is a fact of first rate importance. It is the first step towards the introduction of homœopathy into the hospitals of Antwerp; for if the poor who frequent the dispensary have the right to adopt that therapeutic system in which they have the greater confidence, why should not the sick lying in the hospitals enjoy the same privilege? Is it right that a patient, treated at the dispensary by the homœopathic method, should be compelled to change the treatment because there happen to be circumstances obliging him to seek the shelter of the hospital?

"After years of struggling we now see the removal of the insurmountable barrier which has hitherto relentlessly shut the doors of every public hospital against the homœopathic physician."

Dr. Lembrecht concludes by rendering especial acknowledgments to Dr. Gits and Mr. Alderman Gits for their exertions in promoting the formation of this new dispensary, and for their defence of homœopathy before the Council.

We heartily congratulate our colleagues on the important public tribute to the value of homœopathy that they have obtained from the Town Council of their city. The institution of an official dispensary ought to prove of material assistance to those who, in the Belgian Senate, are endeavouring to secure provision for homœopathy being taught in the State Universities; for, if municipal officials are to be appointed to treat disease homœopathically, the State ought to take steps to ensure such officials being properly taught how to do so.

NOTES FROM AMERICA.

A NEW Medical College—the Southern Homœopathic Medical College and Hospital—commences its first session on the 5th inst. in the City of Baltimore. For the purposes of the institution the Board of Directors have purchased Calvert Hall at a cost of £3,600. Extensive improvements and alterations have been made in it in order to adapt it to the teaching of medicine, surgery, and dentistry. The ground floor is fitted

up for dispensary purposes, and with pathological and chemical laboratories. The second floor provides two lecture theatres, capable of seating 200 students, together with two smaller rooms to be used for teaching histology and dentistry. Here also is a large room formerly used as a chapel, which will be devoted to a library and meeting room for the Maryland State Homœopathic Medical Society. Dissecting rooms will be on the third floor, together with a large room for surgical and dental operations, and a laboratory for the dental department. This arrangement is to be regretted, as with the present knowledge of the diffusion of septic influences, surgical operations of no kind whatever ought to be allowed to be performed in such close contiguity to a dissecting room.

Fifty students are already enrolled on the college register. The college was incorporated under the laws of the State of Maryland in May, 1890.

We wish the new college all possible prosperity, and are glad to learn that it has the hearty support of those of the citizens of Baltimore who have done so much to make the capital of their State a great educational centre.

This demonstration of the way in which homœopathy is appreciated in the Southern States has not been secured without much and long-continued earnest work. In an elaborate notice of the college and its officers, *The Baltimore American* (Aug. 16) thus alludes to the progress of homœopathy in the State:—

“Homœopathy was first introduced into Baltimore and Maryland by Dr. Swartz, one of the most accomplished and refined of physicians. He was followed by Haynel, McManus, Middleton, Raborg, Schmidt and Martin, all of whom are now dead. Hammond, Price, Weiner and Heerman, also pioneers in the order named, yet live to give their testimony as to what hardships they endured from the persistent opposition of the dominant school to prevent the growth of a system that was then considered a radical innovation upon the prevailing methods of the practice of medicine. But such was the success of these men in healing the sick that, notwithstanding the untold obstacles and opposition which they encountered, homœopathy has steadily advanced in professional and public estimation in this community until now it has such a firm foothold that its patrons are numbered by thousands, a majority of whom are of the most intelligent and wealthy citizens.”

* * * *

The State of New York has instituted a State License to practise medicine, which in the future must be held by every practitioner, whatever may be the source of his degree or

diploma. To ensure fair play to "therapeutic creeds" the Legislature of the State has provided three boards of examiners. These are chosen by the Medical Society of the State of New York, by the Homœopathic Medical Society of the State of New York, and by the Eclectic Medical Society of the State of New York. The applicant for a license to practise in the State of New York selects the Board before which he prefers to appear, and is examined by that Board, receiving—if his examination should prove satisfactory—his license from the State authorities. The several boards have been appointed, and have met, electing as their chairman Dr. Wey, of Elmira (an allopath), and as Secretary Dr. Wright, of Buffalo (a homœopath).

Referring to this, *The Philadelphia North American* writes as follows:—

"New York has solved the problem of the 'pathies' in the *only* possible way, by creating three State boards of medical examiners, representing the three distinct schools of practice.

"This solution of the interminable snarl of schools of medicine is rational. It is useless for anybody to sneer at 'the schools.' No set of men have a monopoly of knowledge, and no school is infallible.

"The bills so far offered at Harrisburg (Penn.) never had a ghost of a chance of becoming laws, for we do not live in the dark ages when people were dragooned into any system.

"The law cannot have a preference for any system of medicine to the exclusion of any other based on research and actual experiment and conducted by enlightened men. It can, however, provide that *only* qualified persons shall practise medicine, and leave each school, under common standards, to fix the ordeal for its own candidates."

* * * *

The annual announcement of the Medical School of the University of Boston gives the following account of improvements, completed and in the course of completion, in the opportunities for study presented at this school. "The new Dispensary building, affording facilities for each of the twelve departments, with rooms of sufficient size for special clinics, and a fine lecture hall for general clinics, will be occupied the present month. The extensive additions to the Hospital, now being erected by the bounty of the State, which will make it the largest general hospital under homœopathic management in the world, will be fully completed early in the ensuing winter. The new addition to the College building, sixty feet by fifty-six feet, and four stories in height, containing physiological and microscopical laboratories fully equipped, each able to accommodate fifty students

at the same time; a library capable of holding thirty thousand volumes; a pathological museum with room for one hundred thousand specimens; and on each of the four stories a fine lecture or reading room and private laboratory or work-room,—these, added to the facilities afforded by the former school buildings, will make this one of the largest and best equipped medical colleges in the country.*

A FRAGMENT FROM THE LATEST HISTORY OF
HOMŒOPATHY IN RUSSIA.

By DR. C. BOJANUS, SENR.

“Incapacity is no crime;
Ignorance may be forgiven.
But stupidity never.”

The Whist-Player.

THE Pedagogical Museum of St. Petersburg, where lively debates² upon homœopathy have already repeatedly taken place, has lately been the scene of a lecture read under the title of “Homœopathy as a Doctrine and an Error.”

This lecture was read on the 20th December, 1890, by Dr. Carrick, who formerly held an appointment at the English Embassy. It took place in the well-filled auditorium of the Museum.

The following thesis served as a basis for the lecture.

1.—Hahnemann’s theory of *similia similibus curantur* does not stand the test, and is not confirmed either by experiment or observation at the sick bed.

2.—The results of treatment with infinitesimal doses, that is to say with homœopathic remedies, or by inhalation of the drugs, are equivalent to the absence of treatment.

3.—Hahnemann’s Psora theory as a foundation of most chronic diseases is false and remains unproved.

4.—The efficacy of drugs by dilution and shaking is diminished, and not increased as Hahnemann affirms.

5.—None of the theses set up by Hahnemann can be raised to the dignity of laws.

The publication of the report of the lecture, and the stenographic account of the debates had to be put off till the middle of April, as Dr. Carrick was expected to fulfil his promise of publishing his lecture.

The *Homœopathic Messenger*, in its number for December, 1890, says that the lecture of Dr. Carrick is one of the most untalented and trivial libels amongst all the productions of

* The *Monthly Homœopathic Review*, 1889, p. 292 and following.

this class of literature. The lecture is entirely devoid of any scientific worth, and is nothing but a compilation from former libels and a compound of trite, worn-out sentences against homœopathy. It is easy to reconstruct the whole lecture by the answers of the opponents, and particularly by the refutations of Dr. Brazol.

In the beginning of his refutation, Dr. Brazol pointed out to the lecturer that he had grossly misconstrued the words of Hahnemann, who speaks of the action of *china* upon himself; and lays particular stress upon the fact that *china* taken by him when in good health had called forth an intermittent fever peculiar to his constitution—a fever from which he had suffered in former years. This led to a comical incident. Dr. Brazol insisted that the lecturer should name the work from which the quotation had been taken; Dr. Carrick answered that he did not remember from where he had taken it, that he had read his lecture from a manuscript, and had left it in an adjoining room during the interval which had elapsed between the end of the lecture and the beginning of the debates. He was then asked to show the manuscript, and was absent so long that it seemed as if he had taken the example of the opponents at the fourth lecture of Dr. Brazol, who had quietly escaped the debates and slipped away. He returned, however, and was obliged to avow that the quotation had not been taken from Hahnemann's works, but had been transcribed from the work of one of his antagonists, "Therapeutics of the Present Period," by Dr. Rodger.

Dr. Brazol went on refuting every one of the arguments of the lecturer, proving in the most circumstantial and evident manner that he had no clear conception of the subject which he had undertaken to discuss, and that his position, even among the antagonists of homœopathy would always remain secondary and insignificant. He had overlooked the fact that he, as well as most of his predecessors, whose example he is following and whose words he is repeating, attack the theoretical side of homœopathy, which is apt to alter under the influence of time and progress; to destroy the practical and experimental side of homœopathy is an attempt which can only proceed from the brain of some "original" who is beyond common sense; to be the copy of such an "original" can only appear absurd and ridiculous. If Dr. Carrick had succeeded in fulfilling the task he had undertaken, he would certainly count among the most celebrated men of his time.

Dr. Brazol opposes the following antithesis to the thesis stated by Dr. Carrick.

1.—The law laid down by Hahnemann, *similia similibus curantur*, is absolutely confirmed by physiological experiments

and by observations at the sick bed; further, the experimental principle of the action of drugs and the pharmacology of Hahnemann, founded on this principle, are indisputable; it has been controlled by repeated experiments, and the latest researches have proved its thorough competence.

2.—The results of treatment with infinitesimal doses after the principles of homœopathy are not to be compared with those attained by the absence of treatment. Homœopathic treatment is active and not passive.

3.—The psora theory of Hahnemann, as a foundation to the greater part of chronic diseases, does not belong to homœopathy, being a pathological theory, but may serve as an important guide in the treatment of some chronic diseases.

4.—The action of a drug does not solely depend upon its physical and chemical properties, but also upon its molecular condition. Its physical and chemical power may be diminished by dilution, and its dynamic or molecular power increased.

The refutation of Dr. v. Dittmann was calm and moderate. He began by pointing out that the practical side of homœopathy has attracted its followers for nearly a century; thanks to its practical advantages homœopathy still continues to gain ground, to extend and to acquire a steady position, notwithstanding the persecution of its foes. He gave statistics of the treatment in several hospitals, and mentions the fact that there are no allopathic physicians in those parts of America where the yellow fever reigns; this has been publicly stated by the American physicians who came to the Congress, held in London in 1881. He quotes certain facts taken from chemistry and physics, the observations of Darwin about *Drosera* and the tubercle bacilli, which act in such a fearful manner and can only be seen through a microscope which enlarges them by a thousand times, and he gives these as proofs of the efficacy of infinitesimal doses.

Dr. Carrick, in his answer to the opponents, plays the easy part of an innocent victim suffering under the load of undeserved accusations; he protests that all the objections of his adversaries are false, and that his own assertions remain as incontestable after the debates as they had been before. He still considers Hahnemann as a trader of secret remedies; is convinced that *china* does not produce intermittent fever, a fact he has personally ascertained at a quinine factory in Milan, where the workmen were all free from intermittent, whilst all the inhabitants of the neighbourhood suffered from it*; (many celebrities have confirmed the fact.) He does not

* His knowledge seems as light as a feather, his comprehension as heavy as lead.—Author of the Paper.

understand his antagonist's assertion, that molecular power can increase.† The statistics given by Dr. Brazol he said were incorrect. Arsenic had no connection with cholera (!) The statistics of the homœopathic treatment of the cattle pest were false; Dr. Carrick knows for certain that in England, in 1867, fifty-six cows were treated homœopathically and all died. He concludes with a few malicious remarks, that his opponent, Dr. Brazol, might have been more polite and choice in his expressions towards a colleague. The President, in his concluding speech, declares it impossible to sum up the debates; the chasm between both camps is too deep. He can only express the hope that, for the welfare of humanity, the adversaries should come some day to a better understanding.

Dr. Brazol has inserted in the *Homœopathic Physician* (St. Petersburg) a supplementary article to the debates; as there seems no chance of Dr. Carrick's lecture ever appearing in print, the following passages extracted from Dr. Brazol's article will give the reader insight into some of the prominent features of this remarkable lecture. Dr. Brazol had to hear the homœopaths of the present day called a band of free Kossacks, in the sense of plunderers and marauders, not of an honest military regiment; it was termed a shame to have a word to say to them; Hahnemann was qualified as a quack and a drunkard, his pathogenesis as symptoms following intoxication. "It is natural," says Dr. Brazol, "that such accusations, such want of conscience on the part of the lecturer stirred up feelings of indignation, which I could not repress, and that my answers were more cutting and bitter, than could be pleasant either to Dr. Carrick or to myself."

After Dr. Brazol had most emphatically contradicted the assertion of Dr. Carrick, that *china* does not produce intermittent fever, and given him the most palpable proofs that he was wrong, the lecturer's answer was that the logic with which Dr. Brazol states his authorities can only be compared with that of a murderer, who being accused by two witnesses of the crime, tries to prove his innocence by calling in 20 witnesses who had been absent at the time of the murder.

When Dr. Carrick, wishing to amuse his audience, represented in a ludicrous light the symptoms of *belladonna* and other narcotic remedies taken from the homœopathic pharmacology, and when the shallowness of such an attempt had been proved to him, his objection was that he knew very well that *opium* produces fearful symptoms, but in other doses than

† What deep knowledge and clear comprehension of homœopathy!—
Author of the Paper.

homœopathic ones ; therefore he does not even know that the pathogenesis of drugs are results of large physiological doses.

The assertion of Dr. Carrick, that the symptoms of *arsenic* have no connection with cholera, was refuted by Dr. Brazol with a number of proofs taken from different works upon pharmacology. He concluded with the words of Professor Virchow : " We need not enter into any further details to show the analogy which exists between the state of the intestines after poisoning with *arsenic*, and in cholera," so that not only the symptomatic, but the pathological and anatomical relation of *arsenic* to cholera is confirmed in the most evident manner.

Dr. Brazol points to the fact that the statistic data of the homœopathic treatment of cholera, which he compares with the allopathic statistics, are taken from the same period during a cholera epidemic ; these statistics have no connection with the assertion of Dr. Carrick, that at the beginning of the epidemic everybody died, and at the end every patient recovered, even if such an assertion had been correct. Dr. Carrick's remark, that he does not understand the meaning of molecular energy, is too ingenious ; it proves the absence not only of medical, but of general knowledge. Dr. Brazol concludes with the following words : " Some of the members of the assembly had been looking forward to a thorough refutation of homœopathy and its complete defeat. They were evidently disappointed in their hopes by the thorough incompetence of the lecturer. A group of physicians, with whom I am well acquainted, gave vent to their disappointment at the failure by hisses and shouts. Similar manifestations have no effect upon us ; if we look over the history of homœopathy, we will find many fiercer assaults caused by the intolerance and blind opposition of our foes, but the doctrine of Hahnemann stands on firm ground, is endowed with a vigorous constitution, and has sufficient vital power to continue its life ; neither the hisses nor the outcries of its adversaries will ever succeed in crushing it."

The event which has been reported in the preceding pages, that of a lecture against homœopathy, accompanied by public debates, appears as a single fact in the history of homœopathy in Russia. The painful side of the occurrence was the whole tone of the lecture, its aim and object ; they were so offensive as to excite a most natural indignation, which was openly expressed by the opponents. It is evident that the shock of such heterogeneous elements could lead to nothing but to a scandalous and ridiculous explosion, the more so as different machinations had been set to work and clappers prepared ; it was, therefore, quite natural that the explosion should be accompanied by all the attributes belonging to such a

demonstration — hisses, shouts, terms of applause and encouragement on one side, expressions of scorn and condemnation on the other.

When a scientific question has been a topic of controversy for nearly a century, when it has been abused, insulted, turned to ridicule without the question ever having been successfully solved, or homœopathy uprooted by those who have attacked it—a whole series of pamphlets and libels may be brought forward as proofs—to begin over again in the same unworthy style, and that in a public lecture, only shows a total want of comprehension of the subject under discussion. Such an attempt is not only a proof of ignorance, but shows an extraordinary degree of simplicity, which seems to stifle every feeling of personal dignity ; it proves the truth of the sentence, that one who knows nothing of danger is not afraid of meeting it.

Abstracting the fact that a serious and scientific question cannot be exposed to the public in a humouristic form, every lecturer, undertaking to amuse his audience by humour and sarcasm, must have a deep knowledge of the chosen subject and be able to judge if the question itself is fit to be treated in such a light ; he must also be sure of his own talent and capacity as a humourist. One who has nothing at his command but a tremendous stock of ignorance and a total absence of Attic salt, can only appear in a ludicrous light ; it is therefore quite in the spirit of the laws of analogy that Carrick's representation of homœopathy turned to a caricature !

After having exposed our opinions about the aggressor, we will turn to the opponent ; nothing can be objected to the serious and scientific side of the refutation, but we cannot deny that the tone of the answers was the inevitable echo of the attack. A just and natural indignation is expressed in the answers of the opposition. Can it be otherwise, when one is condemned to listen to the grossest insults, and see one's most sacred ideals maimed by unworthy hands and trampled in the mud ?

Accusations, such as that of calling Hahnemann a drunkard and his scientific productions the vapours of intoxication, belong to those insults which are generally visited on the person of the accuser. We understand those feelings, and do not attempt either to criticise or to make things better ; we will only permit ourselves one question. Would it not have been wiser, or as one is apt to say, more politic—not to expose the accuser in all his bareness to the public eye, and not to show him in a light, which though well deserved, is such, as he himself cares the least to exhibit ? If the outlines

of a picture are too sharply marked, there are always merciful souls at hand, who by the force of spiritual relationship, or by that of having received free tickets, think it their duty to stand up as champions and represent the accused as a victim of hatred and partiality. This is a very convenient shield; both moral and scientific nudity are thus screened by the mantle of compassion. It is therefore of the utmost importance not to be carried too far by indignation, and to keep in mind the words of Talleyrand, "C'est plus qu'un crime, c'est une faute." The judgments, expressed by the newspapers, refer more to the manner in which the performance took place, than to the subject of the lecture, although in some papers a few particulars are partially mentioned.

On the whole, the sympathies of the press seem more inclined in favour of homœopathy than against it; the manner in which the lecture was read and the debates conducted was principally censured. This is in accordance with the general impression of the public, which was not unfavourable to homœopathy, excepting of course the attacks of its acknowledged antagonists. The flippant and unworthy tone of Dr. Carrick's lecture was met with general disapprobation, it was openly acknowledged that the official school had suffered a positive failure in the person of Dr. Carrick; he had been saved from a complete defeat by the zeal of Dr. Brazol, who had perhaps gone a little too far in his condemnation; this had served as a shield for Dr. Carrick, and had given him the benefit of a slight shadow of consideration. Such is the opinion which has been transmitted to us repeatedly as well as the following judgment: "I am no homœopath, I know nothing of homœopathy, but I am able to understand that a scientific question cannot be treated in the low and flippant manner in which Dr. Carrick has read his lecture."

Even allopathic physicians have rendered justice to the scientific worth of Dr. Brazol's refutations.

Amongst all the different opinions pronounced about the lecture, Dr. Brazol has received his share of blame for having badly chosen his expressions, having called things too plainly by their names and given a tinge of personality to the debates. Without making ourselves the pleader of Dr. Brazol's cause, we consider it our duty to prove that the opinions expressed by the press and the public are wrong, because the first thing to be kept in sight is the ground upon which Dr. Carrick has built his lecture. The soil which has brought forth nothing but coarse harlequinades cannot be favourable to the cultivation of a scientific subject. The person who has taken

the lead in the proceeding and committed the blunder is responsible for its consequences. Dr. Brazol was forced, certainly against his will, to remain on the same barren ground; he could not even amuse his audience, not being gifted with the talents of a clown; no blame rests upon him; it is no more his fault than it is a fault to soil one's fingers in trying to save a costly jewel trampled in the mud.

COLLECTION IN AID OF THE LONDON HOMŒOPATHIC HOSPITAL.

UNDER the auspices of the Loyal United Friends, the third annual procession for the benefit of the London Homœopathic Hospital, Great Ormond Street, took place on Sunday, the 23rd August, when divine service was held in the church of St. George-the-Martyr, Queen Square. A sum of about £30 in previous years was collected in aid of the funds of the hospital by the working men of the neighbourhood who had received benefit at the hospital. We hope that the success will not be less than before.

WILDUNGEN.

LAST month we received, too late for insertion, an interesting letter respecting Wildungen from Major Vaughan Morgan. Wildungen is a rising watering place near Cassel in Germany, and is situated in a beautiful valley 800 feet above the sea-level, surrounded by woods and hills rising to 2,000 feet. The springs are four in number, viz., three celebrated for their action in all urinary diseases, the other being a powerful chalybeate. The "cure" at Wildungen consists mainly in drinking one or other of these waters, the Georg Victor Quelle and the Helenen Quelle being the most frequently used; but it is generally supplemented by the use of the baths, the activity of which is due to the presence of free carbonic acid.

Major Morgan states that Dr. Marc has quite a European reputation, but unfortunately speaks very little English. Dr. Severin speaks English fairly well, and Major Morgan formed a high opinion of his ability.

There are several good hotels at Wildungen (the best being those of Mr. Göcke), the charges are moderate, and the food is good.

TRIGEMINAL NEURALGIA AND IODIDE OF POTASSIUM.

IN a recent number of the *Neurologisches Centralblatt* reference is made to some interesting facts related by Dr. S. Ehrmann as to the occurrence of severe facial neuralgia after the

administration of even small doses of iodide of potassium. In the first case mentioned, the patient, a strong working man of thirty-five, suffered most intense pain in the forehead and in the teeth, with sensitiveness over the whole distribution of the fifth nerve, after taking fifteen grains of the drug. A second patient after taking thirty grains had much pain in the region of the upper jaw, with pain and tenderness in separate branches of the nerve, and also œdema of the eyelids on the left side. A third and a fourth patient also suffered from similar symptoms after similar doses. There were associated in all the cases much lachrymation and injection of the conjunctiva, but the symptoms rapidly vanished, and did not reappear on a further administration of the drug. The cases are not only interesting, but important, for it is desirable to know as much as possible regarding any peculiar effects likely to be produced by a drug which is so frequently administered as is *iodide of potassium*.—*Lancet*.

LARD AND VASELINE CONSIDERED WITH REGARD TO CUTANEOUS ABSORPTION.

We extract the following important remarks from a recent number of the *Feuille Medical*. It is known that physicians have a tendency to substitute vaseline for lard as the excipient used in the preparation of ointments; but does absorption into the skin take place in the same manner with two such different substances? Such is the point which Messrs. Adam and Schonmacher have endeavoured to throw light upon, and the results of their experiments have appeared in the *Revue de Médecine Vétérinaire*. In the first place, they tried whether fatty bodies are really absorbed by the skin, and to what extent. For this purpose they prepared an ointment of 8 grammes of lard and variable quantities of hydrochlorate strychnine, and they applied this ointment *without friction* on the shaved head of a dog. Of course, in this position, the dog could not lick it off. On the other hand, they took the precaution of examining whether there happened to be any scratches on the surface, which solutions of continuity might account for any absorption that took place. Moreover, the animal was attentively watched. With an ointment thus made, containing 0.05 grammes of a salt of strychnine, Messrs. Adam and Schonmacher observed no toxic symptoms. With an ointment containing 0.5 gramme even, there was only very slight inflammation produced, and with another experimental ointment containing no less than 2 grammes of strychnine salt, a dog of 10 lb. weight was attacked with tetanic convulsions in about three minutes, and died in the

course of twenty minutes; a dog weighing 72 lbs. died in like manner in twelve hours. It might be objected, that in shaving the dogs' heads some abrasions had been produced; but the authors, having made purposely such an abrasion on the head of another dog, proved that death did not occur more rapidly. When the same experiments were made with ointments of exactly the same strength made with vaseline, no poisoning occurred. The use of atropine in place of strychnine gave precisely identical results; with lard, mydriasis was produced; with vaseline, nothing. The authors conclude that with lard ointments absorption does occur, but it is slight, as doses a thousand times as large as those necessary for hypodermic injections are requisite to kill. With vaseline ointments there appears to be no absorption whatever if the surface of the skin be intact.—*Magazine of Pharmacy.*

INGROWING TOE-NAILS.

DR. PURCKHAUER recommends the following method in the treatment of in-growing toe-nail: A forty per cent. solution of *potassa* is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp-edged glass: the next layer is then moistened with the same solution and scraped off; this must be repeated until the remaining portion is as thin as a sheet of paper, when it is seized with a pincette, lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled even for an hour.

HOW TO KEEP NEEDLES FROM RUSTING.

DR. ROBERT H. M. DAWBARN writes to the *New York Medical Journal* :—

“ It would be an interesting point to determine how many of your readers are agreed regarding the best way of keeping their various surgical goods and chattels ready for instant use. In talking with other surgeons, I find many opinions about it.

“ As to needles, for instance, I think the majority, after sterilizing them by heat, try to keep them dry. Dry sterilizing at the usual temperature is apt to injure their temper and

cause subsequent bending during use; boiling or steam, to induce flecks of rust. Rust, too, results from occasional subsequent exposure to air; and if cotton or cloth is used this attracts moisture. Should a film of vaseline or oil be applied as a protective, this causes dust to cling, and requires fresh cleaning before use. Glycerine I have tried and found wanting. In it, hygroscopic as it is, the needles do not remain entirely untarnished. They finally turn black.

“For the past year I have been pleased with the results of a new plan—new to me, that is, though very probably not to others. This is simply to keep my needles in alcohol. For extreme safety against rust, I use absolute alcohol; but the commercial article will probably be efficient. At least, some needles which I have kept in common alcohol for a month, as an experiment, are as bright as ever.

“Upon buying the needles, I immerse them in benzine to remove grease. Then, after running them through a towel, I plunge the point into a bit of cork of the size of a pea—to avoid dulling from jolting—and finally, with their corks, they are put and kept in a wide-mouthed, glass-stoppered bottle filled with absolute alcohol.

“After use, I sew through a thick, wet, soapy towel repeatedly, cleanse the eye with the thread, immerse in benzine, and finally replace in the alcohol. This last is certainly an efficient disinfectant, besides being an excellent protector against rust.”

CAFFYN'S "CARNIS" PREPARATIONS.

WE understand that the Liquor Carnis Company has found it necessary to extend its premises, and has fitted up a large new factory for the production of its raw beef-juice preparations. This is the only manufactory of its kind in Europe. Liq. Carnis preparations are well known in this country, and have received comment in our pages previously. Since their first introduction they have been extended and improved. The Liq. Carnis itself may now be obtained flavoured with celery, rendering it much more palatable than before. More recently a beverage for use hot is put up combined with extract of malt and a flavouring of cocoa. A jelly, lately introduced, would be a favourite preparation of Liq. Carnis were it not at present a little overseasoned. Suppositories for rectal feeding complete the list of these valuable dietetic articles. The practical value of *raw* meat juice is now too well known to need enforcing here.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

Communications have been received from Mr. DUDLEY WRIGHT, (London); Dr. MORRISON (London); Mr. KNOX SHAW (London); Dr. COOPER (London); Major V. MORGAN (London); Mr. CROSS (London); MURRAY MOORE (Liverpool); Dr. DRYSDALE (Liverpool); Dr. J. D. HAYWARD (Liverpool); Dr. GIBBS BLAKE (Birmingham); Miss COLLINS (St. Andrew's); Dr. HITCHCOCK (New York); Mr. J. NELSON (King's Lynn).

Dr. DRYSDALE (of Liverpool) has entered into partnership with Dr. JOHN W. ELLIS (formerly of Ryde and Stoke-on-Trent). Their address will be 18, Rodney Street.

We are requested to state that Dr. S. MORRISON'S address will in future be Grafton House, Clapham Common, S.W., in place of St. Leonards-on-Sea.

BOOKS RECEIVED.

Scientific Medicine in its Relation to Homœopathy. By Professor Theodor Bakody, M.D., of the Buda-Pesth University. Translated from the German by R. F. Bauer, M.D., Philadelphia. Boericke and Tafel. 1891.—*Fifth Annual Report of the Homœopathic League.—The Homœopathic Directory.* 1891. London:—Keen & Ashwell, Bond Street.—*Synopsis of the Lives of Victoria C. Woodhull and Tencare Claffin, the two first Lady Bankers and Reformers of America.* By G. S. Darewin. London. 1891. J. H. Corthesy.—*Sexual Health: A Companion to Modern Domestic Medicine.* By Henry G. Hanchett, M.D. Carefully revised by A. H. Laidlaw, A.M., M.D. Third edition. Philadelphia. The Hahnemann Publishing House. 1891.—*Vanoni's Weekly Sheet: Being Events of the Day, Illustrated.* London.—*Hahnemannian Homœopathy.* By George Logan and C. T. Campbell, M.D. Ottawa. 1891.—*The Homœopathic World.* London. September.—*The Chemist and Druggist.* London. September.—*The Monthly Magazine of Pharmacy.* London. September.—*The North American Journal of Homœopathy.* New York. August.—*The New York Medical Times.* New York. September.—*The American Homœopathist.* New York. September.—*The New York Medical Record.* September.—*The New England Medical Gazette.* Boston. September.—*The Hahnemannian Monthly.* Philadelphia. September.—*The Homœopathic Physician.* Philadelphia. September.—*The Medical Advance.* Chicago. August.—*The Medical Era.* Chicago. September.—*The Clinique.* Chicago. August.—*The Argus.* Cleveland. July.—*The California Homœopath.* San Francisco. August.—*The Homœopathic Envoy.* Lancaster, U.S.A. September.—*The Indian Homœopathic Review.* Calcutta. June.—*Bull. Gén. de Thérapeutique.* Paris. September.—*Revue Homœopathique Belge.* Brussels. July.—*Rivista Omiopatica.* Rome. August.—*Liepzig Populäre Zeitschrift für Homœopathie.* September.—*Gazetta Medica Di Torino.* August.—*Homœopathisch Maandblad.* September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 88, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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INFANT FEEDING.*

BY GERARD SMITH, M.R.C.S.

I TAKE the term "infant" to include the first year of life, the period of rapid change and active tissue metabolism, and, though I must disclaim all idea of originality in what I have to say, I feel that the subject, even in its elementary aspects, is one well worth our careful notice.

As to natural suckling, first: we do not always regard this function as one which we have under our jurisdiction, we are apt to neglect our opportunities, and to miss the chance of materially helping our baby patients, for we do not sufficiently recognize that we can help the mother to greatly modify the secretion of milk, and to vary the quality of the food, by the advice we may give her; the natural feeding also is our guide to the unravelling of the problems of artificial feeding, and as such demands our close attention.

Under the best conditions there is a regular and steady growth of the infant of from two-thirds to one ounce daily for the first five months of life, and from

* Read before the British Homœopathic Society, October 1st, 1891.

one-third to a half-ounce for the remainder of the year ; these figures should be our guide to estimate the progress of nutrition.

Perhaps the most important point in the matter of natural feeding, is that of the intervals of giving the breast, for the relative intervals have a great effect upon the chemical constituents of the milk. It is well known that too frequent nursing, and irregular intervals between the periods, will often transform a previously normal milk into a fluid utterly unfit for the nutrition of the infant. The relative proportion of the solids to the water in the milk, is of great importance to the infant ; the shorter the intervals, the greater the proportion of solids, and a longer interval increases the proportion of water. Of course, the more condensed milk with the greater amount of solids is the more nutritious, but the more watery milk, though less nutritious, is more easily digested ; the inferences in the matter of illness in infants from these facts are obvious ; infants who are vomiting their mother's milk, or having diarrhoea from undigested curds, are greatly benefited by increasing the intervals between the feedings, and so increasing the relative proportion of water to the solids of the milk, and infants who are suffering from bad nutrition, on account of the too large proportion of water, may be aided by shortening the intervals of feeding, so as to increase the solids.

As to the amount of milk taken by the infant from the breast, of course it is regulated by the breast itself ; it is best estimated by the size of the infant stomach at different ages, as to which I will speak presently. The weight of the infant determines to a great extent the amount it takes. A series of experiments made in the Children's Hospital of St. Petersburg gives the general result that the greater the weight of the infant, the greater the gastric capacity, and that 1-100 of the initial weight should be taken as the foundation of the

calculation, to this being added 15 grains by weight of food for each day of life up to one year.

The Table No. I. will give a general rule for the intervals of both artificial and natural feeding, these intervals and the number of feedings take account of the necessary longer interval of rest during the night, which comes about naturally in all normal cases.

TABLE I.
GENERAL RULES FOR FEEDING.

Age.	Intervals of feeding.	Number of feedings in 24 hours.	Average amount at each feeding.	Average in 24 hours.
1st week	2 hours.	10	1 ounce.	10 ounces.
1 to 6 weeks.	2½ hours.	8	1½ to 2 ounces.	12 to 16 ounces.
6 weeks to 6 months.	3 hours.	6	3 to 4 ounces.	18 to 24 ounces.
6 months.	3 hours.	6	6 ounces.	36 ounces.
10 months.	3 hours.	5	8 ounces.	40 ounces.

The variations that take place in human milk, are greater than those in cow's milk; the human subject, especially the nursing mother, is far more affected by external impressions, and the nursing mother has the thousand mental cares and worries which the happy cow escapes. Indeed, if we could approximate the woman to the quiet contented state of our cows, we should hear far less of the mother's milk disagreeing with the infants; a cow is, any day, a happier creature than a nursing mother.

Human milk is slightly alkaline in reaction; has a specific gravity of from 1,028 to 1,034; it contains water, 87 to 88 per cent.; fat, 3 to 4 per cent.; albumenoids, 1 to 2 per cent.; sugar, about 7 per cent., and ash 0.2 per cent. You will find this rough analysis in the papers I have put before you in Table II.

TABLE II.
ROUGH ANALYSIS OF HUMAN MILK.

Reaction	Slightly Alkaline.
Specific Gravity	1028—1034.
Water	87—88.
Fat	3—4.
Albumenoids	1—2.
Sugar	7.0.
Ash	0.2.

For clinical purposes we do not need a more exact analysis of the albumenoids of the milk; it is a general term which we use to include chiefly casein, and an albumen which is physiologically the same as the albumen of blood serum. The chemistry of these albumenoids is at present rather obscure, but is quite exact enough for practical purposes, and the same may apply to the ash; no doubt it contains various salts, but it is the total amount which concerns us in estimating the value of a sample of milk for its nutrient power. Milk is the result of the activity of certain cells forming the epithelium of the mammary gland; microscopically, the cells can be seen distended with fat globules, as in the fat-cells of adipose tissue, and the fat is discharged from the cell by extrusion, as an amœba discharges its waste food. The fat in milk is not a mere extravasation from the blood; the female mammal gives off far more fat in her milk than she can take into her blood in food; in fact an increase of fatty food given to a suckling mother reduces the amount of fat in the milk, and proteid food largely increases the fat in her milk. If milk be kept warm outside the body, the casein is increased at the expense of the albumen, hence this ingredient also is one which is formed apart from any direct exosmosis or extravasation from the blood.

If carnivorous animals feed exclusively upon non-glycogenic food, milk sugar still continues to be formed in due proportion in their milk, so that this element also is formed in the gland apart from the blood supply.

There is evidence then that milk is formed in the mammary gland by direct metabolic activity, and that in the gland the three great classes of foodstuffs—proteids, fats, and carbohydrates,—are thus formed out of that complex substance, protoplasm. But it is necessary to observe that in a part of its period of activity the mammary gland does eliminate from the blood various substances; in the colostrum period transudation from the blood certainly takes place, it is the period during which the gland has not attained its full powers of secretion from its own cells, and irregular health in the mother may prolong this period.

We have, therefore, to guard as best we can against the causes which influence the human milk for the bad. As quiet and as restful a life as possible is necessary.

Women who imagine that the claims of society on their time are greater than those of their infant, are not justified in attempting to suckle their children, as the weary work of attending to social engagements is far too great a strain on their nervous powers, and will affect the milk, often very seriously. I prefer, however, to allow the mother to take the responsibility in these cases, for I am always of opinion that the natural source is the best for the infant if the mother be healthy.

Irregular meals, and seasons of fasting, are serious drawbacks to the mother's powers of producing good milk, and of course it is well known that the mother needs a plain mixed diet, with extra water, which water cannot be supplied so well in alcoholic drinks as it can in the form of pure water, though I do not mean to say alcoholic drinks are out of place during lactation; every case stands on its own merits in this respect, and no general rule can be laid down in the matter.

The influence of menstruation upon the milk is a serious point. The majority of healthy infants are not seriously affected by the occurrence of the menstruation in the mother during lactation, and other infants are only affected for a day or two. In such cases, there is no need to interrupt the natural feeding, but where the infant is seriously affected, and the bad influence persists far into the following month, the question of weaning may come up.

Far more serious is the occurrence of pregnancy during lactation. Very few mothers are able to bear the strain of supplying food for three lives at the same time—themselves, their infant, and the unborn foetus. Their milk degenerates, their own health suffers, the infant is starved, and there is the danger of reflex irritation to the uterus to be considered. Pregnancy should be, in my opinion, a bar to the continuance of lactation. Fortunately this settles itself very usually in the natural way, as the milk ceases to be secreted with the onset of pregnancy; but this is not always the case.

The question of weaning generally settles itself by the failure of the quantity or quality of the mother's milk. Premature weaning, that is weaning before the infant has attained the power of digesting starch and has any teeth, may be necessary for various reasons, but I think

we are too often in the habit of recommending the mother to wean unnecessarily. If we cannot, by altering the mode of life and the diet of the mother, so change her milk as to bring it to the normal, the child must be weaned ; but, as I have before indicated, we do possess considerable power of modifying the mother's milk by varying the intervals of nursing, and by diet. Proteid foods increase the proportion of fats in the milk ; the water, which is the only part of the milk directly derived from the blood, is made to vary by the amount in the mother's diet, and by longer intervals or the reverse, of nursing, and the relative proportion of solids is thus modified. A wet-nurse is the next best to the mother's milk. It is not necessary here to go into the question of the wet-nurse ; the rules which apply to the mother are the same as apply to her, and we should always be on our guard against the foolish tendency of the employer to overfeed her, and so derange the milk supply.

And now I come to the question of artificial feeding. I cannot, for want of time, deal with it in any way but in outline. We, of course, wish to imitate nature's methods, to give, at a temperature of about 100° F., sterilised food, by means of an apparatus which shall not exhaust the infant's strength in sucking, food which shall imitate the mother's milk as closely as is possible. At present the methods of artificial feeding are very diverse.

The digestion of infants is liable to be seriously interfered with at three periods of life : during the first start of artificial feeding, again at the time of teething—at these periods experiments are made to find the best food—and again at weaning from the bottle. The first period (the first onset of the infant's artificial feeding) is the most important, for the gastric apparatus is then at the time of its most rapid development, and is taking on for the first time its new duties.

The first point of importance is that of the quantity at each feeding ; we take the size of the infant stomach at each age, as the guide to the average amount. At five days old the average stomach will contain 1 ounce of fluid ; at one to six weeks, 1½ to 2 ounces ; at three to six months, 3 to 4 ounces ; at six months, 6 ounces, and at eight to twelve months, 8 ounces. As a rule you

will find that parents give the proper contents of the six months' stomach from the very first, and I believe that the distension of the stomach resulting from this is the cause of the majority of digestive troubles in infancy. Those who have made many post-mortem examinations on the bodies of infants have been struck by the great proportion of dilated stomachs; I do not think that the stomach under natural conditions would ever be dilated, and in Table I. on the printed paper, I have given a list of feeding times and quantities, which will be found to be of practical use.

Nature's method is a sterilizing one; adults get their animal food sterilized in the majority of instances, and our infants' food should certainly be sterilized. In conducting the process of sterilization, it is well to remember that it is easier to kill the developed bacteria than it is to destroy the spores; if all the spores present in the milk are first matured they will be in the complete form, and more readily killed, hence, the best plan of sterilization is to warm the milk to a luke-warm heat for an hour, and then raise it to a heat of about 150° F. for twenty minutes. Steaming the milk is the best way to keep it at this temperature. In my own nursery I have the milk divided into as many portions as there are to be feedings in the day, these are placed in bottles which they completely fill, and these bottles are stood together in a large tin potato steamer; any other large covered metal kitchen utensil will answer. A little water at the bottom of this steamer is allowed to boil for twenty minutes, when the bottles are corked with clean cotton wool plugs, each one being opened for a meal.

It is worth noting that if milk be boiled, chemical changes take place which modify it in a way which this lesser heat does not bring about; milk sterilized at boiling heat, is less completely digested than that at a lower temperature, and less than that of quite raw milk. There is in milk a ferment capable of rendering starch liquid and assimilable, which ferment is destroyed by boiling; this is of importance in the case where the infant has progressed to starchy foods, prepared with milk.

Then again, the lesser temperature, whilst completely

sterilizing the milk, does not destroy the milk sugar, or coagulate the albumen of the milk.

TABLE III.
DIFFERENCES BETWEEN HUMAN AND COWS' MILK.

WOMEN.		COWS' as usually received.
Reaction ...	Slightly Alkaline.	Slightly Acid.
Coagulable albumenoids }	Small proportion.	Large proportion.
Coagulation by acids ... }	Not perceptible in test tube.	Marked in test tube, greatest with pure milk, less with milk diluted with water, and when 5 water to 1 milk, not perceptible.
Water ...	87—88.	86—87.
Fat ...	4.	4.
Albumenoids ...	1.	4.
Milk Sugar ...	7.	4.5.
Ash ...	0.2.	0.7.
Bacteria ...	Not present.	Present.

Table III. will give you a summary of the differences between human and cows' milk. Having treated of the sterilization which gets rid of the last item on the table, the bacteria, we have to render the milk alkaline in place of acid, and this is best done by adding half a fluid ounce of lime-water to each half pint, after the heating, so as not to deposit the lime; we then find a large proportion of albumenoids in cows' milk as compared with human, and this excess is of coagulable albumenoids. In human milk, the albumenoids are less easily coagulable by heat. The simplest test for the amount of albumenoids is a few drops of acid, acetic or hydrochloric, and by the table you will see that to bring the coagulability of the albumenoids in cows' milk to the same condition as in human milk we must add five volumes of water. The fats are the same in cows' milk as in the human, but the necessary dilution of the cows' milk to obtain the correct proportion of albumenoids has reduced the fat and sugar far below the human standard; hence it is necessary to add fats and sugar; cream is the best form of fat to use, and milk sugar. Equal parts of cream and milk sterilized, and added to five parts of water, and alkalized by the subsequent addition of lime water, with the addition of half ounce of milk sugar to each half pint,

will make an artificial human milk, which I have on many occasions proved to be extremely valuable in practice. Each feeding should be warmed by adding the water to the sterilized milk and cream, warmed to a little over 100° F. Babies' bottles are now sold with thermometers attached, which render this easy of estimation.

But the great expense of cream in our city life renders this, the best artificial food I know of, too great a luxury for many of our clients, and the want of brains amongst many of them makes the probability of their preparing the food properly very small, so the many forms of ready prepared foods in the market find a ready sale. Before speaking of them, I have a word to say as to the use of milk sugar.

Cane sugar has generally been used, it is said to be a preservative, and in the condensed form as in condensed milk, it has such a power; but the milk must be diluted for use, and then it has very active fermentive powers in the stomach. Milk sugar being found as such in the milk of all mammalia, there must be some reason for its existence. Both cane and milk sugar are changed into glucose in the intestines, but there seems to be some difference in the extent to which they can be used as nutriment, before they are thus converted. So far as is known, cane sugar is merely a reserve, and is not used directly for nutrition; milk sugar is probably not only a reserve, but is used as a nutrient; milk sugar dissolved in water and injected under the skin does not appear in the urine, but cane sugar, under the same conditions, is eliminated unchanged; milk sugar undergoes no direct alcoholic fermentation, but in the presence of nitrogenous ferments, is changed into lactic acid, whilst cane sugar readily undergoes alcoholic fermentation, and only very slowly and imperfectly is changed into lactic acid. Lactic acid is of great importance.

In the upper part of the intestines of milk-fed infants there always exists, under healthy conditions, a bacillus which is perhaps the immediate cause of this change of the milk sugar into lactic acid. It is found that the presence of this bacillus acts upon the milk sugar so as to transform it into lactic acid, and lactic acid is fatal to many other bacilli of hurtful kinds. On the other hand, the butyric fermentation of cane sugar is a fertile source

of digestive trouble in infants. On the whole, then, we are not justified in using a vegetable sugar, which is foreign to milk, when milk sugar is available.

Much error exists as to the supposed evil effects of lactic acid. It is a necessary substance for the proper digestion of milk, and a far larger amount of it may be taken than is present in ordinary food with great benefit in cases of fermentive diarrhoea. But I would not say that the glucose formed from cane sugar is in any way more hurtful than the same substance formed from milk sugar. It is on the road to the change from sugar to glucose that the evils arise in the case of cane sugar. There are many foods on the market containing glucose, ready made, which prove assimilable by infants.

As to the various prepared and patent foods, they may be classed under different heads:—

1.—Condensed milk with a very large proportion of cane sugar.

2.—Condensed milk without sugar, sterilized milk food, as Loefflund's.

3.—Peptonized milk foods.

4.—Condensed milk with cereals, and the starch unchanged, such as Nestlé's.

5.—Powdered dried milk, and cereals, the milk partially peptonized, and the starch partially changed into soluble starch and dextrine, as Carnrick's.

6.—A cereal food with the whole of its starch converted into glucose—Mellin's Food.

In the first food, the condensed milk, we have on dilution a food which has the albumenoids and ash in about the right proportions, the sugar also as to amount about right, but it is cane sugar, and the fat is very much under the proper standard; it has also a neutral reaction.

The production of animal heat is so important to the infant that we are not surprised at the large amount of fat and sugar in its natural food; a great excess is required as compared with the foods of adults, and no artificial food meets the wants of the infant which has not this proper excess. Also I think that a slight excess of fat over the requirements of nutrition has a great effect for good in the process of defæcation. To this condensed milk food it is therefore necessary to add

cream to supply the fat, and the reaction must be made alkaline with lime water or carbonate of soda.

The second form of food, sterilized milk without sugar, on dilution gives a food much reduced in fat, sugar, and total solids, and we have to deal with it as with raw cows' milk.

The third form of food, peptonised milk, comes under the head of pre-digested foods; under ordinary circumstances, we do not wish the normal functions of digestion to remain in abeyance. This pre-digesting is contrary to nature's teaching, and we are often in danger of putting into the infant's stomach too great an amount of digested albumen. The healthy infant should do its own digestion, though the conversion of the sugar into glucose, if complete, does no harm to the infant in artificial foods, and partial pre-digestion may be resorted to with benefit in cases of illness.

The fourth food, containing unchanged starch, is one of a class which may be digested sometimes by strong infants, by the help of the starch-liquifying ferment in milk, but a large proportion of the starch passes through the intestines unchanged, and will be found in the fæces of all infants fed on these foods. Starch is a substance entirely foreign to human milk, though infants after six months of age may digest it, as their salivary and pancreatic secretions are sufficiently developed; even in infants before that age there is a slight power of transforming starch into glucose, but we may safely take it that though every new power is meant for use, yet it should not be fully taxed during its period of development, with the full work which it will easily accomplish at a later period, and a function will always develop finally more power if it is not thus overtaxed at the earlier period.

In the fifth foods we have the starch still present, but partially changed into glucose, and the milk is partially digested, thus sparing the functions of digestion from work partially. The objections to these foods are the same as to the last form, but less in degree.

Finally, we have Mellin's food, in which the whole of the starch is converted into glucose, the final product of the normal digestion of the milk sugar. This is the best food I have met with. My personal experience of it at home has been very satisfactory. The analysis on the

printed paper shows Mellin's food as diluted with milk and water, and speaks for itself. As a close imitation of human milk I have found it useful as the infant grows to gradually educate the sugar transforming powers by the gradual addition of milk sugar to the food, and later on to add gradually free starch as the infant develops the power to deal with it.

TABLE IV.

ANALYSIS OF MELLIN'S FOOD WITH COWS' MILK.

Water	85.34.
Sugar	6.95.
Fat	3.
Albumenoids	4.45.
Ash	0.72.
No Starch, Food entirely soluble.	

DISCUSSION.

Dr. DUDGEON said he could endorse Mr. Smith's praises of Mellin's food, which he had found very satisfactory. He differed from Mr. Smith in his recommendation of mixing lime-water with milk indefinitely. He had seen diarrhœa traceable to this, and stopped by its discontinuance. He did not think the acidity of cows' milk was of importance. Children, like adults, may thrive on a great variety of aliments; but it was well to have a standard, and he thought the Society was indebted to Mr. Smith for bringing the subject forward so ably.

Dr. FRANK NANKIVELL endorsed the recommendation of Mellin's food in early infancy. After six months he found Chapman's wheat flour very good for strong children.

Dr. DYCE BROWN thought that most nursing women required "stout," but the effect on the baby was the best guide. When menses recurred during nursing, there was no need for ceasing nursing, as long as mother and baby were well, and not suffering from it. Pregnancy during lactation was so rare that one seldom had to give advice, but if it should occur, lactation should cease. Mr. Smith's recommendations were excellent, when the child was healthy. The difficulty in feeding arose when milk could not be digested in any form. In such cases, peptonised milk, Bengers' food, or barley water with a few drops of Bovinine or Valentine's meat juice in it, answered well. Hards' food and Revalenta were very valuable, and much liked by babies. He mentioned one case where Revalenta saved the child after all other food had failed. The Aylesbury Dairy Company's "artificial human milk" he had seen very successful in such cases.

Mr. W. S. Cox wondered if it were possible to instil some of these truths into the minds of mothers among the poor. They seemed to give their children chops and beer, or anything that was going, the appalling effects of which treatment was seen in the infants admitted to the wards. These children almost invariably improved on the hospital diet.

Dr. CLIFTON (Northampton) said the remarks of Mr. Smith hardly applied to his patients, who are largely factory women. Nursing during menstruation generally does tell on mothers and children, though it may not appear to do so at the time. He often traced diarrhœa in infants to it. Nursing during pregnancy causes women to fall away and gives rise to obstinate constipation. He had seen as much anæmia the last four years as he had in the twenty years previous, and also attended with obstinate constipation.

He did not find alcohol required. Plenty of milk, cocoa, and water are all that are necessary. Cold water is food for infants; especially if they are constipated. He always advocated the free use of it. With regard to stomach capacity, he doubted if Mr. Smith took into account the difference between the living stomach and the dead; and milk did not stay in the stomach long. "Sterilizing" food was impossible among the poor. Referring to the effect of condensed milk in producing rickets, he did not find that it did. When the milk is deficient in fat, if cream is put to it, it often gives diarrhœa. He found two or three drops of cod liver oil, and shaking them well together, answered admirably. Mr. Smith had rightly mentioned the periodical weighing of the child as the best test of its progress; but he had learned one equally good from an old nurse, namely, looking at its buttocks.

Mr. HURNDALL thanked the President for the courtesy extended to him as a visitor, whereby he was permitted to take part in the discusseion upon the important subject so ably introduced by Dr. Smith; and he appreciated the opportunity of offering a few remarks the more, as Dr. Smith's subject was one alike interesting to the medical and to the veterinary professions. In some respects the difficulties each had to combat in facing the problem, how best to rear the young, were very similar, especially as regards the various forms of diarrhœa affecting the very young. In considering this peculiar pathological condition as it affects animals, probably bovines suffered more than any other, and it had often furnished a fruitful subject for earnest consideration in his own mind why calves were so frequently the subjects of obstinate diarrhœa, and like Dr. Smith with children, so he had come to the conclusion that

more often than not the food given to the mother was responsible for this oft-repeated condition. Until this evening Mr. Hurndall had been under the impression that children's stomachs and digestive organs generally could be trained by practice to bear the administration of raw cow's milk, and he gladly took this opportunity of thanking Dr. Smith for the very lucid explanation he had given whereby it was made clear to his (Mr. Hurndall's) mind that it was far safer in the interests of the child's health so to alter the constituents of the cow's milk as to make it as nearly as possible like the woman's. There was a lesson to be learned from Dr. Smith's arguments which might be in turn usefully applied to nursing animals.

The subject of cows' milk as used for human food was one of intense interest. Dairies, as at present managed in all large centres of population, were simply a disgrace to our sanitary laws; there was no wonder that zymotic disease was rife in our midst; Mr. Hurndall had repeatedly drawn the attention of medical men to this matter, and he was glad once more to have the opportunity of doing so. It was well known that milk was one of the most favourable vehicles for conveying the germs of disease from place to place, and until the law stepped in to enforce strict cleanliness in all things affecting milk, so long would disease be spread through this medium; he earnestly commended the consideration of this subject to all medical men with a view to secure their influence and co-operation with members of his own profession in bringing about a change for the better in this direction. Mr. Hurndall would assure one gentleman who had spoken, that cows did not menstruate, but probably a misapprehension had arisen, inasmuch as cows, after parturition were periodically the subjects of *œstrus* until such time as the sexual appetite was appeased, and during the periods of *œstrus* a glutinous discharge coloured with blood passed from the vagina which had possibly led some persons to conclude that cows underwent the function of menstruation. Mr. Hurndall did not believe that the milk of the really healthy cow contained bacteria, and when present he believed these organisms were introduced *in transitu*: it might be that the organisms described by Dr. Smith as bacteria were really those which are present in tuberculous animals, of which unfortunately we have a tremendous number among our herds, particularly highly bred herds like the Bate's shorthorns, in this country, and this is another subject which in the interests of the health of the community at large calls aloud for stringent investigation, especially when discussing the value of milk as a food article for young susceptible children.

In conclusion, Mr. Hurdall desired to thank Dr. Smith for his interesting and instructive paper.

THE PRESIDENT asked if he correctly understood Mr. HURN-DALL that milk was supplied to us from cows which were pregnant.

Mr. HURN-DALL said certainly it was so.

Dr. MOIR endorsed Mr. Cox's remarks on the impossibility of feeding the infants of the poor properly. It was impossible to keep bacteria out of milk, and it was safer to give artificial food entirely. The point brought out by Mr. Smith on over-feeding was most important. Some mothers had said to him that they nursed their children every half-hour. He agreed with Dr. Dyce Brown that barley-water, with perhaps a little cream, was an excellent food where milk was not tolerated. Mellin's was certainly one of the best foods. He had traced illness to milk from cows kept entirely on oil-cake all the winter, never being let out from the cow-shed for three months.

Mr. DUDLEY WRIGHT thought changes were made in cows' food at different times of the year. They were given grains when they went off grass, and this caused diarrhoea in children. An important thing was the kind of bottle used; they should have no tubes. Goats' milk was useful at times. It is very important to choose a wet-nurse carefully. She should be healthy and have a healthy family history, and her own child should be the same age as that of the one she is engaged for. The breasts should be full, and the child should be evidently satisfied.

Dr. MADDEN said the form of the bottle was important, not only from the point of cleanliness but also from the desirability of having the child take all the food at once whilst warm, and not be allowed to keep the end of a tube in its mouth and suck every now and then from a bottle beside its cradle. He discussed the question of sterilisation and the importance of the question of tuberculosis, pointing out that they were quite distinct from one another. Mr. Smith's formula differs from that of the Aylesbury Dairy Company in the omission of any attempt to remove curds. His experience was the same as that of Dr. Clifton; that no advantage was to be gained from alcohol by a nursing mother. Stout for the mother was on a par with castor oil for the baby; they were both old nurses' traditions, and he advised against both.

Dr. GALLEY BLACKLEY has seen much of children's diseases in Liverpool, and the effects of bad feeding. He read a book by Dr. Thomas Inman on infant feeding. Dr. Inman advocated feeding infants in marasmus with whiskey (one to

twenty of warm water), giving nothing else for three or four days. The child knows when it has had enough, and apparently gains flesh.

The PRESIDENT (in the chair) referred to his experience at the Evelina and Children's Hospital, where a large proportion of patients were suffering from errors of feeding. He approved of Mellin's food, but he had noticed that at first it seemed to cause diarrhœa. He was of opinion that alcohol was not needed by nursing mothers. It had been said that some babies could not take milk. He suggested barley-water mixed with veal broth as the best thing in these cases. The great difficulty with peptonised food was to disguise the bitter taste. Regarding Revalenta, he recalled a remark of Dr. Pavy's that Revalenta was a very dear way of buying ground lentils. He had seen two cases of sloughing of cornea in children fed exclusively on boiled bread—bread boiled in water. One child is now dead, and one is permanently blind. At a consultation on one case it was said the condition was more like that described as being common among "skilly"-fed prisoners.

Mr. GERARD SMITH (in reply) said starch might be useful before the age of six months as a separator of curds. It does not do to remove all the curd. He asked at what age Dr. Clifton gave cold water? [Dr. Clifton gave it from a month upwards]. Referring to cows' milk, he said certainly it yielded more curd than children could digest. Egyptian cows gave milk which was much more digestible, the cows not having been so carefully bred to produce casein. He had noticed the diarrhœa following Mellin's food, but it was only for a very short time. He did not underrate the action of the whiskey in Dr. Blackley's cases.

NOTES ON THE CLIMATOLOGY AND PREVALENT DISEASES OF NEW ZEALAND.*

BY JOHN MURRAY MOORE, M.D., M.R.C.S., F.R.G.S., &c.

(Continued from page 641.)

No. III. CLIMATIC ZONE

includes the remainder of the Middle Island from lat. 43° southwards, and the South or Stewart's Island. The climate is more like that of the British Islands than any other zone, with important local modifications. We may leave out of consideration the inland lakes, except Queenstown on Lake Wakatipu, the Windermere of New

Zealand, and the west coast Sounds, which are not yet inhabited. But for examples of habitable places illustrative of this Zone, we will take Christchurch, Bealey, Queenstown, Dunedin, and Invercargill.

Christchurch, the "Cathedral City," or "City of the Plains," as it is called, is the important capital of the province of Canterbury where the largest plain in New Zealand exists, on which very fine wheat is grown. The winds from the S.W. and W. in summer lose their moisture in passing over the lofty range of the southern Alps, and become so heated in passing over this plain that, by the time they reach Christchurch, situated at its eastern edge, and shut off from the cooling influence of the sea by the Lyttelton hills, the inhabitants suffer from a slight imitation of an Australian hot wind, for a few days in the year. On the other hand, in winter these winds pass over the snow-clad Alps and blow very cold in Christchurch. But the spring and autumn weather in this city is perfect. Some cases of asthma do well here, for the dryness of the air is remarkable; but I cannot recommend any consumptive or bronchitic person to this part. Indeed I remember distinctly that a bank cashier, who had had a cavity in his phthisical lung completely healed up, and had enjoyed life thoroughly in Auckland for, I think, four years, collapsed shortly after the bank removed him to Christchurch.

Bealey, a mountain station on the road to Hokitika, 2,104 ft. above the sea, and Queenstown 1,070 ft., have very pleasant cool summer climates, 54° and 64° respectfully. The former is the coldest meteorological station in New Zealand, there being in winter 20° of frost, and the average for the whole winter (for 18 years) being 46°. The latter is a capital sanatorium for invalids convalescing from fevers, exanthemata or any acute pulmonary disease contracted in Dunedin or any other sea-side town in this Zone. Queenstown is the most healthy and enjoyable summer place of residence in the colony, being on a grand lake full of fish, not liable to sudden storms (therefore safe for boating), and surrounded by mountains that can be ascended without either danger or hardship. It has a winter mean temperature of 40°, the same figure as that of Greenwich, Oxford, and Manchester (1861-84.) This Zone, especially the Dunedin section, affords a pleasant and

bracing change from the heats of the North Island, though the transition in a week from a shade temperature of 80° to one of 60° , or even to 47° at night, as I found it, causes in some sensitive persons a functional derangement of the kidneys by the sudden check given to the cutaneous perspiration. This is soon righted, and if the invalid returns north not later in the summer than March, he will keep in good health. I do not advise any patient suffering from chest complaint to go to Dunedin; but for some cases of dyspepsia and liver inaction caused by the heat of other Zones, the climate is beneficial.

No. IV. CLIMATIC ZONE

is marked by a circle (which the printer has made rather too large) in the centre of the North Island. It is the nearest approach in New Zealand to the "high altitude climate" of climatologists, and as such deserves the separation from Zone No. I. that I have made. This Zone consists of an extensive inland plateau 3,000 square miles in extent, with Lake Taupo as its centre, and having an average elevation above sea-level of about 1,200 ft. Standing round this lake are all the volcanoes, both extinct and active, of the North Island. The highest of the extinct ones is Mt. Ruapehu, 8,878 ft. high; and the active one, Ngauruhoe, is near it, 7,481 ft. It was in this district that Mt. Tarawera broke suddenly out into eruption on the night of June 10th, 1886, an event which is of tremendous significance in the topographical history of New Zealand, having destroyed the Sinter Terraces, which were the great attraction of New Zealand, and foreshadowing, it may be, still more destructive events in the future. *But this outbreak may give quiet and peace to the local disturbances of the earth's crust for many years to come.*

The soil being of pumice, lava, scoria, friable earth, and sand, the rain that falls in this Zone soon evaporates. The light, clear atmosphere, more rarefied than at sea-level, and much more free from gales (see page 636), particularly suits asthmatic and emphysematous cases, which are worse at sea-level, and those neurotic persons who during hot weather suffer from *insomnia* at the sea-coast, or in the valleys.

This Zone contains the Hot Lake District, where the

famous and very numerous thermal sulphur and other springs are found.

Having condensed in my fifth chapter all the information up to date given by the medical pamphlets on the subject, the reports of Sir James Hector, and my own personal experience, I need not enlarge on this subject, further than to state that the world-wide reputation of these *baths*—for they are too rich in acids and salts to be imbibed—in the cure of rheumatism, gout, rheumatic gout, sciatica, and other neuralgias, functional local paralysis, scrofulous diseases of the joints, amenorrhœa, general chronic eczema, psoriasis, ringworm, and secondary syphilides, is amply warranted by facts within my knowledge. On the other hand, no patients suffering from far advanced pulmonary phthisis; from chronic Bright's disease; from spinal caries; from myelitis; from cerebral softening; or from organic valvular disease of the heart, should be sent there. The definite and categorical information now supplied in this chapter now enables the medical attendant in England to select for a patient who is intending to take the voyage to New Zealand the particular spring or group of springs that will best suit his disease. But in all cases the local balneologist must be consulted how to use it, or them, as the case may be.

And now I must speak of the diseases which are cured, or alleviated, or not benefitted by these four climates, and by the sea-voyage. The most important and most frequent of these, for which New Zealand is sought, is pulmonary consumption. Now, I strongly urge patients who are far advanced in the second stage of phthisis; patients suffering from *phthisis florida* or hæmorrhagic phthisis; and those affected with laryngeal phthisis, *not* to go to New Zealand. If they are "bad sailors," as it is termed, even the sea-voyage, usually the most beneficial element in the whole trip to the Antipodes, will injure them, for in my experience as ship's surgeon, I have found consumptive passengers quite as liable to sea-sickness as healthy persons, and serious hæmorrhages from the lungs are often superinduced by the vomiting and straining. I have seen such patients, alas! land in Auckland but to die amongst strangers and far from their homes, within two or three months of their arrival. I would limit my recommendation of New Zealand as a

“cure” for consumption to well-diagnosed cases of genuine tuberculosis in its first stage; chronic pneumonic phthisis (of which most cases of so-called consumption consist); chronic unresolved pneumonia with emaciation, chronic pleurisy with adhesions; chronic bronchitis with purulent sputa, and *simple* (not tuberculous) chronic laryngeal ulceration. In all such cases the powers of primary digestion should be in fair condition. Then, again, to obtain benefit from any of these eliminates the patient must be able to take some exercise, even if it is only driving in the open air. The colonial houses are mostly wooden, often damp and insufficiently warmed in winter, but far too hot and “close” in the height of summer. Also the patient should have the faculty of cheerfully adapting himself or herself to new surroundings, new neighbours, and so on. If the consumptive visitor must work for his living, let him go round the farms and seek employment, rather than follow any indoor trade. Many lives have been saved by this constant living in the pure air of the country, and especially when horseback-riding has been the means of locomotion. It is far preferable to driving in a buggy or dog-cart, for the roads get worn into deep ruts and cross channels in the rainy season, and the jolting becomes excruciating to an invalid, as well as dangerous after dark. On the other hand, the worst thing a consumptive visitor can do is, as soon as he begins to feel better, to *attempt too much sight-seeing and exploration*. The most essential rules for him are to eat regularly, and to carefully avoid over-fatigue and getting wet. New Zealand being full of natural wonders, being absolutely free from wild beasts, snakes, malaria, and venomous insects (except the rare *Katipo* spider); and travel through the wildest Maori districts being perfectly safe, the invalid is apt to forget himself in his enthusiasm, and become a tourist, with, perhaps, even mountaineering ambition.

One word as to stimulants in New Zealand. I advise invalids not to attempt to drink the same amount or kind as at home. The stimulating air of the Colony renders it unnecessary for them to take port wine, stout, or whiskey. The lightest of the Australian wines, light Colonial or lager beer, and effervescent teetotal drinks (such as Zoëdone) are quite sufficient. The new whiskey

sold everywhere is most deleterious, and cannot be too carefully avoided.

Of high alpine sanatoria, resembling those of the Engadine, the Andes, or Colorado, New Zealand possesses none, though Zone No. IV. gives some of their advantages, combined with the vast resources of the thermal springs.

But I could point out at least nine localities* in the Colony where an enterprising capitalist, who understands its management, could erect a hydropathic establishment, or family hotel, which would become a great success, because of its meeting a real need in New Zealand.

The general effect of the climate of No. I. Zone upon the consumptive and bronchial sufferer is sedative; that of Zone No. II. is sedative on the east coast, and tonic on the west; that of Zone IV. is both tonic and slightly stimulant. (I am here using Dr. Lindsay's terms, which are accepted by medical writers on climate.) Zone III. is to be avoided altogether. If we accept Hirschberg's conclusions as to the values of certain climates in phthisis, I should place New Zealand as a whole, with the limitations I have now given, *fifth* in order of merit—1st, Upper Egypt; 2nd, Tunis; 3rd, Sicily; 4th, Gulf of Naples; 5th, New Zealand; 6th, Corfu; 7th, the Riviera. The sea-voyage commences the improvement, in cases suited to it, which the climate develops, extends, and often renders permanent. But the consumptive must be warned beforehand, that *residence* in New Zealand, *not merely wintering there*, is the only hope of *permanent* cure if he has already reached the second stage of the disease. Our November fogs and March winds have killed many a patient who has rashly ventured back home, thinking his lungs a proof against our harsh, treacherous and most uncertain climate. For myself, though never consumptive, I have to thank the New Zealand climate for completely banishing those attacks of bronchitis, catarrh, and ulcerated throat that I suffered from previous to 1879. The sea-voyage of seven weeks also cleared off entirely from the blood that

* In the North Island, Great Barrier I., Howick, Waitakerei. Manawatu Gorge; in the Middle Island, Picton, Bealey, Queenstown, Lake Te Anau.

tendency to carbuncles, from which I suffered during the summer and autumn of that year. Of all agents, medicinal or otherwise, pure sea-air has the most soothing effect on functional palpitation of the heart; and this benefit is experienced to the full on the voyage to New Zealand by the direct mail steamers.

For any individual who has a predisposition to apoplexy, meningitis, or insanity, New Zealand, as a whole, is unsuitable as a residence.

DISEASES PREVALENT IN NEW ZEALAND.

I HAVE now to notice some of the diseases we find at the present day in the Colony, which, however, presents no malarious fevers, or any other *local endemic* disease due to its soil, climate, or vegetation. Hydrophobia is unknown, and sunstroke is very rare. True, the Maoris suffer from rheumatism, and from true phthisis, due to their wretched food and reckless habits of sleeping on wet ground. They are *slowly* dying out, as the inevitable result of an imperfect civilization, the vices of which are acquired before the virtues. The Colonial Government strenuously endeavour to arrest the decay of the aboriginal tribes by providing huts, food, clothing, medicine, doctors, and so on, but the race is melting away, though the Maori has more largely intermarried with the European than has any other native race. The children of half-castes, however, as a rule, either die prematurely, or are sterile when they marry.

Leprosy, ascribed by the Maoris to eating a certain fish found in Lake Taupo, and syphilis exist among the natives, also scrofula in all forms, chronic rheumatism, and numerous forms of skin disease.

But I must limit my remarks to the diseases that prevail among the colonists, referring you to my XIIIth chapter for fuller details:

1.—*Insanity.*

At first sight mental diseases would seem to be very prevalent in New Zealand, 1,684 lunatics remaining in the seven public lunatic asylums at the end of 1888, out of a total population of 610,000, being a rather large proportion. But we find, on comparison, that New Zealand ranks third, and not first or second, among the Australasian

Colonies, in a table drawn up in 1885; for while—
 Victoria had one lunatic for 297 of the general population
 New South Wales ,, 374 ,, ,, ,,
 New Zealand ,, 401 ,, ,, ,,

In the official returns are included many lunatics who are shipped off by their relatives to this, the remotest part of the British Empire. Their mental state is not improved by the voyage, and the stimulating atmosphere of New Zealand aggravates their malady. In 1885, England and Wales had more lunatics (one to 339 of the general population) than New Zealand. But there is an undue amount of mental derangement among New Zealand residents, due to (1) drink, (2) depressing mental emotions and speculation, (3) solitude, (4) spiritualism, (5) religious excitement. As regards the first of these causes—drink—about 1,500 lives per annum are lost directly or indirectly through alcohol, being about one for every public-house in the colony. The social customs of the New Zealanders need some reformation in this respect, though I must state, in all fairness, that “Young New Zealand” is temperate on the whole.

2.—*Typhoid Fever*

is deplorably prevalent in the towns, owing to the want of sub-soil drainage and of water-closets, and the insanitary state in which the inhabitants keep their back yards. If any of my audience have been in Australia or New Zealand they will know what a “dunnikin” (“dinna ken”) means, and can substantiate my statement. But this disease is very prevalent in all New Zealand towns in the later summer and in the autumn months, and the mortality in Auckland was each year from 16 to 22 per cent. I have notes of 40 consecutive cases (24 males and 16 females) of which only one died,—an over-worked schoolboy, in whom meningitis set in on the fifth day of the disease and carried him off on the fourth day of my attendance. The disease attacks all classes. The Earl of Onslow, the present Governor of New Zealand, had only been a few months in Wellington, before his eldest son and the military aide-de-camp were seized with it, and nearly lost their lives. On the other hand typhus fever is an unknown disease in New Zealand.

3.—*Entozoa*

are very common in young people and children. In the country this parasitic disease is to be accounted for by the contamination of the streams by the *excreta* of sheep, dogs, and pigs, which contain the *ova* or half-way forms (*scolex*) of some intestinal worm; and in the towns, the water of the house-tank, collected from the rain which falls on the roof made of shingles or of corrugated iron, is apt to be infested with the embryos of *tænia*, *ascaris*, or *lumbicus*, derived from the domestic cat, or the sparrows which abound everywhere. It is a rare thing to find a filter in any New Zealand household; if it were common, much of this disease would be avoided.

4.—*Carcinoma*,

in the form of epithelioma of the lip or uterus, and in the form of schirrhus of the mammæ or cervix uteri, is rather frequent in the Colony. I have seen cases of undoubted schirrhus and of fungus hæmatodes in women at as early an age as 35. The patients from country districts who came from remote parts of the province to consult me in Auckland, resided, I found, in valleys, damp in winter, and liable to floods; and they had been subject both to privations in their early colonial days, and to very hard work ever since that period. Neglected *simple* ulceration of the os and cervix uteri showed a greater tendency than in England to degenerate into carcinoma.

5.—*Premature Caries of the Teeth*

is a marked phenomenon of residence in Auckland and some other towns, in both adults and children. It is attributed to the softness of the drinking-water, which is deficient in lime. The Maoris, however, as a rule, have very good teeth. The dentists seem to do a thriving business everywhere in New Zealand. Cases of neuralgia, dependent on this caries, are, of course, very plentiful in towns where this is prevalent, and I cannot say that the above explanation entirely satisfies the mind where we see the natives, in the same localities, retaining their molars to a good old age.

The exanthemata run a mild course in New Zealand. In such a mild climate as that of Zones I. and II. more

complete day and night ventilation is possible than in England, and infection is thus limited by dilution of the poison.

Acute inflammatory diseases, such as acute rheumatism, are milder in their nature, and yield more readily to the appropriate homœopathic remedy than at home.

I will now quote three cases occurring in my own practice in New Zealand of more than common interest. They are cases of (1) melancholia, (2) cataract, (3) hydatids of uterus.

CASE I.

Mrs. B., a widow, aged 57, sent for me, August 15th, 1884. I found her labouring under the delusion that "she was too wicked a sinner to live," that she ought to die, and refusing all food with the object of starving herself to death. On questioning her four daughters, who were nursing her, I found that she had suffered a similar attack of melancholia ten years before, in 1874, after the death of her husband, from excessive grief at her bereavement. She had been in good bodily health before this second attack, and no definite cause could be assigned for it. The skin was, I found, rather hot, and the pulse eighty-four; she was absolutely sleepless. As the family refused to have her committed to the General Asylum, which was always overcrowded, and declined a professional nurse, I had to arrange for domestic nursing, which is not sufficiently strict in such cases. The four daughters took it in turn to watch her night and day. I prescribed *aurum muriaticum* 3 and *gelsemium* ϕ at bedtime. She would take food from me and from no one else, and so she got nourishment only at my daily visits. But her delusions gradually cleared away, and by September 15th she was conscious once more. All that had passed since the beginning of her attack of insanity was a blank. She had forgotten it more completely than a dream. On the 24th November she was threatened with a return of the melancholia, which *ignatia* and *merc. corros.*, given in alternation, cleared away speedily. From that time till my departure in September, 1888, Mrs. B. remained perfectly well and sane.

CASE II.

The first case of cataract which I treated homœopathically on the plan suggested by my friend, Dr. Burnett, was of special interest to me, and though unfinished, I hope it may interest you. On June 20th, 1881, a rosy-faced, healthy-looking, stout woman, aged 59, Miss P. by name, consulted me about her failing sight. She stated that one year previously, while cutting down creepers in the "bush," as the forest is called in New Zealand, a thorny branch had sprung backwards and struck her left eyeball full in the centre of the pupil. Some local redness, pain, and inflammation followed, which had been speedily subdued, but the sight became dimmer and weaker from that day. She cannot now see the middle of any large object plainly, cannot see the divisions of the window-panes; cannot see the full moon on a clear night, nor her own features in the mirror; she can but distinguish light from darkness. On examination with the ophthalmoscope I found a soft lenticular cataract blocking up the greater part of the left lens, no other lesion in that or in the other eye. The sight of the right eye was weakened by the double strain that had been put upon it during the twelve months of increasing blindness. As she had no other derangement of health, I thought the case a hopeful one for a steady homœopathic treatment, and prescribed *secale cornatum* 3. If one searches the records of epidemics of ergotism, for instance, that recorded by Meyer, in 1861, cataract will be found to be among the toxic effects. (See Allen, vol. viii., p. 557:—"After the epidemic an unusually large number of cataracts occurred in young people, twenty-three of whom gradually became blind. . . . Of the cataracts two were hard, twelve soft, and nine mixed").

On July 13th, the report is encouraging. She can now perceive the full moon as a reddish disc of light; continue *secale*. August 17th—still further improvement—the moon's natural colour can now be perceived, the flame of a kerosene lamp distinguishable from that of a candle, which was not so before. The cataractous lens is plainly seen to be clearing from its edges; continue *secale*. From September 17th to October 25th, the treatment was interrupted by an attack of bronchitis,

which was arrested by *arsenicum* and *ipecac.* She then got *secale* 30, and *cannabis sativa* 1 on alternate weeks. November 21st—the lens is visibly clearer, and the sight still further improved; *chelidonium* 1 and *cannabis sativa* 1 on alternate weeks. On March 25th, 1882, nine months from commencing treatment, Miss P. could distinguish her own features in the mirror, and some objects in my consulting room which had been hitherto invisible to her. April 26th—the improvement being apparently stationary, I prescribed *phos.* 30. June 24th—same. August 26th—still more objects could be defined, and colours could be distinguished; *chelidonium* and *phos.* 3 in alternation. She had to discontinue attendance because of the bad state of the roads between her farm and Auckland in winter, but she promised to write to my chemist for the medicines, and I heard afterwards that she had done so; but I did not hear whether the cataract ever quite disappeared.

Case III.

Hydatids of the uterus are sufficiently uncommon to make the following case of some interest. These parasites infect the Australian settlers more than the New Zealanders; but among the shepherds of the middle island, who live for months exclusively on mutton, cases of this disease sometimes occur.

Mrs. W., aged 65, the Maori widow of a deceased army officer, Capt. W., sent for me September 11th, 1881. Her former medical adviser had told her she “had cancer of the womb,” and she was greatly alarmed. She looked pale for a Maori, but scarcely cachectic, and was losing flesh and strength rapidly. On examination I found the uterus enlarged to the size of the fourth month of pregnancy; the cervix was not fixed, nor were there ulceration or rugosities of the os uteri. From the os issued a profuse, foetid, purulent discharge, the foetor of which was not, however, the peculiar, sickening foetor of cancer. I ordered vaginal injections of hot water in which Condy’s fluid was mixed, and prescribed *thuja* 1 and *secale* 1 in alternation. On the third day of treatment she passed an extraordinary string of bladders joined together by a kind of skin. For two days they were passing, and with complete relief to all her distress. She made a rapid recovery, and remained well until I

left the colony. . They were hydatid cysts, but how they got into the uterus is a puzzle. Graily Hewitt asserts that they form in the liver, and burst through the peritoneum into the uterus or vagina. He, with all his vast experience, has only seen one case.

Now, I fear that the facts and figures which I have found it necessary to lay before you in the course of this paper have made it dull and dry, and I thank you for the patience with which you have listened to it. Though I have described several diseases prevalent in the colony, let me assure you that there is very little serious disease that is not imported from other countries. That terrible plague, small pox, is kept out by effective calf-lymph vaccinations, and very little is heard of scarlet fever of a bad type.

The truth is that there is no highly-civilised country in the world that is more healthy to live in than New Zealand, if a man will avoid excess in everything. Longevity in New Zealand, in people who are not diseased when they go there, is the rule, not the exception. Take a few examples. A trio of sisters, whose united ages amount to 234 years, have long survived the "three score years and ten," and two of them have passed through several illnesses. The handwriting and intellect of an old Scotch gentleman, now in his 94th year, are as clear as that of a young man. The hale old gentleman, Sir William Fox, thrice Premier of the Colony, to whom I have dedicated my book, has lived a life of political excitement and close official work for forty years, but at 82 enjoys his cold bath every day in the year, and can distance many a youth in walking. Once I attended a centenarian, "Old Kelly of the Wade," as he was called, aged then 102. He is said to have been liberated from a Sydney prison at the mature age of 60, and has certainly lived 42 years in the Colony.

Statistics prove incontestably that New Zealand is both more prolific and more healthy than either the parent country or any of its sister Colonies. While the mortality of 1889 for England and Wales was 17.9 per 1,000, and that of Tasmania, the healthiest of the Australasian Colonies was (in 1887) 15.45, the death-rate of New Zealand was 9.4. In 1888, when the *excess* of births over deaths in England was 57 per cent., in this prolific colony it was 231 per cent. Married but child-

less couples often have their hearts gladdened with offspring in New Zealand. In 1887 there were, in a population of 608,000 people, 192 twin births and one triplet. It has been noticed that old people in feeble health who emigrate to this Colony, renew their bodily frames, their vivacity and energy to a wonderful degree, and lose all the *nostalgia* that at first depressed their spirits.

The invalid who finds any of these four climates I have described suited to his ailment, and therefore adopts the Colony as his home, will find life easier, happier, and more exhilarating than in dull and misty Albion. The hours of business are shorter, and out-door recreations are more numerous and enjoyable than in the old country. For the reading man or woman, intellectual resources are abundantly provided. And if able to travel through the forests, or by the lovely lonely lakes, the invalid-tourist will find all the finest scenery of Europe reproduced, but with such unique New Zealand characters super-added as to for ever endear that grand country to one who has lived there by a charm that neither time nor distance can weaken.

The brighter Britain of the South provides a comfortable home to the toiling emigrant, abundant surprise and enjoyment to the tourist, and renewal of life to the weary invalid. Let us then, gentlemen, thank Heaven that this magnificent sanatorium forms a part of the British Empire, and a portion of the glorious heritage of the Anglo-Saxon race.

MANUAL OF THERAPEUTICS.

INTRODUCTION.

THE two most important parts of the homœopathic movement are, first, the perfection and arrangement of the *Materia Medica*, and second, the principles that should guide us in the application of the homœopathic law to the practice of medicine.

The first part has had considerable attention, and needs to be well advanced before the second part is capable of effective treatment. Homœopathy is suffering from the too easy adoption of empirical remedies as well as the too ready adoption of allopathic palliatives. The introduction to the *Manual of Therapeutics* shows

how the attempt is to be made to put forth an authoritative compendium of the present state of the practice of our best practical men, which should be of great service in keeping beginners, and solitary practitioners especially, from too readily deviating into palliative and empirical practice, and indicates a method by which the principles, referred to above in the second part, can be applied.

Assuming the truth of the homœopathic law it would appear, at first sight, that nothing more should be required for the perfection of medicine than a perfect *Materia Medica* and a complete *Index* thereto. No doubt this was the idea in the mind of Hahnemann when expounding his system in the *Organon*.

From numerous causes (some of which will be considered presently) it was found that the application to practice of the homœopathic law could not be properly taught unless it could be fitted to the ordinary methods of nosology and pathology.

The first obstacle to this was the inherent difficulty of adapting the homœopathic law to any known system of nosology, or even the incompatibility of any therapeutic system with the logical outcome of the homœopathic law.

Hahnemann, as we all agree, rightly rejected the *usus in morbis* as the basis on which a complete systematic knowledge of the specific action of medicines could be founded. And he maintained even that the knowledge gained by past experience of the specific curative effects of drugs through empirical use of them in disease could not be arranged and stored up for future use on any known system of nosology, because not one of these is sufficiently minute and discriminating to enable us to recognise with certainty the exact counterpart of any case of disease which was cured by a particular drug empirically; and also because the number of varieties of concrete cases, or even species, of disease with the same pathological or nosological name is so great—being in fact practically infinite—that there hardly ever occur two cases of illness exactly alike. Individual cases of disease are thus like pictures in the kaleidoscope—infinately varied, and never likely to occur again. Instead of building a system of specifics on such a shifting foundation as this, according to the hitherto time-honoured plan of experience in disease, Hahnemann,

having discovered the law of specifics, took as his basis the unchangeable actions of drugs or the elementary morbid states produced by drugs on the healthy body; and thus the practical application of the homœopathic law assumed the form of adapting these medicinal actions to similar elementary morbid states occurring in individual cases of disease. As all concrete diseases consist of more or fewer of these elementary morbid states, differently combined in different persons at different times, it follows that a medicine seldom corresponds homœopathically to the entire concrete disease, and thus a different medicine, or a series of medicines, *may* be required in each individual case of nominally the same disease. Hence there might seem to be no scope for any help at all from clinical experience; and we can understand why Hahnemann and his earlier disciples at first objected to all classifications of disease and all diagnostic nomenclatures, and to all indications furnished *ab usu in morbis*. The publication of cured cases was also discouraged, as likely to lead away from the constant reference to the *Materia Medica* as the sole source for the proper indications for the specific remedy. This was spoken plainly out by Hahnemann in his two celebrated cures with *bryonia* and with *pulsatilla*, in the preamble to the *Materia Medica Pura* (vol. i., English translation). Nevertheless, as time went on, the publication of cases cured homœopathically continued and multiplied; and as such cases are little else than materials for a special system of therapeutics, the question of such a system (of therapeutics) continually recurred. Moreover, as it was found that the arrangement of these cases according to the nosological classification of disease by no means destroyed the specialisation and individualisation required by homœopathy, even Hahnemann eventually gave way, and ultimately withdrew most of his objections to Hartmann's *Therapeia*, and himself added indications *ex usu in morbis* to his *Materia Medica*, though always, as it were, under protest and on condition that the pure symptoms should always be referred to for the ultimate choice of the medicine.

Amongst the reasons for the necessity of taking into account the *usus in morbis*, we may give some of the more prominent. It is more or less necessary for the interpretation of the *Materia Medica* itself; for, from

the fragmentary and disjointed form in which many of the symptoms appear in our *Materia Medica*—and to a great extent must necessarily do so—it is often very difficult to discover to what elementary morbid states in real disease the groups of symptoms in our *Materia Medica* correspond. The employment in disease of a newly proved drug must, to a certain extent, be tentative at first; but when once the homœopathic adaptation of the pure symptoms to those of a case of disease results in cure, we have immediately invaluable information as to the proper sphere of the medicine's action, and an interpretation of the symptoms which it would be absurd to forego through a pedantic adherence to an alleged logical outcome of the homœopathic theory—that the correspondence of the pure symptoms is all-sufficient in each case—and that no two cases are ever alike.

Besides, as noticed by Dr. Hughes (*Knowledge of the Physician*, p. 77), the *pathogenetic* effects of drugs in our provings are not necessarily conterminous with their curative powers. "They may fall far short of them, through inadequacy of provings and absence of poisonings; or they may outrun them, from the multitude of trivial sensations the drug may elicit without definite character or localisation." Hence the necessity of testing by the *usus in morbis*.

Also with regard to the specific contagions, miasmatic, and some constitutional diseases in their concrete forms, no drug, if proved even to a fatal issue, can produce their exact *simile*; and therefore the test of actual use in disease is necessary to determine if their qualitative action is homœopathic to the morbid state which prevails in these diseases.

It must be remembered, also, that physiology and pathology are not now in the state they were in Hahnemann's day, but are so far advanced as true sciences that they afford a true basis for the description and classification, not only of diseases but of the effects of drugs. In the words of Dr. Clotar Müller (*Brit. Jour. Hom.*, xviii., 185), "There really exist a number of diseases whose symptoms are circumscribed and constant, and whose origin and course may be defined and summed up in certain categories so that their homœopathic treatment may be worked out exhaustively once for all and fixed with the help of the *usus in morbis*. Among these

we reckon, for example, some inflammations, acute and chronic exanthemata, syphilis, gonorrhœa, external local diseases, &c."

The necessity of utilizing clinical experience being generally, if not universally felt, the best mode of doing so has been discussed for many years by the members of the Hahnemann Publishing Society, and various plans have been brought forward at the meetings of our Congresses and have been published and commented on in the Journals. At the Congress held in Birmingham in 1888, a committee was appointed to put the work in hand, to enrol a sufficient number of joint workers, and to finish the first instalment by next Congress. The plan adopted, subject to such modifications as were found necessary in working out the details, is substantially described in the *Monthly Homœopathic Review*, vol. xvii., p. 524, and vol. xxvii., p. 661.

It is thought desirable that the pathology, ætiology, semeiology and diagnosis of diseases should be omitted, because these are easily accessible in any good text book of medicine. If they were added they would either crowd out the clinical experience or make the book too bulky.

The aim of this manual is to provide a compendious *résumé* of the clinical experience of the homœopathic school, and to add practical memoranda on other points of treatment.

The classification of diseases adopted is that of the revised nomenclature of the Royal College of Physicians, because it is known, and is in the hands of all qualified medical men in Great Britain. The order of the nomenclature corresponds in the main with our repertories, and will be adhered to with few exceptions. The alphabetical index will serve for our work, with some variation and revision, but the running number will be retained. The nomenclature is too meagre for our purpose, but it is possible to interpolate, in the appropriate places, any number of names necessary to indicate varieties of disease depending upon any nosological deficiency (*M. Hom. Review*, vol. xv., p. 322).

The therapeutics of each disease will be given in four sections. Section 1 will consist of the name and, if necessary, the definition of the disease, and its varieties and complications.

The names of the medicines will be arranged in three classes or categories:—

Class 1.—Those medicines which are indicated by experiments on the healthy and confirmed by experience in actual practice.

Class 2.—Those medicines which are specific in action but only empirically known as such.

Class 3.—Those medicines which are indicated by their pathogenesis but of which we have no evidence of confirmation by practice.

The meaning of Class 1 is obvious, and no remarks are called for. Class 2 will contain those specifics whose curative powers in particular diseases were discovered by empirical use, but which have not yet been found to produce a morbid state similar to the disease in question. Further investigation will, we anticipate, cause these to be transferred to Class 1. Examples of this class are *iodium* for goitre, *mercury* for syphilis, *quinine* for malarial fevers, and *colchicum* for gout, besides a number of other drugs that for generations have been in common use.

Class 3.—When we consider that a very small part of our vast *Materia Medica* is in general practical use, and that a large part of it has not yet been tried in disease at all, it is clear that progress in the enlargement of the field of homœopathic medication depends upon the utilisation of these stores. Besides, the physiological experimental school is continually making and publishing experiments with old and new drugs. The results of such experiments will find a place in Class 3, unless they confirm the use of those in Class 1 or cause the transference of the drugs of Class 2 to Class 1.

With this *Manual* in his hands the practitioner will be able to add any fresh drugs that may be experimented upon and which develop symptoms like those of the disease. A space will be left for this purpose.

Section 2 is the most difficult to work out, and the plan must be more elastic than that of other sections. It will contain the result of clinical experience in the various stages, varieties and complications of the disease, verified as far as possible by reference to published cases. It will give the doses of the medicines and any information that experience justifies as regards the succession or alternation of medicines. But it should avoid putting together hypothetical groups of symptoms *a priori*, and

the *Materia Medica* should be referred to for the differentiation of the medicines. In this section only those pure symptoms should be given which are indicated beforehand in the choice of the remedy and confirmed by the result.

The material for this section will be personal experiences and clinical cases extracted from the homœopathic literature both European and American.

We think the plan originally adopted by the makers of Clinical Guides is erroneous. This apparently was to copy out all the symptoms of a cured case as the homœopathic indications for the medicine used, without regard to the presence or not of these symptoms in the *Materia Medica*. The hypothesis being that any symptom cured whilst taking a certain drug showed its power to produce that symptom! For further remarks on this erroneous inference see *Month. Hom. Review*, vol. xv., p. 653-4.

Section 3 will consist of all aids to successful treatment with non-medicinal means, and any details, if necessary, of the use of drugs mentioned already in Class 2 of Section 1. The former comprise diet and regimen, exercise or rest, warmth or exposure, baths of various kinds, changes of climate, spas, health resorts, &c. But the use of non-homœopathic medicines as palliatives or auxiliaries requires careful consideration. In the Presidential address to the Homœopathic Congress of 1852, one of our colleagues said: "The occurrence of urgent symptoms requiring the temporary employment of allopathic means in the usual powerful doses, has been pointed out by Hahnemann in the *Organon*" (p. 169).* Now, though Hahnemann does not specify the particular cases, or draw an exact line where such helps are to stop, yet he has been understood to limit them to a very narrow circle, and to look unfavourably on such of his disciples as ventured to abuse their liberty in that respect. As, however, this is a matter that can only be

* And more forcibly in a published letter, as follows: "In cases of sudden disease threatening speedy death, in persons previously healthy, as experience shows, with perfect justice and complete consistency, no medicine can be admitted which promises help, after the lapse of some time, by its secondary or homœopathic action; but, according to common sense, antipathic medicines only can be given, which in large and frequently augmented doses change the morbid state into the desired opposite, and thus bring back the patient to health."—*Brit. Journ. of Hom.*, vol. x., p. 332.

determined by experiment, and will doubtless vary with the greater progress towards perfection of the homœopathic method itself, it is plain that perfect freedom must be left to the practitioners of homœopathy as a scientific body, to ascertain by experience in what cases the use of allopathic auxiliaries is justifiable and necessary, and cannot be settled by any *a priori* dictum.

We think, however, that the physician should be quite satisfied that the palliative is the best treatment at the time possible, and that it is not adopted as the one giving least trouble.

This section also will serve to expose the false representations of our practice still prevalent in the allopathic school by distinctly stating our position in this respect.

Section 4 is purposed to facilitate reference and is merely an alphabetical list of the homœopathic medicines given in the foregoing sections. It will not be necessary at all when the disease under consideration has very few medicines enumerated in Sections 1 and 2.

The physician may refer to this section only when he wishes to differentiate two or three medicines by the aid of a *Repertory* and the *Materia Medica*.

In the case of a disease that has many sub-divisions Section 4 will come at the end, but each sub-division will have Sections 1, 2 and 3 especially devoted to it.

Finally, in using this *Manual* we must always keep in mind that the choice of the medicine, the ultimate outcome of the whole science and art of medicine, can seldom if ever rest on clinical indications alone, but must be guided by the correspondence of the totality of the symptoms of the patient with the pure symptoms in the *Materia Medica*. Even when we are guided to a group of medicines by their having proved curative in any disease, the differential diagnosis between the different medicines in that group should as far as possible rest on the pure symptoms; and it may happen often that an untried medicine may correspond better with the actual symptoms of the case before us than any of the merely clinically indicated group, in which case it is to be preferred.

It is hoped that the preparation of this *Manual* will promote the practice of medicine according to the law of similars, and that enough has been said to prevent its being used only as an empirical guide.

RAPID RELIEF OF COLIC FROM ACONITE.

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

A FEW nights ago I was hastily summoned to a lady who was in great pain. The patient, a spare married woman of nervo-bilious temperament, was rolling about the bed, evidently in great agony, and in a state of much mental as well as physical perturbation. The pain, which she described as if she would burst, was referred to the descending colon. The abdomen was not tympanitic, but the descending colon appeared puffed out, and there was fœcal matter at the sigmoid flexure. The patient is subject to attacks of incarcerated flatus, and has hitherto always taken *belladonna* on her own account with marked relief and subsequent emission of flatus. In this instance it had failed to produce the usual effect.

I at once gave her five drops of *aconite* 1x (made from Fleming's tincture), and before I could resort to other measures, that is, in not more than two minutes, she looked at me in astonishment and said, "I can feel no pain, it has ceased." I was as much surprised as the patient herself.

The cessation of pain was not accompanied with, or followed by, any emission of flatus.

The patient passed a good night, sleeping well, and not needing a second dose of medicine.

Cheltenham,

October, 1891.

THE TREATMENT OF CHRONIC ENLARGEMENT OF THE TONSILS BY MEANS OF THE GALVANO-CAUTERY.

BY DUDLEY WRIGHT, M.R.C.S.,

Assistant Surgeon to the London Homœopathic Hospital.

As there appears to be some misapprehension as to the scope and limits of the above form of treatment, it would not be altogether out of place to give a short account of the method of operating, and to point out, as far as is possible, the various kinds of cases which particularly lend themselves to this method.

In the first place, it is necessary that we should be careful to fix well in our minds the *rationale* of all galvano-caustic operations in which the result aimed at is similar to that in the form of treatment now under consideration. The principle which underlies them is, briefly, this:—After the subsidence of the limited inflammation caused by the application, fibrous tissue is formed, and the subsequent contraction which this undergoes leads to a reduction in the bulk of, and an atrophy of, the elements proper to the tissue or organ under treatment. From this it will be readily understood that the deeper in the substance of the morbid mass this inflammation and subsequent contraction occurs, the more general will the reduction in size be, and the more complete the cure.

In such a structure, then, as the tonsil, it is important that we should aim at producing this inflammation in the more central part, thereby bringing about that universal shrinking which is so essential to the success of the treatment.

Before going further we might remark that many other forms of caustic applications have from time to time been employed. Nearly all have had their day, and have deservedly fallen out of use. One only claims our consideration. Chromic acid has been used, not so much for the tonsils as for reducing the swollen hypertrophied tissues over the turbinate bones of the nasal fossæ. For this it was once held in high favour, but since the introduction and gradually spreading use of the galvano-cautery, it has lost ground in the esteem of rhinologists, and nowadays, in a competition with this latter form of treatment, it is considered to make a very poor second.

Compared with the galvano-cautery, chromic acid exerts its influence over a wider and more indefinite area, and for this reason alone it should take a much lower rank; and when we add to this the consideration that its application is often attended with no small amount of after-pain, we are no longer surprised at seeing it find a resting place in the limbo of rhinological therapeutic agents.

The apparatus required for the carrying out of this treatment are as follows:—A battery with connecting cords, cautery handle and two or three more burners,

and a tongue depressor, or, better still, a form of oral speculum, made by Meyer & Meltzer, which will prove to be of the greatest service in dealing with children. One of Schall's portable plunge batteries will be found very convenient. The following figure represents the kind which I use, and I can speak very highly of it for all forms of cautery work. It possesses the advantage of being capable of use as a means of electric lighting by simply connecting the cells in "series" instead of "parallel."

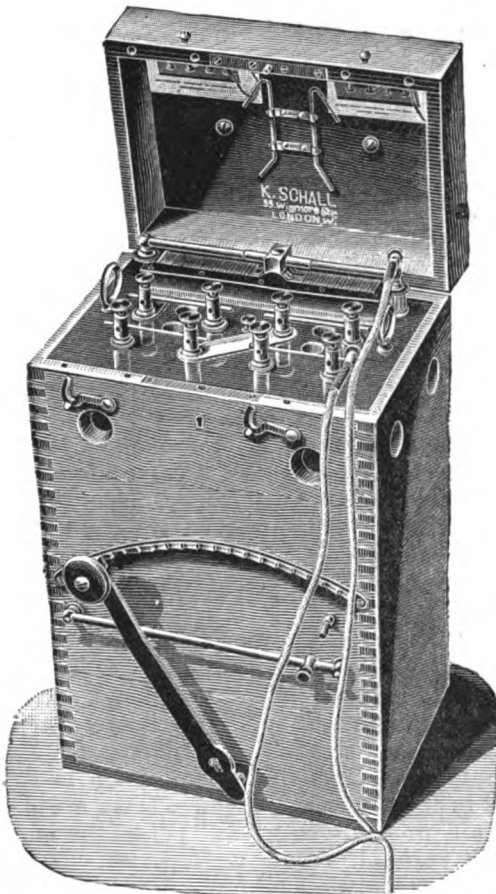


Figure 1. Battery.

One of the burners is fixed to the handle, and this in its turn to the connecting cords, and by raising the handle of the battery so as to bring the fluid to act on the carbons and zincs the whole is in working order.

The form of burner terminating in a single point—the first represented in the figure—will be found most useful for ordinary purposes. The current should be just strong enough to produce a dull red heat, and the point should be passed a short way into the substance of the tonsil before the current is allowed to pass, this being effected by pressing the knob on the handle.

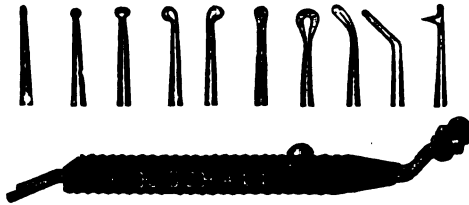


Figure of platinum points and handle.

It is my custom to paint the tonsil two or three times with a 10 per cent. solution of *cocaine* just before the operation. Formerly I used a 20 per cent. solution as a spray, but I found this was often followed by unpleasant symptoms, so that I have entirely given up the spray in favour of the brush. The *cocaine* will often cause a marked decrease in the size of the tonsil, and it is in these cases, as will be pointed out further on, that this form of treatment is specially indicated. Three or four punctures in each tonsil will be sufficient for a single sitting, and any prominent granulations on the pharyngeal wall should at the same time be touched by the cautery.

The after treatment is very simple. There is only a slight feeling of discomfort for the first twelve hours, and this is usually lessened by the use of a Hazeline gargle (3i. ad Oj.) and an occasional glycerine jujube. All hard and irritating food should be forbidden for two days. In from five to seven days the inflammation is sufficiently subsided to allow of fresh punctures being made. Several sittings will probably be needed before the mass will be sufficiently reduced.

We now come to the question—In what cases is this method of treatment most suitable?

In answering this, it is well to bear in mind the one, and probably only drawback to this method, viz., the length of time taken to effect a cure. And in all cases in which it is decided to adopt operative treatment, the patient should be made to understand fully that whereas tonsillotomy is a rapid and generally a sure process, this is essentially a slow one.

There is no doubt that it may be considered quite free from the risk of hæmorrhage, and also that inasmuch as no large raw surface is left there is no chance of a patient, whose health is in a low state, becoming infected with diphtheritic or other poisons; for, though these two complications are rare after tonsillotomy, they should be always remembered.

Moreover, there are two forms of diseased tonsils, which, to my mind, are particularly suited to this treatment; they are, first, that in which the enlargement is due chiefly to an increased vascularity of these structures, and as a consequence of this a diminution in size occurs directly the *cocaine* is applied; secondly, that in which the tonsil presents a peculiarly ragged and pitted appearance, due to the dilatation of the lacunæ, for in this form attempts at amputation generally end in tearing rather than in making a clean cut through the mass.

To sum up, we might place our indications under the following heads:—

1. In all patients who are liable to have severe hæmorrhage from slight causes, and particularly those suffering from true hæmorrhagic diathesis.

2. Those in whom the enlargement is due to increased vascularity or a cavernous structure, rather than simple hypertrophy.

3. In cases of the "ragged" form of tonsil.

4. Under this last head we might class those patients who stand in awe of the knife.

In conclusion, I would say that the form in which the tonsil is evenly enlarged, and of a tough and unyielding nature, owing to increased connective tissue formation, is particularly unsuited for treatment with the galvano-cautery.

Leinster Square, W.

REVIEWS.

Annual of the Universal Medical Sciences: a Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M.D., and 70 associate editors. Illustrated with chromo-lithographs, engravings and maps. Five vols. 1891. F. A. Davis, Philadelphia and London.

THE fourth annual issue of this now well-known work has been for some time before the public. That a work of such magnitude should have reached a fourth issue is a sure indication that it is a success. Had it not met with a wide and general appreciation it must ere this have proved an extensive and expensive failure. In other words, a large number of busy practitioners have found it a sound commercial investment to lay out some three guineas a year on these volumes. The scientific and literary members of the profession form too small a proportion of the whole themselves to support the annual. The editors and publisher may therefore enjoy the satisfaction which they certainly deserve of having produced a work of practical utility to the general body of fighters in the great battle against sickness, disease and death. It is not every book or periodical having this object which can be said to accomplish its mission.

Commenting on previous issues, we have quoted from the chapter on Therapeutics—unfortunately, generally a relatively short one. On this occasion we have made a few extracts on another page which will give those of our readers who are unfamiliar with the work some idea of its nature. Every possible branch of “the general sanitary sciences” is represented, and it is seldom we refer to its pages without carrying away some useful or interesting information. The plan of the work has been this year rendered practically perfect by the addition of a reference list of journals at the end of each volume.

PERISCOPE.

MATERIA MEDICA AND THERAPEUTICS.

ARISTOL is a new iodine derivative of thymol, which has been introduced as a substitute for iodoform; it is said not to be absorbed by the system, and therefore is regarded as non-poisonous. It is made by the addition of a solution of iodine in potassium iodide to a soda solution of thymol. From this a voluminous red-brown precipitate results, containing 45·8 per cent. of iodine. *The Lancet* (July 18th) states that Dr.

Heinrich Stern, of New York, having used *aristol* in two cases of burns and scalds, speaks highly of its influence in promoting early and rapid recovery. In the first case, the injury was a burn of the fore-arm of the fourth degree; the skin and subcutaneous tissues had been destroyed. The parts turned hard, dry, and eschar-like, the surrounding skin became contracted and folded. *Aristol* and vaseline, in the proportion of one to ten, were at once applied. The eschar separated completely by the fourth day, and under the continuous use of the ointment, suppuration was limited, and granulation and repair were completed in less than a month. In the second case, a child of four years old fell in a bath of hot water, and blistering resulted nearly all over the body. The largest blisters were punctured, and *aristol* and vaseline in the above proportions were applied, and recovery was complete in the course of about two weeks.

The Lancet (August 29th) brings to our notice a still more recent substitute for iodoform. The chemical name of this new antiseptic novelty is "iso-butyl-ortho-cresol-iodide"; as this is a trifle too long for conversational or telegraphic purposes, it has been styled "europhen." It occurs as a yellow amorphous powder, with a slight odour resembling saffron. It is insoluble in water and glycerine, but dissolves in oil, alcohol, ether, and chloroform more readily than *aristol*. It has a somewhat resinous feel, and adheres to the skin or mucous membrane and to the surface of wounds quite as well as *aristol* and better than iodoform. Its specific gravity is less than a fifth of that of iodoform, so that a given surface would require five times as much iodoform as europhen to cover it; neither does it cake so easily as the former. Ointments and solutions of *europhen* must be prepared in the cold, and solutions require filtration, as an insoluble iodide tends to form, which sometimes causes them to assume a gelatinous consistency. It is not poisonous. It has been prescribed with satisfactory results in both soft and hard chancres, in mucous patches, and in tertiary ulceration, by means of a one or two per cent. ointment. Hypodermic injections of from one to two grains of *europhen* dissolved in oil repeated daily from twenty-four to forty days completely cured three cases of secondary syphilis without any other medicament. In general it was found that *europhen* acts only when brought into contact with secreting surfaces, whereby it is decomposed and iodine liberated. When applied to dry surfaces it appears to be inert, except, indeed, that if an ointment of greater strength than two per cent. is used, it acts as an irritant, and sets up eczema. Its destructive power on micro-organisms is quite equal to that of iodoform.

ANTISEPTICS IN DISEASE.—At the British Homœopathic Congress of 1878, Dr. Galley Blackley read a paper in which he suggested that, in some forms of disease, remedial measures would be found to be curative simply in virtue of their antiseptic properties; and others, while being antiseptic, were also homœopathic, as *arsenic* to typhoid fever, and corrosive sublimate, which bore the same relations to dysentery. For the most part, however, medicines of an antiseptic order have been found not to limit their destructive properties to germ life. Lately, on the other hand, two illustrations of their successful use have been published which are well worth reproducing here. The first appeared in a lecture by Dr. Burney Yeo, in *The Lancet* (April 11th and 18th), in which, after referring to those who had preceded him in the treatment of typhoid by antiseptics, he describes his method: "Into a twelve-ounce bottle put thirty grains of potassic chlorate and pour on it forty minims of strong hydrochloric acid. Chlorine gas is at once rapidly liberated. Fit a cork into the mouth of the bottle and keep it closed until it has become filled with a greenish yellow gas; then pour water into the bottle, little by little, closing the bottle and well shaking it at every addition until the bottle is filled. . . . To twelve ounces of this solution I add twenty-four or thirty-six grains of quinine and an ounce of syrup of orange peel, and I give an ounce every two, three, or four hours, according to the severity of the case. I have for some years past treated all my typhoid fever cases, except the very mild ones, which have not appeared to me to need any active medical treatment, on this system. They have not been very numerous, but they have been *consecutive* cases, and they have all done well."

Dr. Yeo refers to Dr. Wilks, of Ashford, in Kent, who reports (*Brit. Med. Jour.*, 1870) having treated 171 cases of typhoid during fourteen months with *sulphurous acid* in doses of from three to twenty minims every four hours without a death; and to the record of Mr. Kesteven, of Brisbane, who gave from five to ten minims of *eucalyptus oil* in an emulsion in 220 cases, and had only four deaths. In 1886, Dr. Pearson, of Seymour, Cape Colony, reported in *The Lancet* a series of one hundred cases, with only one death, in which he gave fifteen minims of chlorinated soda solution every three hours.

The other instance of the successful use of an antiseptic occurred in the practice of Mr. Turner, of Sussex Gardens, who, in *The Lancet* (July 18th), reports having treated 215 cases of influenza with twenty grains of salicin in powder, every hour, without a single death. "If," he writes, "it be

given in such doses as twenty grains an hour for ten or twelve consecutive hours, the blood must become thoroughly saturated with it, and therefore (owing to its antiseptic properties) a very bad medium for the multiplication of germs or microbes of any sort."

ARSENICAL POISONING.—In an inaugural dissertation presented to the Medical Faculty at Breslau, Dr. Conrad Alexander made known the results of his experience on the production of arsenical paralysis; in other terms, on the production of paralysis in cases of poisoning by *arsenic*. We have only space to report the conclusions arrived at in this little work. They are as follows:—

1st. The symptoms in cases of arsenical poisoning in man point to the fact that they are attributable to the action of this agent on the peripheral nerves and muscles, and are due to the production of multiple neuritis.

2nd. In certain instances it is possible, in rabbits, to produce permanent paralysis by means of *arsenic*, which paralysis is especially located in the posterior limbs, and is accompanied by a high degree of atrophy of the muscles.

3rd. In paralysed animals, degenerated and atrophied nerve-fibres are to be found in the small muscular nerve-branches, and in the nerves of the sub-cutaneous connective tissue, accompanied by swelling of, and hæmorrhage into, the perineurium. The spinal cord of animals so paralysed is perfectly normal.

4th. Paralysis in these animals is, therefore, dependent upon degeneration and atrophy of the peripheral nerves and muscles.

5th. Experimental observations seem to warrant the assumption that arsenical paralysis in man is similarly produced.

6th. The muscular atrophy produced in animals poisoned with *arsenic* is not of neurotic origin, but is entirely independent of the nervous system.

7th. The muscular atrophy in animals poisoned by *arsenic* is, in the case of rabbits, not a fatty degeneration, but a "coagulation necrosis," which is generally accompanied by the formation of calcareous deposits.

8th. Degeneration of nerves and muscles is, in all cases of paralysis occurring in animals poisoned with *arsenic*, probably due to the production of "disturbed action in the capillaries of the nerves and muscles."

With regard to the second conclusion, given above, we have noticed in patients taking considerable doses of *arsenic*, especially in patients suffering from monomania, that in the course of a few days a stiffness of the lower limbs ensues, and

a difficulty in raising the leg in walking, a state which would undoubtedly terminate in paralysis if the medicine were not stopped. It will be seen by the foregoing statements that Dr. Alexander has restricted his observations to the effects of arsenic in producing paralysis, and does not consider any of the other effects of arsenical poisoning.—*Burgoyne's Monthly Magazine of Pharmacy, &c.* A. C. P.

LARYNGOLOGY, Etc.

POSTERIOR RHINOSCOPY, AND A METHOD OF RETRACTING THE SOFT PALATE.—Dr. Lubet-Barbon (*Arch. Internat. de Laryn. & Rhinol. et d'Otologie*) employs first a mixture of equal parts of cocaine and powdered sugar in the place of the ordinary cocaine solution. This is blown into the posterior nares by means of a suitable insufflator. The upper surface of the palate is thus covered with the powder and completely anæsthetised. A retractor—Hopmann's or Moritz Schmidt's—is then introduced, and traction on the soft palate slowly and steadily made. When thus performed the patient experiences a minimum of discomfort, and does not make any of the gagging and swallowing movements which generally render this operation ineffectual.

A MEANS OF COMBATting GLOTTIC SPASM FOLLOWING APPLICATIONS TO THE LARYNX.—Dr. Kayser (*Therap. Monatshfte.*, October, 1890). To avoid this spasm he advises the patients to breathe five or ten times as deeply as possible with short intervals immediately before the application. By this means a hyper-oxygenation of the blood is brought about, which enables the patient to hold his breath some thirty or even sixty seconds. The application is made directly after the last inspiration, and should spasm occur, it will have nearly passed away by the time that the need of taking a fresh inspiration is felt.

THE LOCAL USE OF MENTHOL AND OIL OF EUCALYPTUS IN AFFECTIONS OF THE MIDDLE EAR.—Dr. Adolph Bronner (*Arch. Otol.*, American Edit., Vol. xx. No. 1). The author treated many cases of swelling of the mucosa and a few of sclerosis and obtained much benefit in the former, and in the initial stages of the latter prevented encroachments of the disease. In the first class of cases he prescribes a snuff of boric acid with two per cent. of menthol to be used in small quantities. He then inflates the mid-ear with the vapour of menthol, using a twenty per cent. solution. This is placed in an antiseptic capsule containing pumice stone, which is connected to one end of a Lucae's modification of Politzer's

bag. The air enters through the capsule, becomes charged with the vapour, and is then gently injected into the eustachian tube by means of the catheter which is connected with the other end of the bag. This is continued for a minute or two, and the swelling of the tube often subsides materially during the application. If the tube is impervious to air, a bougie is used, being previously dipped in menthol oil. Oil of eucalyptus may be added to the menthol. The author lays stress upon the favourable results to be obtained from prolonged use of this remedy.

OPERATION FOR THE RELIEF OF DEAFNESS, NOISES IN THE HEAD AND EARS, AND VERTIGO DUE TO CHRONIC CATARRH OF THE DRUM OF THE EAR.—Dr. Sexton (*Arch. Otol.*, Vol. xx., No. 2). Dr. Sexton performs certain operations on the middle ear and membrana tympani for the relief of the more distressing symptoms of chronic middle-ear disease, especially that dependent on thickening of the mucous lining of the drum and adhesions within the tympanic cavity. The operation consists in removing the drum and the malleus and separating the incus from the stapes, rarely removing the latter bones. The results obtained have, on the whole, been very satisfactory, the tinnitus often entirely ceasing and hearing power markedly increased. The operation is done under an anæsthetic, and the entire drum removed; the chief object in after treatment being to prevent its reproduction, which is not always an easy matter. After the operation several patients complained of tingling in the tongue, or loss of taste on the side of the tongue corresponding to the ear operated on, evidently due to the division of the chorda tympani nerve. The *rationale* of the operation is that, inasmuch as the deafness, tinnitus, etc., are due to the sclerosis and progressive ankylosis of the ossicles which is going on, the removal of the drum and malleus, and separation of the incudo-stapedal joint will produce an amelioration of the symptoms and improvement in the hearing power by allowing a freer and more natural movement of the ossicles. In any case, though there may be no actual improvement, the gradual increase of the deafness, which is such a constant feature of this disease, is prevented by removal of the means by which that increase is produced. It is hardly necessary to add that the operation is done *through the meatus*, and not by trephining and removing portions of the temporal bone.

DUDLEY WRIGHT.

OPHTHALMOLOGY.

INCIPIENT CATARACT: ITS ETIOLOGY, TREATMENT AND PROGNOSIS. By S. D. Risley, M.D., Philadelphia.

ABSORPTION OF IMMATURE CATARACT BY MANIPULATION, WITH INSTILLATION. By R. Kalish, M.D., New York.

Dr. Risley's paper is published in full, and Dr. Kalish's in abstract, in the August number of the *Ophthalmic Review*, and both are evidence of the search after some means of arresting or causing absorption of incipient cataract. Naturally neither observer has any faith in the action of remedies upon the degenerated lenticular tissue, but it is worth considering any accessories to treatment which will mitigate the miseries of the partial blindness caused by immature cataract.

Dr. Risley says that "a wider experience, with the resulting opportunity for independent observation, has convinced me that in a considerable number of these afflicted persons a more hopeful prognosis can be prudently given. In many cases the apparently progressing opacity of the lens can be arrested, in others the rapidity of its increase greatly retarded, thus maintaining a useful acuity of vision for a longer time, and failing in this the treatment instituted will place the eye in a more favourable state for operative interference."

The class of case which Dr. Risley hopes to influence are simple uncomplicated cataracts with no disease of the uveal tract or choroidal or retinal changes. To quote him again,—
"The improvement of vision noted in almost all the cases successfully treated *was in no case due to the absorption of the opacities already formed in the lens*, but to the improved condition of the choroid and retina, and the clearing up of the vitreous webs and the granular or sand-like deposit so frequently discovered in the anterior part of the vitreous body when studied with a convex glass. Even in those cases where the treatment failed to arrest the advancing opacity, the patient was nevertheless made more comfortable by it, and the general condition of the eye improved. The treatment adopted was to require as complete rest as possible from all work at a near point. The use of smoked glasses when necessarily exposed to bright light, and the local employment of mild washes and astringents to the conjunctival sac, together with the moderate use of mydriatics, preferably a solution of *homatropine*. Internally, *iodide of potassium* or *iodide of iron*, and *bromide of potassium* or *lithium*, etc., if headache were a marked symptom. If these were not well borne the chlorides were substituted, or in many cases were used in alternation with the iodides. As soon as it was proved feasible any existing error of refraction was very care-

fully corrected, and the correcting glasses required to be worn constantly, suitable correction for a near point being allowed for all *necessary* work. The experience with these patients, and many others in advanced life in whom mydriatics have been used over long periods more or less regularly, has served to convince me that there is an unwarranted dread of the use of mydriatics in patients who have passed beyond the middle period of life. With but few exceptions they were used not only without harm, but with great comfort and benefit. When the mydriatic solution did not seem longer indicated I have frequently used weak solutions of *eserine*. . . . In many of these cases it was very gratifying to see the sharpness of vision improve week by week *pari passu* with the improved nutrition of the eye."

Dr. Kalish advocates more active treatment, consisting "in instilling into the eye two drops of a solution of equal parts of *glycerine* and a one per cent. solution of *boric acid* in rosewater. The surgeon then stands behind the patient, and over the closed lids places his middle finger on the nasal side of the eyeball, the index and ring fingers resting on either side of it. The three fingers are then passed with slight pressure towards the temporal side of the globe, and this stroking, always in the same direction, is repeated twenty to thirty times a minute for ten minutes. Then a second instillation is made, followed by a second similar period of stroking; and this by a third instillation and like period of stroking, which completes the manipulation. The treatment may be repeated daily, and the period of stroking may be lengthened. It may be continued for three or four months, but should be suspended as soon as it ceases to improve vision. The only explanation of the improvement offered is that the manipulation quickens the intraocular circulation."

Dr. Tatham Thompson, in the Royal London Ophthalmic Hospital Reports, December, 1890, records a case in which after Foerster's operation for the artificial *ripening* of cataract, the lens *cleared up* so that only a trace of granular opacity was left, and with presbyopic correction the patient read moderate-sized print with comparative comfort. The operation referred to consists, in immature cataracts, in performing an upward iridectomy, and then triturating the cataractous lens through the collapsed cornea.—*Ophthalmic Review*, August, 1891.

C. KNOX SHAW.

DISEASES OF CHILDREN.

THE CAPACITY OF THE STOMACH IN INFANCY.—In order to determine the quantity of food to be allowed to artificially fed infants at one meal, Dr. L. E. Holt has measured the capacity

of the stomach in 142 infants with the following result. Starting at birth with a capacity of about one ounce, the stomach increases in size at the rate of one ounce a month during the first three months, reaching at this time one half the capacity seen at one year. From then to eight months its growth is much slower, being on an average about half an ounce a month. From eight to fourteen months the rate of growth is still less, being on the average one third of an ounce a month. Approximately at the ages of one, three, six, and fourteen months, the capacity is respectively one, four and a half, six, and nine ounces.—*New York Medical Times*, May, 1891.

CHOLERA INFANTUM AND SUMMER COMPLAINT.—In the *Medical Era* for May, Dr. Wilson Smith draws attention to the essential difference between cholera infantum and summer diarrhoea of infants. Cholera infantum affects the whole nervous system as well as the intestinal tract, and post-mortem shows but few lesions of the intestinal mucous membrane. It is quick in its results either for better or for worse, and needs few, but prompt, remedies. Two symptoms, viz., free watery purging and vomiting occurring again and again, either simultaneously or in close succession, constitute the prominent and distinctive features of cholera infantum. It has but one cause, and that is due to the presence of ptomaines in the milk. There are brain symptoms, dilated pupils, hot head, cold extremities, drowsiness, suppression of urine; child generally lies quiet, makes no expression of pain except rolling the head. The remedies chiefly useful are *belladonna*, *croton*, *apis*, *veratrum*, *podophyllum*, and *sulphur*.

Summer complaint affects the intestinal tract alone, and post-mortem shows the intestinal mucous membrane reddened, thicker than normal, and the glands of the intestines are often broken down, leaving follicular ulcers. The complaint is slow; its chief cause is error in diet; the symptoms are intestinal—the child cries and screams, draws feet up from pain, followed by frequent discharges from the bowels; is restless, abdomen hot, quieted by carrying. The character of the discharge and the manner of expulsion are the principal guides to selection of the remedy, which may be one of a large number. Dr. Smith has had success with a decoction of *mare's tail beans*; the indications being, stools small, excoriating, greenish or yellowish green, blood-streaked, offensive odour and considerable tenesmus. Great attention should be given to the diet, Nestlé's and Mellin's artificial foods being recommended.

TREATMENT OF DIPHThERIC CROUP BY VAPOUR OF CALOMEL.—Dr. George Clinton, of Brooklyn, New York, in a paper published in the April number of the *New York Times*, discusses the relative merits of tracheotomy and of a new treatment introduced by Dr. Job Corbin, of New York, in those cases of diphtheria in which the disease has spread to the larynx. After pointing out the necessity for a very early performance of tracheotomy to give any chance at all of a favourable result, and the exceedingly few cases which prove successful even then, he proceeds to describe the method of practice which has given him quite a new hope in these cases. As soon as the first sign of hoarseness shows that the larynx is becoming affected the child is placed in its crib and surrounded by a tent arrangement. On the floor are placed two bricks with sufficient interval to admit a spirit-lamp between them, and inverted over the lamp is placed a tomato can through which a number of holes have been perforated to admit of sufficient air to feed the spirit flame. A powder of pure calomel, consisting of thirty grains, is then sprinkled over the bottom of the can. A dense white vapour is at once evolved, which fills the canopy and is inhaled by the child. In aggravated cases the powder is repeated every two hours, and the interval lengthened as the cough becomes loosened and less frequent. By this means Dr. Clinton has saved many cases where from his previous experience he is sure that tracheotomy would have failed. He insists that the treatment should be applied early—as soon as the first signs of laryngeal complication can be detected.—*New York Medical Times*, April, 1891.

T. G. STONHAM.

CYANIDE OF MERCURY IN DIPHThERIA.—From time to time cases of cure by this drug are recorded in the journals, affording further confirmation of the value of the rule of similars—furnished, too, by those who ignore or oppose it—and not less of the prejudice of those who adopt our therapeutics unacknowledged. Dr. Ruelle reported that he had obtained good results by the internal administration of *merc. cyanat.* in the cases of seven children, aged from two to four years, who were all cured; in an eighth case, in which the treatment failed, it was begun late. Improvement began at once, and was marked by the third day. Dr. Ruelle's formula is *merc. cyan.* 0·05 g. alcohol at 80° 8 g., distilled water 192 g. One teaspoonful every hour.—*Brit. Med. Journ.*, Oct. 10, 1891.

SUCKLING AND MENSTRUATION.—The following summary (from the *Annual of the Univ. Med. Sci.*) of investigations on this subject made in Lower Austria may be read with interest in connection with the discussion at the British Homœopathic

Society reported on another page. During a period of 5½ months careful account was taken of 52 children suckled by women in whom menstruation had appeared, and 38 milk analyses were made. The conclusions arrived at were:—

1. "The increase of weight in children suckled by menstruating women is, in many cases, extraordinary."

2. "The average increase in weight is greater during and directly after the appearance of menstruation than before."

3. "The condition of the child during menstruation in the nurse is all that could be desired."

4. "During the so much dreaded menstruation, but a single child became dyspeptic; the dyspepsia, however, did not interfere with a normal gain in weight in this child."

5. "The milk analysis showed on the average less difference between the specimens of milk of a non-menstruating and a menstruating woman than between the specimens of milk taken from an individual at morning, noon, and evening."

Normal menstruation (and not menorrhagia or metrorrhagia) is referred to.

TUBERCULAR INFECTION THROUGH THE NURSE'S MILK.—The infection of human beings through tuberculous milk has been repeatedly shown. The following case suggests, if it does not establish, the etiological relationship referred to. An infant, *æt.* five months, developed tubercular abscesses (confirmed by microscope). The infant had been nursed for four weeks by a woman suffering from phthisis with abundant expectoration. (*Ibid.*)

STOMACH-WASHING.—Booker has employed this treatment in 200 cases of gastric and intestinal derangement. He uses a soft catheter, No. 8, 9 or 10, attached by a short glass tube to a common rubber tube two feet long and fitted with a funnel. The catheter is passed down to the stomach, one or two ounces of tepid water are poured down the tube, which is lowered and converted into a syphon. The washing is continued until the water flows away clear. Relief ensues after the first washing. Even when diarrhoea without vomiting is present, relief is obtained by preventing the passage of curds into the bowels. Heart disease, serious bronchitis or other pulmonary trouble, and the excitation of vomiting counter-indicate the treatment. (*Ibid.*)

EDWIN A. NEATBY.

NOTABILIA.

HOMŒOPATHY IN ANTWERP.

In our last number we noticed the establishment of a Homœopathic Dispensary in Antwerp by the Town Council of the city as a part of their arrangements for the medical care of the

poor under the management of a Committee of the Council styled the *Bureau de Bienfaisance*. The medical staff of the *Bureau* numbers 45 out of the 125 medical men of the city. These gentlemen, on hearing of the decision of the Council endeavoured to organise a strike. As the homœopathic physicians in Antwerp are but five in number, two of them being gentlemen advanced in years, and consequently limiting their professional engagements as far as possible, the gentlemen who proposed to strike felt sure of being able to compel the Council to abandon their proposed dispensary. They, however, omitted to take into their calculations the amount of *esprit de corps* of the Council in the first place, and, in the second, Dr. de Mets and his confrères expected to find that all the medical men in the service of the *Bureau* were as stupid and narrow minded as themselves, while, as a matter of fact, only thirty-two out of the forty-five consented to join in "*la grève générale*." Finding that the Council were determined to constitute a homœopathic dispensary, the allopaths then endeavoured to get the word "homœopathic" struck out, suggesting that a homœopathic physician should be added to the ordinary staff. The Council insisted that those of the poor who desired homœopathic treatment should have as much opportunity of knowing where they could get it as those in easy circumstances already had, and resolved on retaining the distinctive appellation by 24 to 5.

Full reports of the discussion at the Council Meeting, and of that at the meeting of the allopaths, are given in the city newspapers, *Le Précurseur* and *L'Opinion*.

The rule establishing the dispensary was agreed to on the 25th of June. At the Council Meeting of the 5th ult., the results of its re-examination by the Court of Aldermen and by the Commission of Hygiene were discussed. M. Alderman Git, the Chairman of the Commission, reported, in a speech of considerable length, on the decision which had been arrived at. The medical officers, he said, had protested that the establishment of a homœopathic dispensary gave an official recognition to a medical doctrine, while those who gave it were not competent for the task. He replied to this that they had no intention of giving a higher sanction to this than they did to any other doctrine, and that the sole object they had in view was to arrange for homœopathic consultations to which the poor might have the opportunity of resorting; this they considered it was their duty to do. To decide that homœopathic consultation should be provided for the poor was not a doctrinal act, but simply a useful administrative one. "That in a large town such as ours, where homœopathy is held in very great esteem among

persons in easy circumstances, the poor alone should not hitherto have been able to have themselves treated by this method is not equitable, neither is it humane or democratic." Commenting on the argument that had been raised that the poor were indifferent about the matter, he referred to a petition that had been sent to and read before the Council from the workmen's society, *De Werkers*, to the private dispensaries in Brussels and to that of Dr. Campenhoul in Antwerp. Referring to a petition presented by the medical staff of the *Bureau*, in which they denied that homœopathy had any scientific basis, this he said was a mere assertion made by men, very few, if any, of whom had read *The Organon* of Hahnemann. It was also objected that the Universities had not recognised homœopathy, and that the number of believers in homœopathy was very small. The latter fact was at once explained by the former, and in view of it, it was surprising that any had studied and adopted homœopathy, while it argued a real courage to leave a university and commence again a new course of study; the struggle to live was too great and too general to admit of many doing so. He quoted from a speech of Dr. Flasschoen protesting against the ostracism with which homœopathy was treated in France, also appealing in the name of progress, of humanity, and public health for its being taught at the university and introduced into the hospitals. Remarking that this ostracism was coming to a conclusion, he quoted from the speech of Senator Terlinden in the Belgian Senate, to which we referred last month, when he urged that the fact of homœopathy not being taught in the university constituted a defect in the institution, and added that "when the question was one that affected the lives of our fellow creatures, to ignore its existence became a crime." Having quoted from the speech of M. Burlet, the Minister of the Interior, on the same occasion, who said that if homœopathy spread and commended itself by its success, he thought that recourse to its aid would be had by the authorities without legislative compulsion, M. Git said: "Well then, gentlemen, is not this absolutely our position? Our *Bureau de Bienfaisance*, struck by the development of homœopathy among those in easy circumstances, has it not done wisely in taking the initiative in introducing freely and without any evasion opportunities for the poor to obtain homœopathic treatment?" He concluded by expressing his confidence that the Council would approve of the proposal, that the medical staff would withdraw their opposition, and that after a little while a calm would follow the unjustifiable agitation that had occurred.

M. le Dr. DESGUINS, who opposed the proposed dispensary,

expressed a universally felt desire that the dispute should be brought to a conclusion. He objected to the homœopathic dispensary because it implied a recognition of homœopathy. However much the Council might protest against such a conclusion being drawn, it was one that everybody would make. He denied the qualification of the Council to pronounce upon a question of medical science, and asserted that, in establishing a dispensary for the practice of homœopathy, they were doing so. In setting up a special service for homœopathy, they were at the least recognising it as of equal value with traditional medicine, and that it was a rational and efficacious method; it determined thus a scientific question, and did so in a sense directly opposed to medical authorities, who were qualified to determine it. The Council ought, he said, to restrict itself to administering the law, and as the law did not recognise the term homœopath and allopath, no other proof of qualification for its service should be required than those of the possession of a diploma and good character. Dr. Desguins fully recognised that in proposing this innovation the members of the *Bureau* believed that they were doing a useful, liberal and humane work, but that their zeal had led them too far, and concluded by desiring a new rule to be drawn up which should exclude the word homœopathic.

M. Grr replied that while Dr. Desguins had opposed the words homœopathic and allopathic, he had not opposed homœopathy! (This, interpolated Dr. DESGUINS, was a mistake.)

M. DE. Vos said we are told by the doctors that we are not qualified to express an opinion on homœopathy. We are not pretending to do so, we simply turn to account for the benefit of the poor a system which exists, and which is preferred by a considerable section of the people. "Each of us," he said, "if taken ill, has the right to seek relief or cure from the method of his choice, and by which he has been previously relieved or cured—why, then, should the same opportunity be denied to the poor? No one could deny that since the time of Hahnemann homœopathy had not only maintained its reputation but had greatly extended it. Such was not the usual course of anything worthless."

M. VAN DE WALLE agreed with Dr. Desguins, because homœopathy could not be used exclusively in all cases, and urged that the word homœopathic should be removed, that a special dispensary should not be established, but that a homœopathic physician should be added to the staff of the *Bureau*, and a department at the pharmacy of the *Bureau* should be fitted up for homœopathic medicines.

M. TONNELIER said that they had been declared by the doctors incapable of estimating the scientific value of homœo-

pathy. Possibly so; but they were equally incapable of estimating that of allopathy. The doctors asserted that homœopathy had no scientific basis: but homœopaths, who had studied it, declared that it had. The Academy of Medicine had repudiated it, but the Academy of Medicine was exclusively composed of allopaths: We could not attach importance to a decision of which those who gave it were at one and the same time judges and partisans. Whatever might be their incompetence to decide a question of science, they were quite able to arrive at a conclusion on one of results obtained by the homœopathic method. He could not understand how it was that those who pretended that homœopathy was mere charlatanism should still be content that a homœopath should be added to the staff of the *Bureau* provided he kept his colours out of sight. This endeavour to prevent homœopathy being heard of seemed to him and to many others to reduce the question at issue to one of "shop."

M. Girs, in reply to Dr. Desguins, referred to recognitions of homœopathy that have been officially given in France Italy, Spain, the United States, Australia, etc. To M. de Walle, he replied that to keep the word "homœopathy" out of sight would be wanting in candour, in the first place; and, in the second, the nomination of a homœopath on the general staff would depend upon the good pleasure of the members of the *Bureau*. If it happened to be packed with allopaths, they would be able to neutralize the determination of the Council.

After a brief speech from Dr. Desguins, endeavouring to minimise the recognition of homœopathy in other countries as stated by M. Girs, (in the course of which he betrayed his ignorance of the state of medicine abroad by saying that in America any man, however unqualified, could get a qualification for one hundred dollars). M. Spée moved the order of the day, and this was carried by 24 against 5, the effect being the establishment of the Communal Homœopathic Dispensary of Antwerp.

On the evening of the 10th of October, a meeting of a large number of the medical men of Antwerp was held to consider the course to be pursued by the medical staff of the *Bureau*.

The secretary, Dr. de Mets, read a report of the proceedings of the last meeting of the medical staff, when it was decided that they could not continue the struggle alone, as independently of homœopathy their particular grievances had been satisfied, but the question of homœopathy, was one which concerned the entire medical body. Should a general strike, as one of the councillors termed it, of all the medical officers of the *Bureau* take place? This had been considered. Thirty-two

advocated a strike in order to compel the homœopaths to withdraw. By this measure the work of the hospitals would be disorganised. They thought also that though thirty-two was a considerable number, still it was insufficient, and that to be successful at least four-fifths of the *Bureau* staff should join, and this would require thirty-six. These were the facts on which they had to decide the course to be pursued.

Dr. TERWAGNE then spoke. Would the Council annul the rule they had so recklessly voted under the influence of an Alderman whose father was interested in the matter? * This Alderman, in his speech, abandoned any *locus standi* by acknowledging himself incompetent to decide the essence of the question at issue. To the public this was mere blustering, but for us it is nothing less than a piece of audacity concealing his ignorance of positive science.

The Council were supported by two letters, one signed by five homœopaths, a number which is reduced to three, because one of the five has retired from practice, and another treats his patients according to their inclination; and by another from the working men's society. These do not justify the proposal of the *Bureau* either in the light of science or in that of the rights of the democracy. The opinion of a well-known senator was also quoted; but another illustrious senator, Professor J. Crocq, had said, in a letter to him, "At the beginning of the century it was permissible to experiment with these homœopathic dreams; but now, in the presence of the progress made by pathology and physiology, this was no longer possible; it is for this reason that homœopathy is never mentioned in a medical congress—it has no foundation in positive science." Such a condemnation at once extinguished, he said, the absurd subterfuges uttered by our professional adversaries.

We witnessed some odd things at this council meeting. Thus M. Gits, short of arguments, tried to reinforce himself by appealing to the socialists, whom he opposes whenever he can; and to the Catholic minister, whom he spits upon whenever he has an opportunity. This will give you some idea of the grandeur of the defence of homœopathy made by this alderman and of his intellectual condition. One councillor held the medical profession up to ridicule. The moment for doing so was badly chosen, as the council afforded much more cause for laughter than the doctors. We had, indeed, in this meeting a spectacle of men declaring themselves incompetent to discuss a subject on which, nevertheless, they talked for hours.

* Dr. Gits, the father of Alderman Gits, is a homœopathic physician.

M. Tonnelier, being a nonentity both in politics and science, we will not waste time on him. (Cheers.)

The question so succinctly stated by our estimable colleague, V. Desguins, was not understood by the Council.

With regard to the questions the *Bureau* was competent to decide, such as regulating the consultation hours, the number of doctors, &c., satisfaction was given; but on the point which most intimately concerns us, because it affects the higher interests of science and the respect which is due to it, we have received satisfaction only in words. They declare that they do not officially sanction homœopathy, and then they officially instal it in a dispensary. It is as though a person struck us and at the same time professed his friendship for us.

This is the state of the question on which we shall presently take a decision—one of great importance and gravity. We must yield our personal feeling in the face of scientific and professional dignity. If we lay down our arms now, our doing so will only be momentarily. Our outraged scientific dignity must be atoned for, and will be so some day or other. (Cheers).

A long and animated discussion followed, in which

Dr. ROP expressed himself as certain of ultimate triumph because their cause was that of science and of justice.

Dr. VAN DE WIELE said that homœopathy ought never to have been introduced into the administration—but they found themselves with a *fait accompli* before them. He deprecated a strike on account of the responsibility it placed upon them, and thought a milder measure would suffice, and proposed a commission to watch the progress of the struggle, and urged that a physician should be added to the *Bureau*.

Dr. ROP thought that Dr. Van de Wiele's proposal would prove illusory.

Dr. ROCHET suggested an address to the Council protesting against the dispensary.

Dr. DESCAMPS advocated the continuance of the struggle. The declaration of an implacable scientific war against the homœopaths.

Dr. HERTOGHE said, shall we admit that 120 physicians, united in a good cause, are to make terms with four homœopaths? If we act steadily together, we shall extricate ourselves from them. Let us then possess a scientific conscience.

Dr. TERWAGNE replied that to undertake a courteous dispute with homœopaths, to argue with them on the ground of statistics, would be to be made dupes of. Medical statistics were valueless. The strike which had been referred to would, it must be remembered, leave the sick without medical care.

“ In spite,” he added, “ of all the outrages against us, all the cruel thrusts which have lately been made at us, we shall never be found indifferent to that feeling of humanity which lies at the bottom of the heart of each of us. Though we do not obtain an immediate result, our campaign will not have been fruitless. The Administration did not wish to listen to us. We have done our duty in endeavouring to enlighten them. We separate now, and say to them : ‘ *Une fois, c’est bien ! Mais ne recommencez pas !* ’ In short, it is necessary that they should know that to-morrow, if the interests of science require it, we are prepared to renew our efforts. With these views I propose the following *Ordre du Jour* :—

“ “ The medical men of Antwerp united in a general assembly, on October 10th, 1891.

“ “ Considering that the votes of the Communal Council on the regulation of the medical service for the poor recognises a special medical system, a system officially discountenanced by all the universities, by all intelligent men, and rejected by medical congresses by reason of its incompatibility with positive science ;

“ “ Considering that the Council were incompetent to discuss the question, and ought to have maintained an absolute neutrality upon it ;

“ “ Considering that this vote will lead to the forcible introduction of the privileged system into other medical services, dependent upon the *Hotel de Ville*, hospitals, dispensaries, etc., energetically protest against the pretensions of the Council, and reserve to themselves to select a more opportune moment to renew their opposition to an unjustifiable privilege. They decide further to appoint a commission to study the organisation of a syndicate of physicians.’ ”

This *ordre du jour* was then unanimously agreed to, and a copy of it was ordered to be sent to the Council and the press.

Some one proposed to send a letter protesting against the speech of M. Tonnelier, but—as this was more easily proposed than written—it was unanimously resolved that for the medical men of Antwerp to take this gentleman into their consideration would be to confer too great an honour upon him.

M. Tonnelier has since addressed a letter to Dr. Terwagne, one which the doctor’s reply proves him incapable of answering. This correspondence appears in *L’Opinion* of the 22nd ult.

Since the foregoing was written we have heard with much pleasure that Dr. Lembreghts *fiils* has been appointed *Médecin*, and Dr. Boniface Schmidt *Médecin Adjoint* to the new dispensary. The institute opens to-day.

Thus it will be seen that the Communal Homœopathic Dispensary of Antwerp has come into existence in a somewhat stormy fashion. The struggle for fair play for homœopathy in that city has but begun. Men who are capable of talking so much nonsense, who are so entirely ignorant of homœopathy, who fear the spread of a knowledge of it among the people so much, and hate it in proportion, and who show such an amount of passion when they find themselves compelled to compete with it in relieving the sick, as M. Terwagne and his colleagues, will doubtless continue the struggle, and as allopaths generally have done, will probably show themselves perfectly dead to any sense of honour in their choice of weapons. Hence our medical *confrères* in Antwerp must be ever on the watch.

CHANGES AT THE LONDON HOMŒOPATHIC HOSPITAL.

WE learn that Dr. Carfrae has recently resigned his position of Physician to the department for the diseases of women at the London Homœopathic Hospital. We believe that our distinguished *confrère* has been actively connected with the hospital for a period of some twenty-eight years. At the last meeting of the medical staff a resolution was passed expressing the regret they feel at the termination of Dr. Carfrae's period of active work in the hospital, and the hope that he will, as consulting physician, still show his kindly interest in the institution, and render them the valued assistance which his lengthened experience as physician to the hospital qualifies him to give.

Owing to his continued indisposition, Major William Vaughan Morgan has felt it necessary to transfer to other shoulders the burden of the duties of Treasurer to the hospital. We are glad to know his loss will be made up to the hospital by the assumption of the treasurership by Sir Robert Palmer Harding, already well known as a friend and helper of the hospital.

Mr. J. Pakenham Stillwell, member of the Board of Management, has been elected one of the Vice-Chairmen.

Mr. Rowland Wilde, M.B., C.M. Edin., has been appointed Junior Resident Medical Officer, Mr. H. W. Cook, M.B., B.S., having been transferred to the senior post *vice* Mr. W. S. Cox, resigned.

LONDON HOMŒOPATHIC HOSPITAL REPORTS.

THIS new departure in the history of the metropolitan centre of homœopathy which has been for some time desired and finally resolved upon by the medical staff is, we understand,

now practically a *fait accompli*. The work is "in the press," and may almost any day be in the hands of the subscribers. The scanty information given in the tables published for the benefit of the public by the Annual Report of the Hospital has not supplied, and indeed could not supply, any adequate idea of the professional work done in the wards and out-patient department of the Hospital. The new Reports will, we hope, meet this want. We look forward with much interest to the appearance of this fresh evidence of the vitality of the institution and of homœopathy, so often stated to be and wished to be moribund.

THE H. P. S. AND ITS MANUAL OF THERAPEUTICS.

THE constant aim of the Hahnemann Publishing Society, as most of our readers know, has been, by means of its publications, to render more available for the practitioner the vast mass of material at the disposal of the student of *Materia Medica*. Its annotated *Materia Medica*, and its elaborate *British Repertory*, have been endeavours along this line. If the success of this last work has been only partial, up to the present, it has been the fault rather of circumstances than of the plan and merits of the work. The *Materia Medica* itself being incomplete, and, especially of recent years, in a transitional state, its Index is necessarily incomplete also.

On this account it was decided to suspend this (repertorial) branch of the work and push on with what may be called the clinical department. The publication of a *Manual of Therapeutics* was determined upon, and we are able to place its first chapter—The Introduction—before our readers (see page 721). The scope and objects of the *Manual* are therein fully described, and we hope much interest will be aroused in this important work. The authors to whom we owe this scientific introduction, write us as follows, and we hope their appeal will meet with a hearty and well sustained response:—

"Our colleagues are invited to criticise the plan of the *Manual of Therapeutics*, and volunteers are invited to take up sections of the work and to abstract from the periodical literature of all countries well reported cases of diseases treated homœopathically."

HONOURS FROM MICHIGAN.

DR. DYCE BROWN has been elected an honorary member of the Homœopathic Medical Society of Michigan.

OBITUARY.

DR. ROTH.

WE have learned with much sorrow from *The Times*, of the 23rd ult., of the death of our warm-hearted, energetic and accomplished friend, Dr. ROTH, of Divonne—better and more widely known in years gone by, as of Wimpole Street and Brighton—which, it is stated, occurred on the 20th ult. from his having been accidentally burned while taking a vapour bath. On this occasion, we can do no more than express our heartfelt regret at the sad event, and our deep sympathy with his sorrowing widow and the members of her family. Next month, we shall hope to be able to give some account of his career.

CORRESPONDENCE.

KEENE & ASHWELL'S HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—This *Directory* has been found fault with for its want of accuracy. But whose fault is this? I have ascertained that Messrs. Keene and Ashwell sent circulars to all the homœopaths they knew, with the result, notwithstanding two, three, or four applications, that no notice was taken of the circular by a great many of our colleagues. It is not fair, therefore, when the publishers take every pains to ensure accuracy, that they should be so treated, and then found fault with for inaccuracy. We say nothing of those who wilfully keep their names out of the list. I presume they are satisfied with their reasons for so doing. But this is no fault of the publishers. Those gentlemen have the satisfaction of knowing that they contribute to the fact, to which the last President of the Congress, in his address, drew attention, viz.: that there are fewer names in the *Directory* than used to be, and this statement has been published far and wide in the newspapers.

If our colleagues wish to see an accurate *Directory* they must work with the publishers, and take the trouble to send back the circulars duly filled up, or when a new name has to be added, to send *voluntarily* a statement for publication. The publishers issue the *Directory* at a pecuniary loss, and we owe them much gratitude for the care they take to ensure accuracy, and, in fact, for publishing it at all at a loss to themselves. It shows an amount of public spirit and interest in homœopathy which should be met in a co-operative spirit. As to the foreign part of it, it is most difficult to prevent inaccuracies in spelling names, and we venture to suggest that if a *Directory* were published on the

Continent, the mistakes in English names would be far more numerous.

Personally, as Hon. Secretary of the Homœopathic Congress, I have an interest in the accuracy of the *Directory*. I cannot be expected, in sending out the circulars annually, to remember those who wilfully or carelessly have not their names in the book. I generally get an amanuensis to copy the names as they are in the *Directory*, and I decline to hold myself responsible if those whose names do not there appear receive no circular.

There will be a new edition of the *Directory* published by Messrs. Keene & Ashwell, 74, New Bond Street, next year, and it is to be hoped that a better response will be given by our colleagues. Meantime as to the Congress, I would request that all who wish to have a circular, and whose names are not in the *Directory*, would send to me their names, addresses, and professional titles, as soon as possible.

Yours, etc.,

D. DYCE BROWN.

THE PRESERVATION OF NEEDLES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In reference to your note in last month's *Review*, dealing with an effective way of keeping surgical needles aseptic, I wish to indicate a slight modification, which is found in the practice of the best Continental operators. This is in the use of chloroform as a medium in which the needles permanently lie. It is quite free from the objection to alcohol, in that it is not hygroscopic; and in practice, it answers extremely well.

When in Vienna, I noted the practice there was to use carbolic glycerine as the medium for preservation. This only works satisfactorily when the needles are nickel-plated, and the coating constantly renewed. So soon as the nickel in any spot is worn off, galvanic action is set up between it and the steel beneath, and the abraded area further increased. The carbolic glycerine being very hygroscopic, the oxidation is aided and abetted, and the needles grow rusty and rough. With chloroform as a medium for preservation, these troubles are avoided.

To render needles aseptic after operation, brushing them well with soap, and afterward sterilising by boiling in weak soda solution for five minutes, is a plan carried out under high auspices in Berlin.

Yours truly,

Queen Anne Street, W.

GEORGE BURFORD.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to **DR. EDWIN A. NEATBY**.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2.

DR. MORGAN, of Clifton, has taken into partnership **DR. BARROW**, late of Heylake, Cheshire.

We understand that there is a vacancy for a house surgeon (qualified) at the Birmingham Homœopathic Hospital.

DR. J. C. PINCOTT and **DR. NEILD**, of Tunbridge Wells, have by mutual friendly agreement dissolved partnership. They continue to practice in that town.

Communications have been received from **DR. DRYSDALE**, **DR. MOORE** (Liverpool); **DR. CLIFTON** (Northampton); **DR. GIBBS BLAKE** (Birmingham); **DR. MORGAN** (Clifton); **DR. STONHAM** (Ventnor); **DR. BURFORD**, **MR. DUDLEY WRIGHT**, **MR. HURNDALL**, **MR. G. A. CROSS** (London); **DR. LAMBREGHTS** (Antwerp); **DR. BOLLEN** (Port Adelaide, S. Australia).

BOOKS RECEIVED.

History of Circumcision from the Earliest Times to the Present. Moral and Physical Reasons for its Performance; with a History of Eunuchism, Hermaphroditism, etc., and of the Different Operations practised upon the Prepuce. By P. C. Remondino, M.D. Philadelphia and London. F. A. Davis. 1891.—*The Homœopathic World*. London. October.—*The Chemist and Druggist*. London. October.—*The Monthly Magazine of Pharmacy*. London. October.—*Vanoni's Weekly Sheet*. London. October.—*The North American Journal of Homœopathy*. New York. September.—*The New York Medical Times*. New York. October.—*The Medical Record*. New York. October.—*The New England Medical Gazette*. Boston. October.—*The Hahnemannian Monthly*. Philadelphia. October.—*The Homœopathic Physician*. Philadelphia. October.—*The Clinique*. Chicago. September.—*The Medical Era*. Chicago. October.—*The California Homœopath*. San Francisco. September.—*The Homœopathic Encyc.* Lancaster, Pa. October.—*The Indian Homœopathic Review*. Calcutta. July.—*Revue Homœopathique Belge*. Bruxelles. August.—*Bull. Gén. de Thérapeutique*. Paris. October.—*Leipzig-Populäre Zeitschrift für Homœopathie*. October.—*La Homœopathie*. Bogota. August.—*Rivista Omiopatica*. Rome. September.—*Gazetta Medica di Torino*. October.—*Homœopathisch Maandblad*. October.

Papers, Dispensary Reports, and Books for Review to be sent to **DR. POPE**, 19, Watergate, Grantham, Lincolnshire; **DR. D. DYCK BROWN**, 29, Seymour Street, Portman Square, W.; or to **DR. EDWIN A. NEATBY**, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to **MESSRS. E. GOULD & SONS**, 50, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:o:—

GASTRIC ULCER.*

By H. WYNNE THOMAS, M.R.C.S. Eng., L.R.C.P., Lond.

THE subject I have chosen for my paper is "Gastric Ulcer," for the simple reason that during the last 18 months I have seen and had under my care a number of such cases, and I hoped by the preparation of this paper, and from remarks which will follow in discussion from members present, that I, and others here to-night, may be better able to treat this affection in future.

I propose briefly to sketch an outline of the etiology of this disease, its diagnosis, and the most important methods of treatment.

By gastric ulcer I mean to confine my remarks to simple, chronic perforating ulcer.

This disease is characterised during life by pain in the stomach, and usually associated with vomiting, hæmorrhage, and disturbance of the digestion; and terminating either in cure, or in death from hæmorrhage, perforation or marasmus. Its essential anatomical character consists in a circumscribed loss of substance of the coats of the stomach or duodenum extending for a variable depth through their tissues.

* Read before the British Homœopathic Society, November 5th, 1891.

Galen (130 A.D.) mentions ulcer of the stomach, and Celsus laid down rules for its treatment which are generally accepted even now. In 1830 Cruveillier first separated simple ulcer of the stomach from cancer, and in 1858 Virchow promulgated the theory which is still generally accepted, that it is caused by derangement of the circulation in the gastric vessels.

Gastric ulcer is a specific variety of ulcer, which is met with only in the stomach and duodenum, usually single, although two, three, and even more have occasionally been found. In shape the ulcer resembles a funnel, the loss of substance being greater on the mucous surface than in the external layers; its periphery is usually circular, its edges being sharply cut, as if a piece of the stomach had been removed by a punch. When recent it is characterised by absence of all inflammatory infiltration in the neighbourhood, but more often its edges are thickened and hard, although the tissues immediately surrounding the ulcer are quite healthy. The base of the ulcer presents different appearances according to the depth to which the destructive process has advanced; the floor may be formed by the muscular coat, or if the ulceration extends deeper than this, it forms a hole which is considerably smaller than the opening in the mucous membrane, and at the bottom of which may be seen the peritoneum. The latter, after rupture, may still form the floor by adhesion to the neighbouring organs. The size is variable, the average being that of a sixpenny-piece, but there have been cases recorded of five and six inches* in diameter.

Ulcers are found in the majority of cases along the lesser curvature and posterior surface of the stomach, sometimes in the anterior surface, but much more rarely. Brinton† found that out of 220 cases there were—

- 86 in posterior surface.
- 56 in smaller curvature.
- 32 at pylorus.
- 10 in anterior surface.
- 13 in ant. and post. walls at same time.
- 5 in greater curvature.
- 4 in cardiac pouch.

* *Reynolds' System of Med.*

† *British and Foreign Medical and Chir. Review*, Jan., 1856, p. 153; Feb., 1856, p. 29.

So that, fortunately, they occur eight times as often on the posterior wall as in the anterior. Not infrequently two ulcers are found in the same stomach exactly opposite each other, one on each surface, and as they generally seem of different dates, it is supposed that the walls coming together while the stomach is empty, the one has caused the other; ulcers are also found in the duodenum, and occasionally at the lower end of the œsophagus.

Cicatrization may take place in any stage of the ulcerative process even after complete perforation, if blocked by adhesion to surrounding parts. The cicatrices of the smaller ulcers generally have a radiate appearance produced by the surrounding mucous membrane being drawn into folds towards the somewhat depressed cicatrix. Larger ulcers give rise to cord-like cicatrices which produce more or less narrowing of the stomach, stenosis of the pylorus, hour glass contractions. I came across a very good specimen of the latter while at work in the dissecting room.

Gastric ulcer manifests a decided tendency to extend and eventually perforate unless stopped by cicatrization. When perforation does take place it would always be followed by fatal peritonitis were it not that while advancing towards the peritoneum the latter becomes irritated, a localized peritonitis takes place and the inflamed spot becomes glued to the neighbouring parts, whatever they may be, either pancreas, spleen, liver, etc. The active movements of the stomach naturally tend to prevent adhesion, and this is particularly so between the anterior wall of the stomach and the abdominal wall, hence the much greater danger of ulcers in this situation; in fact, in a great number of the deaths from peritonitis from this cause, it has been found afterwards that the ulcer was situated in this part of the stomach. Sometimes the ulceration continues into other organs, through the diaphragm or larger vessels and even external fistulæ have sometimes been found.

Some years back a girl, age 20, was admitted into St. Thomas's Hospital* in a state of collapse, moist sounds were detected at the left apex, gangrenous bits of lung were expectorated with a very foetid mucus. There was

* *Brit. Med. Jnl.*, February, 1879, p. 575.

no history of blood spitting and she only occasionally vomited. At the *post mortem* an ulcer in the stomach was found, communicating with a flat abscess between the liver and diaphragm, and this opened into the left lung; a few tubercles were discovered at the apex. This shows how one may be led astray in diagnosis, as the ulcer was never suspected before death.

Murchison has collected 25 cases of gastro-cutaneous fistulæ, of which 12 were from simple ulcer of the stomach, and the others being from cancer or perforating wounds; one remarkable case was that of a woman who for four years kept a penny pressed into a sore left by a seton until it produced a hole opening into the stomach.

Death may take place from hæmorrhage arising from erosion of some large vessel, the vessel being a branch of the coronary artery of the stomach or pancreatic branch of the splenic artery. In *The Medical Times* a case is recorded where death took place from ulceration of the splenic artery itself. It is surprising that death does not oftener take place from bleeding, but I think that as the ulceration approaches a blood vessel the same process of localized inflammation is established in the vessel as takes place in the peritoneum; a clot forms for some distance on each side, and so ulceration may actually go on completely through the vessel without the loss of a drop of blood if the clot be firmly attached to the walls of the vessel, but any violent movement or distension of the stomach or increased force in the circulation is liable to displace the clot, in which case bleeding may go on indefinitely.

The fact that this variety of ulcer is found only in the stomach and its immediate neighbourhood, mainly in the duodenum and lower part of œsophagus has led to an attempt to explain the immediate causation by the corrosive action of the gastric juice. Virchow pointed out that as long as the circulation is maintained, the alkaline blood will neutralize the acid as soon as it penetrates the tissues. He supposed that the affection began with some morbid change in the blood vessels, some obstruction in either an artery or vein. This might be caused by embolism and thrombosis from disease in the coats of the vessels, and in support of this theory Pavy found that in animals parts of the stomach from which the circulation had been artificially cut off had undergone diges-

tion. Pannum injected small pellets of wax into the arteries of the stomach of dogs and found afterwards ulcers very closely resembling those found in the human stomach.

Wilks and Moxon suggest that ulcers may be of nervous origin, just as ulcers of the cornea are found.

And Dr. Decker, in the *Lancet* of 1887, vol. 1, page 1100 advances evidence of the cause being traumatic, *i.e.* from hot drinks. He thinks that the contact of hot thickened liquids with the mucous membrane of the stomach excites hyperæmia, which becomes localized, leads to venous stasis and hæmorrhage in a limited area and to subsequent necrotic change. He points to the frequent occurrence in cooks who taste dishes while very hot. He made some experiments on two dogs by pouring very hot liquids down their throats. In one he found, on making a *post mortem*, a patch of hyperæmia, with hæmorrhage, between the *mucosa* and *muscularis*, near the lower curvature, and in the other a deep ulcer of characteristic shape and position. Two patients under my care at the present time, both suffering from undoubted ulcer of the stomach, confess to taking tea, soup, milk, etc., very hot, and one says that her friends frequently remark how very hot she can take her food. This may be a secondary cause in some; but it seems to me difficult to understand why, if in itself this be a primary cause, ulceration should be limited to a single spot instead of a large surface.

Now, the primary cause, I am convinced, can be traced, in the majority of cases, to tight lacing. As I have already mentioned, if the circulation be so obstructed that a clot can form in an artery and the blood supply from parts of the stomach be thus cut off, then the gastric juice can eat into the dying tissue. Ulceration occurs chiefly between the ages of 17 and 25 in girls, especially servants, who very commonly are suffering at the same time from amenorrhœa and anæmia, the blood itself being impoverished. From the situation so common in the lesser curvature, and from its singularity, it must be due to a local cause (for if due to a dyscrasia why should it be solitary), and tight lacing would and must embarrass the circulation in the stomach when distended. The arrest of the circulation need not be for long to permit the formation of a clot, and this would be facilitated by the condition of the blood. Often in such girls there is a

sudden and excessive inflation of the stomach from food or flatulence, producing faintness, and here you would have a stomach distended to its utmost, and bound down by the corset, and then comes the faintness and formation of a clot. That is the age when lacing is tightest and the growing body has not adapted itself. Men, too, often wear belts, and excessive flatulence, with feeble circulation may affect them. Girls, and men too, often have to stoop for long hours together at their work or trade, so impeding the circulation. Rasmussen*, of Copenhagen, who has had great facilities for making autopsies on cases of gastric ulcer, which disease is very common in that city, says that it is not uncommon, after death, to find a groove on the stomach extending from about the middle of the lesser curvature, obliquely towards the greater curvature. This is marked by a distinct thickening, and is often continuous with a similar groove on the liver. He also mentions a number of cases where the groove is found with a number of scars, and in some cases actual ulcers. The hospital from which the cases are taken and which is reserved for the incurable and aged poor; he finds scars representing old ulcers in 7 per cent. in men and 30 per cent. in women over 40, the large majority being in the same position as the groove caused by pressure from tight lacing.

Of the symptoms of gastric ulcer one of the most importance and generally the earliest, is pain; this may vary very greatly in intensity, from mere feeling of weight in the stomach, in some cases, to severe boring, burning pain; as a rule it comes on in from 2 to 20 minutes after food and remains until gastric digestion is over, when the pain subsides, usually in from 1 to 2 hours. Of course, if the ulcer be situated in the duodenum the pain will not come on until the contents of the stomach begin to pass out of the stomach. I had a very interesting case of this kind just twelve months ago, November 21, 1890. Mrs. D., æt. 38, had for ten days been suffering from pain and fulness at times in epigastrium; appetite poor; tongue clean; looks anæmic. R̄ *lycopod.* 6. Four days later pain in epigastrium worse, especially at night, great tenderness on pressure. Benger's food and *arsenicum.* 3x.

* *Brit. Med. Jul.*, January, 1887. page 742.

26th.—Pain no better, now always worst $1\frac{1}{2}$ or 2 hours after taking the food. Ridge's Food. Liq. *Fowleri* mj.

28th.—Steadily getting worse.

I now decided that the pain was from lower down than the stomach, most likely the duodenum, and so ordered *kreochyle* that would be absorbed from the stomach and little remaining to travel the intestine. I also gave *kali bich.* 3x. After that she improved wonderfully, said she had no pain after the meat juice, although, at first, if she took milk it came on again. She soon made a good recovery. Twice before, at intervals of some years, she had had similar attacks which had lasted months.

The pain of gastric ulcer is naturally increased by indigestible articles of diet, and is generally relieved by vomiting. In some cases, however, the pain is relieved by eating, and in rapidly fatal cases pain is not infrequently very slight and at times absent. This I take to be in cases where a large slough is forming, and has not been thrown off, and so protects the nerve endings of the raw surface underneath which would be the sensitive part. Pain is increased by pressure, and the patient, if a female, is even content to forego the fancied advantages of her stays rather than endure the pain the central piece of whalebone in these ingenious aids to disease often produces. As a rule a severe attack of pain is relieved by lying down, no matter what may be the situation of the ulcer; pressure is always most painful over one particular spot, but that spot, when found, is no indication to the exact seat of the ulcer, as far as I have been able to make out. Besides pain in the epigastrium, is a gnawing pain in the back, limited to a single spot between the 8th and 9th dorsal vertebræ. Another important symptom rarely absent is vomiting, the contents of the stomach being evacuated with but little retching and relief to the patient. In a case suspected of ulceration it is very important to examine the vomit carefully for blood, as at first hæmorrhage is so slight as not to attract the patient's attention.

The third great sign is hæmatemesis. This may vary very much in amount; at times the blood distends the stomach and intestines and the patient dies without even vomiting. But more often soon after a meal the patient begins to feel an unusual fulness and weight in the stomach; she feels faint, and vomiting of blood takes

place; if the amount is only moderate, and has been in the stomach some time, it is dark, like coffee grounds; but if a large vessel be opened up, a pint of bright red blood may be the result. Some blood is generally passed per rectum, possibly the same day or a day or so later, usually as a black, tarry motion, but if in quantity may be loose and red in colour. Melæna may be the first sign that hæmorrhage is going on in the stomach, and if the evacuation be tarry the bleeding comes from the stomach and not intestines, as hæmorrhage from the latter is always red. Constipation is very common in these cases from the fact that on account of the pain, the patient is led to take very little but slops, and from the vomiting little is left to pass through the bowels; but if the ulcer be situated in the duodenum diarrhœa is not infrequent, for the ulcer is a source of irritation and stimulates peristalsis.

Perforation and passage of the contents of the stomach into the peritoneal cavity, is the most serious complication of gastric ulcer. Sometimes this is the first indication of the hitherto latent disease. This is generally known by sudden violent pain in epigastrium, spreading all over abdomen, relaxed abdominal muscles, absence of abdominal respiration, great tenderness rapidly followed by tympanitic distention of bowels, and death within thirty-six hours.

In January last I made a *post mortem* with Dr. Madden, by order of the coroner, in a case of sudden death from this cause.

The patient, a girl of 19, was housemaid in Bickley. For a month or six weeks had looked pale, her appetite was good, but for some weeks previous to her death had had slight indigestion, but no sickness at all till a few hours before her death, when she vomited some mucus streaked with blood. The only thing she complained of was cramp in her legs, which generally came on when in bed and several times made her scream out. On the Sunday she went to church and also for a walk, on the Monday she scrubbed a hall and during that afternoon she vomited for the only time and felt faint. She went to bed and felt much better on lying down; that evening at eight o'clock she had some gruel, which she kept down; at twelve o'clock had some milk and soda and felt better; but was very faint if she tried to walk about

and complained of pain in her stomach ; however, she went to sleep ; at four o'clock on Tuesday morning she said the pain was better but she was very ill. She went off to sleep again and at six o'clock the other servants becoming alarmed sent for Dr. Madden, who, on reaching the house about half-past six found her dead. At the *post mortem* an ulcer, which would easily admit my forefinger was found in the posterior wall of the stomach and a quantity of liquid food had escaped into the peritoneal cavity.

The *diagnosis* of this disease is at times clear, at others most difficult, especially in sickly chlorotic girls and women with menstrual disorders, who complain of cardialgia and indigestion, but those cases of hysteria and neuralgia are most difficult. One very important sign against ulcer is absence of any connection between the taking of food and the vomiting, and I think much time and trouble will often be saved by treating all doubtful cases for a time as if there was an ulcer present by strict abstinence of all food but broth and milk ; if in a short time little benefit is gained, ulcer may be excluded.

Electricity is at times useful in clearing up a doubtful case. If pain disappears within a few minutes after the application of a constant current from a battery of 20-40 cells, then the pain is cardialgia, real ulcer is not affected by the current.

Among other diseases likely to be mistaken for ulcer is cancer of the stomach, but here a tumour can generally be made out if there is much pain, hæmatemesis is a late symptom and rarely profuse, by this time cachexia has developed, and on examination of the vomit by a microscope special cells can be made out. This disease occurs after 80.

Rommelaere lays great stress on the amount of urea excreted in these two conditions, in ulcers the percentage is normal, in cancer very much decreased.

Byrom Bramwell thinks that the increase of the epigastric reflex on one side over the other should be a sign of some value.

As regards prognosis, in ordinary cases it must be good, for at autopsies healed ulcers are found quite as often as open ulcers. Profuse hæmorrhage must of course increase the danger.

In a case I published in the *Monthly Homœopathic Review*, in December of last year, the patient vomited about $1\frac{1}{2}$ pint of pure blood, she having had no food by the mouth for thirty-six hours; and yet at the *post mortem*, fourteen days later, two ulcers were found soundly healed, in spite of the fact that for five days previous to her death she had almost constantly most severe vomiting and retching. This shows that after profuse loss of blood the ulcers heal rapidly and soundly. If the ulcer should perforate the peritoneal cavity, the case almost invariably ends fatally.

Treatment.—Most important is rest in bed, and I think the most satisfactory, and I am sure the shortest way is rest to the stomach also. For three or four days feed the patient by the rectum, either with peptonised foods or nutrient suppositories. A very good food is Leube's food: 4—8 oz. scraped and finely chopped beef: 1—2 oz. fresh finely chopped oxen's or pig's pancreas: and add warm water to the consistence of thick gruel and inject slowly with a long tube; in this way half-a-pint or more can be retained; or some of the meat juices of which there are so many now in the market, but of which I prefer kreochyle or bovine. Beef-tea and eggs are not absorbed readily by the rectum.

At the end of that time, begin by giving small quantities of liquid food by the mouth; milk and lime water or peptonised milk ζij or ζiij at a time; many people object to milk when peptonised, but its taste is much improved by the addition of Vichy or soda water. Buttermilk is an admirable food to those who do not object to its taste. Koumiss is also good, but I much prefer a very good preparation of milk called aerated milk; this is first sterilised and then carbonic acid gas forced in as in ordinary soda water; this will keep in a cool place for weeks; it is sent out, in syphons, at the rate of 6d. a syphon, manufactured by the Stansted Park Dairy. Bishopsgate, and is much liked by patients. At the end of a week or ten days lightly boiled eggs and milk, crumbled biscuit, powdered rice, or Nestle's infant food may be added, and then meat broths, young fowl, sweetbread, &c.; but for some time brown bread, oatmeal, pastry and acid fruits should be forbidden.

In regard to medicinal treatment. There are some drugs which definitely produce ulceration of the stomach

and duodenum, notably *uranium nitricum*, with which Dr. E. Blake made some valuable experiments some years ago, an account of which is published in the *Hahnemann Materia Medica*, part 2. He produced definite ulceration in the stomach and duodenum in some rabbits, and in others localised inflamed patches which would doubtless have gone on to ulceration if the animals had lived, and this was not from any local action, as some of them were treated by subcutaneous injections of the drug. This drug I have used in some cases with, I believe, decided benefit to the patient. *Arsenicum* has vomiting after food without nausea, burning and gnawing and eroding pains in the stomach. *Bell.*, and especially *atropia*, is often very useful in these cases, and especially those hysterical cases with pain in the back, etc., which so closely resemble gastric ulcer. *Argentum nit.* is spoken highly of, but I have not myself been successful with it. *Phosphorus* is another good medicine. For the burning pain in the stomach a few drops of *chloroform* shaken up with ʒiv of water and ʒj , given occasionally, I have often found give great temporary relief.

Of course the general anæmia and amenorrhœa must be treated, and for this *puls.* and some form of *iron* I generally find most useful, and I have not found that in giving these together that the one counteracts the good effect of the other as Farrington says in his *Clinical Materia Medica*. For an attack of hæmatemesis I have found *ipecac.* or *hamamelis*, or both, most useful in checking the bleeding. Small pieces of ice to suck and ice-bag locally, but whether the latter really checks hæmorrhage I am not sure. Stimulants, I think, should be avoided, as the flagging circulation tends to produce coagulation, and blocking up of the mouth of the vessel.

If one is sure that perforation has taken place abdominal section and washing out the abdomen is the only chance of saving the patient's life, although the percentage of recoveries so far has been very small.

DISCUSSION.

Dr. DUDGEON said a medicine he had found most efficient in a case of ulcer of the stomach, or at least in a case presenting all the symptoms of it, was *cuprum acet.* The patient got perfectly well. *Kali bichrom.* he had seen of great use in

cases of suspected gastric ulcer. Dr. Drysdale and himself had observed in workers in factories where it is made, ulcers in various mucous membranes resembling the ulcers of the stomach.

Dr. POPE, after expressing the pleasure he felt at hearing so elaborate a paper on so important a subject as gastric ulcer read by the son of an old and valued member of the Society, referred to the causes of this form of disease, and thought that Dr. Thomas had omitted to mention one of the most frequent—viz., bad teeth or no teeth at all. The scarcely masticated food acted in such cases as an irritant to the mucous membrane of the stomach, in some instances occasioning erosions and ultimately ulceration. He mentioned the case of a servant he had sent into the hospital, who had a mouthful of rotten teeth, which he had in vain endeavoured to induce her to have extracted. With the rest, milk diet and suitable medicine received at the hospital, she returned to her village home greatly improved in health. Her father, a Lincolnshire labourer, insisted on her having animal food, and this was, of course, followed by a return of all the symptoms. The village doctor then came in and added indigestible physic, which made matters worse. Another course of rest, milk diet and *arsenic* improved her. In this way she had gone on for a year and more; lately, however, she was persuaded to have her teeth removed, and once under the influence of chloroform, a dozen rotten stumps were removed and she is now in fair health and able to take light nourishment in sufficient quantity and without pain. Another case Dr. Pope quoted as showing the tendency of this gastric erosion to recur. In this patient emaciation and feebleness were most marked—and here, too, *arsenic* proved effective, together with, of course, an exclusively milk diet, in restoring him to health. In the large majority of cases *arsenic* was the most homœopathic of medicines—the burning, localised pain, the speedy vomiting after food, together with the emaciation and cachectic look being its chief indication. This, with the *bichromate of potash*—of the sphere of which Dr. Thomas had given them a good illustration—and *uranium* were the most clearly indicated of medicines. An excellent illustration of the particular kind of real ulceration in which *uranium* might be expected to do good was given in the number of the *Review* for last February. The case was one of an extreme character—with severe pain, vomiting and hæmorrhage—and nevertheless was rapidly relieved and ultimately cured by *uranium*. The interesting feature of this, therapeutically, was that in prescribing this drug Dr. Gorham took his indication from Dr. Edward Blake's experiments upon rabbits only. Out of

eleven rabbits gradually poisoned with *nitrate of uranium* nine showed *post mortem* evidence of distinct and well marked ulcers towards the pylorus. The proving upon human subjects had not been sufficiently heroic, so far, as to produce a single symptom of gastric ulcer. This case showed that in examining the pathogenetic properties of a drug we could not afford to lose sight of any source whence information might be gained. He thought that with such a grand and far-reaching remedy as *arsenic* was, palliatives of the chloroform or any other type would be found unnecessary.

Dr. HUGHES said the last time gastric ulcer was brought forward was when Dr. Meyhoffer read a paper on the subject at the Manchester Congress in 1875. Milk diet and *argentum nit.* were his remedies. He, Dr. Hughes, had seen ulcer in many servants, but in his experience housemaids, and not cooks, were most generally affected. He suggested that pressure of trays might cause it. There was usually much anæmia, and to this *argent. nit.* was homœopathic as well as to the ulceration.

Dr. EDWARD BLAKE considered gastric ulcer to be a much more common disease than might be imagined. When a gastralgia in a chlorotic girl resisted ordinary remedies, it was pretty sure to be the result of an ulcer. Had just seen a medical friend remove a persistent pain at epigastrium combined with anæmia, by means of *carbonate of iron*. Dr. Blake feared that the tight-lacing theory would hardly do, as fashionable ladies laced a good deal tighter than housemaids, but ulcer was not found to be common with them. He viewed gastric ulcer as a local necrosis of neurotic origin; it yielded to nerve remedies such as *arsenic, uranium, silica, &c.* No respectable explanation of its occurrence in servant maids had yet been given. One must go to their life history for an explanation. These girls are usually the children of agricultural labourers—victims of pre-natal, post-natal, and hereditary innutrition. It should be remembered that, until the recent agitation of Joseph Arch, Hodge was the worst nourished animal in England. For example, wages were at one time notoriously low in Dorsetshire. Francis Glisson, born in that county in 1596, first described rickets, and for that condition he coined the quasi-classic term “rachitis.” It was long known as “the Dorsetshire disease.” Closely allied is its cousin struma. Gastric ulcer is doubtless related nearly to the perforating foot-ulcer of so-called scrofulous subjects, now recognised to be a neurosis, as the homœopath, who cures it with a high dilution of *silica*, might well suspect.

The country girl, who sometimes looks so ruddy, is rarely robust. On coming to town she is suddenly deprived of light

and air. Kept in an underground kitchen, often reeking with sewer gas, she is either underfed or gorged with heavy meat, and is said to be greatly addicted to the abuse of vinegar. She becomes either hysterical or chlorotic, and she falls an easy prey to any form of neurosis. He quite agreed with Dr. Thomas, that most gastric ulcers would heal without drugs if the patient were put to bed and absolutely deprived of food *per orem*.

Respecting as to the use of the enema, three times a day, the rectum and the sigmoid flexure should be well washed out with warm water, beginning with small enemata, as we bear in mind the valuable researches of Dr. Burford on this very vital point. Then, with the hips well raised, a very long tube quite full, to exclude all air, should be passed as far as possible and slightly withdrawn. An ounce or two of peptonised food *without salt* is allowed to flow very slowly into the intestine by raising the end of the enema. A firm broad belt should be tightly applied round the buttocks, and the patient enjoined to lie on a warm pillow with the head low for half-an-hour. Dr. Blake thought that the decayed teeth, noticed by Dr. Pope as a cause of ulcer, were rather a result, with gastric ulcer, of one common cause of defective trophoneurosis, than a first cause in themselves.

Dr. MOIR wished to draw attention to the difficulty of diagnosis. He thought there were few things more difficult than to say which a patient had, gastric ulcer or gastritis. Among the causes alcohol should be mentioned, especially among men. In one case due to this, perforation took place without a previous symptom. A very severe case was leaving the hospital that week, in which patient has got weaker and weaker, till she lay in a comatose condition for three days; from that time steady improvement took place.

Dr. GOLDSBROUGH agreed with Dr. Moir as to the difficulty of diagnosis, but it was necessary to give the patient the benefit of the doubt. He remembered Dr. Hughes speaking of *argentum nit.* in gastric ulcer subsequently to the occasion he mentioned. Dr. Goldsbrough mentioned at that time that *arg. nit.* had great flatulence in its pathogenesis. This Dr. Hughes corrected, mentioning that though that symptom might be a valuable indication for the drug it was not found in the pathogenesis. Dr. Goldsbrough had been disappointed in the use of *arg. nit.* in gastric ulcer. *Bismuth* seemed to have a specific relation to the pain, also *ferrum aceticum* to the pain and vomiting. But undoubtedly the chief remedy was *arsenic*. Dr. Goldsbrough came from the neighbourhood of Dorsetshire, where the air was very relaxing, and he remembered the diet of the working population consisted of

bread, bacon, a few vegetables and tea. A diet well calculated to promote anæmia and ulceration.

Dr. JAGIELSKI said as Koumiss had been mentioned he would say that it is not only a food, but a digestive at the same time. It answers in all points for this disease. *Argent. nit.* has been a remedy for the complaint from the earliest times. As to the pain, he had found that gastralgia caused pain at the back between the sixth and eighth vertebræ, and if you put one hand at the back and one at the epigastrium the patient complains of pain like a hot poker. This pain is not found in ulcer. For immediately calming the nausea Koumiss is the best remedy.

Dr. BURFORD said that the theory of neurotic origin mentioned by Dr. Blake had quite displaced Virchow's theory. He mentioned that there were perforating ulcers in various parts which must be correlated to the perforating ulcer of stomach. Perforating ulcers of the extremities in locomotor ataxia were of neurotic origin.

The desire for hot drinks in ulcer patients showed a lack of nervous energy. With regard to pain, it was quite possible for pain to be absent until perforation occurred. Nor did it in any way depend on the size of the slough, and he mentioned a case in point. In cancer cases there is absence of hydrochloric acid in the vomited matter. As for operation in cases of perforation, he mentioned that the record was one of failure in all. On the other hand, those left at home without operation all died.

Mr. DUDLEY WRIGHT thought there was a tendency to set down all diseases to nerves, but he was more inclined to ascribe gastric ulcer to venous stasis. He claimed cooks as the most liable to gastric ulcer. He believed it was partly due to their addiction to alcohol. The posterior wall is liable to be attacked, as on lying down the erosion is more likely to occur. In rectal feeding cocaine is a useful addition where there is much rectal irritability.

Dr. COOPER referred Dr. Thomas to a case reported in *The Lancet*, in which a patient suffering from ulcer was poulticed, and a red spot occurred over the point where the ulcer was situated. He regretted that Dr. Thomas had not devoted more attention to the medicinal aspect of the disease. It is commonest between the ages of 18 and 22, and again at the climacteric. His experience was that housemaids were more prone to it than any other. There was anæmia and pain in the left ovary. *Arsen.*, *carb. v.*, *bism.* are useful; also *actea* and *bryonia*. Besides this, *ferr. carb.* 3x. acted well, or Flitwick water in teaspoonful doses. In a case at climacteric adhesion took place at posterior wall of stomach. The patient

has recovered. He thought sufficient prominence had not been given to neuralgia of the stomach. He mentioned a case in which a pad dipped in chloroform applied over the solar plexus gave permanent relief. A severe case of gastralgia in a man he cured by *gunpowder 8x. trit.*

Dr. THOMAS (in reply) said when in Birmingham some years ago he saw three cases of cancer of stomach in which the hydrochloric acid test was tried, but without any decisive result. The cases of ulcer he had seen were not at all badly fed. He thought it curious that the stomach should be so much more frequently affected than any other part if all perforating ulcers were to be regarded as of the same kind, unless due to some local cause such as he had mentioned.

THREE A-TYPICAL CASES.

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I PREFER the German term a-typical to the usual English adjective anomalous. It better, in this paper, conveys the desired idea that the clinical histories, in varying degree, depart from the usual and ordinary, that their details have a greater range, and that some of the facts traverse those usually observed.

CASE A.

This was seen in consultation with Dr. Edgar Hall, at Surbiton, and the aspects of the case were so unusual as to constitute a pathological difficulty.

The patient was a well-built single woman, about 40 years of age, who previously had nothing to record beyond the usual course of average health. Ten days anterior to my visit she had a period, in no way differing from those ordinary with her—a relatively scant discharge, a moderate degree of pain, and no notable urinary difficulty. Immediately on the cessation of this function she undertook some heavy lifting, and straightway experienced acute pelvic pain, with a sensation expressed “that she must put her hand to the vulva to prevent something coming out.” She betook herself to bed, and from the horizontal position gained some relief.

The following day sudden and notable hæmaturia supervened. The urine was tinged bright red, but there

was no mineral sediment or pus therewith. Coincident with the altered renal secretion was considerable dysuria, which was present both day and night. The pelvic pain continued, and was felt in the sacral area, the bearing-down sensation in front persisting, but less intensely.

After a few days, as the symptoms had only slightly abated, Dr. Hall kindly asked me to see the patient with him, with a view to accurately determining the pelvic condition. It was necessary to anæsthetise the patient, so sensitive was she to local examination. Under chloroform, administered by Dr. Hall, I found a virgin uterus, somewhat retroflexed, but fairly mobile. The left parametrium and the pouch of Douglas were entirely free, but in the right parametrium was some arching, and a distinctly detectable boggy sensation, absent on the other side. Rectal examination showed this more clearly as a loosely-defined swelling, about the size of a Tangerine orange. A catheter introduced into the bladder brought away about an ounce of brownish urine.

Hot applications and *tincture of hamamelis* internally were found of no avail. Leiter's coil with iced water was then applied over the pubes, and *iron* administered in place of *hamamelis*. This in a short time stopped the hæmorrhage, and the patient began to feel very well. After the urine had been quite bloodless for two days, the coil was removed, and the patient allowed to lie on a couch. In a few hours great local distress was experienced, the dysuria recurred, and severe pain over the pubes was complained of.

Various remedies were now successively tried, *chimaphila* with most result. The urine beginning to deposit muco-pus, the bladder was washed out with a warm solution of boracic acid; this gave great relief. Deposit examined microscopically showed pus chiefly, with a few altered blood corpuscles, but no trace of kidney structure. The patient continued to do well, and ultimately quite recovered her usual health.

The question arises, what was the exact nature of the lesion existent in this case? The symptom-series is almost dramatic in its vividness. An ordinary period of uterine engorgement is commencing to subside. Before the return of the pelvic circulation to the *status quo*, a well defined traumatism occurs. This is followed, not by a recurrence of uterine

hæmorrhage, as is usual, but by local pain, a sense of dislocation of the pelvic viscera, and later on, by a slight but continuous hæmorrhage, escaping into the bladder and not into the vagina. Coincident with this is found a recent boggy effusion into the right broad ligament. The pain continues; the sense of pelvic discomfort lessens in some degree whilst in the horizontal posture; the hæmaturia shows for some days no sign of abating. On its cessation, and with the commencement of bodily movement, there occurs a sharp attack of cystitis.

These signs and symptoms may be read as the clinical history of a small pelvic hæmatoma, but not of the usual kind. The absence of all peritoneal symptoms indicates its site as extra peritoneal. The presence of a right broad ligament effusion confirms this. But how account for the vesical hæmorrhage? Three alternative hypotheses, in the absence of exact pathological data, generalise the symptom series described.

I. That the effusion in the right broad ligament found its way in the direction of least resistance along the planes of cellular tissue, and was bounded in part by a small area of bladder wall, through which a vent was established.

Against this may be urged that there were no physical signs of this continuity, and that the pathological course here depicted is not usual.

II. That at least two hæmatomata occurred at the time of traumatism, the major one as before described, the minor one under or in the fibres of the bladder wall. An easy solution of continuity would account for the vesical bleeding.

III. That, coincident with the pelvic extravasation, but quite dissociated from it, there occurred an actual fracture of veins just under the bladder epithelium. The deferred initiation of the hæmorrhagic signs is thus most easily explained.

I am inclined to regard some combination of hypotheses II. and III. as the correct solution of this rare and most interesting type of lesion.

CASE B.

This is one of the most singular and eventful cases of its kind hitherto included in my experience. The physiological sequence of the symptoms, the surprising recuperation under treatment, and the revelations of

exploratory incision, these contribute to invest the case with uniqueness and interest.

Miss Y., aged 50, had been for many years under the supervision of Dr. Dyce Brown, and in the early spring of 1890 left England, with the sanction of her medical adviser, for temporary residence in France. Her health, about the time of departure, was particularly good, and no uterine or pelvic trouble was then existent. About two months after commencing life in France, this lady sat for some time on a stone seat, to sketch, in a castle yard. She was attacked the same evening with a violent chill, followed by acute abdominal pain, which tended after the lapse of hours to increase rather than lessen. Medical aid was summoned from Paris, and the patient was carefully watched and nursed through the earlier stages of a severe attack of acute peritonitis. Progress seemed slow, and as soon as she could with safety be removed she was brought to England, after a most difficult journey, and at once placed under the care of Dr. Dyce Brown.

The continued effect of the illness and the journey had brought the patient nearly to the gates of death. She was denied nothing that skill or experience could suggest, and the progress, though slow, was assured. After two or three weeks Dr. Dyce Brown was leaving town for some time, and kindly asked me to take charge of the case. When I saw the patient with him, there was a huge abdominal swelling, solid and resistant from side to side up to the umbilicus, and above that level great tympanitic distension from a displaced alimentary canal. Aphthæ had appeared in the mouth, the tongue being usually red and moist. The pulse varied from 108 to 120 per minute, and the temperature oscillated slightly about 99°.

A careful thoracic examination showed slight dulness over the base of the left, and somewhat more over the base of the right lung.

All the secondary symptoms were present in full force. An easily induced emesis, spasmodic explosions of cough, occasional attacks of colic, and inconsecutive sleep varied the events of the day.

In spite of this formidable array the patient's condition tended gradually to improve. The progress of convalescence was marked by three series of crises of a most

interesting and suggestive character. A *gastric crisis* was developed earliest, and took the form of explosive and almost intractable vomiting. The slightest stimulus seemed sufficient to evoke an emesis; a cough, the swallowing of bitter things, slight physical discomfort, any of these would inevitably bring on a paroxysm. The diet was daily altered in quantity and nature, the patient requiring constant variety in nutriment. *Arsenicum* was the most potent remedy, and after a time the stomach ceased to markedly trouble.

The next crisis was *respiratory*. A dry, distressing constant cough, markedly aggravated at night, prevented sleep, destroyed all remnants of appetite, and made serious inroads on the patient's vitality. Not every night had so bad a record; about every third night there was a prolonged struggle against this troublesome condition. *Coclea*, given in minute quantities, was of paramount service, and under its influence the cough soon subsided, and occasional recurrences were remedied by it equally well.

But the most distressing crisis was *cardiac*. Shortly after the initiation of the respiratory troubles, cardiac phenomena commenced, and were equally embarrassing. After midnight, the patient would complain of great oppression at the chest, sleep was effectively banished, and anxiety with restlessness, continued in increasing degree for some time. The pulse was not markedly quickened, retaining its usual average of 120 beats per minute. A sense of impending misfortune, a total inability to lie down, a restlessness of body and mind were the most prominent subjective phenomena. Various therapeutic measures were put in vogue, but those most serviceable were the administration of hot coffee during the paroxysm, and *strychnine nit.* 1/200 for a short time during the interval. This effectually controlled the heart perturbation; and the manifestations lessened in intensity in a striking degree in a few days, and then ceased.

The physiological significance of these symptoms cannot be missed. They were originated successively in the three great areas of distribution of the vagus nerves, *i.e.*, the heart, the lungs, and the stomach. The crises were respectively gastric, respiratory and cardiac. Now the sympathetic nerve plexuses of the abdomen inosculate far more freely with the pneumo-gastric nerves than

with any other branch of the cerebro-spinal axis. Reflex irritation proceeding from so great an abdominal area of lesion would naturally discharge along its connections with the vagi, and reflex vomiting, reflex bronchial irritation, and reflex cardiac inhibition occur, which was actually the case.

A period of calm now supervened, and the easy course of convalescence charmed us all. The abdomen grew less tense and less bulky. The cough, once so annoying, diminished down to an occasional mild explosion. The heart crisis, with the sense of oppression formerly so appalling, now ceased to trouble. The appetite though variable was fair, the sleep was reasonably sound and almost continuous; the consciousness of pain was materially lessened, and the reviving spirits of the patient afforded to her proof positive of her recovery. The lung deposit had cleared up, the percussion dulness vanished, and there were no signs of metastatic involvement of any other organ.

The patient left her bed, and her room. The general improvement was maintained, but withal there was noticed a recent and marked increase of abdominal girth, *pari passu* with the systemic betterment. An exploratory operation was advised and carried out. The abdomen was opened just below the umbilicus, and a large irregular adherent mass of cancerous tissue exposed. The abdomen was accordingly closed, removal of the lesion being impossible, and the patient recovered from the transient effects of the exploration. But the invasion of the growth continued, the symptoms became more severe, and the unfortunate lady died within a few weeks from this time.

The clinical individuality of this case is striking and singular. At a given period, the integrity of the pelvic organs is placed beyond doubt by a careful local examination. Three months later, a slight inflammatory stimulus—that of chill—evokes a peritonitic storm both furious and protracted. In the course of time, much of the exudation is absorbed; but it is then found that during the illness, more stable elements and withal more dangerous than inflammatory plasma have been added to the intra-peritoneal contents. A neoplasm has obviously developed; it steadily increases in size; but concurrently, the general condition of the patient im-

proves, the appetite returns, the normal capacity for sleep exists, and locomotion, which had been impossible for months, is resumed. Exploratory incision determines the malignant nature of the lesion: the lethal characters of cancer suddenly appear: and shortly after their initiation the patient succumbs. The idiosyncrasies of this clinical history are considered together with those of Case C.

CASE C.

Madame X., a lady of 40, and of Spanish extraction. was seen in consultation with Mr. Deane Butcher at Windsor. This patient was of an active disposition, and devoted to out-door life, up to some two months back: when, on crossing from France, the passage was extremely rough, and she became exceedingly sick. After landing, the sickness did not abate. It continued acutely for two or three weeks, with no marked fluctuation; at the end of which time it slowly decreased. The emesis, in short, was most probably that of peritoneal irritation.

Some abdominal swelling was noticed a twelvemonth ago, but as it was not attended by further symptoms, it gave no anxiety. But the continuous ill-health, after reaching England, determined the seeking of medical advice. A professor of clinical medicine in the metropolis was consulted, and he reassured the anxious friends by a favourable prognosis of hepatic trouble. About six weeks afterward Mr. Deane Butcher was hurriedly summoned to the lady, as she appeared to be *in extremis*. She was cyanosed, with acute dyspnoea, and possessing a most obvious abdominal fluctuating tumour, which prevented the recumbent posture. Restoratives were administered and accessory attentions put in vogue, and the patient revived. As much of the distress arose from abdominal tension, the cyst was tapped at its most projecting point, and half a gallon of fluid withdrawn. This was followed by great relief, and the patient rallied considerably.

Four days later, the fluid in the abdomen had again collected; and as the symptoms of distress were returning, the cyst was again tapped and three pints of dark red fluid came away. Relief again ensued: and I saw

the patient the next day with a view to more permanent operative relief if practicable.

I found the patient presenting all the signs of embarrassed respiration. She was propped up in bed, unable to turn without considerable dyspnœa; her respirations were shallow and quick, her *alæ nasi* dilating, her aspect sallow and livid. Abdominal examination showed a fluctuating swelling, reaching up to the umbilicus, uniformly dull on percussion, the dulness shading off on the left side. Vaginal examination showed the cyst to dip deeply into the pelvis, displacing the uterus to the left side and front. This latter organ was somewhat enlarged, but not notably.

The thorax presented signs quite as grave in their import. The right pleural cavity was uniformly dull up to the fourth rib; above this level a resonant note was obtained, below this upper limit of dulness neither voice nor breath sounds were to be heard, and the apex beat was displaced to just outside the left nipple line. The left lung showed no notable marks of lesion.

As there was still a considerable amount of fluid in the abdomen, and as no exhaustive diagnosis could be framed until this masking element had been removed, I tapped the cyst, per abdomen, and withdrew a further quantity of thin red fluid. A number of disseminated nodules were thus bared to palpation, and the solid elements in the abdominal swelling bulked largely in its mass. From the uterus there issued a slight but constant hæmorrhagic discharge, and the odour from the bed was characteristic.

The diagnosis did not lend itself to doubt, and a very grave prognosis was given. In view of this both the patient and friends were extremely anxious for such temporary betterment as would allow a pilgrimage to Lourdes, but in a fortnight after consultation the patient became collapsed and suddenly sank.

CONCLUSIONS.

I have narrated these two cases in detail, that I might demonstrate the existence of a *Latent Period*, or *Pre-symptomatic stage*, in malignant lesions of the abdominal viscera. The clinical sequences here are similar up to

identity. The patient enjoys average health, according to her use and wont. Suddenly, like a bolt from the blue, symptoms arise which in severity and protraction are altogether disproportionate to the mildness of the exciting cause. The symptoms abate, the urgency subsides, but the average health of the *status quo* is never regained. It soon becomes obvious that the *tout ensemble* is of serious import; and the physical signs of a neoplasm are now to be demonstrated. This tends to increase directly as the systemic improvement; the better the general health, the quicker the early stages of growth of the malignant mass.* Soon the vigour of the constitution becomes minimised; systemic infection with the toxic products of carcinoma begets a degree of toleration, and the struggle between constitutional vigour and deadly parasitism is entered upon with a result certain if deferred.

The historical sequence of events during the *Latent Period*, or *Pre-symptomatic stage*, may be thus set forth. So soon as germ epithelium—that layer of epithelium immediately situate on basement membrane—ceases to develop in the usual way, but with cells and nuclei alike proliferating, forms a heterologous cell collection, the life history of cancer begins. The cells increase and multiply with a rapidity proportionate to the blood supply of the locality. Every effort is made by the local tissues to homologate the new growth; but this latter, being devoid of those ambassadors of reciprocity, nerves, no relations other than parasitic ones can be established. The neoplasm grows at the expense of the local pabulum; the presence of the foreign mass dispossesses and dislocates normal cell elements; and a perpetual nerve irritation is engendered by its presence in its immediate neighbourhood. The mass grows; the tone of the local tissues becomes less and less; and the constant and increasing trophic disturbances gradually reach such a point, that a very moderate inflammatory stimulus produces effects out of all proportion to the intensity of the

* In ovarian non-malignant tumours, on the contrary, the growth of the cyst is often quickest in the later stages, and slow in its initiation. I operated recently upon a lady in whom the cyst had doubled in size in a fortnight.

cause. The latent period is now over, and the period of manifestation has commenced.*

CLINICAL AND THERAPEUTIC NOTES.

By DR. A. C. CLIFTON.

ABOUT twelve years or so ago a paper of mine appeared in the *Monthly Homœopathic Review*, under the above title, in which I sought for more light and help in the treatment of acute gout, lumbago and tonsillitis, inasmuch as my therapeutic measures had not for the most part yielded satisfactory results.

Dr. Edward Blake and Dr. Nicholson kindly replied in the pages of the same journal; the information, however, which they afforded me, was mainly pathological in character, while I rather desired symptomatic and clinical indications as a more certain guide. Nevertheless I was grateful to those gentlemen for their suggestions, which, moreover, were of some service to me.

Since that time I have been more fortunate in the treatment of acute gout, and lumbago, but not of tonsillitis, each of which I will now touch upon.

1st. *Acute Gout*.—Several cases of this nature, and severe in character, I have had under my care. In addition to heredity, the exciting cause has generally been mental worry, and next in order depressing climatic environment, rather than error in diet, or physical indolence. The patients were somewhat anæmic, with soft and flabby muscles, were low spirited, had a weak pulse, with internal chilliness, aversion to be uncovered, yet with heat and dryness of the skin, and great sensitiveness to touch anywhere; and in each case, notwithstanding pathological indications to the contrary, on the line of anæmia, general debility, enfeebled circulation, &c. *Aconite* one to two drops of 1x every four hours for two or three days, was of marked benefit; the next stage was to some extent one of internal, but not external

* Since writing the above, Dr. Arthur Clifton, in a private communication, informs me that a further experience of twenty years enables him to adhere firmly to the views he enunciated in the *Monthly Homœopathic Review* at that date. The most constant and the most prominent phenomena in the *Latent Period* he finds to be constipation, a reflex neurosis the direct outcome of the instable local nerve condition characteristic of this period.

heat, or much dryness of the skin, and rather with desire to be uncovered, thirst for small quantities of fluid, especially for acid drinks, together with general restlessness and irritability—and although there was much debility it was less than in the former stage, and here *arsenicum* 3x every four or six hours for a few days was largely beneficial, the remaining symptoms were also speedily removed, and the patients restored to their ordinary health by *nux vomica* or *pulsatilla* in one drop doses of the matrix tincture three or four times daily. Let it moreover be noted, that these medicines were selected rather from the totality of symptoms, in the first and second stages especially, than from pathological indications, except so far as the exciting cause, viz.. mental worry.

Three other cases under the same nomenclature I have treated presenting different symptoms; the patients were essentially of gouty diathesis, had gouty concretions about the small joints, and although low spirited and irritable, this condition or manifestation was different to the cases in which *arsenicum* had been given, for here they were more loudly “cantankerous” and difficult to please; complained, moreover, of sinking in the stomach, often wanting food and alcohol; had a weak and quick pulse of 96 to 108 per minute. Two out of the three patients had hæmorrhoids, and one an enlarged prostate. In each of these cases, while a few doses of two or three other medicines were given, *staphisagria* 3x was the main remedy which quickly restored them to health.

2nd. *Lumbago*.—Here Dr. Edward Blake gave me several pathological hints for consideration. I could not accept them all as correct, and now, without debating that point, I say that what I mean by the term, is characterised, and mainly limited to pains in the lumbar muscles or fasciæ, generally the result of getting wet or sitting in a draught, for the most part appearing suddenly, made worse by movement, especially the act of sitting down, rising up, and stooping, oft-times relieved by external warmth and rest, and but seldom attended with febrile or other disturbance except on the first day or so.

When I made enquiry before concerning the treatment of this malady, my cases had not been cured as a rule under a fortnight; since then, although I have had many, they have been cured in from four to seven days.

by *aconite* 1x three drops, or even matrix tincture one drop every three or four hours for a day or so, and followed by *cimifuga*, matrix tincture, one drop every few hours. Two were cured by *aconite* alone.

Three cases, somewhat relieved by *aconite*, derived no good from *cimifuga*, and because the latter was by no means indicated.

A. B. was a plethoric man, who largely indulged in animal food and malt liquor, had frequently suffered from dyspepsia, headache, giddiness, and shifting rheumatic pains, with a broad, red and beefy tongue, loss of appetite, constipated bowels, and high coloured urine. Here *kali bichromicum* 3x quickly cured him.

C. was a lady, 40 years of age, who had previously suffered from dyspepsia, abdominal flatulence, constipation, too frequent and profuse catamenia. Here some of these symptoms existed with the acute lumbar pains, and *lycopodium* 6x quickly cured her.

D. was a gouty man, fond of old port, very irritable and hot tempered, but yet desponding; his pulse was thin, weak, and irregular; he frequently craved food, and something of this kind *warm*; he had, moreover, some prostatic disease; his lumbar pains were very severe, and much worse as a rule at night. In this case *staphysagria* 3x every three or four hours soon relieved, and by continuing it for several weeks there was a most marked improvement in the prostatic disease.

In reviewing the cases now presented, both of acute gout and lumbago, and in the light of somewhat critical examination, at the time of how far the medicines contributed to the cure, or alterations and corrections of diet, change of climatic conditions, cessation of mental worry, together with rest and warmth, I am convinced that the medicines prescribed were the *main* factors leading to the cure, and although in acute gout *aconite* and *arsenicum* were of essential service, mostly on the neurotic side, and in lumbago, *aconite* and *cimifuga*, the main curative agents, and may largely be relied upon, yet I say the more we individualise our cases, and take in "the totality of symptoms," and so differentiate the cases, the greater will be our success.

3. *Tonsillitis*.—Here I regret that I am as dissatisfied with the result of my therapeutic measures as ever, notwithstanding the suggestions by the gentlemen who

tried to afford me help at the time alluded to. I read of other practitioners of homœopathy successfully coping with this malady, but whether I prescribe *aconite*, *apis*, *belladonna*, *baryta*, *guaiacum*, *hepar*, *mercurius*, or other remedies, in dilutions from the 30th centesimal down to the lowest, from *pathological indications* or *totality of symptoms* I am, nevertheless, intensely dissatisfied. The disease has generally gone on to suppuration, largely reflecting upon my skill, and what is far worse, bringing discredit upon homœopathy.

Leaving now my former enquiries, and subsequent experience bearing upon the same, I will touch upon some other forms of disease.

1st. *Sciatica*.—This term, you are aware, is for the most part sharply characterised and restricted to severe pain in the sciatic nerve and its branches. Although diathesis is one factor in the case, and a very important one, the more immediate and exciting cause, traumatic, climatic, &c., has largely to be reckoned with, and taken into account.

The two worst cases I have met with had been under allopathic treatment for some time, and beside the usual remedies on that line, Turkish baths with shampooing had been resorted to, and the latter process so vigorously carried out as to set up inflammation in the nerve or its sheath. Bearing upon this point, I believe that when drugs are used locally and topically, for this and similar nerve affections, in the very early and acute stage, they should only be *smear'd* on the part affected, in the form of ointment, or used as lotions on lint or spongio-piline, and only in the last stage of the disease should shampooing or galvanism be adopted. In the cases that have come under my own observation, I have but seldom used anything topically, beyond hot fomentations or poultices of chamomile and poppies, and these not very often; at the same time, and in very severe cases of agonising pain, I have prescribed ointments of *aconite*, *belladonna*, *hamamelis* or *veratrum viride*, which have given marked relief.

The medicines from which I have seen the greatest good, have been *aconite*, *arsenicum*, *belladonna* and *veratrum viride*, in the 1x to 6x attenuations; the higher have for the most part failed me. The clinical indications for these remedies are mainly neurotic, and with the excep-

tion of the last are old and well known to you, so that I now pass them over, and briefly refer to *veratrum viride*; this has been prescribed with great benefit, in conditions bordering upon, or even constituting, actual inflammation of the nerve or its sheath, rather than a *neuralgia* in the strict sense of the term. The exciting cause has generally been pressure from a hard seat, or from shampooing, and where *arnica* has been indicated, and used without avail; the pains as a rule were very severe, constant, and of a burning character, and slightly relieved by rest and warmth; in addition to the local symptoms, there was much arterial excitement, with a pulse as quick, but at the same time more thin, hard and wiry, than either of the other medicines named, and characteristic of, and this peculiar pulse of *veratrum viride* is a symptom which largely dominates or leads to my selection of the drug, from the fact that in many other inflammatory cases I have moreover found it characteristic, leading to the cure, and as a rule the 1x dilution in drop doses has been most beneficial.

Other medicines are, of course, sometimes called for in this form of disease. *Kali bichromicum* has in two cases been eminently useful when the pain was worse on first movement, like unto *rhus*. Worse, moreover, in the early morning and by walking, and attended with similar symptoms, as noticed under the same medicine for lumbago. *Phytolacca*, too, has sometimes been of service, but here I am not sure whether the cases should pathologically be designated as sciatica or periosteal rheumatism, because the pain was as much in the femur as in the sciatic nerve and its branches, and was moreover worse at night in the warmth of the bed. One had previously suffered from rheumatism and one had a syphilitic history, the exciting cause in each, however, was excessive walking and prolonged standing at work. The matrix tincture in drop doses four times a day soon cured them. *Actæa*, *bryonia*, *colocynth* and *rhus*, I have sometimes used, but while they have appeared to relieve some symptoms I have not seen unmistakable signs of cure from their administration. *Tellurium* has been prescribed several times, and very hopefully in cases presenting its characteristic sciatic nerve pains, but I have seen but little good from it, except once, and there it clearly had a most marked beneficial and curative

action. *Ammonium muriaticum* and *gnaphalium*, have been highly commended by some practitioners, but I have only used them on two occasions, and can say nothing definite and satisfactory in relation to them.

Coccygodynia.—Although this is a malady of no serious import, it is yet characterised by great local pain and suffering to the patient when sitting, and sometimes in the act of defæcation. Of course no well educated and thoughtful homœopathic practitioner will admit that he has favourite remedies for this or any other form of disease, nevertheless, I confess, that I nearly always prescribe *hypericum* or *kali bichromicum* in these cases, and with great success. *Hypericum* 1x when it has been the result of a fall and blow to the coccyx, or to the use of forceps by an accoucheur during childbirth, while *kali bichromicum* 6x has done most good, when the rheumatic diathesis been more manifest.

Hæmorrhoids.—Here for many years I have tried most of the remedies recommended locally, in the form of ointments, suppositories, and liquid injections to the rectum, especially *æsculus*, *hamamelis*, *hydrastis* and *verbascum*; one or other of these drugs have often afforded some relief to the pain, but as the same remedies were also prescribed to be taken into the stomach, I have found it impossible to decide how far the local measures were beneficial; at one time I thought highly of the latter but for some time have become convinced, they are of only *little avail*, and I have fallen back mainly upon medicines to be taken in the ordinary way, and chosen, moreover, though not entirely, from pathological indications, and more especially in relation to diathesis, and here the remedies I have found most efficacious have been the old and well tried, such for instance as *calcarca*, *graphites*, *lycopodium*, *nux*, *pulsatilla*, *sepia* and *sulphur*; while, however, I say this, I am as firmly convinced that local applications of the same remedies are sometimes helpful. *Æsculus* 2x has been of signal service in several cases, and of course *hamamelis*, but instead of the 6x to 1x dilution which I formerly prescribed, I have since found, one to three or more drops of the matrix tincture, three times a day, of more quick and lasting benefit.

(To be continued.)

INVOLUNTARY PROVING OF APIS.

By R. E. DUDGEON, M.D.

ON the 2nd November I ate at breakfast a small quantity of honey which had been brought up from the Isle of Wight about two months previously, and in which were a considerable number of dead bees, which had been all that time in the honey, and which were removed only when the honey was placed on the table. I was perfectly well at the time, and in every other respect my diet was precisely similar to what it had been for weeks. In the course of the day I noticed that my thighs felt uncommonly warm, and they were more sensitive than usual to touch, otherwise I felt no peculiar sensations in them. On undressing to go to bed about midnight, I found that both thighs were covered with a bright red smooth rash, and they were considerably swollen. I slept all night soundly, and the following morning observed that the thighs were in the same state, and that the redness extended round the back over the nates. I again ate of the same honey at breakfast. During the day the heat of the thighs increased, as also the swelling, and there was besides itching and fine pricking, as from a needle in them. The swelling was decidedly greater, and the sensitiveness to touch increased. At night on undressing, I observed that the swelling was very considerable, and had, together with the redness, extended down to the ham and below the knee on its inner aspect. The redness above had not extended, though its colour was brighter, and it terminated abruptly at about an inch below the bend of the thigh. It was evidently more intense also over the nates, and wherever the redness was there was swelling, which caused deep hollows in the limb if it pressed against anything—as, for example, the wooden arm of a chair. I took no more of the honey after this.

4th Nov.—The rash much the same, tenderness much increased after walking; the skin felt too tight for the thigh, and soft cotton drawers which I wore felt as if made of prickly horsehair, so greatly increased was the sensitiveness of the skin. With all this there was no pain, no disturbance of the digestion, no diminution of appetite, and during the whole time no abnormal condition

of the urine, except that it was rather scantier and darker in colour than usual, and deposited a considerable amount of lithates.

5th Nov.—The condition of the thighs and back was unaltered on rising. I had a good deal of work to do and much walking and standing. The tight hide-bound feeling of my thighs and the horsehair sensation caused by my drawers were much more marked, and towards the end of the day the skin on the insides of my thighs was quite painful, burning mingled with pricking. On undressing at night, I found that though the redness had not extended the œdema had spread down both legs to the ankle, and they pitted on pressure everywhere. I observed also that bright patches of redness about the size of my hand had appeared at the back of the upper arms and a little beyond, towards the scapulæ. It seemed to me that the colour of the rash on the thighs had altered, it was no longer bright scarlet, but was of a purplish hue. I did not sleep so well the last two nights, as it was difficult to get a comfortable position for the thighs.

6th Nov.—Colour of the eruption on the thighs still further declining in brightness, œdema of legs below the knee the same or even greater. The sensations in the affected parts not so much of heat as of horripilation over the thighs. Towards evening, having had to go about a good deal during the day, the œdema of the legs was greater, and extended over ankles down to dorsum of feet. The swelling in the hams rendered it uncomfortable to bend the knees. I felt an occasional dart through the cardiac region, sometimes a sensation of burning in throat, and strangely enough throughout the whole attack I had a slight taste of honey in the mouth. I slept tolerably well, though occasionally disturbed by itching of the skin where the rash was.

7th Nov.—I was called out early to visit a patient, and when returning home about half-past eight was suddenly seized with diarrhœa, passed motions, liquid brownish-yellow, apparently containing a good deal of mucus and accompanied by tenesmus; the second motion not so watery, of peculiar fish-like odour. Swelling of thighs very much less, redness darkest at the upper edge. œdema of legs diminished. Red patches on arms

unaltered. Heat of thighs much diminished; they itch somewhat, and there are occasional horripilations over them. At night on undressing found the ankles much more swollen and red patches on the inner aspect and for three or four inches up leg. The only morbid sensation felt in the skin was intense tickling, like insects running over it, which kept me awake some little time. During the day I had very frequent horripilations over back and legs, wherever the rash was.

8th Nov.—Swelling of thighs, legs and ankles much diminished. Skin still discoloured, but more brownish-red. Still some œdema of lower part of legs, but the thighs, knees and calves have almost regained their normal dimensions. During the day passed a large quantity of pale urine. Stool normal.

9th Nov.—œdema of lower part of legs (the only parts now swollen) less, still pitting on pressure over shin-bone. Colour of affected parts paler, urine still profuse, pale. For two or three days I have noticed a sort of clonic spasm or jerking in the extensor muscles of left toes, which draws them suddenly up, and though not painful is very disagreeable. This continues to-day at times. The horripilation less frequent. The skin where the eruption was feels harsh and is very tickly; scratching it is very pleasant and relieves the itching. The patches of colour on the inner ankles are hardly visible, but the patches on the back of the upper arms are still there, though not so bright.

10th Nov.—Slept profoundly. On rising this morning I was glad to notice that my legs had resumed their normal shape, but on going to bed at night I found that the ankles were œdematous.

11th Nov.—Itching much less, slight discolouration where the erythema was, no trace of œdema; skin feels harsh and rough, as though it would desquamate.

12th Nov.—Desquamation over all parts of skin where the erythema was; parts still discoloured; some itching.

24th Nov.—The skin wherever the rash had been is still rather darker than the rest of the body.

Remarks.—That the above disagreeable affection was caused by the poison of the bees diffused through the honey, I think is obvious from that particular honey having been the only change in my diet that had taken place. I had been eating honey, but from a different source and con-

taining no dead bees, for several mornings previously without observing any bad effects. My daughter partook of some of the same honey as that which poisoned me without developing any symptoms, but I observed that she helped herself from the unbroken comb, which was, of course, free from bees, whereas, I ate what had dropped from the comb, and which contained many dead bees. Besides, my daughter being very subject to nettle-rash may not be sensitive to bee-poison taken in this way. My health during the whole time was perfect, and though I had a great deal of running about and several anxious cases to attend, I did not feel any unusual fatigue, either of body or mind. The exact symmetry of the erythema was remarkable. The thighs were coloured in precisely the same way and were swollen of the same size. The patches of red on the back of the arms were of the same size and shape, and when the erythema appeared on the ankles it assumed exactly the same form on both. The colour disappeared in precisely the same way in all the corresponding parts, and the swelling went off at the same rate on either limb. When the œdema began to subside, the urine, which had been scanty and high coloured while the swelling was increasing, became copious and light coloured while it was declining. There was never any albumen or unusual morbid constituent in the urine all the time. The duration of the attack was altogether 10 days, and even now, 20 days after the commencement of the affection, the discoloration of the skin where the erythema had been is still distinct. At first, not suspecting the cause of the affection, I took some doses of *belladonna*, but as soon as I discovered the cause I took no more medicine, but watched its development with interest. I never made any alteration in my habits, went out in all weathers—as usual, without a great-coat—took my cold bath in the morning, and ate and drank (water) as usual. The only inconvenience I suffered was the extreme heat of the rash for several days, the tenderness of the skin for two days, the occasional pricking, and latterly the itching. The size and weight of my legs and the hide-bound feeling caused by the great swelling and stretching of the skin made walking not so comfortable, but I did not do less, perhaps rather more, walking than usual during the attack.

HOMŒOPATHY IN ANTWERP.

IN our last two numbers, we gave some account of the recent interesting and successful endeavour to establish a homœopathic dispensary as one of the municipal charities of the City of Antwerp. The proceedings throughout the discussions seem to us to admit of our making some little commentary upon them, which may prove useful in future similar struggles to place homœopathy in its true position before the public.

The Town Council of the City of Antwerp decreed the creation of a homœopathic dispensary to which the sick poor who desired to do so might resort. The opposition, which was conducted by Councillor Dr. Desguins, denied the competence of the Council to pronounce any opinion upon the value of homœopathy as a scientific method of treatment. Is, we should like to know, Dr. Desguins any more competent to do so than either of his colleagues on the Council? Has he ever studied homœopathy? Has he ever tested it? We believe that he has done neither. Dr. Terwagne, who at the medical meeting supported this contention, said he had appealed to Professor Crocq, of Brussels, who replied that whereas at the beginning of the century it was permissible to experiment with what he termed homœopathic dreams, that now, in the presence of the progress made by physiology and pathology, this was no longer possible, and that homœopathy had no foundation in positive science. It would be a very simple matter indeed, in short it has been repeatedly done by Dr. Blackley and others, to show that recent physiological enquiries have amply supported some of the most disputed of the points contended for by homœopaths. Dr. Gaillard, of Brussels, proved, some years ago, that Professor Crocq, however great an authority he may be on pathological questions, knew nothing about homœopathy—proved himself to know nothing by what he wrote concerning it.

Before men like Dr. Desguins and Dr. Terwagne presume to place themselves before the public as judges of the scientific basis of homœopathy, the public have a right to demand of them the presentation of their credentials, testifying to their competency as witnesses.

The members of the Town Council of Antwerp did not express any opinion of the character of the scientific

basis of homœopathy. Like Dr. Desguins and Dr. Terwagne, they had not studied it. Neither did they express any opinion of the scientific basis of the traditional treatment of disease taught in the schools. They knew, as every one knows, that the two methods differed widely in their mode of operation, and they knew, what every one who makes a little enquiry may know, that they differ greatly in their results, and that this difference is in favour of homœopathy. They further knew, of their own personal knowledge, that in Antwerp, while homœopathy was held in high esteem among a number of persons in easy circumstances, the poor alone had no opportunity of being able to take advantage of it. They knew further from the results obtained at a private dispensary, from a petition presented by a working-men's society, and from the statements made by M. Tonnelier, a representative of the working men, that the poor were desirous of having the advantage of homœopathy. Dr. Desguins and Dr. Terwagne would probably deny the competency of the working men to express an opinion on the question. But a working man is as capable of appreciating the results of treatment in his own person and in the persons of his daily associates, as are those in easy circumstances. Both judge by results. Neither harks back to enquire how or why such results occur; all they know, and all that it is necessary for their guidance that they should know, is that the results of homœopathy, tested on an enormous scale, have shown that illnesses are shorter, convalescence is more perfect, and mortality greatly diminished, than is the case when patients are content to trust themselves to the traditional treatment of the schools. Dr. Terwagne, indeed, told his *confrères* in distress at the success of homœopathy that statistics were valueless. This was Dr. Terwagne's euphemism for saying statistics always tell in favour of homœopathy! The value of statistics depends upon a variety of circumstances; but when they relate to a considerable number of cases of the same disease, occurring in the same locality, and during the same period of time, and treated in public hospitals where the only difference in treatment is the mode of selection and dose of the medicine used, they are valuable. Take the following instance as an example of statistics which

are perfectly trustworthy and eminently instructive. During 1887, 1888 and 1889 Melbourne was visited by an epidemic of typhoid fever. There are three hospitals in the city, the Melbourne with 318 beds; the Alfred with 144; and the Homœopathic with 60. During these three years, the Melbourne received 1,182 cases of typhoid, 181 of which or 15.3 per cent. proved fatal; the Alfred had 998 cases with a mortality of 135 or 13.5 per cent. and the Homœopathic admitted 554 of whom 49 or 8.8 died. Of the total admissions to the Melbourne and Alfred Hospitals typhoid fever supplied 12.79 per cent. Of the whole number admitted to the Homœopathic Hospital during the three seasons typhoid furnished 36.37 per cent. Thus, not only was the mortality 5.65 per cent. less under homœopathic than under any other form of treatment, but the recoveries from it in the Homœopathic Hospital were so much more rapid that this institution was able to receive three times as many patients (in proportion to the number of its beds) as were the Melbourne and the Alfred.

Similar statistics, equally reliable, are on record, and all point to the same result—the superiority of homœopathy from every point of view over the kind of treatment that Dr. Terwagne would alone allow to be scientific. It is useless for Dr. Terwagne to set aside such statistics as valueless; intelligent, common-sense men refuse to regard them in that light.

One feature of this dispute is especially worthy of attention, and particularly so in view of the resolution Dr. Byres Moir has given notice that it is his intention to propose at the British Homœopathic Society on Thursday evening.

When early in the struggle the allopaths in Antwerp saw that they must be worsted in it, they proposed a compromise. They offered to receive as a *confrère* on the staff of the *Bureau de Bienfaisance* a homœopathic physician, and suggested that a special pharmacy should be set apart for his use, urging that this would fulfil all the objects the Town Council had in view in instituting a homœopathic dispensary. Their object was to suppress the word “homœopathic.” The Town Council would not listen to the suggestion; and why not? Mr. Alderman Gits wished to retain the word in order that the poor might be able to obtain homœopathic treatment

without any evasion, and he argued that to keep the word homœopathy out of sight would exhibit a want of candour in the first place, and in the second if the *Bureau* happened to be packed with opponents of homœopathy the nomination of a known homœopath would be rejected, and the purpose the Council had in view, that of giving opportunities for relief in sickness to the poor equal to those possessed by the rich, would be frustrated. M. Tonnelier said that he desired to retain the disputed word in order that the poor might know which doctor would treat them homœopathically and which would not. He also expressed his astonishment that men who pretended to regard homœopathy as quackery should be willing to receive, as a *confrère*, one who practised it, "provided he kept his colours out of sight." Implying that it was not homœopathy that the medical men disliked; but it was, that the public generally should come to know that the superior results in the treatment of disease at the homœopathic dispensary arose from this treatment being based on homœopathy, that they were afraid of.

On the other hand, Dr. Desguins protested against the new dispensary on the ground that, in setting up a special service for homœopathy, they were, at the least, recognising it as of equal value with traditional medicine, and declaring it to be both rational and efficacious. This is doubtless perfectly true; and it would be extremely unjust were homœopathy regarded in any other light. As M. de Vos said, "No one could deny that, since the time of Hahnemann, homœopathy had not only maintained its reputation but had greatly extended it. Such was not the usual course of anything valueless." Those who have a knowledge of homœopathy, and have tested it practically, regard it as having proved to be not merely of equal value with traditional medicine but infinitely superior to it.

M. Van de Walle regarded the use of the word homœopathic as objectionable because homœopathically selected medicines were not sufficient in all cases. Some cases require mechanical treatment, as in injuries; others demand operative interference, as in ovarian tumours; others again require antidotes, as in poisonings; some extremely painful, and at the same time incurable cases, need narcotics to render the last days of life compara-

tively easy. This is all perfectly true; but in all other instances the homœopathically indicated remedy is all sufficient not only when any remedy is at all useful, but in numberless instances where no relief at all, or but comparatively little, can be obtained from medicine prescribed on any other principle. These constitute nearly the whole of the medical cases that can be advantaged by medicine. In surgery again, though an operation may be required to cure the patient, the cure is both more rapid and more complete when homœopathically indicated remedies are used to meet the contingencies of the operation, than where they are not. Surely this is justification enough for enabling a sick person to distinguish, by the use of a distinctive word, where he is likely to have to the full the benefit of the advantages derived from an intelligent knowledge and practice of homœopathy!

Some argue that the use of the word homœopathic carries with it the idea of personal superiority. Dr. Desguins, on the other hand, looks upon it as indicating personal inferiority! Whether it is looked at in the one light or the other depends upon the knowledge of homœopathy possessed by the one who looks. But in reality the fact of a physician letting it be generally known that he practises homœopathy is not a personal matter at all. Homœopathy is no secret; opportunities for knowing all about it and how to practise homœopathically abound on all sides. Some physicians, indeed the large majority, reject these opportunities, others embrace them. The public having a general knowledge of the results of homœopathy desire to avail themselves of the services of the latter. How then are they to know what institutions, what medical men to apply to unless a distinctive word is used to point them out? It is not a question of the superiority of Dr. Jones to Dr. Smith, but of one method of using drugs as remedies over another; a method which all can practise, if they choose.

The division of the medical profession into two camps, as it were, is very undesirable on many grounds, but the *onus* of its existence rests entirely with the majority of its members. In no medical society, journal, school, hospital, or dispensary, connected with general medicine can homœopathy be set forth, taught or practised at the present time; while the very *raison d'être* of such

institutions as have been founded by those who believe in homœopathy is the public setting forth, teaching and illustrating of it. Hence the use of the distinctive word is essential. We also see, from the Antwerp discussions, that the public consider themselves to have a right to know the therapeutic views, at least in a general sense, of those they consult, and undoubtedly they have such a right. If they have not, why have we been at such pains to instruct them as to what homœopathy means and what have been found to be the results of adopting it?

It is not the least interesting point in the dispute at Antwerp that it was not merely a question of freedom of opinion in medicine that was at issue. It was not, as at the Jubilee Hospital, a question whether a member of the staff should practise homœopathy if he chose—the Antwerp doctors have been so far educated as to admit that right, and were prepared to receive a homœopathic colleague, if not with open arms, at any rate because they felt doing so to be the lesser of two evils! It was not a question of the right to practise homœopathy, but one of the propriety of making it known far and wide, that, at one of the municipal medical charities of Antwerp, homœopathy was practised. This is a considerable step in advance, and one that is very welcome.

An official post has now been created in Belgium which can only be held by a physician familiar with the principles and practice of homœopathy. Meanwhile, no provision exists for teaching the one or illustrating the other. This, we doubt not, will be rectified before very long; for it is of course necessary that persons occupying official positions should be adequately instructed in the duties attaching to them. We trust that, following the course of the Austro-Hungarian Government with regard to the University and Hospital of Buda-Pesth, that of Belgium will, in the interests of their country and of therapeutics, create a professorship of Homœopathic Materia Medica in the University of Brussels, and provide wards attached to the chair in the hospital to enable the teaching from it to be clinically illustrated.

It is important to notice that the active partisans of traditional medicine only regard the present arrangement in the light of a truce. What they are pleased to term their "outraged dignity" is to be avenged some day! That persons outside the professional ring should have

the audacity to have an opinion upon the relative value of methods of treatment, that they should have formed this opinion by examining results, and that they should exercise this opinion, is "an outrage"! If they desired to know anything about homœopathy they should have applied to the Academy of Medicine—composed entirely of men who know nothing about it, and are bitterly prejudiced against those who practise it! But, unfortunately for the so-called "scientific dignity" of M. Terwagne and his friends, the Town Council agreed with M. Tonnelier that they could not attach much importance to a decision when those who pronounced it were both judges and partisans. Consequently, M. Terwagne brushes M. Tonnelier aside as a "non-entity"! This would be satisfactory to the opponents of homœopathy, were it not that, as a matter of fact, neither hard words, nor such as are insolent, break any bones; so, no harm is done by indulging in them.

But those who are professionally responsible for the success of the new dispensary must make a note of the spirit and temper displayed by M. Terwagne and his associates. We have all learned here, and doubtless the same conclusion has been long since arrived at in Belgium, that however honourable in all other relations of life a medical opponent of homœopathy may have shown himself to be, he is not one whit less likely to resort to the most dishonourable and self-degrading measures to check the spread of the therapeutic method he has set himself to destroy. They must remember, too, that had there been a sufficient proportion of the *Bureau* staff willing to join in a general strike we should never have heard of that "feeling of humanity," which, with but too transparent an insincerity, is assigned as the motive prompting the staff to "momentarily" acquiesce in the establishment of a Municipal Homœopathic Dispensary. Dr. Hertoghe's exclamation "shall we admit that 120 physicians, united in a good cause, are to make terms with four homœopaths? If we act steadily together we shall extricate ourselves from them," conveys a word of warning, to which our colleagues will do well to take heed. That every artifice, every species of cunning which bitter hatred and reckless unscrupulousness can devise will be resorted to in order to prevent the success of the dispensary is too much in accordance with events which are historical to be doubtful.

Our colleagues must be ever on the watch for trickery. they must expose every attempt of the kind without hesitation, accepting no explanation, but act upon facts as they find them and as they occur. It is a bitter warfare that they are engaged in. Their enemies are exasperated by defeat and capable of adopting any method which may convert their defeat into victory!

Dr. Hertoghe may well be astounded that four homœopathic physicians should have had such an influence upon public opinion as to have withstood successfully the assaults of 120 allopaths. Let him read the story of Goliath and David! It is not always the "big battalions" that determine victory! A good cause has occasionally a power exceeding that of mere numbers. The very fact of four representatives of homœopathy having been able to send one hundred and twenty allopaths to the right about, solely through the results of their work—is a strong testimony of the power of homœopathy over disease, and, at the same time, reflects the highest credit upon the skill of those whose representation of homœopathy in Antwerp has brought about the establishment of the Dispensary.

In congratulating Drs. Lembrecht *fils* and Dr. Boniface Schmidt on their appointments, it gives us especial pleasure to remember that the former was during one year a pupil of the London School of Homœopathy. We heartily wish them success, and trust that the results of their work may be such as to increase the knowledge and influence of homœopathy throughout their country.

REVIEWS.

Twelve Lectures on the Structure of the Central Nervous System for Physicians and Students. By Dr. LUDWIG EDINGER. Second edition, revised, with 133 illustrations. Translated by Willis Hall Vittum, M.D. Edited by C. Eugene Riggs, A.M., M.D. Philadelphia and London: F. A. Davis. 1890. By means of this volume (pp. 280) Dr. Edinger's well known *Vorlesungen über den Bau der Nerven Centralorgane* are rendered available to English readers. The translation is from the second German edition, published in 1889. The work is, as its title indicates, purely anatomical, and is a plain recital of well ascertained facts. On controverted points Dr. Edinger gives either the most received views or the result of his own repeated and careful observations. The second

chapter is in some ways the most valuable of all, forming an admirable groundwork for what follows; it consists of the embryology and comparative anatomy of the brain. The information is so clearly—we had almost said simply—given, and the text so well illustrated by numerous woodcuts, that it can be readily followed even by a reader possessing only a slight previous knowledge of the subject. A peculiarity of the engravings is that the blocks used for the German edition have been employed here, the explanatory terms thus being in German, necessitating constant translation (as foot notes) into English. The work throughout is fully illustrated. The last chapter contains a well executed review of the complicated structure of the Pons.

Although the author considers his work merely “an introduction to the study” of the anatomy of the brain it is sufficiently full for all the practical uses of the well educated practitioner. For such, and for the student, Dr. Edinger’s work ought to rank as a standard text-book both in England and America. The enterprising publisher is to be congratulated on his discernment in introducing such a work to the English-reading profession.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Second Ordinary Meeting of the Session took place on Thursday, November 5th. A paper was read by Dr. Wynne Thomas, junr., on “Gastric Ulcer.”

THE PRESIDENT showed a specimen obtained from a man, aged 27, admitted into the hospital under Dr. Blackley, for symptoms of pyloric carcinoma. Abdominal section was performed on November 2nd with a view to the removal of the growth by pylorotomy and subsequent union of the stomach to the jejunum. It was found that owing to the extent of the growth and the adhesion of the transverse colon to the stomach removal would be too serious an undertaking, gastro-enterostomy only was therefore performed, decalcified bone-plates being used. The patient unfortunately sank from exhaustion thirty hours after the operation. The specimen showed that in that time perfect apposition of the parts had taken place and that the union was quite watertight.

Mr. DUDLEY WRIGHT showed a Temporal bone removed from a patient admitted to the hospital for caries of that bone. Thrombosis of the lateral sinus and subsequent pyæmia had proved fatal, in spite of the evacuation by trephining of a quantity of pus.

The PRESIDENT asked to be allowed to delay the reading of Dr. Thomas' paper a few minutes whilst he referred to the death which had taken place since their last meeting of a past President, and an old and valued member of the Society, Dr. Mathias Roth. He was sure the Society would wish to send their sympathy and condolence to the widow in her sorrow. Dr. Cooper moved that a vote of condolence be passed, and the expression of the Society's regret and sympathy be sent to Mrs. Roth. Dr. Dudgeon feelingly seconded the proposal, which was carried unanimously.

WESTERN COUNTIES THERAPEUTICAL SOCIETY.

MEETING held at Torquay, 5th June, 1891.

Present:—Dr. A. M. Cash, of Torquay; Drs. W. Cash Reed and A. S. Alexander, of Plymouth; Dr. S. P. Alexander, of Southsea; Dr. Norman, of Bath; Drs. E. Williams, F. H. Bodman and T. D. Nicholson, of Clifton; Dr. Black, of Torquay, as a visitor.

Dr. W. Cash Reed then read a paper on "The Right Place of Aperients in Practice," after which there was a discussion.

This interesting paper we hope to insert in our next issue.

Dr. A. S. Alexander instanced a case of acute constipation with tension of abdomen and severe pain relieved at once by *pul. glycyrrhiza Co.*

Dr. Nicholson thought Dr. Reed had very well defined the place of aperients. He had seen several cases where aperients had apparently averted a fatal termination or quickly cleared up an anxious complication. He referred to cases of children with continued or remittent fever, furred tongue and anorexia, which resisted homœopathically indicated drugs, and were charmed away in a most speedy manner by dosing with *magnesia*. He mentioned the necessity of regular evacuation in old people, and spoke of the value of *mercury* in serious cases of cardiac disease with dropsy.

Dr. Eubulus Williams praised *oleum ricini* as generally the most trustworthy aperient when needed.

Mr. Norman recommended *liq.-senna leguminosa* in constipation, especially in ovarian disease.

Dr. A. S. Alexander had found *collins.* ϕ , two drops for a dose, a good aperient in pelvic congestion.

Dr. S. P. Alexander agreed with the recommendation of *collinsonia*, and mentioned linseed tea and frame food bread as of value.

NOTABILIA.

SALE OF WORK AT THE LONDON HOMŒOPATHIC HOSPITAL.

THE nursing staff of the Hospital have throughout shown a lively interest in the Institution, and especially in the endeavour to raise funds for the New Building. Many of the nurses have been able to collect from patients and friends, sums which have been a welcome addition to the fund.

The latest effort has been the organisation of a Sale of Work which took place in the Board Room of the Hospital on the 4th and 5th ult. Arranged and carried out entirely by the sisters and nurses this enterprise did much credit to their energy, devotion and taste. The prettily decorated room, and the well filled stalls proved attractive to many of the patients and their friends, and to other friends of the hospital. Serving both for decoration and as an attraction to purchasers were a number of good etchings and engravings and pretty water-colour drawings, the gift of kind neighbours, the students of the "School of Art," in Queen Square.

A most commendable feature was that everything had been marked, as nearly as could be ascertained, at its proper value, especially the clothing stall, which was duly appreciated by the poor of the surrounding district.

After all the expenses were paid the sisters and nurses had the satisfaction of paying to the Treasurer the sum of £100. They certainly deserve our congratulations on the success of their undertaking.

PRESENTATION TO DR. AND MRS. BLUMBERG.

WE have much pleasure in joining our congratulations to those of Dr. Blumberg's patients and fellow-townsmen on the occasion of his silver wedding. An interesting gathering took place in September to present our colleague and Mrs. Blumberg with sundry tokens of goodwill. The ceremony took place at the residence of Mrs. Oxley, The Thorns, Queen's Road, Southport. It took the form of the presentation by a number of patients and friends of a silver centre bowl and stand, a set of silver salt cellars, a case of silver dessert spoons, and a case of fish servers and knives and forks. Accompanying these was a tastefully illuminated address in the following terms:—"18th September, 1891. The undersigned offer their congratulations to Dr. and Mrs. Blumberg on the occasion of their silver wedding, and beg their acceptance of the accompanying pieces of plate." Then followed the names of over 100 signatures. It should be stated that the amount of each individual subscription was strictly limited, otherwise the presen-

tation might have been of much more imposing proportions.

The Ven. ARCHDEACON CLARKE, in making the presentation, remarked that 25 years was a good long time in the life of a man or woman, and a silver wedding made people feel older. The Archdeacon had known Dr. Blumberg 28 years, and it was not the first time he had spoken at a presentation to the Doctor. During that time he had always esteemed him most highly as a medical man. On one occasion he had been instrumental in saving the life of one of his (the speaker's) children when in a hopeless condition. The Ven. Archdeacon believed that it had come to pass that there was not now either the same *odium theologicum* or *odium medicum* as formerly. Medical men of the two schools would now meet as friends, and he was inclined to think that each had learned something from the other.

The Rev. R. STEPHENSON also spoke in eulogistic terms of Dr. Blumberg's skill and kindness in his profession. He had also known Dr. Blumberg in connection with the Literary and Philosophical Society where he had spoken clearly and powerfully on certain subjects, and maintained his views with a courtesy, firmness, and politeness which should be an example to every Christian gentleman in the art of controversy.

Mr. B. BOOTHROYD having spoken in support of the presentation,

Dr. BLUMBERG, in acknowledging, said he could not find words in which to express his own feelings and those of his wife for the many kindnesses they had received, and for that most splendid and undeserved present. Alluding to Archdeacon Clarke's remarks about age, he said he felt more attached to life the older he grew. When he first went to reside in Southport it was prophesied that he would not live a year. But he was there to falsify all such prophecies. The thing which gave him most pleasure in recollecting was the foundation of the children's Sanatorium. Through this he hoped that when he came to leave this world he would be able to say *non omnis moriar*. Having heartily thanked his friends, Dr. Blumberg sat down, and the proceedings were brought to a conclusion.

On the following day a garden *fête* was given by Dr. and Mrs. Blumberg to the children and nurses of the Sanatorium. Nearly 70 children, led by the matron, were present.

DEATH OF LADY EBURY.

WE regret to have to announce the death of Lady Ebury, after a long illness, and at an advanced age, on the 21st of November. Lord Ebury has been for so many years so

identified with the cause of homœopathy, and with the Homœopathic Hospital, that we feel sure all homœopaths will sympathise with his lordship at this time of affliction.

MEDICAL PRACTICE IN CONNECTICUT.

THE following reply was sent to a doctor inquiring of a State official if he would be allowed to practise in Connecticut by registering his name and the college from which he was graduated :

“ Sir : Anybody can practise medicine in Connecticut. You do not need to register ; you do not need a medical diploma ; you do not need to know the difference between opium and peppermint ; you do not, indeed, need to know anything. You can simply come and live here and begin to practise. The laws of Connecticut will sustain you in collecting your fees for professional services, if you render any which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay, you must get a license. If you peddle matches or peanuts, you must get a license. If you collect the swill from your neighbours to feed your pigs, you must get a license. If you want to empty your cesspool, you must get a license. But you can practise medicine in Connecticut *without a license*.—*Hartford Post*, August 19, 1891.—*The Clinique*, (Chicago).

NICOTINE PSYCHOSIS.

ACCORDING to Dr. Schroff, *Wiener Med. Presse*, the primary effect of tobacco upon the system is excitation, the secondary, depression. It affects the entire muscular system, the heart as well as the vasomotor system. The disease called nicotinis mentalis is a primary insanity, having a regular course and characteristic symptoms. Among the latter are : a feeling of extreme debility and impotence, with early hallucinations, delusions and suicidal tendencies. The patient at first feels ill, is restless, easily excited, sleepless, indifferent to usual occupations and more or less depressed ; afterwards hallucinations of sight, hearing and of general sensation set in with much palpitation and pain about the heart. Later in the course of the disease the hallucinations become more exaggerated ; he has visions of angels, heaven and hell, is excitable and boisterous. The paroxysms and excitement are periodical, lasting two weeks or more, with intervals of quiet. In the beginning of the disease the patient is gloomy and restless ; later on, and as it becomes chronic, he is more quiet and feeble-minded. Patients sometimes recover in the early stages, but never in the later ones. Dr. Kjellberg, of Upsala, has investigated the effects of tobacco in inveterate smokers and

finds that they are of a distinctly injurious character. Nicotinosis mentalis is a primary disease which belongs to the group of mental intoxications. Dr. Kjellberg also speaks of a preliminary stage lasting about three months, which is characterised by general malaise, uneasiness, insomnia, depression often of a religious tendency. He divides the established disease into three stages: (1.) The patient is subject to hallucination, fixed ideas, with tendency to suicide, depression, attacks of fear and outbursts of anger. He talks little, but logically; the nutrition is impaired. (2.) Exaltation of a pleasant type is present, followed after two or three weeks by depression which, in its turn, is succeeded by a slight maniacal condition. (3.) The intervals between the attacks are shorter, the patient very restless and the intellect and memory impaired. He observes what is going on, but is taciturn and indifferent. The prognosis is good before the third stage, but after that unfavourable. The treatment consists mainly in abstinence from the use of tobacco, with nutritious diet.—*Med. Reprints.*

A CASE OF POISONING FROM THE EXTERNAL USE OF TOBACCO.

DR. AUCHÉ reports the following curious and interesting case to the *Wiener Medizinische Presse*. The patient was a man suffering from pediculi pubis. He took 200 grammes of tobacco and boiled it down in two litres of water, and then proceeded to "rub in" the mixture over his entire body. After this performance he did not wipe himself, but sat in the wind and dried. This was done in the morning, and at about half-past one in the afternoon he repeated the experiment. At three o'clock he was suddenly seized with violent nausea and dizziness; his face grew dark, cold perspiration streamed from his body, which assumed an extreme pallor; and his hands and feet trembled. The patient felt as though intoxicated, and seemed to be looking through a fog, being unable to distinguish the contour of any object. His pupils were enlarged, but reacted to the light. He could hear well, but said he felt as though cotton were stuffed in his ears. Vomiting occurred from time to time. Besides this, the heart's action was much slower than normal, and the radial pulse, small, thready, and scarcely perceptible. These conditions lasted for about three hours, after which they gradually abated. The next day the patient only complained of a severe headache, which a long sleep, however, relieved.

This case proves that tobacco used externally can give rise to the same toxic symptoms as when taken internally. The reporter of the case fails to state whether the pediculi were affected or not.—*Med. Reprints.*

OBITUARY.

MATHIAS ROTH, M.D.

IN our last number we briefly referred to the sad catastrophe which had so suddenly deprived us of our old and valued friend and colleague, Dr. Roth. On this occasion we are able to notice his long and useful career at greater length.

At the British Homœopathic Society, on the occasion of the ordinary monthly meeting on the 5th ult., Dr. COOPER moved and Dr. DUDGEON seconded a proposal that the Society should express its sympathy with Mrs. Roth and her family in their bereavement in a letter of condolence with them. This, it is needless to add, was unanimously agreed to.

Dr. Roth was born at Kaschau, in Hungary, in 1818. He was the youngest of five children, and was born two months after the death of his father. Having completed his medical studies in Vienna he took his degree at Pavia in 1839, and settled down to practise in Kaschau in 1841. When the revolt of Hungary against Austria took place in 1848, Dr. Roth zealously embraced the patriotic side, and when the Austrians, after their defeat at Tallya in the beginning of 1849, hurriedly evacuated Kaschau, they left behind them near a thousand wounded Austrian and Hungarian soldiers. The medical men of the town undertook the charge of these soldiers, and Dr. Roth went on a mission to the seat of the revolutionary government at Debreczin to obtain the post of inspector-general of hospitals, and to get funds and requisites for the treatment of the wounded. On his arrival at Debreczin he heard that the Foreign Minister, Count Bathyany, wished to obtain the services of some one who could speak French and English to go on a secret mission with despatches and instructions to the agents of the government in Paris and London. He offered himself for this dangerous post, and his offer was eagerly accepted. But in traversing a part of the country still in possession of the enemy, he was arrested and thrown into prison, where he remained until the revolution was crushed by the Russian invasion. He was then exiled, and, being unable to return to his practice in Kaschau, he came on to London in October, 1849, and with the assistance of some friends set up in practice. He soon turned his attention to Ling's system of medical gymnastics, which was introduced into England by Professor Georgii, under whose instructions Dr. Roth soon acquired a competent knowledge of this excellent method. He practised it with great success, first in Old Cavendish Street and afterwards in more spacious premises in Wimpole Street. He wrote several books on the subject,

and became surrounded by a large and lucrative practice, from which he retired a few years ago to a small property in Divonne, in the department of Ain, close to the Swiss frontier. His death there, which occurred on the 20th October last, was caused by an accident. When taking a vapour bath at the neighbouring hydropathic establishment, he wanted to give himself a cold douche, but, by mistake, turned on the hot water which scalded him so severely that he remained unconscious for two days and died four days afterwards. It is consolatory to think that in spite of his severe scald, during the short interval of consciousness that preceded his death he suffered no pain, and passed away peacefully, murmuring his wife's name.

Dr. Roth's activity was not limited to his practice of the Swedish movement-cure. He took a warm interest in sanitary matters, and spared neither time nor labour in efforts to arouse interest in them, and to promote the physical development of the poor. To give these efforts a definite and practical direction he, in 1857, organised the Ladies' Sanitary Association; the object of which was to diffuse among the poorer classes a knowledge of the laws of health, by disseminating among them simple and clearly written tracts on such subjects as "The Worth of Fresh Air," "The Advantage of Warm Clothing," "The Sick Child's Cry," "Washing the Children," &c. In founding this Association he had the co-operation of Lady Mount Temple, formerly Mrs. William Cowper, Lady Ebury and the Countess de Noailles. Many difficulties were encountered, and through the untiring energy of our deceased colleague surmounted. Of these, not the least was the fact that he believed that disease, when healed medicinally, was most quickly and successfully remedied by drugs that produced similar conditions in healthy persons. His lecturing on behalf of the Association gave *The Lancet* an opportunity for one of its hysterical outbursts on homœopathy. The Association was "warned" that they would, by sanctioning the lectures of a "well-known homœopath," alienate the medical profession, and throw a doubt over their ability to conduct or understand sanitary matters." They were informed that it was an error to suppose that "the sanitary conduct of a homœopath would be the same as that of a medical practitioner of any other school." The pretentious humbug who wrote this paragraph further told the Association that "The whole system of homœopathy is founded on a baseless system of physiology, the principles of which, introduced amongst our population, would be as fatal to health as any of the evils to which they are at present subject!" Then comes the threat! The ladies are told that if they continue to ally

themselves with the "homœopathic delusion" *The Lancet* "will have no hesitation in urging on our medical brethren to withdraw from any co-operation with them." However, the Sanitary Association took not the slightest notice of *The Lancet's* fulminations, but continued to derive advantage from Dr. Roth's assistance, not only in lecturing for them but in every other way in which he could render any. The result has been that it has proved a great success, is still flourishing and doing a large amount of useful work.

Dr. Roth exerted himself most strenuously in endeavouring to introduce scientific physical education into schools. His first appeal was made in a published letter to Lord Granville in 1854. In 1862, during the International Exhibition, he exhibited scientific means for rational physical education. Somewhat later, at the request of the committee of the United Service Institution, he lectured before the members of that body on Scientific Physical Training. On the same subject he lectured and gave courses of instruction to school teachers; and ultimately the London School Board was induced to adopt his methods of physical training to a limited extent. When he retired from practice he had the satisfaction of knowing that 60,000 girls in the schools of the London Board were being instructed in the elements of physical education.

The Society for the Prevention of Blindness was also promoted and largely sustained by him. Its basis of operation is, like that of the Ladies' Sanitary Association, the diffusion among all classes, but particularly among the poor, of a knowledge of the causes of blindness and the means of preventing them.

These philanthropic objects are, as it were, left by Dr. Roth to the fostering care of those who loved and admired him when he was living amongst us, and in no way can they better show the reality of their regard for him than by exerting themselves to sustain them in full efficiency. The Society for the Prevention of Blindness, especially, needs help both in work and in subscriptions to continue it.

He was a warm supporter of the disposal of the dead by cremation. At his own request he was cremated at Zurich. He attended and took an active part in Hygienic Congresses in France and Italy. In 1882 he published a translation of Brandt's *Treatment of Uterine Diseases by the Movement Cure*, which only this year has been discovered by eminent specialists to be a most successful and rational method. In addition to these labours he took a warm interest in homœopathy, which he had practised in Hungary, and which he always adopted in his own family. He was a Fellow and a regular attendant of the British Homœopathic Society, of which he was at one

time the President, and was always to be seen at the meetings of the British and International Congresses. Those who participated in the meeting of the International Homœopathic Congress at Basle, in 1886, will not forget the able service he rendered to the Congress by his polyglot acquirements. He was a constant attendant of the meetings of the International Homœopathic Congress at Paris in 1889, when his British colleagues were delighted to meet him again, alas! for the last time.

Dr. Roth was one of the most lovable men it has ever been our fortune to know. He was enthusiastic in every work he undertook for the good of his fellow creatures, and he brought to the philanthropic societies he founded and aided a rare organising power. He seemed to infect every one with whom he came in contact with a portion of his own enthusiasm. This was especially noticeable in the Ladies' Sanitary Association and the Society for the Prevention of Blindness, both of which institutions, under his surveillance, published a large number of useful works. He likewise took an active part in the Homœopathic League, and as a member of the committee gave valuable aid to their labours.

In addition to various books published by Dr. Roth on *The Movement Cure*, on *Paralysis*, and on *Spinal Curvatures*; to pamphlets on the therapeutics of various Continental health resorts, with others on education and hygiene, he was a frequent and valued contributor of papers to the *British Journal of Homœopathy* and to our *Review*.

A gold medal was awarded to him by the Council of the International Health Exhibition of 1884 for his exhibit of numerous models, drawings and books, all illustrative and descriptive of dress, made in accordance with physiological requirements, of chairs and desks, constructed so as to be adapted to the structure of the body, and of the positions taken up in going through Ling's exercises. Hygienic societies in Paris, Berlin, Milan and elsewhere on the Continent acknowledged the importance of Dr. Roth's contributions to practical hygiene, by awarding him medals and electing him as one of their corresponding members.

In private life Dr. Roth was the most agreeable and hospitable of hosts, and one met at his house many distinguished men who valued his friendship, such as Kossuth, Klapka, Pulszky, Ernst, Engel, Leitner, Louis Blanc and many others. In short, many foreigners distinguished in literature, art, music and politics made his home their house of call, and many pleasant evenings were spent there by his numerous and now sorrowing friends. Though Dr. Roth had retired from active practice to enjoy a well-earned repose in his

charming little villa in France, we shall not fail to miss him sadly, for he never ceased to take a warm interest in all that concerned homœopathy and his old friends in this country. In all the accomplishments which tend to make a man a successful practitioner and an estimable colleague, he has not left a superior behind him.

He was a man, take him for all in all,
We shall not look upon his like again.

S. LILIENTHAL, M.D.

WE have heard, with much regret, of the death on the 8rd of October of Dr. Lilienthal, for many years a well known and active physician in New York.

SAMUEL LILIENTHAL was a native of Munich, having been born there in 1815, and took his degree of M.D. at the University of that city in 1838. At the close of the following year, he emigrated to the United States of America. In 1847, when practising at Lockport, N.Y., he made the acquaintance of a homœopathic physician, whose success in a case of scarlet fever that was regarded as hopeless induced him to watch the progress of other cases treated homœopathically. The results in these cases impressed him so forcibly that he determined to study the system through which they were obtained. This he did and, after healing disease in accordance with its principles for seven years, he settled in New York, and in 1857 was appointed Associate Editor of the *North American Journal of Homœopathy*. From 1872 until six years ago, he conducted this well-known "Quarterly" alone. At the New York Homœopathic Medical College, he lectured on "Clinical Medicine and Diseases of the Nervous System." In 1887 he retired from practice, and went to reside in the midst of his family in San Francisco. Here, however, he could not rest without work, and engaged in consultation practice, while his literary contributions to the *Hahnemannian Monthly* and his old journal (which since his departure from New York had become a "monthly") never ceased until his death.

Besides being a physician of very wide learning in every department of science bearing upon the art of medicine, Dr. Lilienthal was one of the most genial and lovable of men, and as such those who were present at the Norwich Congress in 1885 will remember him. A regular attendant at meetings of the American Institute of Homœopathy, none ever received a heartier welcome from all his colleagues than "Dear old Sam, as he was affectionately called. Atheroma of the coronary arteries, which had been the cause of frequent attacks of angina pectoris for nine years past, was the cause of death.

CORRESPONDENCE.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As a homœopathic practitioner, whose name does not appear in Messrs. Keene and Ashwell's Directory, will you permit me a little personal explanation by way of reply to Dr. Dyce Brown's letter in your November number? When Messrs. Keene and Ashwell sent their first circular a few years ago intimating they were on the point of publishing a directory, and soliciting information for it, Messrs. Thompson and Capper's little book was still in existence, and my name was in that. I wrote to the former gentlemen, saying that I did not consider there was room for two homœopathic directories, that one must stifle the other, and therefore I did not wish my name to appear in theirs. Accordingly, it did not appear. I had no intimation of any kind whatsoever from Messrs. Keene and Ashwell that they were to bring out a new edition of their directory, or I should have sent my name for insertion. It has, however, been on the roll of the British Homœopathic Society all the time, and if Messrs. Keene and Ashwell had sent a circular to every name there, I should have received one. Since the present directory superseded Messrs. Thompson and Capper's, it has been a matter of inconvenience to me several times that my name has been left out. Yet I cannot consider that I am to blame for suggesting a spirit of co-operation in preference to that of competition in the simple matter of the issue of a homœopathic directory.—Yours faithfully,

Nov. 14.

GILES F. GOLDSBROUGH.

THE HOMŒOPATHIC DIRECTORY AND
"PROFESSIONALISM."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It seems that the Homœopathic Directory is regarded by the public and the profession as the test of the advance or retreat of homœopathy; if this be so, all who have not yet placed their names upon it ought to do so, though of course it is not any test at all of our numbers, nor are our numbers the test of the advance of our particular practice. Mr. Harris spoke in terms of condemnation at our congress on "Professionalism," which is the force preventing many men from placing their names on this public list. I do not think that it is an unhealthy thing, for any savour of public advertising is sure to lower our standing, but it would be well if there were more of the truer professionalism which would lead men to join the British Homœopathic Society. The

list of members, which is privately circulated, is my Homœopathic directory, and the men in it are to me homœopaths. But, with regard to this "professionalism," I think that some of our seniors do not give allowance for the difficulties of juniors. The profession to them is the means of realising the futile hopes for future eminence and preferment which youth generally possesses for a short part of their earlier career in medical practice; and when a man gets introduced to homœopathy by chance, he is driven by the impulse of the scientific spirit to adopt it. Of course, there is always the usual sophistry about "the happiness of following one's convictions," or "the satisfaction of having it in our power to relieve sickness in cases where we failed before," and so on. But the real truth is that the adoption of this system is inevitable to anyone who really gets a scientific grasp of it, and in adopting it, he throws away, once for all, those foolish hopes of ultimate preferment in his profession; and he brings upon himself the accusations which are, after all, very hard to bear, of having failed to follow the genuine professional ideals, and having brought disgrace on his own name, and, worse still, on that which his children must bear.

I am, yours obediently,

HERETIC.

NOTE ON DR. MOORE'S "HYDATIDIFORM MOLES
OF UTERUS, &c."

M. H. R., vol. 35, No. 7, pp. 458 to 459.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In my paper on "Hydatidiform Moles of the Uterus, with an Illustrative Case," in the July *Review* of this year, it was mentioned that the patient, Mrs. C., from whom the vesicular mole had passed, was pregnant at the date when the paper was written (May 7th). It is interesting to know the sequel. Mrs. C. went to her full term, and on August 10th gave birth to a healthy, well-formed female infant, free from any cutaneous or other abnormalities, after a very easy and short labour, the second stage lasting only 45 minutes.

She has been able to nurse the baby at the breast from the second day without the least inconvenience, and the little one thrives vigorously upon Nature's supply of nutriment. The mother's complexion is so greatly improved that one would scarcely recognise her as the same individual who presented the hydræmic appearance noted on p. 455 of my paper in the *Review*.

Liverpool.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Dr. DUDGEON, Dr. GOLDSBROUGH, Dr. PURDOM, Mr. GERARD SMITH, Mr. KNOX SHAW (London); Dr. A. C. CLIFTON (Northampton); Dr. H. WYNNE THOMAS (Bromley); Dr. FRANK KRAFT (Cleveland, Ohio).

BOOKS RECEIVED.

The Greater Diseases of the Liver. By J. C. Burnett, M.D. London Homœopathic Publishing Company.

Descriptive Catalogue of the Hanemann Publishing House. Philadelphia.

The Homœopathic World. London. October.

Medical Reprints. London.

The Chemist and Druggist. London.

Monthly Journal of Pharmacy. London.

The New York Medical Times. October and November.

The North American Journal of Homœopathy. New York. October.

The New York Medical Record. November.

The American Homœopathist. New York.

The New England Medical Gazette. Boston. September and October.

The Hahnemannian Monthly. Philadelphia. October.

The Homœopathic Physician. Philadelphia. November.

Medical Advance. Chicago. September and October.

Southern Journal of Homœopathy. New Orleans. September and October.

The Homœopathic Envoy. Lancaster, U.S.A. November.

L'Union Homœopathique. Antwerp. October.

Revue Homœopathique Belge. Brussels. September.

Bulletin Communal de la Ville d'Anvers. No. 19. 1891.

Bull. Gén. de Thérapeutique. Paris. November.

Leipzig-Populäre Zeitschrift für Homœopathie. November.

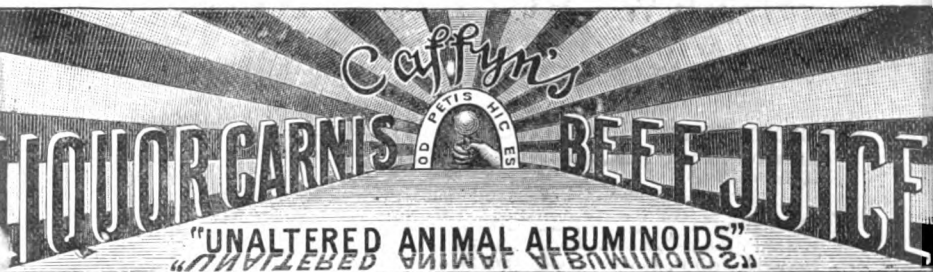
Rivista Omiopatica. Rome. October.

Gazetta Medica di Torino. November.

Homœopathisch Maandblad. November.

La Homeopatia. Bogota. September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.



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