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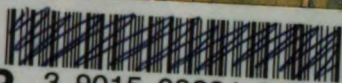
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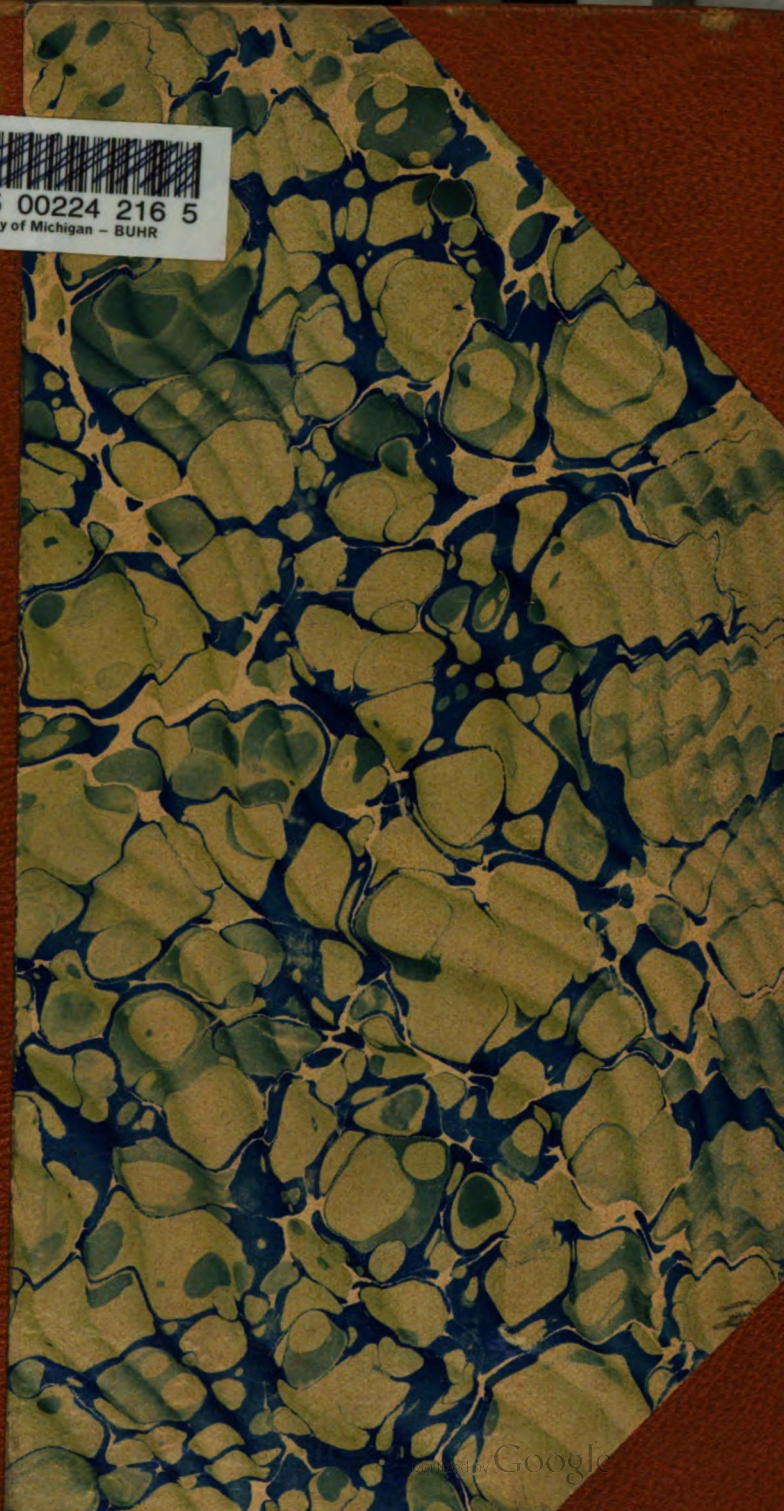
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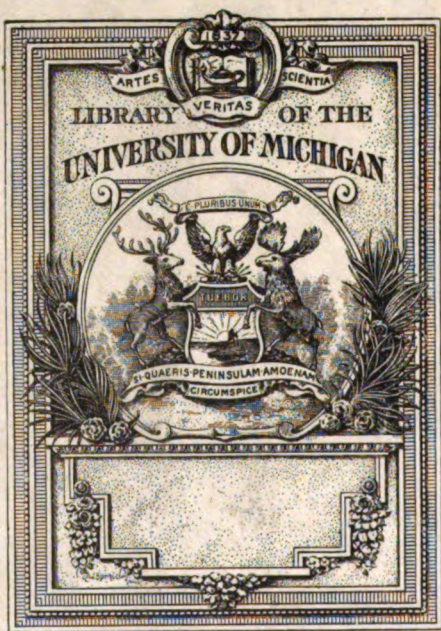
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THE
MONTHLY HOMŒOPATHIC REVIEW.

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EDITED BY
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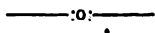
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THE MONTHLY HOMŒOPATHIC REVIEW.



PRESCRIBING HOMŒOPATHICALLY.

THE prescribing of drugs homœopathically, the ascertaining that medicine which, by experiments made with it upon the healthy, corresponds in its effects most closely with those of the *totality* of the symptoms presented by a patient, is far less simple than some, who have not succeeded in grasping the spirit of the method of Hahnemann, suppose. There are of course cases and cases. Some there are where the symptoms are so well marked, the condition they reflect is so familiar, and the medicine, the nature of the action of which corresponds most closely to such a condition, is so readily recognised, that no great difficulty presents itself in choosing that best indicated. But there is a large class of cases of disease, rather than of diseases, where the making of a right choice is not so easy. Many of these indeed are chronic cases, and in a large proportion of them, the symptoms, which it is so puzzling to control by medication, are such as are reflex. In some the central point of irritation can be detected, and there a knowledge of the general action of a drug may stand us in good stead, or some mechanical arrangement may suffice to remove the cause of irritation, while the medicine competent to

control the more rapid subsidence of that which has arisen from the previous presence of the cause may be found with comparative ease. On the other hand, how numerous are the instances where memory fails to bring before us the most similarly acting drug! How readily is this failure made an excuse for resorting to a palliative, the use of which is after all but temporising with the disorder, not curing it.

Palliatives are necessary only when a diligent search through the records of the *Materia Medica* has failed in discovering a true *simile*. A homœopathic physician can only prescribe a palliative, with a clear conscience that he has done the *best* he can for his patient, when such a search has been honestly and thoroughly made and has proved unsuccessful. In pointing out the means we have at our disposal for making this search, Dr. HAYWARD, at the Southport Congress did good service to all who know and feel that when prescribing homœopathically for a patient they are doing the best that can be done for him, whose ambition it is ever to do the best for those who consult them, and who are ready and willing to incur an almost indefinite amount of trouble in making the effort to do that best.

The careful study of individual drugs in the manner provided for by Dr. HUGHES and Dr. FARRINGTON is a first step—but only a first step. Following this is the reading and thinking over the cases of drug disease in the *Cyclopædia*. Study of this kind enables a physician to grasp the nature of the disturbance in health which the drug produces. The knowledge it gives is general. When prescribing we require, in addition to a general knowledge of drug action, an acquaintance with its details. On seeing a case, say, of rheumatism, these *Materia Medica* studies enable a student instantly to call to mind half-a-dozen medicines, the effects of which resemble an attack of rheumatism. Which of them is he to prescribe? It is the homœopathic method alone which will enable

him to solve this question. It is the want of this method that renders the *Index of Diseases and Remedies*, at the end of Dr. LAUDER BRUNTON's work on *Pharmacology* practically useless to the prescriber. Dr. HAYWARD not only described this method, but he did so by the very practical manner of pointing out the means that we have at our disposal for carrying it out.

There are indeed two plans by which the accurately indicated remedy may be found. Dr. HAYLE referred to one in his speech in opening the discussion, when he said: "Take the symptoms, find out the parts affected and the cause, and we have a very great help in choosing our medicines, if we know our medicines well." By this plan we can very often—if we know the medicines WELL—select some three or four which may be indicated in a general way, and then by referring to the *Materia Medica*—as set forth in Allen's *Handbook*, for example, or in the *Cyclopædia of Drug Pathogenesis*—and examining the symptomatology recorded in these works to find out which of those we have chosen is the one, the symptoms of which most closely correspond to those of the patient we desire to prescribe for. In clearly and well-marked cases we may succeed by adopting this plan. But too frequently we need greater facilities for achieving our end. This is so especially when some reflex symptoms, the pathology of which is not known to us, are concerned. Here we must, if we desire that accuracy which is essential to success, and would obtain it in the shortest space of time, fall back upon that very uninviting book, *The Repertory*, or *The Index*. Uninviting it may be, but invaluable it certainly is. *The British Cypher Repertory*, as Dr. MOORE remarked, required a considerable amount of preliminary drudgery to enable us to master the cypher, but when this had been done it was by far the most satisfactory work of reference. This is, we believe, quite in accordance with the experience of those who have mastered the cypher. *The Index* now in course of construction will be much more simple, and equally useful. The prescriber should therefore look up in one or other of this class of aids to prescribing the peculiar, striking, or unusual symptoms presented by his patient; and having found them refer to the *Materia Medica*, and ascertain by examination of the drug to which the *Repertory* has attributed the power of producing the

peculiar symptom sought, how far its symptoms correspond to the *totality* of those reflecting the condition of the patient.

That this is a laborious work is not denied—but it is one that is very generally rewarded by success; the omission of this tedious research is, moreover, responsible for a large proportion of our failures, and to the refusal to perform it are due nine-tenths of the mere antipathic palliatives that are prescribed by those who know the value of adhering closely to the guidance of the law of similars.

Each of these points was most effectively illustrated by Dr. WOLSTON, of Edinburgh, in the case reported by him during the discussion. Called to see a young lady who for six weeks had suffered from persistent vomiting, which had resisted every medicine, whether antipathic or—so far as the two medical brothers anxiously watching over the patient considered—homœopathic, his own *extempore* prescriptions, during ten hours, proved equally fruitless. Then, with a medical friend, devoting “two solid hours” to the *Repertory* and the *Materia Medica*—the former directed him to one of the last medicines that he or, in all probability, any other homœopathic physician would have thought of, and the *Materia Medica* records confirmed the correctness of the *Repertory*—while the almost immediate cessation of the vomiting, which had lasted for six weeks, and had brought the patient to a state of emaciation and exhaustion which rendered all hope of recovery apparently impossible, confirmed the truth of the record. *Silica* was the medicine—the vomiting being always preceded by a flushing of the face and a certain rapid turning of the head to one side or the other—was the symptom which was characteristic of, or peculiar to the patient’s case; and this symptom is stated in Hahnemann’s *Chronic Diseases* to have been produced by *silica*. But for the *Repertory*, *silica* never would have been thought of; but for *silica*, the patient would in all human probability have sunk. What confidence does the report of such a case inspire us with in the *Repertory* as a means of research, what confidence does it give to us in the pathogenesis of *silica*, and in the power of this apparently inert substance, when homœopathically prescribed, to cure disease!

One of the two brothers watching the case has since, we were told, become a successful homœopathically-practising physician, the other is now a professor of *Materia Medica* in "a well known University"—wherever that may be. That the practising physician has had his power of doing good largely increased by the lessons taught by this case is indubitable, but that the professor has been able to turn them to account, that he has been at liberty to point out to his students how they may discover a remedy in a case of obscure reflex vomiting, or that he would endanger his University position by discoursing on what he knew of the remedial properties of *silica* and how these could be ascertained is not, we fear, at all probable! The ethics that are termed "medical" forbid the communication of knowledge which is distasteful to the medical powers in high places, and woe be to the man who dares to assert his rights, or to perform his duty in this respect. Thus it is that therapeutics whether as a science or an art makes but little progress. Thus it is that discoveries in therapeutic laboratories are chiefly limited to fresh narcotics, antipyretics and antiseptics—in a word to palliatives, the most deceptive and consequently disappointing of all therapeutic measures.

Dr. HAYWARD's paper was, as Dr. HUGHES said, "well calculated to recall us from the empiricism into which we were all too apt to fall, back to the genuine method of HAHNEMANN himself, the true homœopathic practice of studying the pathogenesis, of referring to it by such repertorial aids as we could get, and then treating our case upon the real principle of *similia similibus curentur*." If it has, as indeed it ought to have, such an effect as this, it will have been one of the most useful papers read for many a long day. It is the tedious nature of the process which deters so many from adopting it, it is the "two solid hours" of patient study of intrinsically dry books, that Dr. WOLSTON and Mr. NANKIVELL devoted to that one case, that drives so many to a hypodermic injection of morphia or a purgative. But let every one remember that "in all labour there is profit," and nowhere is this more real than in the careful and pains-taking search for a homœopathic medicine by means of the *Repertory* and the records of the *Materia Medica*.

THE CANARY ISLANDS AS A HEALTH RESORT.*

By JOHN W. HAYWARD, M.D.

In April 1892 I paid a visit to the Canary Islands—the “Fortunate Islands,” as they are called—partly for the purpose of examining the qualifications of Grand Canary as a resort for incipient and early consumptives.

Of really suitable places for phthisical subjects—places free from serious drawbacks—there are extremely few on the face of the earth. An ideal place is one where the climate is, all the year round, warm and equable; dry, and rather bracing, and where the air is pure, free from germs, and loaded with ozone; where there are healthy out-door occupations, and amusements without crowded rooms and free from risks and morbid excitements; where the food is plentiful and varied, and the drink pure water and pure light wines; where there are separate residences; where the ordinary sanitary requirements are enforced; and where there is open-air sea-bathing the year through; and one that is easy of access, with but little exposure and risk during the journey to it, and from which invalids can return home easily, and without risk or loss of time; and where the cost of living is not great.

I hope to be able to show that Grand Canary meets all these requirements.

There are seven principal islands in the Canary group, viz.: Lanzarote, which is the nearest, Fuerteventura, Gran Canaria, Teneriffe, Palma, Gomera and Hierro, which is the furthest away. They are not far from one another, being all between the 27° and 29° of north latitude, and between the 13° and 18° of west longitude; that is, they are situated in the semi-tropical zone, and only about 28° this side or north of the equator. Fuerteventura is only about sixty and Gran Canaria about seventy miles west of Cape Juba on the African Coast, Teneriffe is about forty miles further west, and Gomera about twenty miles west of Teneriffe, Palma is about forty miles north-west of Gomera, and Hierro about forty miles south-west. They are on nearly a straight line southwards from Holyhead, passing Land's End and the

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coasts of France, Portugal and Morocco. As well as being thus situated in the warm part of the Atlantic Ocean their climates are further warmed and softened by the Gulf Stream in the course of which they are placed, and being in the "zone of least rain" their climates are dry, at least those of the three nearest to Africa, viz., Lanzarote, Fuerteventura and Gran Canaria; and in these the climate is further dried by the prevailing north-east wind which blows nearly all the year round, and coming over Africa, Morocco, and Algeria is very dry; hence also they are not subject to "rainy seasons" or "storms of wind" as are Australia, New Zealand, and Cape Colony, and they are consequently less subject to sudden fluctuations.

The island forming the centre of the group has been very properly called "Grand" (Great) Canary: it is decidedly the most important, both commercially and as a health resort, and being the middle island and nearly the most southerly, it has the best climate; it is free from the relaxing moistness of Palma and Teneriffe, and from the arid dryness of Lanzarote and Fuerteventura; it has also the best harbour for ships; and here passing steamers call for water and coal. It is, as it were, the half-way place of call for vessels to and from the Antipodes. It is exactly on the 28° of latitude, and between the 15° and 16° of longitude.

Being so favourably situated these islands of course early became the objects of the ambition of their powerful neighbours; hence we find they have been attacked in turn from Egypt, Greece, Rome, Spain, France, Portugal, Morocco, and England. Spain and England seem to have struggled long for their possession, Spain ultimately succeeding. Spain seems to have conquered them about 1490. They are now all under Spanish rule, and Spanish is the language spoken, but the inhabitants claim to be descendants of the aborigines—the Guanches. They have thick lips, and but little of the beauty of the Spaniard.

The customs' duties are very light, being merely nominal, except on the importation of tobacco, wine, tea, coffee, cocoa, and sugar, which industries are attempted by this means to be "protected." The coinage is Spanish, but English shillings and sovereigns are gladly accepted.

The most notable of the seven principal islands are Grand Canary, Teneriffe, and Palma, the four others not having yet come into much note either as health resorts or for commerce.

In consequence of the number and position of the Canary Islands they afford a great variety of climate, from the moist, soft, soothing climates of Palma and Teneriffe to the dry and bracing air of Grand Canary, and the extremely dry and stimulating air of Fuerteventura and Lanzarote; and from the hot summers near the sea-level to the cold winters up in the mountains. Near the sea-level the winters are really warm—averaging 68°F., and in the higher regions the summers are really cool—also averaging about 63°; indeed they provide all degrees of temperature and moisture. There are therefore climates suitable for all varieties of invalids, as well as persons in health; together, the Canary Islands afford perhaps the finest climate in the world. In his *Canaries for Consumption*, Dr. Thurston says: "I may sum up by saying that the Canaries must be almost the only spot in the world which has the *equability* of an island climate combined with the *dryness* of a continental one." (P. 94.)

Time was when the Island of Madeira, which is in the same region of the world as the Fortunate Islands, but 5° less south and 5° further from the drying influence of the African Sahara, was the place to which English consumptives were sent; this was, however, some years ago superseded by the Engadine and Davos-Platz, in Switzerland; and now the latter are being superseded by Grand Canary.

In early times, when phthisis was supposed to result from chronic catarrhs, it was thought that a sea-level, moist, warm, equable climate—where bronchial and pneumonic catarrhs are rare—was just the place for phthysical patients; gradually, however, it was found that though the warmth and equability of the climate were advantageous, the moisture was injurious; and Italy and the South of France—which are less moist than Madeira—were resorted to instead. When, however, it was discovered that phthisis is a "germ disease", and that tubercles and cavities in the lungs result from the growth of bacilli, another departure was taken, and consumptives were sent to the mountainous, cold, dry, bracing and snow-clad regions of Switzerland, where

germs scarcely exist. However, as consumption is neither merely a chronic catarrh nor simply a germ disease, neither of these theories included the whole truth, and none of these places was found to meet all the indications, nor provide all the conditions necessary in cases of either incipient or fully-developed phthisis; moreover, some of the conditions of each of these places have been found to be really injurious; the warm, moist climate of Madeira, for instance, is of course congenial to the growth of the phthical germs, as well as relaxing and exhausting to the general powers of the body. The laborious journey, and the liability to take cold and develop bronchitis or pneumonia on the way, and the severe cold of the evenings and nights when there, have been found serious drawbacks to resorting to Switzerland. Also, the manner of living there in large establishments, where, because of the coldness of the evenings and nights, the establishments are warmed by heating apparatus, and in consequence of the artificial lighting, and the congregating together for hours in the evenings in large drawing rooms of scores of consumptives in all stages of the disease, the air becomes hot, foul, moist and loaded with consumptive germs—the moisture being such that sometimes it trickles down the walls. The consumptive germs, which are being constantly expired, multiply rapidly in this hot, moist, foul air; and, being breathed over and over again during the long evenings, they infect and re-infect the invalids, so that the indoor life undoes the benefit derived from the pure germless air of out-of-doors, and the patients are in many cases made worse instead of better. Consumptive families should always live in separate houses; and consumptive patients should occupy separate and well-ventilated rooms. There are also serious objections to Italy and the south of France; in the first place, they are not far enough south to escape cold winds; these are especially severe at times; in the second place, the nights are often very cold, and the evenings and mornings very treacherous; and in the third place, the life led in these places is anything but conducive to health. Consumptives should carefully avoid balls and crowded hot rooms.

I said France and Italy are not far enough south. The latitude of a place is of immense importance in the matter of climate. In the northern hemisphere, Liverpool i

situated on the 58° of latitude; Italy and the south of France are on the 43° , whereas Grand Canary is on the 28° , that is 15° , or 900 miles nearer to the equator than is the south of France. Rome is on the 42° ; Naples and Constantinople on the 41° ; California on the 40° ; Smyrna and Palermo on the 39° ; Algeria on the 34° ; Jerusalem on the 32° ; Alexandria on the 31° ; Cairo, in Egypt, and New Orleans and Florida, in America, on the 30° ; and Delhi and Mount Sinai on the 29° ; so that Grand Canary is in a warmer region than any of these; it is 4° nearer to the equator than Alexandria, and 3° nearer than Cairo. In the southern hemisphere, Brisbane, in Australia, is on the 28° of south latitude, that is, the same distance from the equator as Grand Canary; Cape Colony, and the South African health resorts generally, and Sydney and Adelaide (in Australia) are on the 34° ; Melbourne and Auckland, in the warmest division of New Zealand, are on the 37° , that is, Auckland and Melbourne are 9° , or 540 miles further from the equator than is Grand Canary. Moreover, in the Canaries—which are small islands—the air is generally a kind of sea air, which is pure, germless, and loaded with ozone; and the cities being few and small, the air does not become loaded with town foulness, impregnated with germs, or impoverished by having been already used.

Of the three most notable islands in the Canary group Grand Canary is pre-eminently the most important as a resort for consumptive families; and, as my principal purpose is to draw attention to what I consider a wonderful climate for incipient and early phthisis, I will refer most fully to this one, and only briefly to the other two, beginning with the one whose climate most nearly resembles that of Madeira—viz., Palma.

1. Palma is the most westerly of the three most notable of the Fortunate Islands, and one of the most prosperous; it is situated between the 28° and 29° of north latitude, and just on the 18° of west longitude, and is therefore $4\frac{1}{2}^{\circ}$ further south than Madeira. It is the smallest of the three, it is 32 miles long by $19\frac{1}{2}$ broad, and is somewhat triangular in shape, its longest diameter being north and south. Its surface is mountainous, and much broken up with the remains of extinct volcanoes in the forms of cones and craters; its popula-

tion is about 32,000, in one city, one town, and 69 villages, and they are occupied chiefly in agriculture and horticulture, and in flax and silk manufactures. The climate of Palma is quite moist, though less so than that of Madeira, but more moist than Teneriffe, at any rate than the east side of Teneriffe; in consequence of its warmth and moisture it is very productive, and its climate ranks next to that of Teneriffe in suitability for non-tubercular throat, bronchial, pneumonic, and asthmatic troubles; it is, however, too damp for consumption, and other tubercular diseases, for obesity, and for rheumatism and gout, and kidney and liver diseases. Its principal city is near the sea-shore, about the middle of its eastern side, and is called Santa Cruz, like the principal city of Teneriffe, Santa Cruz, meaning Holy Cross, being a favourite name in these islands.

2. Teneriffe, which is about 50 miles south-east of Palma and 40 north-west of Grand Canary, is somewhat larger than Palma, and has in addition a prolongation north-eastwards, making its total length about 60 miles, with a greatest breadth about 37. Its surface also is much broken up with the remains of extinct volcanoes. Its population is about 95,000, in two cities, four towns and 152 villages; their chief occupation is agriculture and horticulture, and cochineal cultivation. It has a high mountainous ridge along near its centre, the highest point—the peak, as it is called—rising to about 12,180 feet, is often covered with snow. The high mountainous ridge attracts the clouds, so that there is a considerable rainfall; this promotes vegetation and the growth of trees, and renders the climate not dry like that of Grand Canary, but moist, especially on its north-western side, where are the Vale, Town and Port of Orotava; it is, however, less moist than Madeira and even than Palma, at least on its south-eastern side, where is the City of Santa Cruz, though even here mist and clouds, with their under-lying stagnant air, frequently hang about the mountain sides, and render it unsuitable for consumption and for other tubercular diseases, and for obesity. The moist, soft, soothing climate of Teneriffe, like that of Palma, is very suitable for non-tubercular throat and bronchial affections, and for asthmatic patients; and here there is greater range than on Palma. for the south-east side is less moist than the north-west.

Grand Canary is rather too dry and stimulating for these patients. Its principal city, called Santa Cruz, is near the sea shore on the south-eastern side of its north-east prolongation. This is its principal port and place of trade, and has a population of about 23,000.

(3.) Grand Canary: this is a small island in the semi-tropical part of the Atlantic Ocean, which has here the additional warmth afforded by the Gulf Stream, and which, in his *Guide to Madeira and the Canary Islands*, Mr. A. Samler Brown calls, "an extremely interesting and beautiful island." It is somewhat circular in form, and about the same size as Teneriffe without its prolongation; it is about 38 miles long by 32 broad, its longest diameter extending north and south; in other words, it is about as long and twice as broad as the Isle of Man. It is about 5° south-by-east of Madeira, 40 miles east-by-south of Teneriffe, and 140 miles west of the African coast. Its origin having been volcanic it is mountainous, and its surface is much broken up with the remains of extinct volcanoes, in the forms of cones and craters. The mountains are not high; the highest, which is near the centre of the island, is about 6,400 ft.; that is, a good deal short of twice the height of our own Snowdon. The small valleys between the mountains are called "barrancos." The island itself is composed chiefly of dry volcanic ash or cinders, lava or scorïæ, and dry sandy mud with boulders, resting chiefly on dry porous tufa, which somewhat resembles pumice stone. There are consequently no lakes and very little surface moisture, and therefore but few and small trees, and but scanty natural vegetation, so that clouds are seldom attracted or broken, and there is therefore comparatively little rainfall, and what rain does fall is rapidly absorbed by the dry, porous, thirsty earth, leaving the river beds almost always dry. Except in the barrancos, the island is rather barren; animal and vegetable life are stunted, and germs have but a scant existence; the climate is consequently dry and bracing, and the air very pure. The dryness of the climate is increased by the dry north-east wind which, coming over Algeria, Morocco and Africa, blows nearly all the year round, and gets further dried by passing over the dry volcanic scorïæ of the island itself, and in the neighbourhood of its principal city, Las Palmas, also by passing

over the sandy plain connecting together the island and the isleta. The population of the island is estimated at about 75,000, who call themselves Canarians, and they are located principally in three cities, three towns, and 178 villages. The special industries of the island are embroidery, coarsely-woven cloths, native-tanned goat skins, rough red pottery, drip-stone filters and ornamental knives, along with the cultivation of bananas, maize, potatoes, tomatoes, sugar canes, limes, lemons, oranges, figs, grapes, almonds, olives, cochineal (on the cactus and prickly pear) and tobacco; and the manufacture of wines, sugar, and cigars. Its principal city, called Las Palmas, is situated on its eastern side near its northerly extremity, at the mouth of the Barranco di Guinguada, and close to the sea-shore. As well as being the principal place of residence of visitors and invalids, this is the principal place of the trade of the island. It has a population of about 20,000, who are occupied mainly as shopkeepers for the sale of the productions of the island, and in the export of bananas, oranges, lemons, potatoes, tomatoes, figs, wine, cochineal, &c., and in shoemaking, and with the shipping of the port, which is a little way northwards of the city. Las Palmas is a city of flat-roofed and mostly one-storied houses and shops, with cottages here and there in the barranco. The land in the immediate neighbourhood is gravelly lava, porous, dry and barren, except in the barranco, where palms, bananas, sugar-canes, maize, potatoes, tomatoes, &c., are cultivated. The city of Las Palmas is nearly at the sea-level on the north-east coast of the island. Agaete, another of the larger cities, is also near the sea-level on the north-west coast. Other towns are at various heights, Aguimes being at an elevation of 850 feet, Ingenio 975 feet, and San Matéo 2,900 feet. The climate of Grand Canary at sea-level is dry and bracing, as well as warm, and not extremely hot; the average mean of the highest temperature in winter at Las Palmas is 69° F.; and there is in the island a great variety as to temperature and dryness, from the comparatively dense air of the cities and towns at the sea-level to the rarefied air of those on the mountains, and from the hot summers of Las Palmas and Agaete to the cold winter and moderate summer temperatures of Telde, Galdar,

Guia, Arucas, Teror, Santa Brigida, Tafira, Firgas, Ingenio, Aguimes, and San Matéo; so that by moving only short distances, invalids may procure an even temperature and dry genial climate all the year round; and the difference between winter and summer is not great; it is, perhaps, less at Las Palmas than in any other part of the world; the average temperature in winter, that is, from November to March inclusive, is 63°F. , or 10° higher than at Mentone in the south of France, and than in the warmest division of New Zealand, and most of the places in Cape Colony; it is also very much drier, and far less variable; at the coldest time of the year, viz., in January and February, it is 65°F. in the day and 55° in the night, that is, 8° to 5° less difference between day and night than in the warmest division of New Zealand, and 10° to 15° less difference than in Cape Colony, where indeed there are sometimes 10° of frost in the night. "From one year's end to the other," says Dr. Ernest Hart, "the variation of temperature does not exceed 18° , and this within the limits which are most favourable to life! That is the whole magic of this climate. There is no excess of heat in summer; no cold in winter. Very small rainfall, and that chiefly at night. No chill at sunset; no heavy dews; no frosts; no sirocco. It is a climate full of geniality, neither bite nor burn." The average of absolute sunshine at Las Palmas is more than 55 per cent. of the greatest available amount. Such a warm, dry, sunny climate as that of Grand Canary, with the ability to have an even temperature and dryness all the year round, is, as Dr. Thurston truly says, scarcely to be found anywhere else in the world. Grand Canary is therefore very suitable for that exceedingly numerous class of persons—the strumous and consumptive constitutions, and incipient and early consumptives. Were it sufficiently known and appreciated, it would likely become the place of permanent residence of all the consumptive families who could avail themselves of it; at any rate all such would do well to spend at least the winter months in it. Cases in the early stage of consumption do exceedingly well here, and often entirely recover. It is also extremely suitable for strumous gland and joint and bone diseases, hip joint and spinal disease; Bright's disease, diabetes, obesity, rheumatism and gout,

kidney and liver diseases, and other such like morbid states. In these maladies the climate alone often works wonders ; but in all such cases the good influence of the climate may be considerably aided by the use of the waters of the warm mineral springs in the island, of which there are two notable ones ; one of these is at Las Palmas, close by the Santa Catalina hotel ; another at Firgas. The principal ingredients in these waters are : silica ; the chlorides of sodium, potassium and calcium ; the bicarbonates of soda, potassa, lime and magnesia ; and the sulphate of magnesia ; with free carbonic acid gas—a compound of great value in such cases. These waters are used both by drinking and baths ; and, as the proportions of their constituents are different in each, they may be used with advantage in a variety of maladies.

There are also springs in the island giving pure water to the inhabitants of their neighbourhood, notably at San Matéo, Santa Brigida, and Agaete ; and where this is not the case, mountain streams and rain water are utilised, and the drip-stone filters used. Las Palmas is well supplied with very excellent water from a spring at the head of the barranco, at the mouth of which the city is placed ; it is brought down from the spring the first two-thirds of the way in a closed-in, stone-built and cemented channel embedded in the mountain, forming one side of the barranco to San Roque, and thence in an iron pipe to the city, where it is distributed to the inhabitants by means of fountains and taps. I have myself personally examined the sources of this water—with the kind assistance of Colonel Cragg, of the Canary Islands Company—and have specially reported on it to the Company.

Food in the island is fairly plentiful and tolerably good. From the small farms and gardens in the barrancos—some of which are very fruitful—there is a good supply of maize and some wheat and oats for flour and meal ; there are potatoes, sweet potatoes, tomatoes, and other vegetables in abundance ; milk is supplied by goats and cows, and butter and cheese are made. There are plenty of poultry and eggs, and some mutton and beef, and any quantity of fruit—bananas, oranges, lemons, grapes, figs, peaches, custard apples, guavas, prickly pears, pomegranates, and even apples, pears,

plums, &c., and there are several varieties of delicious native wines, both red and white. These supplies can be augmented and the whole world laid under contribution for both necessities and luxuries to any extent by means of the steamers which call nearly every day, and from almost every part of the world, especially the large, commodious, and comfortable steamers of the Elder and Dempster lines, whilst the productions of all the other islands are at command by means of the smaller steamers which are constantly plying between them. Milk is the chief difficulty, and it is so because it has to be procured from the small farms up amongst the hills where the water used for all purposes is rain-water, or that of mountain streams. Diphtheria and typhoid fever have been thus caused at the best hotels. This danger may be obviated by "home-kept" cows, or by the establishing of a properly-managed English dairy, or by the use of Swiss or other "condensed milk," or by carefully boiling the milk.

Of amusements there is certainly no great variety; still, in a climate where the whole of nearly every day throughout the winter may be spent out of doors time need not hang heavily. There are many interesting and healthy drives and rides, and the means of riding and driving are cheap and numerous, and the roads exceptionally good. There are many interesting volcanic remains, in the forms of cones, craters and calderas, and many beautiful and interesting barrancos to be explored, as well as interesting old cities and towns and Guanche dwellings and caves to be visited; cathedrals and public buildings to be examined; libraries and museums and an English club in which to seek entertainment and instruction, and theatres and concert rooms for diversion, public gardens to be lounged in, and outdoor games, such as lawn tennis, bowls, golf and cricket, to be indulged in, and sea-bathing to be had, the temperature of the water ranging from 74° to 64° F. the winter through; and there are dances occasionally during the season, and picnics are frequently arranged. Young ladies may botanise and garden, and those benevolently inclined may enter into some charitable work. Young gentlemen may boat and shoot, or may rent a cottage and take up fruit growing, poultry breeding and egg exporting, and supply to passing vessels; or, if of an enterprising turn,

they might assist in reviving the decayed tea, coffee, wine and cochineal industries, or take up sheep farming, or in many other ways may find occupation beneficial to themselves and the island, which is susceptible of profitable development in many ways. A reliable dairy would pay a good dividend, and so would an underground storehouse for keeping food.

In Mr. A. Samler Brown's *Madeira and the Canary Islands*, it is stated that venomous reptiles are unknown in the Canary Islands, but that mosquitoes are found on the eastern and south-eastern sides. The writer was at Las Palmas in May, and neither heard, saw, nor felt one of them; and Mr. Ellerbeck, in his *Guide to the Canary Islands, via Madeira*, says, "it is only occasionally they are troublesome."

Las Palmas, the principal place of trade and of residence of visitors and invalids, is $3\frac{1}{2}$ miles south of the port and place of landing, which is called La Luz. Grand Canary, like Teneriffe, has a prolongation at its north-east extremity; this prolongation is in the form of a small island called the isleta, which is connected to the main island by a flat neck of sandy land about a mile in length. This small island, with a fine jetty, mole, breakwater or quay at La Luz, forms, with the main island, a spacious bay in which the largest vessels may anchor in safety. Visitors are landed from the steamers at the quay at La Luz, about $3\frac{1}{2}$ miles north of Las Palmas. Steam-tram carriages are run about half-hourly from La Luz to Las Palmas, and visitors may travel between the two places either by steam-tram or by ordinary carriages, which are not expensive. On the way from La Luz to Las Palmas, about a mile before reaching the latter there has lately been built a large, commodious, well-appointed, and well-drained hotel, called the Santa Catalina. This hotel stands in its own grounds near the sea-level, and is backed for miles by a raised plateau of barren, dry, gravelly volcanic scorïæ, over which and over the sandy plain connecting together the island and the isleta the prevailing dry, north-east wind (coming from Africa, Morocco, and Algeria) blows nearly all the year round. "The hills in the immediate rear of Las Palmas," writes Dr. Thurstan, "are virtually huge cinder heaps—not beautiful to look at, but valuable as regards meteorological results

. these hills and the sands on the other side of the town, absorb heat in the daytime and rapidly give it out after sunset, thus preventing as much precipitation of dew as there would otherwise be." *Ibid.* p. 94. The neighbourhood of the Santa Catalina Hotel is, therefore, one of the best in the island; and having one of the best of the warm mineral springs it is peculiarly well adapted for the residence of visitors and invalids. Here are already an English church, and a large, elegant, well-furnished, and well-drained boarding house, and small villas and houses provided with all modern sanitary requirements are shortly to be erected. Sea-bathing may be indulged in on the shore. There are also at the hotel during the season a resident English physician and an English nurse. In the city also are physicians who speak English, French, and German; there are also English and good Spanish hotels.

From the foregoing sketch of the position, conformation and surroundings of the island of Grand Canary, it will be readily and justly concluded that the climate is one of sunshine and warmth, and yet not too hot; equable, dry and bracing; and one in which even invalids may live out of doors most of every day, and leave their windows open at night all the winter through, without the risk of taking cold; and where the air is bright, clear and pure, loaded with ozone and free from moisture, and therefore inimical to disease germs—just the qualifications and qualities suitable for strumous and phthisical constitutions, and for incipient and early consumptives, for whom our own damp, cold, variable and comparatively sunless climate is peculiarly unsuitable. The south of England, even Penzance and Torquay, though at times tolerably warm, is much too variable, generally too cold, and always too damp and relaxing; and the same may be said of the Isle of Wight, Jersey and the rest of the Channel Islands; and our own dry places, such as Harrogate and Buxton, are much too cold and too variable. Even France and Italy are not sufficiently warm in winter, and they are too variable and too subject to cold winds and cold and treacherous evenings and nights.

Then, whilst the severance from home and friends is the same, the trouble and risks of travelling (which must of

necessity be by both rail and sea in going to Italy or France) are greater than those of a simple sea voyage like that to Grand Canary, which is only six or seven days when going direct and only nine when calling at Madeira and Teneriffe. The cost, too, is also greater; the first-class cabin fare to Grand Canary and back by the Elder and Dempster liners being only £15, with the liberty to return any time within twelve months. Then during the journey, the living and food are in one case irregular and miserable, and in the other regular, comfortable and good; and after the termination of the journey, in one case they are expensive and in the other cheap. Also to chest invalids, the risk of taking cold in the frequent changing of trains, carriages and other conveyances, and in the draughty stations, or by the cold draughts alternating with the hot, moist, stuffy air of the carriages is much greater than during the simple sea voyage to the Canaries, in which there are no such changes or risks; nay, not only is the voyage almost free from risk, but it frequently itself contributes greatly to the cure of disease and the restoration of health. Sea air is not loaded with town smells, nor impoverished and fouled by having been already used, but is fresh and pure, ozonised and invigorating, and free from germs, so that the sea voyage is itself very often curative, and should always be beneficial. Of course it must be understood that reference is here made to the air on the deck of the vessel and to the windward side of the openings from the engine-house and the cabins, and not to that in ill-ventilated cabins and saloon. And here comes in another of the advantages of the voyage to the Canary Islands, viz., that the warm latitude is soon entered, so that passengers may often be on deck all day nearly the whole voyage. Another advantage is that in the African and British and African steamers the saloon and cabins are spacious and well ventilated, so that even when not on deck there is tolerably pure air to be breathed. Invalids should, for their own sakes, make sure that the saloon and cabins are spacious and well ventilated, for on some journeys they may have to spend much of the time in them, and if the air there is foul, as it is in some vessels, much of the benefit of the voyage will be lost to them, and perhaps their disease be made worse; but here comes in another advantage of

a voyage to the Canaries, viz., that the sea passage is short—only six or seven days. Here I would also interpose a caution: I said the food on board these steamers is good; it is often too good and too plentiful, so that even invalids are tempted to eat and drink more than is good for them. It is quite a mistake on board ship to eat and drink to excess, even though there may be, as there usually is, increase of appetite. With the small amount of exercise to be obtained *less* food and drink are needed, and if *more* than usual be taken, which is often the case, indigestion, biliousness and other illnesses are brought on; and this is especially the case in warm latitudes. This caution is, if possible, more needed after arrival at Grand Canary. It is an immense mistake to eat and drink in hot climates as we do, and require to do, in England; doing so after arrival at Grand Canary brings on what is called "Canary fever," which is an acute inflammatory bilious attack, and not at all a true fever nor anything peculiar to the island. Fruit and vegetables, with native wine or pure water and very little flesh meat, should be the diet.

In Egypt and Algeria the air may be drier, but these places have many drawbacks from which Grand Canary is exempt. Australia, New Zealand and the Cape Colony are not dry climates, and they are subject to "rainy seasons" and severe "storms of wind" both hot and cold, so that their climates are subject to "sudden and sharp fluctuations," and they are less dry than Grand Canary and less warm in winter.

The mean temperature in winter in the warmest division of New Zealand is 50° F., whereas in Grand Canary it is 63°, and the difference between day and night in New Zealand, Australia and Cape Colony is much greater than in Grand Canary. Then the voyage is very different: to Australia and New Zealand it occupies six weeks, and as Dr. J. Murray Moore in a paper in praise of New Zealand admits, it subjects passengers first to the extreme heat of the equator and then to "the inevitable cold and wet of the Southern latitudes between the Cape and Tasmania," whereas, the voyage to the Canaries is only six or seven days, and there is no excessive heat or cold or damp, but a gradually increasing warmth and dryness to its termination, about 28° this side of the equator. Even

in the voyage to the Cape Colony the equator has to be crossed and the cold, wet region entered.

I must mention one objectionable feature prevalent in the Canary Islands as in many other foreign countries; unfortunately, Spanish authorities have not yet arrived at a sufficient appreciation of sanitary necessities to make them enforce an efficient system of drainage, or of removal of the refuse of their cities; these consequently accumulate on the surface, or soak into the ground about the houses. In taking up residence in the Canary Islands it will be well, therefore, not to settle in the midst of a city or town; in Grand Canary, for instance, those who stay at Las Palmas should reside in the neighbourhood of the Santa Catalina Hotel, or some similar locality where the water is that supplied to the city, and where there is freedom from drainage infiltration.

The time for resorting to the Canary Islands is just the time when it is necessary to leave England, viz., the end of September or beginning of October. The "season" near the sea-level lasts until the end of May, but invalids need not then return to England; by simply moving to one or more of the towns I have named up in the mountains, they may procure a moderate temperature and a genial climate all the summer through.

Finally, it should be borne in mind that Grand Canary offers to consumptive families health- and life-prospects offered by scarcely anywhere else in the world; and that in going to live in Grand Canary, though English invalids do for a time give up the gaieties of English society, they merely exchange them and the miseries of the cold, damp, dark, dismal and short days (with the necessary in-door life) of our English winter, for the liberties and pleasures of a genial, invigorating, health-giving and life-prolonging climate, where they will have warmth and sunshine, with long cheerful days, and the opportunity of being out of doors nearly all the day the winter through; and that when necessary or desirable they may return home in a short time, and without a difficult or risky journey.

The objection has been made, that the natives of Grand Canary itself are not absolutely free from consumption; that cases of true tubercular phthisis do occur, even in Grand Canary. This may be quite true, as it is true in respect of Egypt, Algeria, Italy, France

and every other country ; it is, however, not necessarily an objection against the climate, but may result entirely from the unhealthy habits of the people. Where sanitary requirements are badly neglected even by the rich, and where the poor are crowded together without the slightest sanitary consideration, consumption, as well as other diseases, will necessarily be induced, even in the most anti-phthisical climate.

ON THE RESISTANCE OF THE HUMAN BODY TO THE ELECTRIC CURRENT.

By EDWYN L. POPE.

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ACCIDENTS from electrical shocks necessarily increase in frequency in proportion as the employment of electricity for lighting purposes, and for motors, becomes more general. The circumstances which conduce to render a given amount of current fatal are not well known, and to acquire an accurate degree of knowledge regarding it a large amount of experimental work remains to be gone through.

In a case reported by Mr. Nankivell, of Rochester, in the *British Medical Journal* (Oct. 22nd), an electric light linesman is reported to have received through his body a current of one ampère with an electro-motive force of 2,400 volts, "perhaps even more," and the burning of the left thumb and forefinger—to an extent necessitating amputation—was, beyond a certain degree of nervous excitement, the only result of so considerable a shock ; while in the United States the *Electro-Technische Zeitschrift* states that 1,700 volts of an alternating current has been proved a sufficient electro-motive force for the execution of criminals. The details of the case referred to are given as follows.—

"R. R., aged 24, an electric light linesman, was brought to the hospital on March 4th, 1892, suffering from severe burns produced by handling a wire carrying a high potential current. He stated that he was attending to a transformer which was not working satisfactorily. This was done in a damp cellar, and through a badly-insulated overhead conductor on the roof of the same house there was a considerable leak to earth. In trying the primary wires for loose connec-

tions without any glove on his left hand, he got a slight shock, although he was standing on a board. This was probably due to surface leakage from the wire which had been for some time in the damp cellar. In the excitement of receiving this shock, he incautiously put his left foot forward off the board on to the damp earth, and he then received through his body the full pressure of 2,400 volts, the force of which appeared to expend itself chiefly on his left hand, which held the wire. He was rendered insensible, and it is stated by some bystanders that his legs were completely drawn up to his trunk, so that all his weight came on to the wire, which then broke. In this way he was released.

"On admission, he was found to be suffering from considerable nervous excitement, but was quite sensible, and gave a correct account of the accident.

"His left thumb and forefinger were completely black and charred. The eschar extended on the dorsum of the hand to the end of the ulna. On the palmar surface the burn reached to the ball of the thumb and to the metacarpal joint of the forefinger. All these parts were actually burnt to the bones, and were absolutely insensible to touch. He complained of intense pain in the wrist and parts of the hand which had escaped the effects of the shock. On removal to bed, it was discovered that four toes of the left foot were burnt on the plantar surface, each eschar being about the size of a three-penny piece. *Ung. boracis* and cotton wool were applied to the hand and foot, and he was ordered a dose of *opium*. On examining the patient's boot, it was found to be without any mark whatsoever."

The thumb and forefinger were amputated a month after the accident, the wounds in the foot healed, and the patient was discharged within six weeks of his admission.

From some remarks by Dr. Lewis Jones upon this case I extract the following:—

"Burns are not uncommonly met with in men working on electric light circuits, but usually they are produced in an indirect manner as a result of the sudden heating of some tool or instrument held in the workman's hand. If any tool which is being used in the neighbourhood of a pair of electric light wires should happen to form a bridge across them, the short circuit so produced quickly raises the tool to an intense heat, and may burn the workman severely before he has time to drop it from his hand. In such burns as these, however, the current does not pass through any part of the body of the workman. In the case here reported it is clear that the current must have passed from the line wire to the patient's hand, and from there through his body to the ground. The

heating of the tissues was the direct result of the passage of the current, and was shown mainly at the points of greatest resistance, namely, at the skin of the hand and foot. There is little doubt that the patient would have been killed if the muscular contraction of his body had not raised his feet off the ground, and so broken the circuit almost immediately."

Dr. Jones subsequently refers to the amount of current as one which "can hardly have been greater than one ampère." If, however, we take into consideration the amount of resistance offered by the part of the body, etc., at which the current entered, and the infinitesimal portion of time which elapsed between the commencement of the shock and its termination by the breakage of the wire, with the consequent breakage of the circuit, the probability is that it was nearer to the tenth of an ampère than a whole one that passed through his body, and perhaps not as much as that.

The burns which constituted the chief result of the accident may have been caused by arcs formed on making and breaking the circuit. Perhaps, however, a more probable theory is that the skin, being a very poor conductor of electricity, and the contact area being small, heating was due to the passage of the current. It would be interesting to know if *any* metal was conveyed into or on to the skin by electrolysis.

The degree of resistance presented by the skin to the passage of electricity varies widely with the part of the body, its temperature, degree of moisture, and various other conditions, and it is only by comparing together the repeated experiments of different observers that the factors which condition skin-conductivity can be definitely ascertained.

The following table records some resistances obtained by Mr. H. Newman Lawrence in the course of some experiments given by him in a paper presented in section D at the 1892 meeting of the British Association for the Advancement of Science.* Special electrodes were used, eliminating complication arising from dry skin, imperfect contact, differences of temperature and surface polarisation. These results show that if the current is kept on for about five minutes the resistance of the skin diminishes, it then, in some cases, keeps constant, and in others rises again.

* *Electrical Review*, 1892, p. 196.

TABLE A.—Continuous current. Volts=15. Direction longitudinal.

Position of Electrodes...	Resistance in Ohms.					
	Time. 0	1 Min.	2 Min.	3 Min.	4 Min.	5 Min.
Arm—						
Hand (palm) and shoulder	23,800	15,620	13,900	12,410	12,300	12,300
Hand and elbow (inside)	27,270	13,636	10,700	10,000	10,000	10,000
Elbow and shoulder ...	15,000	5,000	3,750	3,550	3,000	2,830
Leg—						
Foot (sole) and hip ...	15,000	10,000	8,380	7,500	6,816	6,250
„ and knee (inside)	20,000	13,636	10,700	10,000	10,000	9,375
Knee (inside) and hip...	10,000	4,410	3,660	3,333	3,125	2,920
Trunk—						
Neck and perineum ...	4,286	2,500	2,120	2,027	2,120	2,027
Breast and „ ...	15,000	6,000	5,170	4,270	3,947	3,846
„ palm right hand						
(palm)	15,000	18,700	19,730	20,000	19,600	19,600
Breast and left hand						
(palm)	25,000	27,270	27,770	26,800	26,800	28,300
Right hand and left						
hand	75,000	60,000	60,000	60,000	60,000	60,000
Right foot (sole) and						
abdomen	50,000	25,000	25,000	27,270	30,000	30,000
Left foot (sole) and						
abdomen	16,666	20,000	22,727	25,000	26,800	27,270
Right foot and left foot	50,000	42,860	42,860	44,100	41,000	47,000

TABLE B.—Direction traverse—other conditions as in Table A.

	Time. 0	1 Min.	2 Min.	3 Min.	4 Min.	5 Min.
Arms—						
Through hand (back and front)	17,600	20,000	22,000	22,000	21,700	21,400
Through fore arm (back and front)	7,500	3,333	2,630	2,600	2,800	3,000
Through upper arm (back and front) ...	7,500	3,000	2,727	2,680	2,630	2,580
Leg—						
Through foot (sole and instep)	60,000	37,500	42,800	47,000	48,200	48,200
Through calf (back and front)	60,000	16,600	8,000	5,770	5,000	42,860
Through thigh (back and front)	30,000	10,000	7,140	6,000	5,000	4,700
Trunk—						
Through chest (back and front)	14,700	6,260	5,360	4,700	4,570	4,286
Through abdomen (back and front)	75,000	21,400	10,710	7,500	6,000	5,550
Through chest (side to side)	100,000	36,200	16,600	13,000	10,710	9,370

Mr. Newman Lawrence's experiments were doubtless conducted under circumstances most favourable to the

resisting power of the skin; in others, made by myself, the conditions were entirely unfavourable. They were made on some men in the engine-room of a central electric-lighting station in London while working with their dirty hands and old, but dry, boots on. They have been taken with the idea of obtaining the average resistance of a man when working amongst dynamo machines. These men were all perspiring freely owing to the heat of the engine-room, about 105° F. The electrodes were clean pieces of copper tubing, having a contact area of 12 square inches. The electrode stood upon was an iron plate, thoroughly wet, and much larger than any of their boots. The results differed very much from those obtained by Mr. Newman Lawrence.

Name.	Resistance in ohms between the two hands.	Resistance in ohms from hand to iron plate.	Remarks.
J. A.	8,000	3,640	Perspiring very freely; hands dirty and greasy, and had very bad boots on. (Dynamo attendant.)
G. C.	9,100	8,000	Perspiring very freely; hands dirty and greasy, with thin slippers on. (Engine driver.)
H. H.	6,120	2,100	Stoker. Perspiring very freely; boots very wet; hands dirty and greasy.
E. L. P.	4,420	4,000	Perspiring freely; boots damp; hands dirty and greasy.
B. P.	11,400	7,300	Very hard, dirty and greasy hands, rather drier than the other men; boots damp. (Coal porter.)
P. S.	14,000	9,500	Clean hands, fairly dry; good boots but damp.

The resistance of a man's body varies not only in parts, but from time to time; the moisture of the hands and body playing a most important part. The same man with damp hands had a resistance from hand to hand 12,000 ohms, but when he had dried them thoroughly the resistance went up to 100,000 ohms. This was a man who had very hard and dry hands.

To obtain the amount of current which will pass through a given resistance, the electromotive force in volts has to be divided by the resistance in ohms, the

result being the current in ampères. It is usual for medical men to use milliamperes as their unit of current, 1,000 milliamperes being equal to one ampère.

To ascertain the current which passed through the man whose case has been quoted the resistance of the contact his fingers made with the insulating material, the resistance of the film of moisture which led from his fingers to the conductor, the resistance of his body, the resistance of his socks, boots, contact of his feet with socks, the contact his boots made with a good earth, and the resistance of the leak which was on the opposite main must all be known and added together; the sum being divided by 2,400 will equal the current which went through him.

In addition to the degree of resistance the contact area and contact duration are factors of great consideration in the lethal power of electricity. The 1,700 volts used in criminal executions in the United States have a fatal effect because the contact area is large and good. Mr. Kennedy, in a letter to the *Electrical Review*, of New York (Oct. 5th, 1888), described some experiments made by him in Mr. Edison's laboratory proving that with a contact duration of 60 seconds 276 volts were sufficient to kill a dog; but when the contact duration was a little less than 3 seconds 800 volts were necessary to kill a similar animal.

In R. R.'s case the contact area was small, the contact duration probably only a fraction of a second, and presuming that the resistance of the skin was fairly good his escape from death is fully accounted for.

Draycott Place, S.W.

Nov. 12th, 1892.

“CHARACTERISTICS,” “KEY - NOTES,” AND
“GUIDING SYMPTOMS,” TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

Introductory Remarks.

In the ordinary course of my reading of English and American homœopathic medical literature during the last thirty years or thereabouts, it has been my custom to register whatever I have met with that seemed likely

to be useful in my practice at a future date, and which, apart from such means, would probably be forgotten when most needed. In that commonplace Medical Note-Book I have from time to time recorded, among other things, the so-called "Characteristics," "Key-notes," &c., of various medicines, to which different men have called attention. This phase of medical practice has always been attractive to me, hence I have been led to examine to some extent the *pros* and *cons* in relation to it.

For this reason it has appeared to me that the results of my experience in this direction may perhaps furnish food for thought as well as for criticism, and be somewhat helpful to others, although what I say will partake of little originality, but will rather be the reflex of other minds, and show how far I have found their observations agree with my own.

In taking up this subject, and partly by means of the register to which I have alluded, I am met by a fault on my part of having failed to record the names of the men to whose observations I shall have to refer. For this reason I am unable now to do those gentlemen the justice I would desire. Moreover, I have made but few notes as to whether the "characteristics" which they have referred to were from a review of the pathogenetic action of the drugs in question, or whether their observations were from a clinical standpoint, and whether from high or from low dilutions and doses of medicine. These and other sins of omission belonging to my note-book I now regret, for had I been more careful in this respect a consideration of the subject at this time might have been more instructive than it otherwise can be.

Before entering upon the practical side of the subject it may not be amiss to notice one objection to "key-note" practice that has been repeatedly raised by a few homœopathic practitioners and by men moreover of large experience, as well as of wide and critical thought. They say that to prescribe by "characteristics" as "key-notes" in any given case of disease is contrary to a cardinal principle of homœopathy, which demands a recognition of "the totality of symptoms." My answer to this is that the argument assumes what is not correct, inasmuch as the use of "key-notes," &c., is only meant to be *suggestive*, and to serve as a *guide*, to

the recognition of the whole, and when so used, I contend that this method by no means contravenes the principle which is rightly insisted upon, but is helpful towards it, and while some practitioners may very likely rely too much upon these aids, this surely can be no reason against their use for a wider and fuller purpose.

Further, and for the purpose of showing the reasonableness of what I have been contending for, should that be deemed needful, I hold that in the pathogeneses of drugs there will generally be found a few symptoms that stand out in somewhat bold relief, and sometimes threading the whole, which show the sphere of action of each drug, and how it may be distinguished from others, and in this relation these symptoms are rightly termed "characteristics." So also in relation to what may be observed of the phenomena of disease, there will generally be found a few peculiar and well-marked symptoms indicating the nature and course of the disease, and what may be expected to arise, and these symptoms are rightly termed "characteristic." Moreover, I believe that all practitioners, whether they know and admit it or not, nevertheless make use of these signs, and, to some extent, ever must. What, however, I think we should strive after is to arrive at as accurate a knowledge as possible of the "characteristics" in question, and by means of clinical observations to what degree they may then be used as "key-notes" in practice.

By way of illustrating one side of the subject, notice the well known symptom, which at one time was said to be a "key-note" for *lycopodium*, more especially in pneumonia, viz., "a fan-like motion of the alæ nasi." The homœopathic practitioner who, I believe, first called attention to this symptom as a "key-note," was a most able and painstaking man, and one whose observations, for that reason, commanded great respect. I accepted as correct nearly all that he advanced, and I was thus led to prescribe *lycopodium* in cases where the symptom in question was very evident. Most likely I sometimes made use of the "key-note" in a looser way than he intended, but at other times it was certainly done with greater care in connection with other symptoms. I now say, as the result of close observation, that while *lycopodium* has in some cases done good service where that symptom has been pronounced, yet in a much larger

number of cases of a similar nature, and with the same symptom, *belladonna*, *chelidonium*, *phosphorus* and *veratrum viride* have been far more curative. Hence I am of opinion, that this reputed "key-note" is, at the most, of but doubtful value. Very likely other men, as keen observers or more so than myself, may affirm the contrary, in fact they have done so; nevertheless I contend that before such a minute symptom as the one in question is raised to the position of a "key note," it requires clearer and more certain confirmation.

While, however, I cannot accept that "key-note" for *lycopodium*, where is the practitioner who has studied the pathogenetic action of this medicine, in its far-reaching extent, who has not recognised many symptoms, very pronounced in character, and at the same time clinically verified them, thus using them as "key-notes"? This is not the place for taking up in detail the "characteristics" of *lycopodium*, but a few, by way of illustration, may briefly be noticed. Such, for instance, as its greater action upon the right side of the body than the left side; its very marked action upon the stomach, the liver, the kidneys, and the skin; the time of day, moreover, when the symptoms of this medicine are most pronounced—viz., from 4 to 8 p.m.; its largely curative action in diseases of the throat, especially when beginning on the right side and tending to spread to the left (the reverse of *lachesis*); the dyspepsia characterised by very little thirst, but with hunger which is satisfied by a very small amount of food, causing repletion and flatulence in the stomach, and eructations which do not afford relief (again the reverse of *lachesis*); so, too, in relation to the abdomen, the borborygmus and sense of constriction, with constipation, and the scanty excretion of urine, which is often loaded with lithates. Many other well marked symptoms in relation to the cerebro-spinal and nervous system generally, as well as its action on the muscles, glandular organs and the skin, may be noticed at a future time if an opportunity is permitted, but sufficient has here been said to show what I am contending for in relation to *lycopodium*.

Further, and again by way of illustration, notice a few of what I think may fairly be termed "characteristics" of *lachesis*, and with which homœopathic practitioners are for the most part acquainted. Such for

instance are its more marked action upon the left side of the body than upon the right ; great irregularity and alternation of symptoms, such as sudden flushings of heat, and sudden chilliness ; vertigo with fulness and heat in the head, alternating with dizziness and empty feeling in the head ; fluttering sensation in the cardiac region, and palpitation of the heart ; sinking sensation in the stomach, with loss of appetite, some thirst, and desire for alcoholic beverages ; food affords temporary relief, and eructations of flatulence do the same (contrary to *lycopodium*) ; the bowels sometimes act regularly every day, and again are constipated for a few days, or they are relaxed ; so, too, in relation to the urine the same irregularity is very common, while in women the menstruation is sometimes excessive, and sometimes the reverse. In addition to this *general irregularity*, there is the inability to bear the pressure of clothes over the neck or throat, the chest, or over the waist ; and finally, nearly all the symptoms are worse after sleep, and more especially in the early part of the morning.

These preliminary remarks in relation to the question before me may perhaps be considered needless, in fact, I believe most homœopathic practitioners, while they may differ from me in the presentation of some aspects of the case, will accept what I have said as fairly correct. Except that I desire to protect myself in some measure from being considered an entirely one-sided advocate of "characteristic" and "key-note" prescribing I would not have taken up so much time on this point. In my next paper I will at once enter upon the subject on its practical side.

Northampton.

LOBELIA: ITS THERAPEUTIC EFFECTS AND MODE OF PREPARATION.

By T. G. VAWDREY, L.R.C.P. Lond.

THE object of this paper is to draw attention to a most valuable remedy. *Lobelia* is a sheet anchor of the herbalists of this country. By them it is employed with great success in a variety of complaints, and the indications for its employment as ascertained by empiricism coincide remarkably with those defined by

the homœopathic principle of drug selection. By the ordinary medical practitioners of this country it is used chiefly as a remedy for spasmodic asthma. Some speak favourably of its action in this complaint, whilst others only report their disappointment. *Lobelia* has consequently fallen somewhat into disfavour, and it is to be feared that this neglect is not confined to the empirical school of medicine.

Lobelia, or Indian tobacco, is a native of North America. Like the *witch hazel*, it was a remedy in common use amongst the Indians long before orthodox medicine knew anything about it. Dr. Thomson, founder of the so-called "Thomsonian" system of medicine, seems to have been the first to appropriate the remedy. Although, as he relates, he had been familiar with its physiological properties for twenty years, he never learnt its therapeutic value until he gave a sprig of the plant one day to a man working in the harvest field. It does not appear what was the matter with the patient. His own report was that, after being made violently sick and feeling as if he should die, he was able to do a good half-day's work, and felt better than he had done for a long time. Dr. Thompson afterwards used the medicine for asthma and other pulmonary complaints.

The herbalists of this country use *lobelia* very freely in their practice. It is to be feared that they often administer the drug in dangerously large doses, but they have learnt by experience the true indications for its employment. "In spasmodic asthma, bronchitis, whooping cough, and other affections of the chest, throat, and respiratory apparatus it is of immense value and in extensive employment, having achieved such a reputation in the treatment of these diseases as has been accorded to no other single remedy" (the *Botanic Pharmacopœia*, by J. G. Hatfield). They give the drug in the form of powder, infusion and tincture.

Dr. Ringer, who draws his experience from the homœopathic as well as the traditional school of medicine, praises *lobelia* highly in asthma. He has found the remedy quite useless for the relief of asthma dependent upon cardiac disease, but in bronchial and peptic dyspnoea he finds the drug most useful. In chronic bronchitis also he reports favourable results from its

employment. He recommends the tincture and the ethereal tincture of the British Pharmacopœia, and he gives it in larger doses than are usually considered sufficient. He does not find that even in large doses the drug is poisonous.

It may therefore be accepted as an established conclusion that *lobelia* is a remedy for certain forms of asthma, chronic bronchitis, and, according to some, whooping-cough.

How does it act? The answer to this question is best given by recording the provings which have been made by various investigators. One of the earliest of these was made by Samuel Thomson the founder of the Botanic or Eclectic school of medicine. "I discovered," he says, "a plant which had a singular branch and pods that I had never before seen, and I had the curiosity to pick some of the pods and chew them. The taste and operation produced were so remarkable that I never forgot it. I afterwards used to induce the other boys to chew it, merely by way of sport to see them vomit. When mowing in the field with a number of men one day, I cut a sprig of it, and gave to the man next me, who ate it. He said he believed what I had given him would kill him, for he never felt so ill in his life." I looked at him, and saw that he was in a most profuse perspiration, being wet all over as he could be; he trembled very much, and there was no more colour in him than a corpse. He laid down on the ground and vomited several times. In about two hours he ate a hearty dinner, and in the afternoon was able to do a good half-day's work."

Dr. Drury, an asthmatic, took three tablespoonfuls of a tincture prepared from the fresh plant, in divided doses, an interval of ten minutes being allowed between the doses. After the first dose his breathing was relieved, but there was no nausea; after the second he was sick; after the third he experienced the following symptoms. "I felt," he says, "a kind of prickly sensation through the whole system, even to the extremities of the fingers and toes. The urinary passage was perceptibly affected by producing a smarting sensation on passing urine."

There is ample evidence to prove that *lobelia* has a special action upon the parts supplied by the pneumo-

gastric nerve. According to Cowperthwaite, "it acts upon the cerebro-spinal system, especially upon the pneumo-gastric nerve, producing profound prostration, a depressed relaxed condition of the system, oppression of the chest, impeded respiration and deglutition, together with epigastric oppression, nausea and vomiting, finally paralysing the pneumo-gastrics, and causing failure of the heart and respiration, collapse and death. In small doses it produces spasms of the larynx and bronchi." This description of its pathogenetic effects is confirmed by Hughes, Hempel and Bartholow.

Its relation to the conditions in which it has been found useful by Ringer and other authorities of the empirical school is one of similarity and not one of antagonism.

Why is it that the drug yields such opposite results in the hands of different observers? Probably from a difference in the manner in which the drug has been prepared. The *British Pharmacopœia* contains two preparations—a simple alcoholic tincture, and an ethereal tincture. The dose recommended is from *ten to thirty* minims. Ringer recommends a drachm or more. He admits, however, that the ordinary tincture is a very unreliable preparation.

There is a preparation of *lobelia* which is not commonly known, but which is far superior to the official preparations. In the *Botanic Pharmacopœia* the author (Mr. J. G. Hatfield) gives directions for preparing an acetous tincture of the drug. The proportions there given are: *lobelia* in powder, two and a half ounces; dilute acetic acid, sufficient to bring the product to a pint. The tincture is prepared by percolation—not by maceration. The dose recommended by Mr. Hatfield is from half a drachm to a drachm.

Some two years ago, feeling dissatisfied with the results obtained from the tincture prepared in accordance with the directions given in the *British Homœopathic Pharmacopœia*, the writer had a tincture prepared as directed by the *Botanic Pharmacopœia*. The strength is about one in ten, corresponding with the mother tincture of homœopathy. After an extensive trial of the remedy in the valuable field of observation afforded by the out-patient department of the Devon and Cornwall Homœopathic Hospital, the writer ascertained that

a dose of from *two* to *five* minims was amply sufficient for all therapeutic purposes. A larger dose never succeeded where the above dose had failed. In asthma dependent upon chronic bronchitis the acid tincture of *lobelia* (*Acetum Lobeliæ*) will be found a remedy of the highest possible value. It is useful in chronic bronchitis unassociated with asthma, and it will be found equally suitable whether the expectoration is profuse, or scanty and tenacious. In emphysema the *Acetum Lobeliæ* taken three times a day for a month at a time will give marked relief. In dyspnœa of cardiac origin the writer can confirm Dr. Ringer's observation that the drug is useless. Having no experience of its use in whooping-cough, the writer is unable to say whether its effects in that complaint are beneficial or otherwise; but in asthma, chronic bronchitis and emphysema he is confident, from long and repeated observation, that the *acetous tincture of lobelia* will be found one of the most valuable remedies we possess.

REVIEWS.

The Science and Art of Obstetrics, by SHELDON LEAVITT, M.D.
Chicago: Gross & Delbridge, 1892.

WE welcome this elaborate text-book from the ripe experience of our colleague in America, and the more in that it fills a marked hiatus in the English literature of the homœopathic therapeutics of obstetric practice. While the results in normal and in assisted parturition have been of late years simply revolutionised in old school practice, we have been content to absorb the progress of our allopathic brethren without maintaining, *pari passu*, the characteristic aids to be derived from homœopathic treatment, at various stages of the maternal organism. From this reproach the present work relieves us; and it has the unique advantage of setting forth side by side the latest advances in the physiology and mechanical aids of parturition, as well as the additional forces we can invoke by the appropriate use of remedies.

The chief value to us in Professor Leavitt's work is the clear delineation of the indications for drug treatment in the various conditions of gestation calling for professional aid. The therapeutic part of the work is particularly well done, and the balance between the indications relatively for therapeutic and non-therapeutic measures is well adjusted. We miss, however, any specific allusion to the well authenticated properties

of *arnica*, when administered during the later months of gestation, to lighten the incidence of the parturient shock upon the organism, and to co-ordinate and regulate the forces resulting in delivery. In the therapeutics of the vomiting of pregnancy, we are inclined to rate the virtues of *kreosotum* more highly than is apparent in the author's list, and more emphasis may fitly be placed upon the paramount usefulness of a protracted course of *nux* and *sulphur* for the constipation often so troublesome in the later months of gestation. The two chapters on the "Diseases and Accidents of Pregnancy" are, however, very full and suggestive; and if anything further is to be desired, it lies in the direction of arranging the remedies not in alphabetical series, with leading indications, but in the order, *according to the author's personal experience*, of their most frequent effective use. There is yet much room for a fully worked-out scheme of therapeutic treatment, embodying only the results of personal experience, in the domain of pregnancy and of the puerperium.

Turning now to that domain of obstetrics that is non-therapeutic, we find in this volume a very creditable account of the science, including its more recent developments. The chapter on antiseptic midwifery is one of particular merit, and the statistics of the immense advance thus made in the obstetric technique are well chosen and sufficient. A strange statement is made when dealing with the subject of puerperal fever, to the effect that if a perineal laceration be unrepaired the patient is more likely to suffer from this form of sepsis. Exactly the opposite is the case, and in perinea that have been repaired after parturition, immediately or remotely, septic symptoms having occurred, the early withdrawal of the sutures and the outlet thus afforded for retained secretions will often be immediately followed by a marked betterment in the general condition.

The use of anæsthetics in labour is well treated from the standpoint of practical experience, and the value of the proceeding clearly pointed out. Recognising that the rules enunciated are of sufficient generality to safeguard the student and the junior practitioner in their induction of anæsthesia, these to whom the administration of chloroform is a matter of use and wont may extend its benign influence beyond the indicated range of general warrant.

The diagnosis of early pregnancy is a matter oftentimes of paramount importance: a sufficient emphasis is scarcely laid upon the all-valuable indications afforded by Hegar's sign. This latter we have had occasion to demonstrate many times in recent years; and in uncomplicated pregnancy its presence is constant and reliable. There is no other proof of early

pregnancy comparable to it in definiteness and clearness; and its practice is not nearly sufficiently known in the English-speaking countries. Only recently in a prominent English medical journal, among a long list of more or less reliable signs of pregnancy Hegar's sign was not even mentioned. This omission could only be from ignorance.

Placenta prævia and its management are admirably treated. The methods of Barnes and Braxton-Hicks are fully set forth and deserving weight attached to them. Here, too, is evidenced a typical instance of the author's views as to the place and power of remedies. "In the treatment of unavoidable hæmorrhage during delivery, we can expect but little aid from drugs administered in any form. . . . After labour our remedies will be of great service."

The topic of extra-uterine gestation is hardly treated by the author at his best. The signs and symptoms anterior to rupture are correctly stated, but hardly with sufficient discrimination; and the issue of events after rupture is capable of being treated with classic precision. The clearness of conception gained by dividing the direction of rupture into intra-ligamentous and intra-peritoneal is invaluable; and the recognition of the one or the other course is essential for the prognosis of events. If the gush of tubal contents be intra-ligamentous the result in the majority of instances is comparatively free from risk. But if the foetus and placenta be expelled into the peritoneal cavity, the outlook, both immediate and remote, is grave indeed.

It is with much pleasure that we welcome Prof. Leavitt's work as a valuable contribution to obstetrics in general, and to the homœopathic supervision of gestation in particular. The author is happiest and most forceful when detailing his actual experience, or enunciating axioms of practice derived therefrom. Through the whole book there breathes the spirit of the original worker and the careful observer of nature, and the value of this faculty is such that we heartily commend the perusal of this work to our readers.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session was held at the London Homœopathic Hospital on Thursday, December 1st.

The following gentlemen were elected members of the Society:—Drs. Bodman (Clifton); Buchanan (London); Cavenagh (Worcester); Cox (Manchester); G. Craig (Bir-

mingham); Craig (Stoke-on-Trent); J. Craig (Birmingham); Drummond (Malvern); Hall (Bacup); Mitchell (Stoke-on-Trent); Nicholson (Clifton); Ockenden (Brighton); Ross (Scarborough); Gordon Smith (Liverpool); Steinthal (Rochdale).

The President announced that a branch of the Society had been formed in Liverpool by the affiliation of the Liverpool Homœopathic Medico-Chirurgical Society with the British Homœopathic Society.

Dr. E. A. Cook read a paper entitled *The Ovary and Endometrium as Glandular Structures*.

In the paper he proposed to consider how far diseases of the uterus and ovaries may be looked at as diseases of glandular structure, what influence abnormal nerve action had upon them, and whether, by considering these diseases as nerve irritation acting through glandular structure we might not get light on treatment. He quoted Tait and Johnstone in support of the view of the ovary and the endometrium being glandular, and argued that if this was so, then medicines that acted on glands in other parts of the body would affect similar glands connected with the uterus and ovaries. If an organ was found to secrete, and had glandular structure, and was seen in the opposite sex to develop into an organ which had all the functions of a gland, then we might consider the organ in question a gland, too. He maintained that the endometrium had ordinary glandular structure and secreting power. The analogy of the ovary being a gland could be tested if the ovary were affected by disease, by medicine, by poisons in a similar manner to other glands.

Illustrations were then given to illustrate this idea, from the actions of disease and drugs upon glands. He next referred to the strong influence of nerve action on gland structure, and instanced many cases in point. He thought that the intimate nearness of nerve action and sexual erethism was far too often overlooked. He deplored the ignorance of young women as to the importance of their sexual functions, and thought that it was no wonder that they had swollen ovaries, distended tubes, painful catamenia, and all the ills which civilised life makes women heir to. He considered such drugs as *origanum*, *ferrum mur.*, *damiana* and *iodine* valuable aids in small doses in allaying irritation of nerve connected with ovarian disease. Speaking of the surgical treatment of the ovary, he considered operation frequently relieved, but as frequently left matters in their unameliorated condition. Nor did the relief by medicines fulfil by any means our expectations and desires. He felt that he had opened up some prospect of relief in his own experience by studying treatment

of ovarian diseases from the standpoint of its being of glandular origin.

Dr. HUGHES thought that a woman was what her ovaries made her—in most cases unconsciously. He had always thought that the ovary was a gland, and it had helped him in treatment. He had had no experience with *damiana*, but he had often found *origanum* useful. *Platina* was useful in checking morbid tendencies. Another medicine was *lilium*.

Dr. NEATBY mentioned a case showing the connection between the parotid gland and the ovary—a case of unilateral mumps followed by ovarian pain and miscarriage.

Dr. DUDGEON wanted a definition of a gland. In one sense every organ might be said to be a gland, or to contain glands. There was a great analogy between the testicle and the ovary. In a case in which the ovaries were enlarged to the size of a fist he had upon the analogy prescribed *graphites* and the tumours had disappeared. He related a case to show the danger of girls being brought up in ignorance of their sexual system.

Dr. BURFORD thought that they must not depend wholly on text books. The ovaries were said to condition the function of menstruation, they had but little to do with it, for when removed the patient might continue to menstruate. The ovary was not a gland in the sense that its secretion was influenced by nerves or blood supply. The tubes should then be more of a glandular structure than the ovaries, as the tubes and their surroundings had far more influence on uterine functions than the ovaries. Removal of the tubes caused the cessation of the function of menstruation. When the ovary and the breast were compared as to the development of new growths no analogy existed. It was seen that in young girls tumours of the ovary were sarcomatous, and in the breasts not so. The theory advanced by Dr. Cook was still inchoate and embryonic, but it formed an excellent working hypothesis.

Dr. MORR thought the greatest triumphs were to be looked for in the way of prevention, and Dr. Cook's paper was full of suggestion as to what might be done in that direction.

The PRESIDENT had also prescribed *graphites* on the suggestion of Dr. Dudgeon. It had not been proved to his satisfaction that the ovary was a gland. There were clinical reasons for thinking that it was not a gland. *Iodine*, which had such a marked effect upon glands, had none on the ovary.

Dr. COOK in reply admitted that it was not easy to define a gland. He put forward what he had said as speculations only. It was the heretic who doubted received doctrines who often led the way to discovery.

Dr. BYRES MOIR next read a paper entitled *Some Observations on the Diuretic Action of Apocynum Cannabinum*.

The drug had first been brought to notice in Hale's *New Remedies*. Dr. Peters had proved it with a strong decoction and found the urine diminished. Dr. Marey proved it with the third dilution, and observed first some diminution, and then an increase of the flow of the urine. New provings were to be found in the *Cyclopædia of Drug Pathogenesis*. He referred to an article by Dr. Murray in the *Therapeutic Gazette*, who came to the conclusion that *apocynum* did not act as a diuretic in Bright's disease, but that it acted through the heart as *digitalis* and *strophanthus*. Dr. Moir described a case of his own in which the drug had been used for ascites and anasarca of cardiac origin, where the amount of urine was increased from thirty-nine to one hundred and fifty-four ounces per diem, with the disappearance of the dropsy. He next quoted a case of Dr. Epps where, owing to cardiac failure, there was excessive cedema, and where the amount of urine excreted was increased by the use of the infusion from twenty ounces to, on one occasion, three hundred and twenty ounces per diem. A further case of Dr. Blackley's showed an increase in the amount secreted from ten-and-a-half ounces to two hundred and two ounces. He presented the experience of others of the use of the drug. Dr. Arthur Clifton having used it with good effect in dropsy, due to passive congestion and enlargement of the liver, leading to cardiac dilatation and kidney inaction. He used Boericke and Tafel's concentrated decoction. Dr. A. S. Alexander had used the drug for years with the greatest success in cases of cedema of the legs and even of ascites due to cardiac weakness. Dr. Hardy considered that as a diuretic in the anasarca of Bright's disease, and more especially of cardiac disease, it had no superior. Dr. Percy Wilde had not been able to obtain satisfactory diuretic results. In endeavouring to ascertain in what class of cases *apocynum* was useful he was inclined to think that they were those mentioned by Dr. Clifton. In conclusion he quoted Drs. Drysdale and E. M. Hale to show that there was a homœopathic action in the use of the drug in dropsy.

Dr. HUGHES had been disappointed with the drug in dropsy. He had only used the tincture.

Dr. COOK thought all depended whether the drug was freshly prepared or not, and instanced several drugs whose action was different whether the drug was used in a fresh or dried state.

Dr. BURFORD had only given the drug once to a patient with cedema of the legs, due to a large abdominal tumour. The

quantity of the urine was doubled, but the albumen which existed was not influenced.

Dr. DUDGEON thought that if a drachm of the infusion was given the action was allopathic. He did not suppose Dr. Moir had seen *apocynum* given in dilutions produce any diuretic action. He had not seen it do good in dropsy, it sometimes purged. When *apis* removed dropsy it acted homœopathically.

Dr. LOUGH had never seen any diuretic action when using the tincture. He should in future use the infusion.

Mr. KNOX SHAW thought that it was quite possible to ascribe a homœopathic action to *apocynum* in dropsy, in the same manner as he had tried to show at the Congress last year that *iodide of potassium* might be considered homœopathic to tertiary syphilis. Proving with large doses of *apocynum* showed a diminution of the amount of urine, provings with small doses that the urine increased. When provings with massive doses produced a given effect moderate doses would relieve the corresponding symptom in the diseased state; but when a proving with a dilution revealed an opposite action to that induced by the larger dose a higher dilution must be given if its similarly-acting curative action was desired.

Dr. JAGIELSKI would like to know whether any alkaloid had been discovered in *apocynum*.

Dr. NEATBY had been disappointed with the drug in renal dropsy, but he had confidence in it in cases of heart disease due to chronic bronchitis and emphysema.

Mr. Cox had seen the drugs used many times whilst he was in the hospital, and had seen good results in heart and not in renal dropsy.

Dr. EPPS said that in giving a drachm of the infusion not more than a grain and a-half of the root was administered.

The PRESIDENT said the medicine did not act in all cases of dropsy. It was at present being used in the wards in the case of a woman, age 45, with cedema due to old bronchitis and emphysema, but without much appreciable effect though she was taking three drachms three times a day.

Dr. MOIR in reply said that it was impossible to get the drug fresh. It had been noted before, as in Dr. Burford's case, that the quantity of albumen was unaffected. He could not understand Dr. Dudgeon saying that because he had used large doses therefore the action could not be homœopathic. He thought that that was not homœopathy—the homœopathicity consisted in the similar action and not in the dose. High dilutions had been found to increase the amount of urine, and were homœopathic to such conditions as diabetes insipidus.

LIVERPOOL BRANCH, BRITISH HOMŒOPATHIC SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital, Liverpool, on Thursday, Dec. 1st, Dr. Hawkes, the President, occupying the chair.

The Secretary read a letter received from the Secretary of the British Homœopathic Society, to the effect that the Council of that Society had much pleasure in admitting the Liverpool Homœopathic Medico-Chirurgical Society as a branch of the British Homœopathic Society.

It was therefore decided that the Society should in future adopt the new name of the "Liverpool Branch of the British Homœopathic Society." Dr. Hayward, Senr., was appointed representative of the Branch Society on the General Council.

Several cases of interest were mentioned by different members, those of special importance being three which Dr. Hawkes brought forward, and in each of which pathological specimens were exhibited. The cases were as follows:—

1.—A case of melanotic sarcoma of the liver. The patient when examined during life was found to have extensive dulness all over the abdomen, the exact diagnosis of the nature of which was for some time doubtful. At the *post-mortem*, which was only allowed to be imperfectly made, the liver was found practically to fill up the whole abdominal cavity. The interesting feature of the case was the distinctly melanotic character of the urine, a specimen of which was passed round for inspection; and some good microscopical slides of sectional preparations of the liver were shown.

2.—A portion of an atheromatous aorta was shown from a case that towards the end had closely simulated aortic aneurism. During the last week or so the pulses were unequal, but not the pupils; there was dulness to the right of the sternum, a systolic bruit was audible in the second intercostal space, and a shrill cough developed. In addition the patient suffered from severe pain, dyspnœa, and restlessness. A *post-mortem* revealed a greatly enlarged fatty heart. The auricles were much dilated, and their walls degenerated and thin. The right auricle was found to occupy the position of the supposed aneurism.

3.—An ovary was exhibited which Dr. Hawkes had successfully removed from a case of inguinal hernia, the patient being 30 years of age. The hernia came on after her first confinement.

A discussion afterwards took place upon Health Resorts, being based upon Dr. Hayward's recent paper on *Grand Canary as a Health Resort*. Dr. Murray Moore compared

the climate of New Zealand with that of the Canary Islands in its relation to consumption; the comparison being in favour of the latter resort. Dr. Mahony maintained that climate has far less to do with the cure of phthisis than is generally imagined, and that the essential feature was to attend to the manner of life and general sanitation, and above all to insist upon open air exercise. Dr. Hawkes mentioned the importance of early morning exercise in phthisical cases, but a respirator should be worn. He also referred to China, Davos Platz, Mentone, Bournemouth and other frequently mentioned health resorts.

PERISCOPE.

MATERIA MEDICA.

PASSIFLORA INCARNATA.—Dr. A. J. Harvey calls attention to this drug as a valuable remedy for insomnia occurring in debilitated subjects with a feeble and irregular action of the heart, when sleeplessness does not arise from pain, but is solely nervous in character, and not controlled by *coffee*, *opium*, *sulphur*, or any other indicated remedy. He had also found it useful in delirium tremens from over indulgence in alcoholic beverages, and for the cure of the morphine habit, the dose ranging from ten to sixty drops of the tincture every hour or two until tranquil sleep is procured.

In relation to the same drug, Dr. Wheeler, in a paper before one of the American medical societies, accentuated what has already been noticed, and in addition set forth its action on the cerebro-spinal nervous tract, and the ganglia of the thorax and the abdominal organs, and gave some clinical indications for the use of the drug in other neurotic forms of disease, such for instance as irregular and rapid respirations, due to irritation of the medulla; cardiac pains, with constant and immediate fear of death; neuralgia of the face from the fifth pair of nerves; enlarged prostate; irregular pains in pregnancy, and for dysmenorrhœa. Another physician, Dr. Toohar, moreover, relates that he cured a case of nervous cough by this remedy, which case had resisted other and specially-indicated remedies.—*Med. Era*, 1892.

CARBOLIC ACID.—Dr. Harvey also calls attention to this remedy for the early stage of diabetes mellitus, and states that he permanently cured three cases of this disease by the drug (the dose is not mentioned).

ACETIC ACID.—The same physician claims great therapeutic efficiency for this drug, in the 3x dilution, in cases of membranous croup. Dr. Wm. Owen, moreover, remarks

that *acetic acid* in a diluted form is aseptic and antiseptic, that a small quantity of vinegar sprinkled about a room will overcome the offensive odour from small pox, diphtheria and typhus fever. He also states that this drug as a gargle in putrid sore throats of scarlatina and diphtheria is largely beneficial. In epithelioma and other cancerous affections, he found it very beneficial, using it locally in the 2x dilution, and giving it internally in the 1x dilution, and he relates two cases of supposed cancer of the pylorus, accompanied with vomiting of food, blood and mucus, and with obstinate constipation, and in each case *acetic acid* effected a cure.—(*Ibid.*)

PLANTAGO MAJOR.—It is claimed that this drug will cure nine tenths of cases of otalgia, when the pains proceed from diseased teeth and extend to the ear.—(*Ibid.*)

LITHIA CARBONICA.—Dr. Clifford Mitchell states that in cases of diabetes mellitus, and under milk diet, he has prescribed *lithia*, with very good results, where the urine was strongly acid when first voided, and was rich in uric acid crystals, and the patient suffered from rheumatic pains.—(*Ibid.*)

TUBERCULIN.—Dr. Arnulphy relates that he was directed to this remedy from an article that appeared in *L'Art Médical*, 1891, by Dr. Jousset, of Paris, who cited quite an array of cases of phthisis, in which he had used *tuberculin* 6x to 12x, with an encouraging sum of success, generally administered hypodermically, but sometimes in the ordinary way. Acting on this hint, Dr. Arnulphy prescribed *tuberculin* in several similar cases, and although he had met with very indifferent success, it was of marked benefit in some cases of a pronounced character, and he suggests that the proper field for *tuberculin* is cases of acute tuberculosis, precisely where Koch and his followers persistently, but rightly from their standpoint, refuse to use it.—(*Ibid.*)

APOCYNUM CANNAB.—S. A. J. writes an article on *apocynum cannabinum* in the *Homœopathic Recorder* (Nov., 1892). He relates provings by Knapp with an infusion of the powdered root, and by Peters with half-wineglassful doses of Hunt's decoction, which is an infusion of the root with a small quantity of gin. The characteristic symptoms were found to be diminished frequency of the pulse, increased calibre of the arterioles, vomiting, with sleep before and after, diarrhœa without pain, scantiness of urine, and distension of the abdomen about the stomach, liver and spleen, the lower abdomen meanwhile not being more flatulent than usual. There were also quasi-rheumatic pains in the knees, nasal catarrh and ophthalmia. When used homœopathically in accordance with these indications it was found very useful in renal dropsies by

increasing the force and frequency of the heart and toning up the arterioles, and thus causing greatly increased elimination of urine. Its action on the arterioles was also found to be very useful in some cases of menorrhagia and weak pulse and great irritability of the stomach and vomiting. Other hæmorrhages, as hæmoptysis and intestinal hæmorrhage, have also been benefited when the same indications were present.

The homœopathicity of the drug to menorrhagia is further shown by the fact that in a patient to whom it was given for ascites, and who had passed the change of life, its administration was followed in each instance by a return of the menstrual flow; the ascites not being at all affected.

SABAL SERRULATA.—Dr. D. N. Ray, of Calcutta, reports some very successful cases of treatment of urinary fistula due to stricture and subsequent formation of perineal abscess. The drug used was *sabal serrulata*, or saw palmetto, in drop doses of mother tincture three times daily. The strictures gradually disappeared, and as they did so, and more urine passed by the natural passage, the fistulæ by degrees closed. He has found the *sabal serrulata* very useful also in reducing the enlarged prostates of old men and curing the urinary ailments depending on them.—*Homœopathic Recorder*, Nov., 1892.

MEDICINE.

DIAGNOSIS OF PREGNANCY.—Dr. Wm. Gray, of Virginia, has demonstrated a new symptom by which pregnancy can be diagnosed. He has found that in pregnancy, as in all unusual strains upon the nervous system, the elimination of phosphates is increased. But in pregnancy not only is there this increase in the urinary phosphates, but the microscopical appearance of the crystals is altered. The normal triple phosphate crystal loses its feathery form and disintegrates. Instead of the feathery appearance being preserved to the extreme top, equally clear on each side of the stem, the branches drop off, beginning at the top and progressing towards the base; or only one side of the leaflet may be affected, leaving the other side intact. As the disintegration progresses only the bare stem may be left, with a few scraggy points jutting from its sides. These changes commence in the phosphates within 20 days after conception, and continue till about the middle of the seventh month, when they gradually become less pronounced, and the crystals approach the normal type up to the end of gestation. Should the death of the fœtus occur during gestation the phosphates at once become normal.—*New York Medical Times*, April, 1892.

CARDIAC TONICS.—A recent number of the *Brit. Med. Jnl.* (Nov. 26, 1892), contains an account of a discussion on this subject at the Nottingham meeting of the British Medical Association, opened by Dr. Broadbent. His paper is interesting chiefly from its elementary nature, showing how the author deems it important to keep before the profession many well recognised facts. The paper is worthy of perusal, though the discussion apart from the introductory address was singularly devoid of value. We can only signalise a few of the most prominent points brought out by the speaker.

After describing what takes place in mitral regurgitation, he "emphasises the fact that the work of compensation. . . falls upon the right ventricle." It is by improving the contractile power of the right ventricle, and so raising the tension in the pulmonary circulation and left auricle, and by lengthening the period of diastole, that *digitalis* does good. In aortic regurgitation *digitalis* does good chiefly where there are mitral regurgitation symptoms, *i.e.*, "obstructive backworking through the lungs and right heart, giving rise to venous obstruction and dropsy." "There are, in effect, aortic physical signs with mitral symptoms." The same may be said regarding aortic stenosis, but in this condition *digitalis* is even less useful than in incompetency, and may do harm if over stimulation is applied to the ventricle. In fatty degeneration of the heart, the administration of *digitalis* (*i.e.*, in antipathic doses) is only fraught with danger.

Dr. Stockman, of Edinburgh, drew attention to the value of small doses of *digitalis*, saying that in any form of valvular lesion, when the blood is not properly distributed, *digitalis* would do good if not given in too large doses. He remarked that after poisoning a dog with *digitalis* its heart was invariably found in diastole if small enough doses were given.

In his reply Dr. Broadbent said "the greatest of cardiac tonics is rest." Another speaker advocated prolonged rest in bed in aortic regurgitation.

LUPUS.—Dr. Harrison, of Clifton, exhibited some cases of lupus and photographs of others at the Nottingham meeting of the British Medical Association, which he believed he had cured by applying to the affected part at night an aqueous solution of the hypophosphite of soda gr. 40 to ʒ i. through lint, and covering it with gutta percha tissue or oiled silk, and so saturating the tissues with this soda salt. The next morning he applies a lotion, consisting of 5 minims of pure hydrochloric acid (B.P.) in ʒ i. of water. In this way, deep down in the diseased structures a quantity of nascent sulphur and sulphurous acid are formed.

DROWNING.—Laborde (*Rev. Gén. de Méd.*, July 20th, 1892) reports that in two cases of submersion in which the patients seemed to be dead, he used the following procedure, which he is in the habit of employing on the animals in his laboratory. It consists in seizing the tongue, pulling it out of the mouth, and making rhythmical traction on it. This is followed in the first place by reflex hiccough, then by spontaneous contractions of the diaphragm, and finally by re-establishment of circulation and respiration. As an adjuvant to this procedure the application to the epigastrium of cloths soaked in very hot water, even at the risk of burning the skin, is found useful.

ACUTE ANÆMIA.—P. T. Neustube (*Vratch*, No. 20, 1892) recommends rectal injections of a physiological saline solution as a convenient, easy, harmless, and efficacious substitute for intravenous, intraperitoneal, or subcutaneous transfusion (see *Epitome*, May 21st, 1892, par. 459), in cases of acute anæmia, due to *post-partum* hæmorrhage. He dissolves a teaspoonful of common salt in a bottleful of tepid water, and injects the whole into the rectum, taking the usual precautions for preventing reflux. The author employed this simple procedure in five cases (three in hospital and two in private practice), every one of the women making good recovery. One of the cases was an abortion in a patient suffering from typhoid fever with diarrhœa. Contrary to the expectations of the author's colleagues, she retained the injected fluid perfectly well.

METASTATIC CHOROIDITIS.—Dr. Mittendorf in an article on this subject published in the *Medical Record* of August 27th, 1892, classifies attacks of this kind into two varieties,—those due to a severe traumatism, or disease of which septicæmia is the result, and those accompanying severe constitutional diseases associated with or followed by suppuration, such as the exanthematous fevers, cerebro-spinal meningitis and others. He remarks that there have been epidemics of these diseases distinguished by the occurrence of a large number of metastatic affections of the choroid. These are the less severe varieties of the disease, the choroiditis being more usually of a plastic than of a purulent character, so that there is no complete breaking down of affected parts, and partial recovery may occur; but nevertheless great impairment of the vision, and even atrophy of the eye, and complete blindness often result. Cases of this kind may be easily overlooked at the time, the other symptoms of the constitutional disease monopolising the attention. The more severe and suppurative form occurs after suppurative inflammation of the joints, after purulent endocarditis, after empyæmic and other septic diseases, and frequently during

the puerperal state. In these cases the whole eye becomes affected, and there is soon a pan-ophthalmitis with severe pains, chills, and febrile disturbances, which increase till an opening occurs in the sclero-cornea and pus escapes, after which the tension is relieved, the ball becomes soft and begins to shrink. There is always total loss of sight. In commencing inflammatory changes in eyeball, such as wounds of cornea with suspiciously infiltrated margins, in deep-seated infiltration of cornea, and in obstinate cases of plastic and purulent iritis, Dr. Mitten-dorf has had much success in applying to the eye by means of an eye-cup solutions of *perchloride of mercury* of strength 1 in 5,000 to 1 in 8,000.

DISEASES OF CHILDREN.

FRENCH LAWS ABOUT FEEDING.—It is said, we know not if on good authority, that "it is now illegal in France for any person to give children under one year of age any solid food except on medical advice, and nurses are forbidden to use nursing bottles having rubber tubes."—*New Remedies*, Oct.

TRUSSES FOR HERNIA IN INFANCY.—The *New York Medical Record* (July 16th, 1892) commenting on an article on Hernia by Dr. de Garmo, of New York, states the opinion of the author that "all substitutes for trusses such as bandages, elastic bands, hanks of worsted, &c., should be rejected." With this our experience is in entire accord. If the child is old enough to wear any apparatus at all it should be a properly-adjusted truss. Dr. De Garmo condemns "all infant trusses which are made to apply from the side of the rupture." The spring passing across the body from the rupture ("cross-body truss") surrounds about two-thirds of the pelvis, and readily holds itself in place whether the completing strap is buttoned or not.

NERVOUS DISEASES DUE TO CONGENITAL SYPHILIS.—Dr. Hadden points out (*Brit. Med. Jnl.*, Nov. 26, 1892) that evidence is accumulating to show that arterial disease in young children with congenital syphilis is not so uncommon as was formerly supposed. He instances the case of a child of six weeks old with arterial degeneration and advanced cirrhosis of liver. Hemiplegia in children under three years of age is very often sudden in onset, and is probably due to thrombosis or embolism. Of twenty-five cases of sudden hemiplegia, Dr. Hadden found a suspicion of syphilis in five, stronger evidence in six, and definite proof in two.

NOTABILIA.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

*The Educational Committee of the Medical Staff desire to make
the following announcements:—*

Dr. DYCE BROWN has been appointed to the Quin Lecture-ship, and will accordingly deliver two special lectures in January.

Dr. BURFORD has been appointed to the Bayes Lectureship, and will deliver two special lectures in April.

Post-Graduate Lectures will be given by the members of the Medical Staff during the months of February, March and May.

These lectures will be delivered in the Board Room of the London Homœopathic Hospital on Fridays, on the specified dates, at 8 p.m.

All medical practitioners and medical students are invited by the hospital staff to attend.

1893.

CALENDAR.

Jan. 13.—Quin Lecture I. Dr. DYCE BROWN.—“On some Functional Disorders of the Digestive Organs, and their appropriate Therapeutics.”

„ 27.—Quin Lecture II. Dr. DYCE BROWN.—The same
(continued).

Feb. 10.—Post-Graduate Lecture. Mr. DUDLEY WRIGHT.—Lecture-Demonstration “On the commoner Affections of the Nose and Throat.”

„ 24.—Post-Graduate Lecture. Mr. KNOX-SHAW.—“Pitfalls in the Treatment of Eye Diseases.”

Mar. 10.—Post-Graduate Lecture. Dr. J. H. CLARKE.—“On the Therapeutics of the Serpent-Poisons.”

„ 24.—Post-Graduate Lecture. Dr. ROBERSON DAY.—“On the more important Aspects of Children's Diseases.”

April 7.—Bayes Lecture I. Dr. BURFORD.—“On Malignant Lesions of the Abdomen of Pelvic Origin: their Natural History, Differentiation and Therapeutic Management.” Illustrated by specimens, charts and lantern slides.

„ 21.—Bayes Lecture II.—Dr. BURFORD. The same (continued).

May 5.—Post-Graduate Lecture. Dr. EDWIN NEATBY.—Lecture-Demonstration on “Diseases of the Spinal Cord, with Practical Remarks on Treatment.”

HAHNEMANN GOLD MEDAL THESIS.

The medical staff of the hospital desire to announce that a gold medal of the value of £10 will be offered biennially for the best Thesis on such subject or subjects as will be determined and announced by the Staff at the necessary times.

The first award will be made in December, 1894, and Thesis must be delivered at the hospital before September 1st, 1894.

The Medical Staff has selected as the subject and scope of the first Thesis as follows, viz. :—

An original monograph on the physiology and therapeutics of some one or more of the newer remedies, comprising exact observation on the physiological phenomena induced by the drug action, and verified observation on the therapeutic range of the remedy or remedies.

The detailed conditions under which each Thesis must be written and sent in may be obtained from the Secretary of the Educational Committee, at the Hospital, to whom all communications are to be addressed.

We have quoted in full the programme of lectures issued by the Educational Committee of the London Homœopathic Hospital, for the benefit of those who may not have received one by post, and because we are glad permanently to chronicle the syllabus of so important a course. We congratulate the committee on their enterprise, and have no hesitation in predicting success for an undertaking in which no element conducive to success is lacking. The variety of the subjects, the practical nature of many of them, and the convenient hour selected for the lectures, leave nothing to be desired.

A new feature of these lectures is the establishment of lectureships in honour and commemoration of men to whom the hospital, and indirectly most of the practitioners of homœopathy, are enduringly indebted—in an educational sense more especially. Dr. Quin and Dr. Bayes stand out prominently amongst the medical men who have by their brain, their influence and their money, helped to diffuse a knowledge of homœopathy in this country and to place it on a permanent basis.

We have special pleasure in calling attention to the Hahnemann Gold Medal Thesis. Since the publication of the first volume of *Materia Medica Physiological and Applied*, little important original and reliable work on pharmacodynamics and therapeutics has appeared. Here is an opportunity for someone to win for himself unfading laurels—unfading because the laureate's work will minister comfort and blessing to others in present and future time.

"IRREGULAR HEART" AT THE LONDON MEDICAL SOCIETY.

THE British Homœopathic Society at its meeting in October last year, was engaged in the discussion of a paper on "Stammering Heart," read by Dr. Dudgeon, and we observe that the London Medical Society, at its meeting on the 12th December last, was occupied with the discussion of a similar subject, brought before them by Dr. A. E. Sansom under the title of "Irregular Heart (arhythmia)." Dr. Sansom's observations, like those of Dr. Dudgeon, "did not apply to cases of arhythmia associated with valvular or other structural lesions of the heart, but bore exclusively upon cases of idiopathic persistent irregularity of long standing. He insisted upon the value of the sphygmograph as a means of obtaining precise information as to the nature and extent of cardiac irregularities." Dr. B. W. Richardson said that "as a rule the patient is not cognisant of the irregularity, and when it is perceptible to him it is an unfavourable sign." This differs from Dr. Dudgeon's experience, who found that it made no difference whether the patient was aware or whether he was not aware of the irregularity, except that when the irregularity was very perceptible to him it often caused him great anxiety until he was assured that the symptom was of little or no importance, when it did not depend on structural lesion of the heart, or on some disease of other organs. Dr. Stephen Mackenzie said he had observed "that cardiac irregularity might exist for years without prejudicing the patient's general health," and this corresponded with the experience of our colleague in regard to the irregularities he included under the term "Stammering Heart." It is curious that the two writers should have been occupied with the consideration of the same subject at nearly the same time.

AMERICAN NOTES.

The following article from the *Clinical Reporter* is so characteristically American in its directness and its humour as well as in its phraseology, that we are sure our readers will peruse it with pleasure and advantage. It is a criticism on the offer of a one hundred dollar prize by Dr. Gould, of Philadelphia, for the best essay on "The ridiculous pretensions of modern homœopathy," to which we recently referred in these notes.

The editor of the *Reporter* writes:—

"After the last year's meeting of the American Institute of

Homœopathy, Dr. George M. (Mouther ?) Gould set himself the very easy task of 'downing' homœopathy—a sort of a 'breakfast job' for such an intellectual giant as *he* saw whenever a looking-glass came in his way. After a year's struggle, however, the only down visible was on the doughty knight-errant's upper lip. He was getting sick of the undertaking, and on the 3rd of May last, in an address before a graduating class of old-school saw-bones, he offered to sublet the job and give a bonus of one hundred dollars to any one who would take it off his hands. * * * *

"Strange to say, Gould's munificent offer does not seem to 'enthuse' the old-school medical press. Most of its journals do not even mention it—the few that do, make no comments. Evidently, poor young Gould is not even going to get a hundred dollars' worth of advertising out of his offer. We feel sorry for him and want to give him a chance to recoup. He makes a specialty of ophthalmology. We will give Dr. Gould one hundred dollars if, in a series of two, three, four or five hundred ophthalmological cases, to be selected by a committee under such safeguards and limitations as to make fraud and favouritism impossible, an equal number being treated by Dr. Gould and by a homœopathic ophthalmologist, to be named by us, the results of homœopathic treatment are not superior to the results obtained by Dr. Gould. Dr. Gould will please notice that this is no wager; he is not to put up a cent; he is to risk nothing (except that of proving, *in his own chosen field*, the superiority, or to be shown up as a blatherskite and jaw-smith), while he stands to show at least the equality, of old-school treatment. The cases may be operative or not, though we should prefer the non-operative as giving a better opportunity to compare therapeutic results.

"Returning to the matter of the coming prize essay, we would advise the doughty Gould to invest in a copy of *Homœopathic Bibliography*, just issued by Boericke and Tafel. Here he will find eight large pages devoted to 'A list of some of the more important books and pamphlets against Homœopathy.' This list will show him that since 1885 homœopathy has received its death-blow many, many times. In chronological order (leaving out anonymous executioners) we find that homœopathy was 'killed dead' by the following authors, and by some of them as often as three or four times. (We mention this to encourage Dr. Gould in the good work in case his first prize-essay should not make homœopathy stay dead.) We give only the names of authors; for titles and publishers' names see Bradford's *Bibliography*, as above :

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| <p>1835—Drs. Lacombe, Wm. Leo Wolf.
1837—Edwin Lee.
1838—J. McNaughton.
1842—Thos. W. Blatchford, Robley Dunglison, Oliver Wendell Holmes, Alex. Walker.
1844—Elisha Bartlett.
1846—R. M. Huston, L. M. Lawson.
1847—Isaac Jennings, Henry Miller, Jno. Stearns.
1848—J. P. Kirtland, Edwin Lee (again)
1849—E. H. Dixon, Sam A. Latta.
1850—Worthington Hooker, S. A. Latta (again).
1851—Thos. E. Bond, W. Hooker (again), Edwin Lee (third time).
1852—W. Hooker (third time).
1853—P. Dyer, Chas. A. Lee, H. B. Musgrave, J. H. Nutting.</p> | <p>1854—R. Gerondalo, Jas. Y. Simpson.
1858—Jacob Bigelow (two-death-blows), John Forbes (two death-blows) D. King.
1859—M. L. Linton.
1860—Oliver Wendell Holmes (second time).
1864—T. Galliard Thomas.
1869—Richard McSherry, A. B. Palmer.
1875—A. Sager.
1876—W. R. Dunham, Geo. E. Frothingham, A. B. Palmer (again).
1879—E. S. Dunster, A. B. Palmer (again).
1880—F. F. Moore, G. C. Smythe.
1881—A. B. Palmer (fourth death-blow).
1886—V. Y. Bowditch.
1887—Henry I. Bowditch.
1890—Nathan Jacobson.</p> |
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"In the above list, the doughty Gould will find all sorts of weapons, from dignified argument to Billingsgate. Yet hated Homœopathy still survives. It is, perhaps, not so very strange, after all, that the longer heads among the old-school editors do not grow very enthusiastic over the coming death-blow, or that our side of the house should be getting ready to have just one more laugh at the lad who, not knowing 'just how the old thing works,' is anxious to spend one hundred dollars of his mamma's money 'to see the wheels go wound.'

"Is it too much to ask our old-school exchanges, which have published Dr. Gould's prize offer to the world, to mention the *Clinical Reporter's* prize offer to Dr. Gould—just as a matter of news you know? Or, do they not believe that 'the proof of the pudding is in chewing the pudding-string?'"

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The *Homœopathic Journal of Obstetrics, Gynecology, and Pedology* for July contained discussions on nearly a score of topics, all of them of vital importance to every physician in general practice. In pursuance of the purpose to give each issue of the *Journal* a character of its own, Dr. Winterburn devotes this entire number to the consideration of the diseases of children. As will be remembered, the May number of the *Journal* contained a notable symposium on the repair of the lacerated perineum, in which thirty prominent gynecologists and surgeons took part. The July issue is increased to 128 pages, and contained contributions from thirty-four prominent

physicians, including all the papers in pædology read at the recent meeting of the American Institute of Homœopathy, at Washington, and six papers read before the New York Pædological Society, beside others. Dr. Winterburn also contributes about 14,000 words in the form of editorials, therapeutic hints in the management of diseases of children, book reviews, and an address delivered at Albany, last February, entitled "The First Hours of Life."

The leading article of this number is by Dr. Talcott, of the Middletown Asylum, on "The Insane Diathesis," in which he sets forth in glowingly eloquent words the causes of insanity. He says:—

"In all begetting there is either an increasing or a decreasing intensity of likeness. In all reproduction there is a tendency either toward improvement or toward retrogression. This is not true only as regards physical contour, but it also applies to mental symmetry, or mental idiosyncrasy. Not only are the general thoughts and emotions of the parents impressed upon their children, but even the fitting passion of a moment may cast a cloud of darkness or a blaze of light over an entire life, just as the silvered sheet of the photograph receives its impressions of light and shade from a single momentary exposure. The mind of the unborn child will receive impressions of happy or unholy thoughts, and reproduce them with accuracy in the years to come—ay, even when the brain of the mother is but dust and her heart no longer responds to any emotion, and her guiding hand has been chilled by the icy touch of death. To this holy of holies, then, the sacred temple of procreation, should be brought only such offerings as are sure to prove acceptable to the Lord of Nature."

THE WORLD'S COLUMBIAN EXPOSITION.

DEPARTMENT OF MEDICINE.

The following has been sent to us for publication:—

PRELIMINARY ADDRESS OF THE COMMITTEES OF THE WORLD'S CONGRESS AUXILIARY ON A CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS IN CONNECTION WITH THE COLUMBIAN EXPOSITION AT CHICAGO IN 1893.—The World's Columbian Exposition of 1893 will be made notable by a series of congresses to be held under the auspices of the World's Congress Auxiliary. This is an organisation authorised and supported by the Exposition management, and approved by the United States Government. Ample audience rooms, with special facilities for sectional as well as general meetings, will be provided by the Directory of the Fair in a magnificent Art building to be erected on the Lake Front. It is confidently expected that these congresses will add very greatly to the

character and utility of the Exposition, and leave its most permanent impress upon the world. Those pertaining to medicine will be of the highest importance, as they will deal with questions essential to human welfare. The history of the epidemic which has so recently swept over the world teaches us that, great as has been the advancement in medical science in the last quarter century, we have still new problems to solve, and failures in therapeutic means to acknowledge. At the last quinquennial Congress a prominent representative of our school stated that the proving of medicines had but just commenced. A gathering of representatives of our school, more cosmopolitan and numerically superior to any heretofore assembled, will afford opportunity for discussion of the leading medical questions of our time in a manner calculated to elicit the best medical thought of the age and secure the most practical results. It is proposed to make prominent the consideration of the questions specially pertaining to the position of homœopathy as an established school of medicine; to show that our work and influence in medical education has been commensurate with the dignity and importance of our school; to make manifest our aim to be associated with every worthy medical reform; to establish more definitely the relation in which we stand to other schools of medicine; to declare our willingness to remove every barrier to the co-operation of all schools in the general work of the medical profession, leaving in the hands of each full liberty to pursue its special work; to take steps to secure in all directions a candid consideration of our tenets and practical work; and, while truly loyal to homœopathy, to demonstrate that nothing which concerns the health of humanity in its widest aspects, is foreign to our endeavour. In furtherance of these ends the following topics are suggested for the consideration of the Congress :—

The history of the progress of homœopathic medicine to the date of the Congress of 1893.

The temperate and careful estimation of the value of statistics of the result of homœopathic treatment, both public and private.

Plans for the revision, simplification and improvement of our *Materia Medica*.

Bacteriology, its relation to homœopathic practice.

Methods for the establishment of drug-proving on a more uniform and scientific basis.

The influence exerted by homœopathy on medicinal education and practice in general.

The part to be sustained by homœopathy in the prevention and control of epidemics.

The importance of uniformity of pharmaceutical preparations.

Estimation of the value of efforts to enlighten the public on the true principles of homœopathy.

The relation of adjuvants to our therapeutic methods, including the effect of morals, culture and music on the prevention and cure of disease.

Modern surgery as exemplified by the labours of homœopathic surgeons.

Specialities, including consideration of their necessity and benefits, and the part they play in the development of the homœopathic system.

The work of women in connection with the Columbian Exposition has been such as to attract the favourable attention of the world. We have reason to expect a continuance of this earnest work on the part of the Women's Committee on Homœopathic Medicine and Surgery, which will act jointly with our committee for a congress of both men and women, though a separate preliminary address on the part of the Women's Committee may be issued.

J. S. MITCHELL, M.D., *Chairman.*

R. LUDLAM, M.D., *Vice-Chairman.*

W. A. DUNN, M.D., *Secretary.*

PITTSBURG TRAINING SCHOOL FOR NURSES.

In connection with the Pittsburg Homœopathic Hospital is a well organised institution for the training of nurses. They are required to attend lectures on Toxicology, Surgical and Medical emergencies, Obstetrics, Gynæcology, Anatomy and Physiology and on Bandaging and Surgical Dressings delivered by members of the medical and surgical staff. They are employed, under the direction of a lady superintendent, in the hospital which last year received 1,414 patients. At the end of two years they are submitted to an examination when, if successful in passing it, they are "graduated," that is receive a certificate of efficiency and a "badge." The latter is given because the uniform of the School was being worn by persons in no way connected with the Institution and it became necessary to adopt a "badge" which could be legally protected. The occasion of handing certificates and badges to the members of the "graduating class" was made one of ceremonial. The proceedings which took place in the chapel of the hospital were opened by prayer. Dr. Willard, the Dean of the faculty, delivered an introductory address descriptive of the work of the school during the previous year. He was followed by the Rev. G. T. Purvis who addressed the audience on the profession of a Nurse; and then the certificates of

graduation were presented to the twelve nurses by the President of the Board of Trustees of the Hospital and the badge of the Institution was handed to them by the Secretary of the Executive Committee. These "commencement exercises" were brought to a conclusion by the following farewell address from Dr. Charles A. Wilson :—

"Ladies of the graduating class :

"There is so much to be said that might be said, so much of advice and encouragement, so much of warning, that it is with a feeling akin to apprehension that I have consented to the request of your Faculty to say to you, to-night, those words which should come to you from them, as a fitting farewell from teacher to pupil. We are here, to-night, thinking of the past, not forgetting the present, and wondering what the future has in store for us.

"To every one there comes a moment of profound discouragement which succeeds to prolonged effort, when the labour, which has become a habit, having ceased, we miss the sustaining sense of its championship, and stand with a feeling of strangeness and embarrassment before the abrupt and positive result.

"To-day a point in your life's history has been reached, toward which you have been toiling so faithfully. You have reason to be proud of a result, which, while no doubt satisfactory to you, is eminently so to those who have been your instructors; and it is with pleasure that I offer you the congratulations of your Faculty, that you have so successfully stood the test of your examinations. The calling to which you have devoted yourselves is a noble one; full of opportunities, and endowed with grave responsibilities. You hope to honour your profession, and in so doing to bring honour to yourselves. To do this in the highest degree, it will be necessary for you to put forth every effort, and to embrace every opportunity which may tend to accomplish the result. Success is often to be won by steadfast adherence to a purpose, however difficult, when it could be achieved in no other way. It is rarely the result of accident, but is rather the well earned reward of laborious work and preparation. Let your ambition, first and always be, not only *to do*, but *to do well*. Take advantage of all that comes within your grasp to prepare yourselves for any and every emergency which may possibly arise. The fact that you are prepared for the emergency, which never comes, does you no harm, the discipline in itself will be of lasting benefit. To be able to cope intelligently and fairly with every issue, gives you confidence in your own strength, and will make you the desired and capable nurse each of you wishes to become.

"Hahnemann tells us, 'when we have to do with an art, whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime.' The obligations imposed by your profession demand that you lay aside, in a large degree, the pleasures and habits of the past, and that your every energy be given to your work. It is not given to everyone to reach that standard of excellence which is the ideal; but there is given to everyone the ability to try. The prospects of great success are best to her whose ideal of perfection ever beckons her onward, and who always keeps in mind that 'the better is only the stepping stone to best.'

"'The race is not always to the swift.' If you have that inspiration to great endeavour, which through days of discouragement keeps you steadfast in the faith, it will lead to brilliant success. While it is of primary importance, and without which no one could expect to be permanently successful, there are many things which go to make up the popular nurse other than the ability to do her work well. Fulfil your duty wherever you find it; try to give satisfaction to everyone; cultivate tact and patience; learn to be a rapid observer, and to be quick to reach the character of those with whom you come in contact.

"Be sincere. Be sympathetic, good natured, considerate, prompt and plucky.

"Endeavour to win the esteem and respect, as well as the confidence of all. This can be accomplished only by the full exercise of those womanly qualities and noble traits of character, which serve to elevate the moral nature, and help to lift us up to higher thoughts and ennobling aims.

"Be conscientious in your work however trifling the duty you may be called upon to perform. Nothing so certainly creates a good impression, while no habits are harder to overcome than negligence and indifference. 'He who is false to present duty, breaks a thread in the loom, and will find the flaw when he may have forgotten the cause.'

"Be sympathetic, truly and sincerely sympathetic. It brings you close to those whose days of suffering you are called upon to share, and, when you stand by those whose hearts are breaking, or where the dark shadow of death hovers near, the instinct of your own true womanhood will guide you to the helpful and comforting word and deed. Such a nature is never unappreciated, and lives in the memory long after other things may be forgotten. The influence that may be exerted by a nurse is almost unbounded. If she is actuated by the fervent love of humanity, which urges so many to undertake this work; if she takes with her a true Christian spirit, she

can carry everywhere a glorious torch that will light others upward toward more sublime and unselfish aims.

"Remember, too, that 'the manner of doing things is often of more importance than the things themselves.' There is no act so good and kind in itself, but it may be sweetened by the manner of doing it. A simple, cordial, frankness; unassuming, winning manners; a warmth and geniality of nature, and a sunny, perennial golden temper, will win you staunch friends.

"It is not for you to carry a sombre face into the sick room; do not be funereal; neither a broad face; do not be flippant. Know your patient. The cheerfulness which may brighten one may be looked upon as obtrusive by another, while the constant attention which will sooth the one will irritate the other. Strive for a 'golden mean.' Show, at all times, an interest in those who are under your care, manifested by little delicate attention and thoughtfulness for their comfort; 'favours conferred so naturally as to seem spontaneous; in fact, in constant attention to the little details that are sure to make life 'more fair and sweet.'

"It is in not neglecting the little things, the smiles and kindnesses, and the small favours continually given, that your brightest laurels will be won. It is the continual dropping of the water that cuts a channel down the side of the hardest rock, and 'the sap that is silently feeding the limbs of yonder oak, may at any one moment seem insignificant, but it is forming timbers for a ship of the line.' It is in paying attention to these little details, in not forgetting that the opportunities for accomplishing great things are so rare that they may never come to you, combined with pluck, that never flagging pursuit of a purpose, with promptness to meet every emergency, and an unyielding determination to attain the result, at whatever cost of time and labour, that will insure you the greatest possible success in the vocation you have chosen. 'There are more who fail from want of will than want of power.'

"Nor must you overlook in your efforts to please others, and to do your work well, that there is a duty which you owe to yourselves. The strain of caring for the sick, by day and by night, and the anxiety attendant on especially severe cases, can only be borne by the strictest economy of nerve-force and strength. To do this, without sacrifice, is a duty you owe to your patient, to the physician and to yourself. To do a thing *well* one should do it *easily*. To keep the mind clear, and the body ever ready to act, is to court that success for which you are all striving; and only when circumstances, or emergencies are such as absolutely demand it, should one venture beyond that degree of physical exhaustion where recuperation is easy by reasonable rest and recreation.

"Among the many causes for the lowering of one's powers of endurance, none are more prolific of this result than excitement or anxiety, lack of sufficient sleep, and sedentary habits. What is overwork for one may be but salutary exercise for another. You should know your limit, and be careful not to go beyond it.

"Your duty to your patients, and your conduct in the sick room, have constituted your course of instruction during your two years of training in the School. Your duties to the attending physician, to the family, and to yourself, are so varied, that only the exercise of your better judgment can guide you.

"To the physician be loyal always; encourage confidence in him in your patient, whatever may be your own opinion. Be loyal to your sister nurses—'a generous heart would scorn at anything that would give others pain.' Do not allow jealousy to tempt you ever to speak of them other than in kindness. If you cannot say that which is good, it were better to say nothing. 'To thine own self be true, and it must follow, as night the day, thou canst not then be false to any man.' Be your ideal; be a true woman.

"A word regarding the care of your patients during convalescence. While you will always find it of the greatest service in furnishing them entertainment to be a good reader, do not forget that, that which is equally important and far more rare, is to be a good listener. Do not repeat anything concerning a former patient, or one who has been under your care, and above all things do no talk about yourself. A bore, you know, is 'the person who wishes to tell you all about himself, instead of letting you tell him all about yourself.'

"Do not be disappointed, if what you feel is good and faithful service is not always met by just and merited recognition. You may, and probably will, be compelled to experience what many before you have felt—the sting of ingratitude and want of appreciation—and I am reminded here of the expression of this thought by a physician, who, from his tone, probably speaks from experience. He says a patient's gratitude is a part of his disease, and is most declared when his fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The most you can do is ever to be true to the best within you; conscientious in the performance of every duty; *strive for perfection in all things*. A clear conscience is a grand reward. And now, in bidding you farewell, let me say: Enter your new life with this inspiration. Your *alma mater* puts every confidence in you; you have served *her* well and faithfully, and representing *her* to-night, it is a pleasure to offer you her congratulations upon this, the successful completion of your course, to express to

you her earnest desire for your success, and her deepest interest in your welfare. Go out into the world assured of her esteem and affection. Even as you have been successful in your work here, may you be successful in your future sphere. Be what you *admire* in others. Be in love with your work. To ability add enthusiasm. Be dignified, thoughtful, courteous and kind. Be a *woman*; all else will come.

"And now, farewell! 'The race is before you. Go! but remember, no man is crowned unless he strive lawfully.'"

PHARMACEUTIC PIRACY.

A CIRCULAR just issued by Messrs. F. Newbery and Sons London, which they, presumably, have scattered broad-cast among members of "the medical profession only," contains an instance of borrowing without acknowledgment so flagrant that they are hereby gibbeted as pirates for an example to all such, and for the satisfaction of honest men. The circular in question sets forth in glowing terms the virtues of certain proprietary preparations, "*Ingluvin*," various bromo-salts, and a preparation called "*Arthrosia*," consisting of *salicylic acid*, *phytolacca*, *colchicum*, *quinine*, *podophyllum*, and *capsicum*, and described as "a perfect antidote in rheumatism and gout," a precious coach-and-six to set careering through the human frame! In the midst of all these wonderful "cures," attention is arrested by a heading in large capitals, "PARVULES," a word which, for the benefit, let us suppose, of those in our profession who are old enough to have forgotten the little Latin they once imbibed by the aid of the schoolmaster's birch-rod, is carefully explained as being "derived from the Latin *parvum* (small)" They are described as being "quickly soluble small doses in pilular form," and are thus prepared: "a concentrated tincture is prepared and scattered over lumps of cane sugar, and spontaneous evaporation dissipates the alcohol. The residue is levigated to an impalpable powder, and a mass is formed and divided into these perfect and quickly soluble doses, which yield their therapeutic impressions without delay. . . . Years of study and experiment has (*sic*) developed this class of remedies." Ye Gods! Where can this study have been carried on? Evidently far secluded from one class of Her Majesty's subjects—a fairly numerous one too—who have been for over half a century using doses similarly prepared, but bearing a different name. Surely it cannot have required "years of study and experiment" merely to differentiate between cane sugar and milk sugar as a recipient for the alcoholic tincture? The price lists of these said *Parvules* show them to contain doses varying from $\frac{1}{10}$ to $\frac{1}{300}$

of a grain, and we are assured that "it is claimed by many practitioners that small doses frequently repeated exert a more salutary effect." Certainly. Many men have done so for many years, but their cry has been that of one crying in the wilderness, where none, or but few, have been found to listen to them. Recommendations, too, for the use of these *Parvules* are given, which excite one's admiration and astonishment. Atonic dyspepsia is to be met by *nux vomica* $\frac{1}{10}$ gr. Bronchitis of children (but why of children only?) by tartar emetic $\frac{1}{100}$ gr.; nausea by *ipêcac.* $\frac{1}{30}$ gr., and so on through an extended series. This interesting document closes with extracts from a paper by Dr. S. H. Dessau, read before the New York Medical Society, and from an anonymous one read before the Hudson County Medical Society. Here the cat is let out of the bag; we are told that "the rivalry of homœopathy forces a certain degree of compulsion upon" its opponents, and with great complacency the introducers of these inimitable *Parvules* tell us that they are "non-homœopathic in principle." Ah! Messrs. F. Newbery and Sons, did you know as much as you take credit to yourselves for knowing, you would be well aware that in every point you claim—the small dose, the single remedy, the mode of preparation, nay, the very application of your *Parvules*—you have adopted methods and teachings which have been for years before the world, and are known as "homœopathic;" methods and teachings which the big-wigs of the profession have carefully kept from the knowledge of its lesser lights, till they, and you, and those on whose behalf you act in bringing these preparations under our notice, can, by a systematic process, (which "'convey' the wise it call"), pose as the great re-casters of the existing chaos called therapeutic science.

NEW WORK BY DR. WILKINSON.

DR. WILKINSON, though the *doyen* of the homœopathic fraternity, is still in full enjoyment of his rare mental faculties, and is about to publish a new work on homœopathy with the quaint title, "Epidemic Man and his Visitations." We are sure that all who have enjoyed Dr. Wilkinson's former writings, and those who know him by reputation—which includes the whole homœopathic world—will look forward with interest to the appearance of a new medical work from the learned pen of our venerable colleague. We trust to be able to give an appreciative notice of it before long.

NEW ZEALAND.

A CORRESPONDENT writes:—"I would just say what a grand opening there is in Wellington for both a homœopathic

chemist and a practitioner as well. There are homœopaths in all the other large centres, but none here, although this is the seat of government, and a great many wealthy people reside here—far more than in the other towns. Numbers of people I know have expressed the opinion that a homœopath would do well here, and many feel there is a lack that ought to be supplied."

VISITING LISTS.

We have received a copy of the *Medical Diary and Visiting List*, published jointly by Messrs. Burroughs, Wellcome & Co., and C. Letts, and of that published by Boericke & Tafel, and edited by Dr. R. Faulkener. The former is a portable pocket-book, with the usual diary arrangements, and space for cash receipts and memoranda. Its size is $6\frac{1}{4}$ in. by $8\frac{1}{2}$ in. by $\frac{1}{2}$ in., it is bound in black, and closes with a tuck. The feature of this little book is a list of the chief new remedies, together with their more important or common uses, whether empirical, antipathic, or homœopathic. These excerpts are useful enough for those for whom they are intended.

The feature of Dr. Faulkener's book is a short repertory. The value of this may well be a matter of opinion. It is our opinion that for a repertory to be of use it must be both reliable and complete, or as complete as our knowledge will allow. Dr. Faulkener's may be reliable, but it lays no claim to being complete. For those who differ from our opinion this form of repertory has the advantage of being capable of consultation without attracting the attention of on-lookers. The book is too bulky for most English pockets. In both these visiting lists much information might usefully be given which is withheld.

DR. STONHAM ON HYGIENE.

FOLLOWING in the footsteps of Hahnemann, our friend, Dr. Stonham, believes that prevention is better than cure. A few days ago, to an intelligent and interested audience assembled in the Literary Institute at Ventnor, Dr. Stonham delivered a most instructive lecture on "Domestic Sanitation." He traced the history of sanitation from the earliest times, and gave much useful information which we hope those who were present will profit by. This is not the first time that Dr. Stonham has shown "the Islanders," among whom he stands alone in championing homœopathy, that although he is a believer in the great therapeutic principle advocated under that name, he knows a good deal about other things than "little pills." The year before, the subject of a lecture given by him in the same place was hygiene in house building.

NEW JOURNALS.

OUR colleague, Dr. Winterburn, of New York, has just begun to edit a new journal on "all about children," under the title *Childhood*. The first number contains chiefly articles by numerous lay authors on different subjects concerning the bringing up and care of children, from moral, hygienic, ethical and social standpoints. There is very little purely medical in this issue. The writers express their thoughts in forceful and interesting language, and we doubt not, if kept up to the present level, the journal will be another monthly success.

The Medical Week is the title of an English edition of *La Semaine Médicale*. It is inferior to that journal for English readers, for it consists largely of extracts from and abstracts of English lectures. It is published in Paris.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. COOPER, Dr. DUDGEON, Dr. BURFORD, Dr. BLAKE, Mr. SHAW (London); Dr. HUGHES (Brighton); Dr. VAWDREY (Plymouth); Dr. BLACKLEY (Manchester).

BOOKS RECEIVED.

Tasty Tit-bits and Dishes Dainty. By Lady Constance Howard. London: Record Press. 1892.—*Warm Hands and Warm Feet.* Eight exercises by A. L. Arnim. London. 1892.—*The Homœopathic World.* London. Dec.—*The Chemist and Druggist.* London. Dec.—*The Monthly Magazine of Pharmacy.* London. Dec.—*The New York Medical Times.* Dec.—*Childhood.* New York. Nov. and Dec.—*The Hahnemannian Monthly.* Philadelphia. Dec.—*The Homœopathic Recorder.* Philadelphia. Nov.—*The Clinique.* Chicago. Nov.—*The Minneapolis Homœopathic Magazine.* Nov.—*Revue Homœopathique Belge.* Brussels. Oct. and Nov.—*Revista Omiopatica.* Rome. Oct.—*The New York Medical Record.* Nov. and Dec.—*The Homœopathic Physician.* Nov.—*The Medical Era.* Chicago. Dec.—*Gazetta Med. Torino.* Nov. and Dec.—*The Palmist.* London. Nov.—*The Medical Week.* Paris. Dec.—*Annals of Electro-Homœopathy.* Geneva. Dec.—*The Medical Advance.* Chicago. Nov.—*The New Remedies.* Chicago. Dec.—*The Homœopathic Envoy.* Lancaster, U.S.A. Dec.—*Leipziger Pop. Zeitschrift.* Dec.—*Homœopatisch Maanblad.* The Hague. Dec.—*Bull. Gén. de Thérap.*—Paris. Dec.

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, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:O:—

THE TEACHING OF MATERIA MEDICA.

ON this important question, raised by Dr. HUGHES in a paper read at the 1892 meeting of the American Institute of Homœopathy,* a sort of symposium is to be held at the meeting of 1894, and all who have thoughts or experiences connected with it are invited to send them to the Chairman of the Bureau of Materia Medica, Dr. FRANK KRAFT, Cleveland, Ohio. We anticipate much profit from the free ventilation of the subject. It appears, from some recent communications to the *Lancet*,† that it is to some extent agitating the minds of the old-school teachers of Materia Medica in this country; and two utterances upon it present some salient points of interest to us from the homœopathic standpoint.

Materia Medica, as taught in the ordinary English medical schools, has hitherto had three months only of the student's curriculum devoted to it; and during that time he has learned mainly the natural history and physical characters, with the preparations and doses, of

* See p. 554 of this *Review* for last year.

† Nov. 26th, 1892; Jan. 7th, 1893.

the drugs he will have to employ. Dr. FRASER, Professor of the subject in the University of Edinburgh, and Dr. LAUDER BRUNTON, who holds a corresponding position at St. Bartholomew's Hospital, alike protest against this system. The knowledge in question—which Dr. FRASER classifies as pharmacognosy and pharmacy—is necessary for the physician. The student must acquire it, and had best do so in the early part of his career, while in anatomy, botany and chemistry he is similarly mastering the external features of the things he will have to deal with. But, Dr. FRASER goes on, "it has become apparent that, in order to treat abnormal conditions with success, knowledge must be possessed of . . . the exact changes in structure or in composition which remedial substances are capable of producing. A relatively new department, that of pharmacology, has accordingly been added to *Materia Medica*. It constitutes the foundation of therapeutics, or the application of remedies to disease." Similarly Dr. BRUNTON: "It is of great importance that you should be free from the reproach of 'pouring in drugs of which you know little into bodies of which you know less'; that you should thoroughly know pharmacology, and have a clear understanding of what your drugs will do, so that you may know precisely what to give and when to give it, when to increase your dose and when to withhold your medicine entirely. Pharmacology and rational therapeutics are inseparable, and without the former the latter is impossible." Accordingly, both professors agree in recommending that pharmacology and drug-therapeutics should be separated from pharmacognosy and pharmacy, and should be taught to the more advanced student after he has learnt his physiology, and while he is studying the clinical facts and pathology of disease.

We need hardly say that in all this we heartily agree. We welcome the recognition of pharmacology as a "relatively new department of *Materia Medica*," and as knowledge without which rational therapeutics is impossible. We would only suggest that this is but HAHNEMANN'S practice under a Greek name, and that he, in his drug-provings on the healthy, was the true initiator of the science, as well as the first with any persistence to advocate its necessity for medicine.

There are two developments of their theme, however, in which we are unable to follow these distinguished writers.

1. Dr. BRUNTON says that "the subject of pharmacology has grown so large that it is exceedingly hard for a man to remember the actions even of the most important drugs;" and that "the only way of rendering it possible is to have them grouped together, so that one description will do for many drugs which vary from each other only in a slight degree." This is surely to subordinate the requirements of practice to those of examinations. In the former it needs not, though it is useful, that a man "remember" everything; he has his books of reference always at hand, and individualisation is as practicable as the crude generalising proceeding which Dr. BRUNTON's proposal would lead to. Indeed, in the illustrations he furnishes he confutes himself. He would make a group of *atropine*, *hyoscyamine* and *hyoscine* as diminishing secretion and causing paresis of involuntary muscular fibre. But he goes on: "In the lowest of the group, *atropine*, there is little hypnotic power; in *hyoscine* this power is greatly developed." Surely this differentia is as important as the features which the three alkaloids have in common!

2. Our difference with Professor FRASER is of another kind. He very properly maintains that the application of medicines should be taught side by side with their pathogenetic action—that pharmacology should not be dissociated from therapeutics. But in support of this contention, he goes on to cite a number of remedial actions which have no place—he maintains—save in therapeutics; and his inference seems to be that these should be delivered to the student as isolated phenomena, empirical uses only of the drugs in question, having no relation to their influence on the healthy organism. We cannot but deplore such proceeding. We fully recognise that there are remedial uses of drugs which, in the *present state of our knowledge*, are inexplicable by their physiological actions. But we hold that such a conclusion should not be hastily arrived at, and should only be the result of a thorough and experimental study of the influence of such substances in health. Two of Dr. FRASER's instances are *arsenic* in chorea and *squill* in dropsy. Now if he will consider the remedial employment of

arsenic generally—in cutaneous disease, in neuralgia, in anæmia—he will find it precisely paralleled by its poisonous action on the healthy. It acts here, therefore, according to the law *similia similibus*. We grant that its power of developing choreiform phenomena is not so manifest;* but these are not so far apart from the arsenical tremor and paralysis that we can pronounce them beyond the range of its possible influence. The conclusion we submit is that *arsenic* acts in chorea as it does in other affections—restoring in disease where it lowers and disturbs in health. So, also, with *squill*. In cardiac dropsy it may act by raising for a time the tone of the heart and arteries, as *digitalis* does; but its main employment is in the renal form of the malady. And what is its action on the kidneys? Hear Stillé: “When the dose is very excessive there is violent emetocatharsis, severe colic, *dysury* or *bloody urine*, rapid breathing, a cold skin, coma, and general convulsions. In somewhat smaller doses vomiting and *diminished secretion of urine* are still the prominent symptoms. It ought never to be used as a diuretic so long as the strength and frequency of the pulse and the heat of skin denote inflammatory action, nor when morbid sensibility of the kidneys or of the urinary passages betrays disease in them.” The inference is plain; in health *squill* irritates the kidneys, congesting them and diminishing their secretion. When similar conditions obtain in disease, and are passive enough to bear ordinary doses, *squill* will reduce the congestion and cause diuresis.

We venture to think that most of Dr. FRASER's other instances might be similarly resolved, if only painstaking and unprejudiced research were made and proper experiments instituted; but as long as the lower animals only are used for this purpose, and the present analytic method of proceeding is that adopted, we do not hope much from advances in “pharmacology.” Proving on the healthy human body, synthetically presented in all their fulness and coherence, are the only pathogenetic experiments by which physiological action can fruitfully benefit therapeutics.

* We have asked Dr. Hughes what evidence of such choreogenic power on the part of *arsenic* is supplied by his new Index. He tells us that under the head of “Spasm: clonic,” there are references to five symptoms in Hahnemann's pathogenesis in the *M. M. Pura* (S. 647, 723, 889, 891, 899), and to case II. 14 of the *Cycl. of Drug Pathogenesis*.

“CHARACTERISTICS,” “KEY - NOTES,” AND
“GUIDING SYMPTOMS,” TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

FROM the introductory remarks, and the theoretical part of my subject in the January number of the *Review*, I now pass to the more practical part; but as I have indicated that I am anxious to treat the matter concerned in as *scientific* a spirit as possible, I would just point out what my meaning is in that respect. Mr. Froude, with his customary felicity, has defined “*scientific*” as, “When facts begin to resolve themselves into groups; when phenomena are no longer isolated experiences, but appear in connection and order; when after certain antecedents, certain consequences are uniformly seen to follow; when facts enough have been collected to furnish a basis for conjectural explanation, and when conjectures have so far ceased to be utterly vague, that it is possible in some degree to foresee the future by the help of them.” This view I accept, and it is with the intent of being understood in this sense, that I present my observations.

Acalipha indica.—Twenty-two years ago, in the 12th vol. of the *Monthly Homœopathic Review*, may be found a few remarks of mine in relation to this Indian plant, and in the *Manual of Pharmacodynamics*, pp. 889, by Dr. Richard Hughes, nearly all that is known of it is there set forth. At this interval of time I may be excused for touching upon the action of this drug again, and relating my experience. Guided mainly by the clinical observations of Dr. Henry Thomas, now of Llandudno, who first brought this remedy before us, I have continued to prescribe it occasionally for cases with similar symptoms to those which have aforetime been alluded to; cases indicating incipient phthisis, affecting the apex of one or other lung, without very marked pain there, but attended with a hard, racking cough, generally worse at night, with very little expectoration, that little being tinged with blood and sometimes with more pronounced arterial hæmorrhage, and yet without rise of temperature or other febrile disturbance, and for the most part occurring in pale

delicate individuals with some amount of emaciation. In short, cases in which I have been unable to find other symptoms than what I have named on which to found a prescription according to the law of homœopathy. For many years the seventh dilution was my usual dose, but for a long time past, the third dilution has yielded equally good results, for the precise morbid condition which I have named.

Ethusa cynapium.—This remedy I also made a few remarks upon when *acalipha* was noticed; since that time it has been depreciated by some physiologists and pharmacologists in the old school, and been said to be a harmless drug. Notwithstanding that expression of opinion, I still contend that it is a valuable therapeutic agent, although not very intense and wide in its action, but is indicated for just those morbid conditions aforetime pointed out. I emphasize this because, owing to the criticisms in relation to it, I have more carefully investigated the cases, with the results where, since that time I have prescribed it, and while I admit, in some instances, the want of *proof* that it ministered to the cure, there has, nevertheless, been abundant and satisfactory evidence of its favourable action in other cases.

The *characteristic symptoms* of this medicine relate mainly to the brain and nervous system, and these moreover connected with the stomach and intestines, and forming a *group*, which, if separated, the medicine then fails to act. For instance, the gastro-enteric symptoms, marked by vomiting of undigested milk (when milk has been partaken of), and the passage of the same by stool, with greenish and yellowish evacuations, colic before stool, and tenesmus afterwards—these symptoms point to a pathological state we name “gastro enteritis,” and yet I believe such an interpretation would not be correct, but that the symptoms in question are merely the reflex of brain disturbance. And I say this, because in the cases of *seeming* “gastro enteritis,” with the symptoms which I have named in which I have prescribed this remedy, I have scarcely ever seen any benefit, unless accompanied by or coincident with, brain disturbance and convulsions, and mostly occurring in young children during dentition, generally with the eyes drawn downwards, the pupils dilated, and the fingers and thumbs

clenched. So, too, on the other hand, when the brain symptoms have not been accompanied with the gastro-enteric symptoms, this remedy has not served me so well as other remedies, in a few cases immediately to be alluded to. But as a rule, it is the *entire group*, or *totality of symptoms*, which are *characteristic* of the medicine. Some of the cases in which I have seen this drug act beneficially, were characterised by splitting headache, mostly in the occipital region, relieved by lying down, and by pressing the head backwards on some hard substance, with numbness, or pins and needles sensation in the hands and feet, and here, too, attended with gastro-enteric disturbance, such as vomiting of food and diarrhœa. The dose of the medicine which I have found most beneficial has ranged from the 1x to the 6x dilution.

Æsculus hippocastanum.—The general, together with the more pronounced, symptoms of this valuable therapeutic agent, have been so well brought out and so lucidly set forth by other men, that I shall merely point to some of its characteristic symptoms which have served me as key-notes, and which I have repeatedly cured by it. And here, just to save repetition I say, that in nearly all the cases on which my observations are founded they were dominated by torpor and congestion of the liver and portal system, with constipation as a constant symptom.

1. *In relation to the head*. Here the most marked symptoms have been a sensation of fullness with constriction, pressing, throbbing, shooting pains, sometimes in one part, at other times in a different part, with a somewhat muddled feeling on mental exertion, the pains extending from the occiput to the frontal region and to the eyes, with a bruised sensation of the scalp, and all being worse as a rule in the early morning after heavy, dreamy sleep.

2. *In relation to the mouth, fauces, and posterior nares*. Here the prominent symptoms have been heat, dryness, sense of rawness, pricking and smarting, shooting, stitching pains up to the ears when swallowing, sometimes, constriction and difficulty in swallowing dry food, and soreness of the tongue and gums. The throat symptoms representing follicular pharyngitis, while sometimes resulting from a chill, are nevertheless generally connected with hepatic congestion already alluded to ; when, however, they are due, as they some-

times are, to indulgence in tobacco smoking and to alcoholic beverages, *kali bichromicum* and *nux vomica* will do more good.

3. *Symptoms relating to the stomach, the liver, and abdomen generally, including the lower bowel*—Here, while I have confirmed many of the symptoms set forth by others, and which I need not repeat, I would add that the symptom "*weight as of a stone in the stomach*" is generally most manifest three or four hours after a meal, and attended with a gnawing, aching pain, and yet with inability to take an ordinary meal—in short, one form of what we call gastralgia. As a remedy for hæmorrhoids with constipation, I need say no more than that my experience has been largely in accord with that of others, viz., that it is a drug of great value. The dose which I usually employ, ranges from the 2x to 6x dilution.

Acetic acid.—My attention was first directed to this remedy many years ago, from the fact of young women occasionally coming under treatment, who for a long time previously had partaken freely of vinegar, for the purpose of acquiring a fair and delicate complexion, but while in that respect they were very successful, they had overdone it, and caused very pronounced anæmia, with some amount of anasarca, great debility, frequent faintings, a weak and quick action of the heart, dyspnœa on exertion, vomiting of food with tenderness over the epigastric region, and frequent watery stools.

This group of symptoms I have several times seen, as the result of what may be termed the vinegar habit, and these cases have for the most part been cured by *arsenicum iodatum* 2x, *strychnia arsenias* 6x, *apium virus* 8x, and *natrum muriaticum* 6x.

On the other hand, a few cases have come under treatment with similar symptoms, not resulting from the vinegar habit, accompanied, moreover, sometimes with emaciation, night sweats, too frequent and excessive catamenia, and here *acetic acid* 1x dilution in three drop doses three or four times a day has been of signal service.

The "*keynotes*" for this remedy appear to me to be, anæmia with anasarca, great debility, vomiting of food, epigastric tenderness, frequent watery stools, more especially occurring in the early morning, together with excessive catamenia. Further, some practitioners have

reported favourably of the action of *acetic acid* when it has been injected into fatty tumours. Acting upon this hint, and that vinegar drinking sometimes has caused emaciation, while I had seen *phytolacca* alone, locally applied, and given internally for fatty tumours, largely beneficial, I have during the last few years seen better results in these cases from the local application of tincture of the berries of the *phytolacca*, combined with an equal proportion of *acetic acid*, and at the same time giving internally *phytolacca* and *acetic acid* on alternate weeks, the 1x dilution of each three times a day. In diphtheria and in membranous croup, in cancer of the stomach, and as a local application for epithelioma, *acetic acid* has been highly spoken of; but here I have no experience to offer, partly due to prejudice on my part, but mainly because other remedies seemed to me more eligible.

Actæa racemosa.—This remedy has such a wide action upon the cerebro-spinal and muscular system that within the ordinary limits of a paper of this kind I can only point to a few of its "*characteristics*," which have been to me somewhat of the nature of "*keynotes*" for its selection in special cases, and which I have frequently cured by it. First, the mental condition. This is largely marked by great depression of spirits, with dread of impending evil, intense restlessness of mind and body, desire to mix with others and yet choosing solitude and rest, a wish to go to church or to a concert but with fear of being obliged to rush out from the building; during a ride in a close carriage, by rail or otherwise, there is the fear of being obliged to jump out, while a ride in an *open* carriage is agreeable. These symptoms I have so often seen cured by *actæa*, and at the same time they are so like unto the pathogenetic symptoms produced by the drug, that so far I think they may fairly be taken as "*characteristic*," especially when accompanied as they often are, with a wild feeling in the brain, full and pressing out, shooting and throbbing pains in the head, occurring about the same time daily, and for the most part relieved by pressure, rest, and the open air, and more especially when the symptoms are the result of mental worry, or over-study, or been the reflex of uterine disorders in women.

On the eyes, *actæa*, moreover, has a very decided

action, and although I am unable here to point out its "*characteristic*," yet, in asthenopia and astigmatism, accompanied with deep-seated throbbing and shooting pains in the eyes, with photophobia from artificial light, and when brought on by over-strain of the sight in anæmic and debilitated subjects, this remedy has, in my hands, been eminently serviceable.

With regard to the action of this remedy upon the uterus and the ovaries, I have but little to say beyond what is already well-known. In dysmenorrhœa some practitioners have found it most useful when the pain has continued during the whole course; whereas, my experience is that it answers best to pain immediately preceding the course, and which ceases in a day or so. This contradictory experience may, however, be partly accounted for by the difference of dose prescribed by individual practitioners, but to a larger degree by what I think is *characteristic* of the action of this drug upon these organs *more especially*, as well as upon the system generally, but in a less degree, and very like unto *lachesis*. Here, for instance, the menses may be too early or too late, very profuse and prolonged or the reverse, sometimes with constipation, at other times with diarrhœa, and the last symptom occurring in the early morning, the phenomena as a whole being marked by *irregularity, alternation and uncertainty*.

Finally, the muscular and crampy pains, primarily of neurotic origin, and occurring in nearly every part of the body, might be noticed as *characteristic* of its action; but as every homœopathic practitioner must be well acquainted with its remedial power in this relation, I will only add that, as a rule, I have found it most beneficial *after* a few doses of *aconite*, and when the pains are somewhat relieved by rest.

The dose of this drug which I usually prescribe is two or three drops of the 1x dilution, but in some cases the 6x dilution.

Agaricus muscarius.—This drug I also noticed many years ago on the occasion I have previously referred to. My subsequent experience has, in the main, confirmed my former observations; but there is one point I wish to correct. I then emphasized, as a *keynote*, more particularly in chorea, that "the nervous twitchings and spasmodic muscular actions cease during sleep." This

observation I believe has been largely accepted as correct, and been acted upon, but I fear sometimes with indifferent results, for I can no longer endorse it; for while I have seen many cases of chorea, so conditioned, cured by *agaricus*, I have also seen other cases in which the nervous and spasmodic twitchings did not entirely cease during sleep, and these too cured by *agaricus*; thus showing how highly needful it is to have a large amount of clinical experience, and severely to examine the same, before coming to the rash conclusion which I presented aforetime, and which I now regret, inasmuch as the symptom in question is at the most only a doubtful guide.

Our lately deceased friend and highly esteemed colleague, Dr. John Drysdale, of Liverpool, unfortunately for us no more to be seen or heard here, was, I believe, the first who pointed out, in the *British Journal of Homœopathy*, vol. xxi., some symptoms in the pathogenesis of *agaricus*, greatly resembling the delirium and other symptoms sometimes seen in typhus or typhoid fever, and in which he had prescribed this remedy with great benefit. Since these observations were made I have employed *agaricus* in a few cases presenting similar symptoms to those already noticed, and for the most part with good results, while in congestion of the brain, with delirium, from large doses of alcohol, I have frequently seen it do good.

Further, in relation to the head. The most characteristic symptoms are, sensation of fulness and pressing outwards, both in the occipital region and extending to the forehead and the glabella, relieved by bleeding from the nose, which sometimes takes place, and at the same time with a sensation of coldness of the scalp, and the desire to cover the head warmly; the delirium is characterised by singing, shouting and muttering, and is often attended with twitching of the muscles of the face. On the eyes *agaricus* has a very marked action, largely spasmodic in character, and here I have cured many cases of asthenopia, with great uncertainty and irregularity of reading power, and attended with vertigo when walking in the open air.

In relation to the stomach, the liver and the spleen. The main symptoms are characterised by fulness and congestion. In old toppers, especially whisky and brandy

drinkers, with hypertrophy of the liver, and attended with much flatulence in the stomach, loud and spasmodic eructations of wind like unto the hysterical eructations occurring in women from other causes, I have often seen *agaricus* do a great amount of good. So, too, when there has been much distension of the abdomen from flatulence, with rolling, gurgling sound, it has been useful. There is, moreover, one other symptom often resulting from indulgence in spirituous liquors, apart from stomach and liver symptoms, viz., *diarrhœa*, the stools being greenish, yellowish, bilious, and sometimes bloody, with flatulence, and occurring mostly in the early part of the day, this condition I have seen most often in women, and in which *agaricus* has been of great service.

In conclusion, the main "*keynotes*" of this remedy, so far as my observations have gone, are nervous and muscular spasms in nearly every part of the body, more especially on the left side, great sensitiveness to touch, creeping, pricking and tingling sensations in various parts, a general chilliness and dislike to cold air, sensation of coldness of the scalp in cerebral affections, general congestion with defective circulation, and a weak, slow and irregular action of the heart, desire for alcohol, which being given affords temporary relief.

Beside what I have noticed there are many well marked symptoms in the pathogenesis of this drug, together with valuable clinical indications for its use, and all well set forth in that large and comprehensive, and so far falsely called, "*Handbook of Materia Medica and Therapeutics*," by Dr. Timothy F. Allen, of New York, U.S.A., which is well worthy of study by every homœopathic practitioner.

NOTES ON OBSTETRIC PRACTICE.*

By S. P. ALEXANDER, M.D., M.R.C.S.

THE object of this paper is to gather up and to discuss briefly a few of the points referred to in our journals during recent years, in relation to obstetrics, and to

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enquire in how far we have endorsed the measures advocated, and to what extent they are employed by us in the daily practice of this important branch of our art.

The practice of obstetrics to a large extent is simply a mechanical one. We have in parturition to deal with a normal physiological process, to be assisted in the large proportion of cases by purely surgical means. To this extent we are here on common ground with our allopathic brethren, and can enjoy the sweets of fellowship. It is to me a real pleasure to meet the enemy at a mid-wifery case, and for the moment, forceps in hand, forget one's differences of opinion. But it is when the physiological process demands therapeutical aid, when the powers of surgery must be superseded by the powers of drugs, that we must turn to homœopathy, from the simply mechanical dynamics to the true pharmacodynamics.

I am sure you will all agree with me, when I say that homœopathy can do much towards preparing a patient for childbirth, in expediting and promoting safe delivery, and towards ensuring a good recovery. We shall take up then a few points under each of these three headings, and you will permit me, gentlemen, to ask for the favour of your opinion and experience.

To refer first of all, to the various ailments premonitory to labour, I have been struck how amenable to treatment certain cases are, and again how powerless we are for good in others. An occasional dose of the indicated remedy, such as *pulsatilla*, *ipœcacuanha*, or *coccus*, will quickly relieve the morning sickness of certain cases, in others a dozen different remedies may be tried without effect. The asthmatical symptoms and jaundiced condition occasionally occurring before labour, I have found peculiarly difficult to relieve. When such symptoms, however, are sympathetic and reflex in origin, I believe we can do much with the indicated remedy, and this applies to the disorders of pregnancy generally. For example, the spasmodic quasi-hysterical cough, will frequently yield to *ignatia*, *nux*, or *corall. rub.*; muscular cramp to *caulophyllum*, *nux*, or *verat. alb.*, the general fidgety condition with toothache to *chamomilla*; and the dyspeptic symptoms to *puls.*, *nux.*, *bryonia*, or *carbo. veg.* But when the symptoms are referable more to a mechanical cause,

my experience is that it is hopeless to expect much from medicines, no matter how well indicated such may be. Jaundice, with all its attendant symptoms, chalky stools, bile-stained urine, intolerable itching of the skin, will in no way yield to the usual remedies for such a condition when we have a distended uterus pressing directly or through the adjacent viscera upon the bile-ducts. But when such a train of symptoms is dependent not so much upon pressure, but is referable rather to an alteration in the utero-portal circulation, incident to the parturient state, I believe we can do much with our medicinal treatment. As we all know (or should I say, once upon a time knew?), the uterus and liver are not only organically related through the sympathetic and spinal nervous systems, but the vaginal, hæmorrhoidal, uterine and ovarian plexuses of veins communicate by anastomoses with the portal system as well as with the inferior vena cava. Now, during pregnancy, the uterine veins become enormously enlarged into canals and sinuses, and, being destitute of valves, the only safeguard against regurgitation and stasis of blood in them is their tortuosity. The various bilious symptoms contingent upon pregnancy, as Ludlam has pointed out, may thus arise from sluggishness of the venous circulation in the uterus. This organ receives and retains an unusual quantity of blood, and as its weight is also increased, pressure therefrom no doubt increases the obstruction of the local circulation. The secretory and excretory function of the liver becomes thereby upset, and hence the dyspeptic and other digestive troubles of pregnancy. Bearing such pathological facts in mind, I am confident we are more likely to be guided aright in the selection of the medicinal remedy than by the mechanical and somewhat haphazard process of symptom-covering. Let us by all means hold fast to the principle of "totality of symptoms," but at the same time, in obstetrics especially, not forego pathology as a guide.

To refer again for a moment to the more mechanical disorders of pregnancy, there are a number of such, dependent mainly upon undue pressure of the gravid uterus on the adjacent parts. Obstinate constipation, dragging pains in the back and loins, numbness and neuralgia, varicose veins, œdema of the legs, difficult

micturition and retention of urine are examples. For the relief of such conditions, or some of them at least, our remedies can do much; for example *collinsonia*, *act. rac.*, *caulophyllum*, *hamamelis*, *pulsatilla*, *arsenic* and *cantharis*. Postural, and other auxiliary measures, such as a well-fitting abdominal belt or binder, are often of value. But we have here another means of help, and upon this point, gentlemen, I shall be glad to hear what you have to say. Should the pessary be employed in the pregnant state? In certain cases we find the sufferings from subinvolution and prolapse entirely disappear during pregnancy. The uterus as it increases in size and volume, has its weight sustained by the osseous and other structures of the pelvis and abdomen, and as it gradually presses upon them, becomes, we may say, to this extent self-supporting. But there are cases, especially in the early months of pregnancy, when a previously prolapsed uterus becomes an intolerable source of annoyance and discomfort. Again, in the later months, when the gravid uterus begins to settle down into the inferior or true pelvis, may we have, though to a lesser degree, a return of the same symptoms to deal with. In such cases my experience has taught me to look upon the pessary as an invaluable aid. With a judiciously chosen and properly adjusted instrument, there is little cause to fear miscarriage. As an illustration let me quote the following case:—

Mrs. T, the subject of an old-standing prolapse and ante-version, consulted me on January 7th, 1891, being then two months *enciente*. She had miscarried on several occasions, but had never gone the full time. She now complained of an increasing difficulty of micturition, with burning pain and tenesmus on attempting to void urine. *Aconite*, *belladonna* and *cantharis* were tried without benefit, and finally complete retention coming on, the catheter was resorted to. Finding it decidedly inconvenient to wait upon her with the catheter morning and evening, I bethought me of the pessary, and introduced a large-sized ring. Instantaneous relief was obtained, and the patient went her full time without further trouble. The mechanical appliance in this case not only relieved the pressure on the neck of the bladder, but by supporting the

uterus obviated in part, no doubt, the tendency to miscarriage. Whilst upon this subject, I should be glad to have the opinion of the Society, from the homœopathic standpoint, on the use of pessaries generally. My usual practice in treating displacements is to give the patient the benefit of the pessary during the time she is taking the remedy indicated by the symptoms and state of the uterus. To combine the mechanical with the medicinal treatment, in my estimation, is to hold out a much surer prospect of final recovery than by trusting to the indicated remedy alone. The ultra-homœopathists or "homœopaticians" no doubt decry the pessary as every other topical application, maintaining that by their use we destroy the symptoms upon which the selection of the medicinal remedy is based. True, but this objection can only apply in so far as the development of further symptoms is concerned. Let us prescribe upon the existing symptoms and pathological state in a given case, and let the patient have the benefit of the pessary whilst the similimum is doing its work. An aggravated prolapse or other uterine displacement, as we all know, will often render the patient chronically invalid from inability to take proper air and exercise. In such a case an efficient pessary will sometimes at once enable her to get out and about with comfort. To my mind this is a result to be decidedly preferred to leaving the patient to languish on a couch for an indefinite period whilst the medicinal remedy is acting. I lately treated a case of prolapse in a lady where the symptoms and state of the uterus seemed to indicate *act. rac.* This remedy was taken alone for a few weeks with considerable benefit to the dragging pains in the back, but as the powers of walking did not improve I introduced a mouldable ring and continued the same medicine. In a couple of months the pessary was found to be no longer required, and matters were so far improved that in process of time the lady, who had gone four years without a child, found it necessary to call and enlist my services for the first week in December!

And now to proceed to another point, and one which, I think, is of great importance and interest to us as homœopaths. To what extent are we able to prepare a patient by medicinal treatment so as to

facilitate labour? Of all the drugs simulating most closely in their effects the various troubles of pregnancy, the two most generally indicated are the "black" and the "blue" cohosh, that is to say *actæa racemosa* and *caulophyllum*. The routine practice with some physicians is to give these two remedies in all cases, on alternate weeks, during the last two or three months of pregnancy. Dr. J. Roberson Day, speaking of the employment of these remedies in his paper read at the Congress in town last year, says:—"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." In the discussion which followed, three gentlemen supported him in these conclusions, one of them assuring us, in reference to the effect of *pulsatilla* and *caulophyllum*, that the time he had to wait at midwifery cases was not half so long as in his earlier days. Having only lately begun to work out this subject I cannot speak very confidently upon it. My experience, however, with *act. rac.* and *caulophyl.* has taught me the great utility of these remedies in removing the symptoms actually present, and for which purpose they have been given during pregnancy. For example, cramping, muscular, rheumatic and neuralgic pains in uterus and neighbourhood, dragging pains in back, headache, mental irritability and depression, general restlessness, and so forth. Patients to whom I have given these remedies for such symptoms have certainly done well when the labour came on, and in some cases decidedly more so than in previous confinements, when they have been without this preliminary treatment. Such cases of course are not conclusive, as speaking generally it by no means follows that because a patient has had a "bad time" at one confinement she must necessarily anticipate a "bad time" at her next. Another remark I would make here, is, that to prescribe *act. rac.* and *caulophyl.* indiscriminately in every case, without the already existent symptoms indicating these remedies, and to give them with the object of obviating a hypothetical difficulty ahead is by no means strictly homœopathic,

not to say scientific. The imaginative amongst us might, upon this principle, conjure up a vast array of possible difficulties to come, and be for ever dosing his patients. Nevertheless, I believe the practice is a justifiable one if we limit it to certain cases where, from former experience, we are led to anticipate difficulty of a special kind. Thus, when from former experience in a forceps case we anticipate difficulty in a subsequent labour from uterine inertia, a contracted pelvis, or a big-headed baby, a preparatory course of *arnica* ought not to come amiss. We have analogous illustrations in the practice of giving *belladonna* as a prophylactic to scarlet fever, *pulsatilla* to measles, *belladonna* and *merc. cor.* to peritonitis or other inflammatory troubles which might follow upon abdominal section.

To pass on to the next heading of our subject, let us notice a point or two on the supervision of actual labour. In my own practice I find myself having recourse to *ergot* much less frequently than formerly. When there is deficiency or irregularity of the uterine pains, I believe we can do as much, and not infrequently decidedly more, with such remedies as *pulsatilla*, *caulophyl.*, and *ignatia*. From *secale*, in small doses, I have never obtained help, but give it when using it at all in substantial doses, to produce its physiological effect of uterine contraction. The liquid preparations of *ergot.* in my experience are sufficiently prompt in action, and I have so far restricted the hypodermic use of the drug to the treatment of *post-partum* hæmorrhage. To obviate the nauseous taste of the liquid extract, I have employed *ergotinum* in the form of palatinoids, but cannot recommend them, for this purpose at least, as their action is too slow. It is decidedly preferable, however, to secure uterine contraction homœopathically by the indicated remedy when this is possible, as by so doing we do not incur the risk of the relaxed and flaccid state of uterus, with all its attendant danger, so apt to follow the continuous strong contraction produced by *ergot*.

On the action of medicines in rigidity of the os, I cannot speak very confidently, for the reason that I have but seldom experienced this trouble in practice. I attribute this in great measure to the free use of lard. Latterly, I have gone in for it in wholesale quantities, and can heartily endorse the eulogistic remarks of Dr. Winterburn,

of New York, upon its use (*Monthly Homœopathic Review*, September, 1892.) It is certainly messy, but wonderfully soothing and grateful to the patient, and unquestionably is a very great help when used plentifully. Those of us who have witnessed the launch of an iron-clad, and noted the tons and tons of Russian tallow and soft soap employed, could not well have a more striking demonstration of the value and powers of lubrication. But not only does lard act as an efficient lubricant, facilitating mechanical expulsion, but becoming absorbed by the surrounding tissues, it imparts to them, as has been pointed out, a pliability and elasticity which neither *vaseline*, *lanoline* or anything else does. Objections may be raised on the score of antiseptics, but the lard for obstetric purposes should be specially prepared, and those who are fastidious in this direction might easily have a little *eucalyptus* compounded with it. The free use of lard then, in my experience, is of material assistance in relaxing a rigid os, and at the same time very decidedly tends to prevent perineal laceration.

As to the use of the forceps, no doubt we all advocate the form of instrument we are accustomed to employ. In my own practice I have long since discarded the short forceps, as too toy-like for serious work, neither could I accomplish much with Leishman's "short-long." Simpson's long curved, for ordinary all round work both above and below the brim, is a good instrument, but does not in my estimation come up to Wagstaff's forceps, the instrument I now invariably use, and have much pleasure in showing you. The ease with which it is applied, and the great power and purchase given by the large double curve and long handles, makes it a very perfect instrument. In fact, it works so beautifully that the temptation is to use it perhaps too frequently. I never delay in putting on the forceps in a necessary case, and if done properly and with due care and respect to the presentation, no harm can result. It is of first importance in a forceps case to have the bladder thoroughly empty, if after retention is to be avoided, and to be careful not to use them too early in the labour. When the head is brought down well on to the perinæum, I think it wise to pause and give a final lubrication to the parts, and then either withdraw the forceps at once,

leaving the uterus to expel the head, or where this is impracticable to angle the traction well forward, so as to guard against laceration. With proper attention to these points, and by carefully avoiding haste, the risk of perineal laceration is small, or when it does happen, is so insignificant as not to necessitate the after millinery process. When first in practice I used to see a good many cases of laceration, and occasionally had to mend the perinæum. Latterly, however, I have been more successful, having now attended over eighty consecutive labours without having occasion to use the needle.

And now a word or two on the after treatment of our obstetric cases. To what extent should the vaginal douche be used in midwifery practice? With this query we open up the whole subject of antiseptic midwifery—a *quaestio vexata* indeed; but I shall not here do more than simply make a few suggestions. I believe, in reference to obstetrics, that our position should rather be *aseptic* than *antiseptic*. Strict cleanliness in every detail, and a careful supervision with respect to the hygienic condition of the patient and her surroundings, will do much towards obviating the necessity for antiseptics. Such are always more or less irritating, and as they are readily absorbed by the mucous surfaces and open patulous cervix are apt to cause objectionable symptoms. Thus we may have a foul tongue, offensive breath, and general feeling of *malaise*, attributable I believe in some cases to the use simply of Condy's fluid as a vaginal douche. On the other hand, there are cases where the washing away of a foul lochial discharge by means of the douche is followed by a distinct feeling of relief and refreshment. But a simple warm water douche without an antiseptic will do this. I believe it is a safe plan, from the *aseptic* point of view, to make it a routine practice to order the warm-water douche in this way in every case at the onset of labour. Latterly I have practically given up the antiseptic douche, employing it only in very exceptional cases. Sanitas for washing the parts externally is admissible, but I think the internal parts should be left well alone from antiseptics.

In conclusion, let me testify to the splendid results of homœopathy in the subsequent treatment of obstetric cases. I have been especially struck with the prompt

way in which our remedies not only smooth the path towards convalescence, but relieve and cure the host of troubles resulting from parturition. Perhaps at no time is a woman more sensitive to drug-action than immediately after labour, and it is on this very account I believe that we have here such an especial power for good in our homœopathically chosen remedies. For this reason, I think it wise to depend as much as possible on the remedy given singly, and in not too low a dilution. *Aconite* in third centesimal dilution, for example, may be followed in a confinement case by as profuse a perspiration as that induced by the first centesimal dilution of that remedy employed in an ordinary fever case. For the relief of after pains I usually prescribe *pulsatilla* or *arnica*, as indicated, and seldom find that any other remedy is required. For the intermittent character of the pains, however, *caulophyllum* is certainly valuable; and *ustilago maidis*, from its similar action, ought to be of benefit here, but I have never yet put it to the clinical test.

Of the beneficial effects of *collinsonia* after labour I can speak highly. I have not yet found a remedy more curative for the triple condition of constipation, hæmorrhoids, and uterine engorgement. Its timely use gives frequently immediate relief, and does much, I believe, to prevent subinvolution and subsequent prolapse. This is a subject on which one might quote cases and considerably enlarge, but to do so would take me beyond the limits of the present paper. And so, gentlemen, having now given expression to these few thoughts on a theme which is practically inexhaustible, I shall bring these notes to a close, trusting that the food I have endeavoured to supply you with to-night, may be mete for your appetite, suited to your taste, and worthy of your discussion.

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

By J. MURRAY MOORE, M.D., Edin., M.R.C.S., Eng.

In the following pages, written expressly for this *Review*, it will be the aim of the writer to bring together (1) the leading laws of the transmission of disease, disease-tendencies and malformations from ancestor and parent

to descendant and children ; (2) some facts and inferences drawn from his own experience of more than a quarter of a century ; and (3) suggestions as to preventive treatment and management of both parents and offspring, which will diminish the frequency with which hereditary or acquired deviations from normal health are now being handed down to the generations yet unborn.

I.

The two chief laws of heredity which govern this development of the human fœtus or embryo are—

1st. A general resemblance to the type, *Homo*.

2nd. A particular resemblance to either or both its parents (Heredity), or to one or more of its ancestors in the same lineal descent (Atavism). There is no sufficient ground for the theory that the human ovum in its embryonic development goes through all the stages of animal progress, from the Protozoa up to the Vertebrata. The embryo is a human being from the first, and strictly exemplifies the first law of Heredity. The second law is illustrated by every new-born infant who is not a monstrosity. And yet there are no two infants, even twins of the same sex, exactly alike. The highest order of terrestrial creation, man, is characterised by the greatest amount of individual variation ; and this variation is chiefly promoted by free selection in marriage. In the animal world it would seem that while pairing or sexual congress should be limited to the males and females of the same species in order to produce well-formed and fertile offspring, a wide area of personal sexual selection promotes their beauty and strength. Amongst the higher mammalia, "breeding in and in," carried on for a long time, produces weak descendants, and ultimately extinguishes the species. In man, analogously, consanguineous marriages (as of first and second cousins, of uncle and niece, or aunt and nephew—but *not* of a widower with his sister-in-law), when they are not sterile, tend strongly towards the production of deaf mutes, idiots, epileptics, albinos, and scrofulous, tuberculous or deformed children. In the striking statistics collected by Mr. Huth, in his *Marriage of Near Kin*, out of 299 such marriages, 48 produced children who were idiots, or became insane ; 54, mutes or deaf mutes ; 28, scrofulous children ; 7,

albinism ; 9, hydrocephalus ; 10, malformations ; and in 82 families early deaths took place. Here, we find one origin of transmitted disease, namely, consanguinity (a). Another source of hereditary disease is the marriage of near kin, who are both subjects of the same morbid diathesis, such as gout (b). The son of a gouty father and mother, who were first cousins—children of two brothers, themselves gouty, and very much alike in features—was the worst example of intractable gout in Dr. W. B. Carpenter's long experience. Another origin of hereditary disease and malformations is the occurrence of accident, injury, shock, or powerful mental impressions during the præ-natal period (c). My essay on "*The Effect of Mental Impressions on Fœtal Development*" is a contribution towards our exact knowledge on this debated subject.

II.

But before we pursue this part of the subject further I would call attention to the theory of Weismann, as explaining more scientifically than any other the phenomena both of fixity of species and variation of the individual in normal human beings. It is as follows : In every impregnated ovum of the higher mammalia there are two kinds of cells or plasma—the *body-cells*, or corporal plasma, and the *germ-cells*, or germ-plasma, in which latter the male and female germinative elements are intermingled. The former kind of cells, entirely devoted to building up the embryo, give to it the *individuality which is to distinguish it* during life from any other member of the same family. The latter cells maintain in the embryo the *uniform likeness to the species* or to the race or family to which it belongs.

A portion of these germ-cells unused in the formation of the fœtus is preserved in the form of spermatozoa or ova, according to sex, in the appropriate organs, to form the germ-cells of the next generation. Thus there is a continuous chain of reproductive cells, quite apart from body-cells, maintaining through several successive generations a continuity in which the character of the original ovum is never wholly lost by differentiation.

This theory, which meets with the guarded approval of the eminent embryologists Geddes and Thomson, sufficiently accounts by this wonderful continuity of

germ-cells (which thus resemble the protozoa in their immortality) for the re-appearance at long intervals of time in a family of some formerly characteristic feature or peculiarity, such as a Roman nose, red hair, somnambulism, left-handedness, an extra finger and so on. And this after years of intermarriages with families not related, so that one would expect that all the earlier traits had died out.

Tennyson's gibe in "Locksley Hall," at

"The tenth transmitter of a foolish face,"

and the remarkable permanence during 24 centuries of expatriation of the racial features and Semitic characteristics (volubility, love of personal decoration, mendacity, &c.) of the Jews, are equally explicable on Weismann's theory of germ-cell continuity. Similarly, the body-cells, nourished, multiplied, and exclusively during intra-uterine life and lactation supplied by the mother, are responsible for the personal differences of each individual.

III.

We are now in a position to state a few ascertained laws or principles governing transmission of disease or abnormalities of any kind.

a. Certain diseases are local in origin, and yet may become hereditary. Thus in many sunless Alpine valleys, ill-drained, malarious, where the only drinking water is calcareous, derived from snow or glaciers, goitre exists in both sexes for generations, culminating in crétinism, a form of idiocy. When an Alpine valley has been put into good sanitary condition, and proper water provided, these diseases have disappeared from the place; and even victims to goitre have been cured by being removed from their sad environment early in life, and have bred healthy children. Thus also Norwegian lepers save their lives by emigrating to America.

b. Diseases of mal-nutrition, such as gout, scrofula, cancer and tuberculosis require several generations for their full evolution, and this evolution may be retarded, or even wholly arrested, by intermarriage with healthy persons of another non-related family.

c. Acquired constitutional taints, such as syphilis, and abnormal habits such as alcoholism, kleptomania, masturbation, when once firmly rooted in an individual organism, tend to propagate themselves, like family features, and become hereditary for several (generally not more than four) generations, even when the original factors have ceased to act. Thus the acquired habit of the father may become a natural feature in his son or daughter, just as the puppies of a well-trained pointer or setter require but very little training to "point" or "set."

d. Deformities, superfluous digits or toes, and malformations in general, may be caused by accidents to the gravid mother, by powerful mental impressions arresting or altering the development of the fœtus, and the child born with any of these defects may become the parent or grandparent of an infant having an exactly similar abnormality. But, fortunately for such families, these "family marks" die out in a few generations.

For example an aunt and a female cousin on the paternal side of my family have each a flattened right thumb, but as both are childless, this slight deformity will pass out of existence in the present generation. There would indeed be a sadly rapid degeneration of the civilised races of mankind, if the typical forms of hereditary diseases, which I shall presently enumerate, were as permanent as the normal types of man and woman. Were it otherwise, families, village communities, nations, and eventually races, would become extinct in all parts of the world. But the tendency of this age is towards improved sanitation, better instruction and physical training of infants and children, and, it is to be hoped, a purer morality. A study of the Registrar-General's reports, and of the annual returns of the larger hospitals, will demonstrate that great success in removing or rectifying deformities and malformations has attended the efforts of our surgeons, and that the average of human life has been considerably extended. Centenarians are now more common than in any past age of secular history.

(To be continued.)

PAR-OVARIAN TUMOUR OF TWO YEARS
DURATION WITH SUCCESSFUL OVARIOTOMY.

BY GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic
Hospital.

DR. A. H. BUCK, of Camden Town, sent to me in August of last year a patient aged 48, in whom a rapidly increasing abdominal tumour was fast becoming burdensome. She was a single woman, forty-eight years of age, with a typical *facies ovariana* and an attenuated frame, save and except the abdominal distension. This was considerable, and prevented to a notable degree the pursuit of her usual avocation. Accompanying the distress due to the presence of the tumour was a persisting backache; but the most notable feature, to my mind, in the general condition was the rigidity of the arterial coats, which could be traced as inelastic tubes among the scant investing tissues of the forearms. The cardiac impulse was weak, although no murmur was discoverable. The atheromatous condition of the arteries, and the accompanying congestion of the veins, as a matter of fact furnished the only incidents in what otherwise would have been a phenomenally easy recovery.

In September I operated upon her, removing a large quantity of clear fluid from a single cyst, attached to the left broad ligament. No complications in the form of adhesions attended the removal of the tumour; the pedicle was ligated in the usual way, a Keith's glass drainage tube inserted, and the abdomen closed.

Arnica had been steadily given a week anterior to operation; and immediately after the conclusion of the ovariectomy it was recommenced and continued for some 24 hours. *Bell.* and *merc. corr.* in attenuation now replaced the *arnica*, and were continued for some four days, when the use of remedies was temporarily intermitted.

Although the operation proceeded so smoothly, yet each time the gauze plug in the drainage tube was removed, it came up with some amount of blood clot around and among its fibres. This manifestation continued for three or some four days; and on the fourth day

the dressings over a spot in the upper part of the incision were noticed to be bloodstained over an area the size of a shilling. This was quite removed from the region of the tube, and could be traced as proceeding from a well defined spot in the incision. A small piece of gauze saturated with *matico* was laid over the place, but to no avail; for in twelve hours the oozing had tended to increase rather than to lessen; a suture was therefore divided, the blood clot lying between the edges of the incision for about one third of an inch squeezed out, and the small cavity stuffed with gauze soaked in perchloride of iron. No further oozing occurred.

Save and except this tendency to oozing, not a single symptom occurred to mar the convalescence. Not once was there any sickness, no pain was complained of, no restlessness nor sleeplessness, nor any other untoward condition. The temperature rose immediately after operation to 100°, a maximum which was touched each evening until the tube was removed, the usual morning remissions occurring.

The vascular condition here merits special notice. From the depths of Douglas pouch a small quantity of blood was withdrawn daily for some few days after operation, although there was no apparent reason for its extravasation. Three or four days after the abdominal incision was sutured, venous oozing to a marked degree occurred in a localised area in the wound. These two manifestations are evidently correlated to a condition of the circulation favouring easy leakage, although the patient distinctly denied any tendency to hæmophilia.

I saw her again during December, when she had materially improved in general health, and put on flesh. Her condition had been in every way conspicuously benefited as a result of operation.

NOTE ON DIGITALIN.

By JOHN M. WYBORN, F.C.S.

SCHMIEDEBERG found that commercial *digitalin* contained, in addition to *digitoxin*, its chief pharmacological constituent, three glucosides, namely, *digitonin*, *digitalin*, and *digitaleïn*. Some of the results of more recent researches by H. Kiliani are published in *Arch. Pharm.*,

230, pp. 250-261. The author states that the leaves and seeds of *digitalis purpurea* contain *digitonin*—a crystalline inactive glucoside resembling *saponin*, the crystalline substance *digitoxin*, and two amorphous glucosides, *digitalin* and *digitalein*. Of these, *digitonin* is said to be useless as a remedy for heart disease, and, moreover, causes severe local inflammation, whilst *digitoxin* is unsuitable as a drug on account of its complete insolubility in water. The other two would be suitable if prepared pure. The *digitalein* of Schmiedeberg is found to be a mixture; not so, however, his *digitalin*, which is a chemical compound, and is now prepared pure by Boehringer, and sold under the name of "*digitalin verum*." This drug is perfectly uniform in its operation, gradually producing cessation of the heart's action, but no injurious secondary effects.

The author maintains that other preparations, such as "*digitalinum crystallisatum*," and "*D. pur. pulv.*," are impure, and consequently irregular and often injurious in their action. The first of these, indeed, is nearly pure *digitonin*.

"*Digitalin verum*" is an amorphous, white powder, which is insoluble in chloroform and in ether, swells up in water, and dissolves in it to the extent of 1 part in 1,000; 50 per cent. alcohol dissolves 1 part in 100, absolute alcohol still more. Tests of purity are given in the journal quoted.

Keith's *digitalin*, though a somewhat crude preparation, is in great part soluble in water, and I have myself had personal experience of its action on the heart whilst taking an aqueous solution in comparatively large homœopathic doses prescribed for me some years ago. I was advised to take a dose at bedtime, but owing to my sensitiveness to the action of the drug and the extreme prostration produced by it, I had to relinquish it after taking about three doses. Shortly after going to bed it appeared to stop the heart's action almost entirely, and though perfectly conscious I was unable to speak in the lowest tone without great effort. No other unpleasant symptoms accompanied or followed the administration of the medicine.

THE OPERATIVE TREATMENT OF OBSTRUCTIVE GROWTHS OF THE NASO-PHARYNX.

By DUDLEY WRIGHT,

Assistant Surgeon and Surgeon for Diseases of the Throat to the
London Homœopathic Hospital.

NASO-PHARYNGEAL growths, of one form or another, are of by no means uncommon occurrence, and it is probably the lot of most practitioners to have some dealings with them, and I therefore hope that the following remarks, based upon conclusions formed from my own experience in dealing with such cases, may by some be found useful.

By far the commonest morbid condition of this region that we are called upon to treat by surgical means is that of hypertrophy of the adenoid tissue contained in the tract of mucous lining between the openings of the eustachian tubes—in short, adenoid vegetations or post-nasal adenoids.

I would not willingly devote much space to this subject as sufficient has been written about it elsewhere; but I feel drawn to say something as a protest against the method of dealing with the growths which is at present in vogue with some operators, and which to my mind, from the occasional evil results I have seen occur, appears to be a somewhat harsh and unskilful form of treatment.

I refer to the avulsion of the tumours by means of variously curved forceps, one of which is figured below.



Figure 1. Löwenberg's Forceps.

Now, I believe that with this instrument a great deal more harm than good is usually done. It is almost impossible to thoroughly guide the instrument to the various parts that require treatment, and as a con-

sequence of this I have seen injury inflicted to the soft palate and uvula, and can quite believe that in the vigorous and somewhat slap-dash crushing that goes on, the pharyngeal end of the eustachian tubes may suffer to a considerable extent. As the result of the rather severe mutilation effected by a surgeon who went to work with these forceps and a tonsillotome, in a manner perhaps "not wisely but too well," I was called upon to treat, some months ago, a secondary pharyngitis, and laryngitis, which almost proved serious to the little patient.

I have myself in consequence long abandoned the use of this form of instrument, and now employ only the index finger to crush the growths, and a small ring knife, such as that figured below, to cut off those which do not yield to the simpler method.

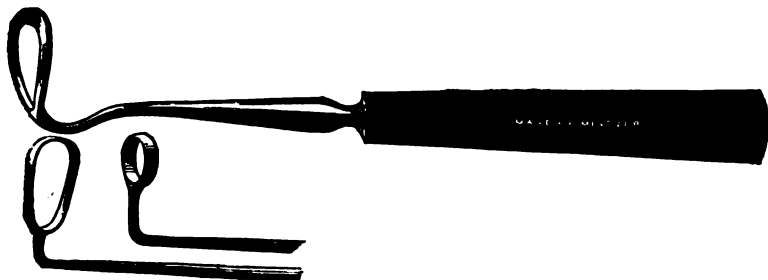


Figure 2. Ring Knife.

With this instrument the vegetations are partly cut, partly scraped off, and there is no pulling or tearing, and, therefore, no injury is likely to be inflicted to the parts around. The ring should be brought as near to the septum as possible, and then pushed backwards along the roof of the naso-pharynx, care being taken to keep in the middle line, and thus avoid the eustachian tubes. It is convenient to put the patient, usually a child, under an anæsthetic. *Complete* anæsthesia is not desirable, the operation lasting but a few seconds, and as there is usually copious hæmorrhage total unconsciousness might, by abolishing the reflexes, allow the blood to get into the trachea.

The mouth should be kept open with a gag; if the tonsils need removing they should be dealt with first, for otherwise these organs would be obscured by the

downflow of blood from the naso-pharynx. I should here remark that enlarged tonsils in children are, as a rule, accompanied by post-nasal adenoids, and it is therefore wise in all cases where an operation is performed for the relief of the former condition to be prepared to deal with the latter. In such cases the finger should always be passed into the naso-pharynx to determine the existence or absence of these growths, for a simple tonsillotomy without removal of these vegetations will fail as a rule to give the desired relief.

Immediately the operating finger has been removed from the mouth, the child should be turned over on to the abdomen with the head hanging over the end of the table, thus allowing the blood to flow through the nasal channels into a vessel beneath. The hæmorrhage shortly ceases spontaneously, and the patient recovers consciousness in a very short time. A good deal of blood is usually swallowed, and this is always vomited up again within about half an hour. For this reason, in cases where the operation is performed in one's own consulting rooms, and the parents wish to remove the child soon after, it is advisable to keep them indoors until this is over, for otherwise the vomiting takes place in the street or other inconvenient places.

I have lately performed this operation several times in older children simply under the local anæsthesia produced by a preliminary application of *cocaine*, and am quite satisfied that this in most instances abolishes sensation sufficiently to make the operation nearly painless even when both tonsils have to be removed at the same time. The after treatment consists in keeping the patient within doors for one or two days if the weather is cold or damp, and allowing only slops or soft diet to be taken.

Painting the pharynx with a mixture of *calendula* and *glycerine* (m̄ xii. ad. ʒ i.), and directing the patient to sniff the same up the nostrils until it reaches the posterior parts, is a convenient method of overcoming the soreness which is often present.

Directly all inflammatory action is at an end, a steady course of *calc. carb.* or *phosph.*, *silicea* or *mercurius*, as indicated by the constitution and symptoms, should be commenced. I believe that by losing no time over commencing internal medication we remove the tendency

to recurrence of these growths. Attention should also be paid to the state of the tympanum and membrane, otitis media being a very common accompaniment of this disease.

It is fortunate, both for patients and doctors, that the commonest disease occurring in this rather out of the way region is also the easiest to treat. No great skill is required for the performance of this small operation; a knowledge of the anatomy of the parts concerned, and a finger which is acquainted with the shape and outline of the various structures, will enable the operator to do what is required, and avoid those structures which are best left alone.

For the recognition as well as for the treatment of the other morbid conditions of the region under consideration a somewhat finer manipulative skill is required, since most of the instrumentation is carried on with the aid of the rhinoscopic mirror, and this cannot be acquired without a certain amount of practice.

Sir Henry Thompson, in his lectures on diseases of the bladder, used to tell his class how he familiarised himself in the use of the lithotrite by constantly practising whilst driving about in his carriage, crushing imaginary stones in the air with his eyes shut. I can recommend a somewhat similar practice with the laryngeal mirror and probe, only it cannot be carried out in a carriage, and needs the eyes to be open.

The plan I have found useful is to make a small tube, by rolling a piece of paper about $2\frac{1}{2}$ inches long into a funnel of about 1 inch diameter, and place this upright on a piece of white paper on which are one or two spots of ink, contained within the area corresponding to the circle of the tube.

The laryngeal mirror should be placed over this in the ordinary position for laryngoscopy, and the probe guided solely by the image in the mirror to the spots at the bottom of the tube.

When I commenced to learn the use of the laryngoscope, in order to get over the difficulty one always experiences at first in having to perform all intra-laryngeal operations by the image obtained in the mirror, I constructed a rough imitation larynx out of cardboard, the vocal cords being inserted separately, and by constantly practising removing foreign bodies, such

as pins, peas, &c., from this, the difficulty was quickly overcome.

Unfortunately, patients are not all built upon the principle of cardboard phantoms; and there are many who cannot for one moment tolerate the presence of an instrument in the mouth, and, still less, one in close approximation to the pillars of the fauces. A wide difference exists in the extent of tolerance for operative procedures with throat, and everyone has met with those patients in whom the mere approach of a tongue spatula will of a certainty excite the act of vomiting.

One case of this nature particularly recalls itself to my memory in the subject of a middle-aged, married lady, who could not even bear the presence of a clinical thermometer in her mouth.

In some of these cases there seems to be a relationship between this condition and that termed vaginismus; indeed, in this very patient this symptom was present in a marked degree, and had not been improved by dilatation of the vagina performed several years ago. Dr. Cullingworth has lately reported the case of a lady who suffered from vaginismus, and was unable to bear a simple rectal enema, her father and brother evincing a similar intolerance. It would appear, then, that most orifices of the body may show this excess of reflex action. The local application of *cocaine* often enables us to overcome this excess when dealing with the naso-pharynx; but it unfortunately does not succeed in every case, and, therefore, the administration of a general anæsthetic is, at times, indicated. As many have seen unpleasant symptoms occur during its use, and my own experiences with this drug have not been without these mishaps, I have become rather cautious in employing it.

I believe that its use in the form of a spray to a tract of mucous membrane is much more liable to produce ill effects than when simply painted over the parts with a brush or cotton tampon. In the nasal meatus a plug of wool moistened with the solution will be found an excellent way of applying it. The plug should not be so saturated as to cause, on introduction, a flow of the fluid to the posterior nares and pharynx. In the pharyngeal or naso-pharyngeal region a thorough brushing with the solution is sufficient to produce anæsthesia if it be used in a 10 or 20 per cent. strength.

In all cases one should be prepared for emergencies by having some brandy at hand, and this should be administered on the slightest appearance of faintness. A hypodermic injection of *digitalin* is the best remedy for complete or alarming collapse. In cases where it becomes necessary to use *cocaine* on patients who have previously shown symptoms of faintness after its use, I always commence operations with a preliminary dose of brandy, and have thus succeeded in preventing a return of the affection.

REVIEWS.

Ringworm: Its Constitutional Nature and Cure. By J. C. BURNETT, M.D. London: The Homœopathic Publishing Company, 12, Warwick Lane, E.C., 1892.

THE three points to lay stress upon, which is the apparent purpose of the author of this little book, are—*firstly*, that ringworm is a disease—parasitic, indeed, in its external manifestations, but after all essentially a constitutional dyscrasia, in the presence of which alone can the parasite find a suitable soil in which to take root and flourish; *secondly*, that this constitutional dyscrasia is of the nature of, or at any rate closely allied to, the tubercular; *thirdly*, that the remedy in all cases is *bacillinum*, or Koch's *tuberculin*, given in a high attenuation, or so-called "potency," at rare intervals.

That a condition of depraved health is a necessary factor in ringworm has long been recognised. The homœopathic physician has admitted it, practically, by his prescribing as remedies in it such medicines as *calcarea*, *sepia*, *silica*, *lycopodium*, *sulphur* and *arsenic*, while at the same time, with hot vinegar, sulphurous acid, or mercurial ointment he endeavours to destroy the fungus which has alighted upon the congenial soil. The non-homœopathic physician, while attaching greater importance to the local manifestation of the ailment than does his homœopathic neighbour, does not lose sight of the fact that "most instances of ringworm occur in children who possess the lymphatic temperament, many in those who are strumous, or who are, at least, thin, fair, and pallid." Consequently he adopts measures which, from his point of view, are regarded as calculated to correct this type of unhealthiness. That they attack the external manifestation with vigour is true enough, and that the attack is oftentimes prolonged and useless, and in some instances injurious, is no less true, but it is no evidence that the destruction of the

parasite by a parasiticide is undesirable. The lesson such failure teaches us is that the measures non-homoeopathic practitioners adopt, so to improve the general health of a patient as to render his body uninhabitable to the *trichophyton*, are inadequate for the purpose.

What is the nature of the condition of health which renders the child's scalp a field for the growth of fungus? Dr. Burnett says that it is one of, "so to speak, sub-tuberculosis," "generated by the together-being of young people in close spaces, i.e., by their personal emanations or anthropotoxine." Dr. Alder Smith, on the other hand, while acknowledging the existence of a ringworm dyscrasia, says that he "constantly sees both recent and chronic ringworm upon decidedly healthy and robust children;" and consequently he thinks "that the peculiar condition which is favourable to the development of the ringworm fungus is unknown." That ringworm can occur in healthy and robust children, Dr. Burnett emphatically denies. "Ringworm mould," he says, "cannot grow on really healthy children any more than fish can live out of water." The physician of Christ's Hospital says that he has *seen* ringworm mould growing on healthy children; Dr. Burnett assures us that he "never yet found a truly healthy child the subject of ringworm; they all have more or less indurated glands somewhere." The question is one on which a difference of opinion exists, but at the same time Dr. Burnett tells us (p. 123) that he is "a positive individual," and that this is one of the points which he holds "positively." Hence it is well in all cases of ringworm to look carefully for indications of constitutional disturbance, and to treat the patient accordingly.

What may be the real nature of the constitutional pathology of ringworm must be regarded as an open question; that it resembles in many of its features the tubercular diathesis we admit, but that it is actually so in point of fact has never yet been proved. How much the symptoms commonly met with are akin to those characteristic of tuberculous disorders may be gathered from the fact that, among non-homoeopathic physicians, cod liver oil is the chief therapeutic resort, while the homoeopathist falls back upon such medicines as *calcareo*, *sulphur*, *silica*, and the like; and now, Dr. Burnett holds "positively" that it is curable by "*bacillinum* in high potency internally and infrequently administered." The cases he relates in illustration of the work of this remedy are few in number, but sufficiently characteristic, and show remarkably successful results. He lays great stress on the medicine being given in a high attenuation, even in the 1,000th. But as to make such a preparation with that degree of accuracy

which is required for scientific observations, at least three or four days, working at it for twelve hours a day, are necessary, we should like to have some satisfactory evidence that a dilution more readily prepared, such for example as the 6th or the 12th attenuation, would not give equally good results, and be as free from any that are undesirable as the 1,000th is said to be. Dr. Joussett uses the 6th decimal, Dr. Lembreghts the 6th and 12th in phthisis, and, as they assure us, with quite satisfactory results. Of course Dr. Burnett could not write a book of this kind without a mild ebullition of something very much like sneering at his medical brethren. He says, for example, that he does not "suppose for one moment that the medical world (and still less the surgical) will accept my statements in regard to the true nature and cure of ringworm; nor do I imagine that they will fairly try my treatment. . . . Even the homœopathic practitioner seems very commonly quite unable to crawl out of his own old ways. Well, medical progress will pass him by and go on." A passage of this kind is enough to make many medical men close the book in disgust, and therefore, we regret its insertion. There is no reason on earth why Dr. Burnett's opinion that there is a constitutional dyscrasia present, at any rate in the large majority of cases of ringworm, should not be accepted; it has been held and taught for many years. Neither is there any reason why the nature of the dyscrasia being akin to that of the tubercular diathesis should excite any violent antagonism. That it is of this character many already have long believed to be probable enough. That *bacillinum*, or Koch's *tuberculin* should remedy such a dyscrasia is not at all unlikely; on the contrary, it is being, and has been, used to cure tuberculosis, in one form of development or another, for several years past. That it is necessary to give this preparation in so high an attenuation as Dr. Burnett "positively" states it to be, may well be doubted for the simple reason that such a dilution has never been experimentally proved to be essential either for remedial reasons or to prevent the remedy doing mischief.

Rheumatism and Sciatica. By JOHN H. CLARKE, M.D.
London: Jas. Epps & Co., 170, Piccadilly. 1892.

THIS little book has apparently for its *raison d'être* the conveyance to despairing sufferers from rheumatism of the assurance that the answer to the question, "Is there any cure for rheumatism?" depends "on whose rheumatism it is; some people's rheumatism is curable, some people's rheumatism can only be alleviated, and there are some (a small minority, says the author) for whom no sort of treatment

seems to be of much avail." That these prognostics are correct, Dr. Clarke illustrates by the recital of the chief features of sundry cases of acute and chronic rheumatism, both simple and complicated with cardiac and other disease, treated homœopathically. In discussing the treatment suitable for persons predisposed to rheumatism, Dr. Clarke very properly lays stress upon the importance of their wearing woollen clothing next the skin. But he says, "unless they find a difficulty in keeping warm at night, they need not sleep in blankets and woollen night clothing, if they have not accustomed themselves to it." If physiologically necessary during the day, wool is for the same physiological reasons required during the night, and it certainly can be shown to be physiologically demanded during the day. Rheumatic people ought to live clothed in wool both day and night, if they would avoid the disease to which they are prone; while to treat a rheumatic fever without the patient wearing woollen clothing and without his being covered with good blankets, is to omit the most useful adjuvant at our command. Further, it is advisable that both dress and blankets should be changed every day; those removed from the person and the bed being placed before a good fire for some hours before being used again. The great objection to flannel is the irritation it causes to the skin in some persons. In such cases Dr. Clarke advises silk as a substitute. The expense of this fabric deters most people from its use. The source of the skin irritation produced by wool is in the rough surface of the wool-fibre. Such roughness or sharpness can be done away with in the process of manufacture, and is done away with in the fabrics produced by the Jaeger Company. This is shown in a drawing of woollen fibres from a Jaeger garment, as seen under the microscope, published in *The Sanitarian* (New York), Nov., 1891. Very recently we have seen a lady, who, having had rheumatic fever somewhat severely, and being consequently anxious to be entirely clothed in flannel, found the irritation it created almost too much for her to bear until she tried the Jaeger fabric; this she has since worn without the slightest inconvenience, but on the contrary with nothing but comfort.

The symptoms most resembling rheumatism produced in health by some twenty medicines are succinctly given. The medicines are arranged in alphabetical order, and not, as we should have preferred to see them, either in one of their importance as determined by the frequency with which they are usually indicated, or in one representing their natural connection in the similarity of their symptoms.

In recording some cases of successfully treated sciatica,

Dr. Clarke relates one cured by *gnaphalium*. The symptom which led to the choice of this medicine is thus given: "During the intervals of pain there was a feeling of numbness in the limb. In this case it was the part where the pain was that became numb." The prompt success which followed the use of this medicine confirms the record given in the proving of the drug by Dr. Banks. "Intense pain in the sciatic nerve and its larger ramifications. Numbness occasionally taking the place of sciatica, rendering walking very fatiguing." (*Cyclopædia of Drug Pathogenesis*, art. *Gnaphalium*). It is interesting to note that in the abdominal symptoms this drug gives rise to, it greatly resembles *colocynth*—one of the most commonly indicated as it is efficient of remedies in sciatica.

The Journal of the British Homœopathic Society, being a new series of the Annals of the British Homœopathic Society and of the London Homœopathic Hospital. Edited by RICHARD HUGHES, M.D. Vol. I., No. 1, January, 1893. London: John Bale and Sons, 87 and 89, Great Titchfield Street, Oxford Street, W., pp. 94.

Annual Supplement to the Journal of the British Homœopathic Society, containing List of Officers, Council, Fellows and Members of the Society. Edited by RICHARD HUGHES, M.D. London: John Bale and Sons, Great Titchfield Street, W., pp. 22.

For the third time in its history the British Homœopathic Society makes an attempt to publish the proceedings which take place at its meetings, independently of periodical literature. With the new series, however, under the editorship of so experienced and cultured a medical *littérateur* as Dr. Hughes, it does somewhat more than present the members with the papers read and reports of the discussions they have elicited, so that, in addition to these we are furnished with a certain amount of "Society News," and a collection of "excerpts out of the many journals taken by or supplied in exchange to the Society," "embodying all observations pertinent to the specialty of the members of the Society which have appeared during the three months previous to the issue of each quarterly number." This collection of therapeutic *notabilia* is drawn up by Dr. Hughes, and is divided into observations on *Pharmacodynamics* and on *Therapeutics*. These, as will be readily believed, are all of value. Besides the work done at the central Society, we have a report given of the discussion which took place at the first and, so far, the only branch of the Society—the Liverpool—

when Dr. Hayward read the very interesting paper on *Grand Canary*, which appeared in our last number.

As abstracts of the papers and discussions, which are here reported *in extenso*, have already appeared in our pages, it is unnecessary for us to allude to them further. In addition to them, however, is the report of the successful removal of a large ovarian tumour which, eight years ago, the then most successful operator of the day had declined to remove—regarding the risks involved as being too great to justify interference. The “tumour mass consisted of a large dermoid cyst with fatty fluid contents, and of some three or four thin walled cysts containing amber coloured fluid.” The patient was sent home five weeks after the operation with the abdominal incision well healed, and the general health much improved.

The items of news and the supplemental list of its members show the Society to be in a very flourishing condition. The canvassing for new members, which has been actively engaged in by two or three of the more energetic spirits among the fellows since last July, has been most successful, and there are now 188 names upon the Society’s roll. This is very gratifying, and we trust that every medical man practising homœopathically will see it to be his duty to homœopathy to join a Society the business of which is to cultivate and extend our knowledge of therapeutics.

Tasty Tit-Bits and Dishes Dainty. By LADY CONSTANCE HOWARD. London: Record Press, 1892.

COOKERY books during the last few years have been greatly multiplied, but, unfortunately, very few of them are of much use to those who have to do their housekeeping on limited incomes. “*Tasty Tit-Bits and Dishes Dainty*,” though an excellent book for people of good means who are fortunate enough to possess a first-rate cook, will, we are afraid, do little towards increasing the variety of dishes within the reach of the large class of people who cannot afford to keep more than two ordinary servants. The book is neatly got up, and as we read through many of the recipes we feel that the title is a well chosen one, and that the “bits” would indeed prove “tasty” and the “dishes dainty.” Whether they would prove equally good for the digestion is, of course, another question. The fish soup on page 86, in which $\frac{1}{4}$ lb. of butter is to be dissolved, is hardly the kind of thing we should care to recommend. The Hungarian potato salad, on page 61, though exceedingly tasty cannot be called wholesome. We give the recipe in full:

"Hungarian Potato Salad.—Take some small potatoes, boil them, peel them while still warm, slice very thin. To every pint of potatoes mince one small onion, one pickled beetroot, one fresh cucumber sliced, a Dutch herring, four sardines, and one spoonful of cold boiled ham. Mix all together, and pour over it one teacupful of vinegar. Garnish with pickled walnuts."

By epicures the book will be welcomed as containing many very novel dishes. We think the introduction of advertisements of patent foods in the second part of the book a happy thought, and can recommend its use on this account.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session was held at the London Homœopathic Hospital, on Thursday, January 5th, 1893.

The following gentlemen were elected members of the society: Drs. Arnold, Manchester; Flint, Scarborough; Meek, Manchester; Proctor, Birkenhead; Roberts, Dublin; Wilde, Weston-Super-Mare; and Williams, Manchester.

Mr GERARD SMITH read a paper on "Dentition," in which he first referred to the nervous connections of the teeth, and how they would lead one to expect reflex affections of the stomach, intestines, eyes, ears, larynx, the respiratory mucus membrane and other parts. He looked upon the local affections of the mouth and throat as physiological processes. When they go on to stomatitis and enlargement of the glands these must be treated. Simple ulceration of the frænum, *kali chlor.* will cure in the 3x. dilution; borax is of value in aphthous ulceration. In catarrhal stomatitis, *kreasote* and *acid sulph.* were good remedies; he had not been served well by *merc. sol.* He next discussed the several sympathetic or reflex affections of difficult dentition. For conjunctival blennorrhœa he recommended *bell.* In otitis he had so much faith in *aconite* and *pulsatilla* that if they failed, and the pain was not abated, he feared suppuration, whereupon he gave *hepar.* He questioned whether the respiratory affections were purely reflex, and were not as much due to chill or foul air, and he would treat the bronchitic condition irrespective of teething. The commonest form of intestinal catarrh, yellow or greyish stools, he had seen mostly relieved by *chamomilla*, but in the properly indicated cases he would use *podoph.*, *colocynth*, *calc. phos.*, *merc. cor.*, *ipêcac.*, and *kreasote*. With

advising *alumina* and *bryonia* for constipation he concluded the section devoted to the intestinal conditions. He considered "red gum" the most common affection of the skin, and used *rhus. tox.* as a remedy. For the troublesome eczema attending dentition he was fond of using Unna's glyco-gelatine paint as an outward application, also the well-known "white precipitate ointment," washing the parts with oatmeal water; his favourite internal remedies being *arsenic*, *rhus* and *graphites*. He thought that we ought not to put too much reliance in tooth remedies when treating cerebral or spinal symptoms. *Nux* would often relieve the twitchings premonitory to a convulsive attack. He considered so-called dental paralysis to be coincident with a polio-myelitis, and not due to the direct result of the teething. He was strongly in favour of lancing the gums, advising deep crucial incisions over the molars and linear incisions over the incisors. The paper was concluded by referring to some of the affections due to secondary dentition.

The discussion that followed was opened by Dr. Edwin A. NEATBY, who thought that dentition might modify almost every disease, might excite attacks of ailments to which the child is predisposed, or might predispose to attacks which other circumstances excite. The feverishness of teething was of two kinds; the acute, often accompanied with, if not due to cerebral hyperæmia, and occurring during the eruption of a tooth, and the chronic, lasting two or three weeks, and followed after a week or two by the "cutting" of a batch of three or four teeth. He had noticed repeatedly recurring during dentition "pultaceous" tonsillitis, followed by desquamation of the epidermis of hands or chest. He thought the earache and otorrhœa might be either reflex, or due to extension by continuity, but that the prognosis was good. He alluded to vulvitis and nocturnal incontinence of urine as instances of reflex action. In rickets he thought that it was the rachitic condition which modified the course of teething. He was of opinion that convulsions during teething were much less common than most other ailments. Attention was drawn to the importance of feeding, as it had a paramount influence on dentition. Observations were given from a table of 300 cases, in which feeding, family history, and other ailments had been noted. He drew attention to three remedies in conclusion: for simple irritability, *agaricus*, 1x or 2x; for sleeplessness, *passiflora*, given in 2-5 minim doses; in the intractable cases of skin irritation, half-drop doses of *nux vomica*.

Dr. HUGHES thought that the fear of falling downwards was not any real indication for the use of *borax*. It was an

accidental occurrence during the use of *borax*. He thought *kreusote* was homœopathic to stomatitis. He considered that some investigations of Cartwright's showed that *iodide of potassium* was homœopathic to the enlarged submaxillary glands. *Mercurius* failed in diarrhœa, and *chamomilla* succeeded, because the diarrhœa was a reflex trouble.

DR. DYCE BROWN thought that *mercurius* was only indicated in stomatitis when there was some accompanying diarrhœa, but that in simple stomatitis *chlorate of potash* acted admirably, and that it had more than a local action. He considered it necessary in treating bronchitis to keep in view the reflex character of the condition. In children, where the feces were hard and painful to pass, *bryonia* in the higher dilutions acted beautifully. Gum lancing ought to be discarded out and out.

DR. MADDEN considered some of the symptoms due to second dentition were caused by the decayed tooth and painful gums, causing food to be bolted. He had never known lancing gums do any harm.

DR. BLAKE thought all absolute rules as to lancing gums wrong. He objected to the term "reflex," which, like hysteria, covered a multitude of sins. He considered *borax* had more than a local action, as he had cured stomatitis with *borax* 12.

MR. WRIGHT considered that undoubtedly the majority of cases of otitis occurred from inflammation and direct extension. He thought that otalgia was relieved as much by the *glycerine* as the *cocaine*, as the latter was not absorbed. He had found *sulphur* internally and locally useful in the skin affection of teething.

DR. DUDGEON said that no remedy was better in otitis than *belladonna*. He alluded to the popular use of the *bryony* root in headaches and constipation.

DR. BYRES MOIR thought many of the diseases ascribed to the teeth were due to rickets and improper feeding. He did not see much use in lancing the gums.

DR. ROBERSON DAY insisted on the necessity of a minute examination of details.

The PRESIDENT concurred with some of the previous speakers in condemning the lancet. He thought that there was no doubt that *iodide of potassium* was useful in enlarged cervical glands. He did not think *bryonia* did much good when there was dribbling. For the skin affections he used *antimonium tart.* and *crudum* and *sulphur* every week.

MR. GERARD SMITH having replied, the meeting adjourned.

LIVERPOOL BRANCH, BRITISH HOMŒOPATHIC SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital, Liverpool, on Thursday, January 12th, Dr. HAWKES, the President, in the chair.

DR. MURRAY MOORE drew attention to the letter by Dr. Burnett in the January number of the "Homœopathic World," with reference to the Drysdale Memorial.

At the suggestion of Dr. CAPPER, it was agreed that members of the British Homœopathic Society practising in the vicinity of Liverpool should be approached with the view of persuading them to join the Liverpool Branch.

DR. J. D. HAYWARD mentioned a case in the hospital in which an abscess had formed just below, and a little to the right of the navel, during convalescence from enteric fever. He thought the condition bore some relationship to the necrosis which sometimes occurs after typhoid, and to which he was the first to draw attention.

He also referred to a case of obstruction of the bowels to which he had been called. There had been no vomiting, and the patient had passed flatus on the day on which he first attended. He thought the case was one of cancer of the colon, and the patient succumbed about a week afterwards. The question was as to whether he would have been justified in attempting an operation, but the members present generally agreed that an operation was not indicated.

DR. ELLIS then read a paper on "Colocynth: A suggestion for a New Materia Medica," which was afterwards followed by a discussion.

PERISCOPE.

MATERIA MEDICA.

CONIUM IN CATARACT.—Dr. I. T. Talbot, Boston, Mass., U.S.A., briefly refers to the accepted fact of the cure, by *conium*, of cataract with acute and rapidly advancing glaucoma, in 1853, in the person of Marshal St. Arnaud, of France, and he then suggests how the pathogenesis of *conium* is replete with symptoms very similar to those of acute cataract. The symptoms which he calls attention to we need not here relate as they may be found in their proper place by every student of the Materia Medica. Dr. Talbot then narrates two well marked cases under his own care, cured by this remedy. One of them occurring in a woman 32 years of age, a school teacher, had been examined by a distinguished oculist in Boston, who pronounced it a lenticular cataract of both eyes, and said that

nothing but an operation could give relief. This measure, however, was not adopted, but *conium* 8x. was prescribed four times a day, for twelve weeks; she was then seen again by the same oculist, who although he was a bitter opponent of homœopathy, confessed she then had "no more cataract than he had;" in fact, she was cured and has remained free from recurrence since 1877, except once, when a few doses of *conium* relieved some returning symptoms of her former trouble. The second case was a more severe one, and had gone on to glaucoma, pronounced by the oculist to be hopeless, and enucleation was recommended. Here, too, *conium* was administered, and as it gave relief was continued for eighteen months; the patient regained vision, was able to read and write and for the past six years has been in comparatively good health.

Dr. Talbot also states, "many other cases have occurred in my practice in which I have seen the most prompt and desirable results from the use of *conium*."—*Medical Century*, January, 1893, p. 21.

THE "TISSUE REMEDIES" IN DYSPEPSIA.—Dr. W. A. Dewey, San Francisco, calls attention to these remedies, for "those functional disorders known by the comprehensive terms of indigestion and dyspepsia," for comparison with other well known remedies in those disorders, and we here condense his remarks on the main points of observation. *Calcarea phos.*: In *dyspepsia*, with much pain in the stomach and flatulence, which comes on after eating, only temporarily relieved by eructation of wind, and usually an unnatural hunger and craving for salt. *Calcarea fluor.*: Vomiting of undigested food, like all the *calcarea*s, but otherwise its symptoms not marked. *Calcarea sulph.*: No marked gastric symptoms, except a desire for fruit, tea and coffee, the appetite and thirst increased. *Ferrum phos.*: For acute indigestion, with flushed face, much pain in the stomach after food, the food causing nausea; it is soon vomited, very sour and undigested, loss of appetite, disgust for milk, headache, disturbed sleep, and diarrhœa. *Kali mur.*: One of the best remedies for dyspepsia brought on by indulgence in rich and fatty food, accompanied by sluggishness of the liver, with white-coated tongue, loss of appetite, obstinate constipation, pain in the epigastric region to the back or right shoulder, jaundiced colour of the skin, bitter taste in the mouth, and often times vomiting of glairy mucus—symptoms very similar to *nux vomica*. *Kali phos.*: For nervous dyspepsia, with gone feeling in the stomach, hunger soon after food, with much flatulence, causing distress about the heart, and the patient languid and exhausted. *Kali sulph.*: Yellow-coated tongue and other symptoms similar to *pulsatilla*, but not much thirst.

Magnesia phos. : Is indicated for sharp, griping pains in the stomach, with excessive flatulence, but eructations do not give relief; the eructations are burning and tasteless. There is a disposition to regurgitation of food soon after eating, an aversion to taking coffee, and a sensation of a band laced across the epigastrium. *Natrum mur.* : For indigestion, with vomiting of clear mucus, sour regurgitation of food, distension, pressure, heavy pressure in the stomach, with soreness in the epigastric region by pressure, and a weak sinking feeling in that region. There is a longing for salt and strong tasting things, but a marked aversion to bread. *Natrum phos.* : Marked by acidity, sour risings often caused by fatty food, loss of appetite, flatulence, tongue coated yellowish at the base, severe burning pain in the stomach, especially coming on two hours after a meal, and an empty gone feeling. *Natrum sulph.* : Bitter taste in the morning, stomach feels distended and heavy, nausea, sour eructations, flatulence, complexion very sallow. *Silica* : A few symptoms like unto *calcareo*, such as ravenous appetite, sour eructations, &c., with aversion to warm cooked food and desire for cold foods.—(*Medical Century*, January, 1893, p. 5.)

SCUTELLARIA LATERIFOLIA.—Dr. Gorton, of Brooklyn (*New York Med. Times*, Sept.), writes of the valuable assistance he has derived from one minim doses of the tincture of this drug in cases of neurasthenia. The symptoms leading to its selection are given in Milespaugh's *American Medicinal Plants*. They are: "Mental confusion and stupor, headache and vertigo, photophobia with dilated pupils, general languor and tremulousness, followed by wakefulness and restlessness." On the vascular system "variable pulse, with final reduction of the heart's action, with intermissions." These effects of the drug on the healthy nervous system, though meagre, are significant. Dr. Gorton believes them to be well-founded, since they have been clinically verified in his own experience.

BORACIC ACID.—The *Medical Era* states that *boracic acid* in the proportion of two drachms to a pint of water furnishes one of the best of eye washes in conjunctival inflammation.

HELONTIAS DIOICA.—Dr. Griffith, of Philadelphia (*Hahnemannian Monthly*, November), describes as the sphere of this medicine cases of amenorrhœa and of menorrhagia whenever dependent upon uterine atony. Where there is a tendency to uterine malpositions in preventing miscarriage, when from local weakness the slightest over-exertion produces its premonitory symptoms, then it resembles *aletris*, while *caulophyllum* and *viburnum*, on the contrary, correspond to an irritable uterus with great sensitiveness. He illustrates these grounds of selection by three apposite cases.

HYOSCYAMUS AND ATROPINE.—Rudolph (*Centrabl. f. Klin. Med.*, October 8th, 1892) reports four cases of *henbane* and one of *atropine* poisoning. The former occurred in four brothers, aged 11, 9, 7, and 5 years respectively, who had eaten the seed capsules. Symptoms common to all four were red face, dilated pupils, dry lips and mouth, restlessness and mental excitement. In one case the symptoms were but slightly marked. In the boy, aged 5, there was a period of marked apathy preceding the excitement. In only one case was there a rise of temperature (38.9° C.), and in another case there was a scarlatiniform eruption on the thorax, and especially on the buttocks. In no case was the pulse more than 110. In two days' time all the boys were discharged well, but with dilated pupils. The treatment consisted in washing out the stomach, and the subcutaneous injection of *morphine*. The case of *atropine* poisoning occurred in a woman, aged 30. She was brought in by the police, who thought her insane. She was rambling, and her gait was uncertain. The face was red, the pupils widely dilated, the lips and mouth dry, the pulse 132, and the temperature normal. The fæces and urine were passed unconsciously. The stomach was emptied and *atropine* found in the contents. *Morphine* was injected. In twenty-four hours her mind was clear, and she was discharged well on the following day. The symptoms of *atropine* and *hyoscyamus* poisoning are almost alike. The mental condition is one of excitement, combined in *henbane* poisoning with hallucinations. These hallucinations may be absent in *atropine* poisoning. The tendency to sleep in the former condition was not noted at the beginning of any of the cases, but the deep coma in the boy, aged 9, the author would attribute to the action of the poison, and not to the small dose of *morphine* given.—*Brit. Med. Jnl.*, Nov. 12, 1892.

GYNÆCOLOGY AND OBSTETRICS.

THE FOURTH STAGE OF LABOUR.—Abstract of a paper read before the Homœopathic Medical Society of New York at the semi-annual meeting in New York City, October 5th, 1892, by Dr. G. W. Winterburn:—

In the opening paragraphs of his paper Dr. Winterburn impresses upon the obstetric practitioner the necessity of ignoring the "classic" division of labour into three stages, and of the importance of recognising a fourth stage, when attention should be particularly directed to the various lacerations which occur in so many instances during the birth of the child.

To quote Dr. Winterburn's own words: "The duty of the obstetrician to the woman in the case is not ended until he

has seen that every particle of soil and dampness is removed from the bed, her own person gently but thoroughly cleansed with boiled water, followed by rubbing the parts which have been wetted with hot alcohol, and that the clean linen used has been thoroughly baked, and put on while yet quite warm." This is to be followed by a minute examination of the parturient canal. He suggests that laceration of the cervix may be treated expectantly, but that as rupture of the vagina and mucous and submucous tissues of the perinæum are serious both in their immediate and remote consequences, that the rent should immediately be repaired, and he points out in reference to this part of his subject, that the perinæal body is not infrequently injured while the commissure remains intact.

In the more serious ruptures the author is in favour of immediate operation, but admits that a delay of some hours may, under certain circumstances, be advantageous. Primary operation is a decided benefit to the patient when skilfully performed; it leaves a functionally perfect perinæum, and subsequent parturition is less likely to produce a fresh laceration.

The operation for ruptured perinæum which Dr. Winterburn considers most satisfactory we will describe in his own words: "Before beginning the operation the obstetrician should find out the exact state of the tissues. The wound is usually much larger than it appears to be. The success of the operation depends upon co-apting the torn muscular fibres. The stitches must be put in with only just sufficient tension to draw the fibres into place. The torn surfaces must not be pressed together tightly, or their vitality will be injured. It must not be forgotten that the parts will in a day or two become greatly swollen, and the wounded surfaces should have an equal chance to expand with the contiguous tissues. In this way union can almost certainly be secured.

"The common error in repairing severe but incomplete laceration is to treat it as a longitudinal tear of the posterior vaginal wall, when as a matter of fact it is usually a transverse tear at right angles with and immediately within the orifice. The contraction of the muscles causes a retraction of the upper (vaginal) portion of the involved tissues, resulting in the production of an irregular raw surface, which on inspection looks and feels like a longitudinal tear; but if the upper portion is seized in the median line with a pair of dressing forceps, and drawn forward and downward, its true form will be perceived. Generally this initial tear is complicated by the extension of one or both of its outer extremities upward

along the vaginal wall, caused by the splitting apart of the fibres of the levator ani in the direction of their length.

"In the particular form of laceration which, as it does not involve the commissure is so frequently overlooked by the 'busy practitioner,' I use the following simple procedure. An extra large fully curved needle is made to enter through the skin just in front of the anus, and three quarters of an inch from the median line, and guided by a finger in the rectum is carried directly upward into the upper portion of the perineal body, and swept downward to correspond on the other side of the median line. The sutures must not show in the line. If they do it will be necessary to supplement them with a row of superficial stitches (continuous catgut) in the vagina. A second suture is parallel to the first, and about one-third of an inch in front. From three to five such sutures will be needed. The external sutures are first put in but not tied. Then the vaginal ones, if these are necessary. These latter are secured properly, and then the primary ones in the inverse order of their introduction are tied over a roll of gauze, care being taken to free the wound from clots."

In concluding his paper Dr. Winterburn enters a decided protest against midwifery which permits such laceration to occur, and the disgrace to the science that patients should fare so badly at our hands.

STERILITY, says the *Medical Era*, not infrequently depends upon an acid condition of the vaginal secretions. In such cases a vaginal douche of two quarts of water containing one ounce of bicarbonate of soda and three or four ounces of glycerine corrects it. We would suggest that an acid secretion of the vaginal mucous membrane is but one symptom of a condition of ill-health, and by meeting it with a medicine similar to the totality of the symptoms we should cure this condition, and with it the sterility; while the flooding of the vagina with a torrent of alkaline solution would be only temporary in its effects, and have an influence on only one feature of the disorder.

OVARIOTOMY DURING PREGNANCY.—Dsirne. (*Archiv für Gynäkologie*, Band XLII., Heft III.)—On the basis of 185 tabulated cases of ovariectomy during pregnancy, the author in this paper examines the indications for operation, and the results accruing to mother and child. The cases are derived from cosmopolitan sources, although some of the best English work in recent years is not included in the category.

Dsirne summarises the results of his examination as follows: That the danger to both mother and child is proportionate to the advance of the pregnancy. That cyst-

tapping and the interruption of pregnancy are merely make-shifts of a temporary kind. That ovariectomy gives the best results for both mother and child if conducted during the second, third, or fourth month of gestation. That if ovariectomy be performed in the later months of pregnancy, very good results, especially for the mother, may be obtained.

The indications for operation are derived from a wide area of fact. Thus in patients left without operation lethal results accrue to the mother in 25 per cent., and to the child in 75 per cent., of total cases. The risks involved in the presence of an ovarian tumour during pregnancy are manifold. Abortion not infrequently occurs from mechanical obstacles to uterine enlargement, or from incarceration of the uterus in the pelvis, or from a permanently maintained backward displacement. Torsion of the pedicle occurs in 10 per cent. of cases. Bladder troubles, dyspnœa, rupture of the cyst, œdema—these are conditions incident to the presence of the tumour; and any of these may call for urgent operation at an inopportune juncture.

The author gives statistics showing that the special mortality of this operation is about 6 per cent. of total cases. This result is much influenced by the late or early time of operation relative to the gestation; thus in the third month no deaths occurred in 80 cases operated on; in the fourth month one case died in a total of twenty-one operations; and in the fifth month two cases succumbed out of eleven ovariectomies with this complication.

Pregnancy was interrupted by operation in 22 per cent. of the cases cited. Laparotomy in the third or fourth month of gestation, which gives the best results for the mother, is followed by fewer post-operational abortions than at any other period. And when the perturbation of the maternal organism due to the tumour is considerable the interests of the child are safeguarded by operation. The period of gestation, the anatomical relations of the tumour, the existence of numerous adhesions, the involvement of both ovaries, all these directly influence the retentive power of the uterus under the stress of operation.

Cyst-tapping and the induction of premature labour are rightly condemned as procrastinatory measures. The frequency with which puncture has often to be repeated during the progress of gestation restricts its proper sphere to inoperable cases. And the constant difficulty in exact diagnosis renders puncture of the uterus an easy error. The author records cases in which this has been done even during an abdominal section, but if the opening be sutured, and the uterine contents evacuated, usually no harm follows. Numerous cases are

cited in which repeated tapplings were of no permanent avail, and the radical operation performed before the end of pregnancy, with added risk from puncture and postponement. Dsirne would limit the range of cases where premature labour or abortion should be induced to those in which a tumour impacted in the pelvis cannot be otherwise reached or treated.—*Manchester Medical Chronicle*, November, 1892.

ON ASEPSIS IN LAPAROTOMY.—MIRONOW. (*Centralblatt für Gynäkologie*, No. 42, 1892.)—Abdominal surgery came in with antiseptics; but its development soon became largely independent of the assistance of germicides. While the results in obstetrics have been simply revolutionised by antiseptics, the most brilliant abdominal surgery has been done by a careful study of the conditions necessary for asepsis. Mironow's contribution essays to aid the clear comprehension of the essential factors in success, by reporting a series of bacteriological observations made during the progress of some 81 laparotomies, and conducted on the air of the operating room as well as on the fluids of the abdomen.

He describes the precautions taken to ensure aseptic conditions for operation. All tables, instruments, brushes, and aprons were strictly reserved for abdominal operations alone. Instruments and towels were sterilised by exposure to a steam-current for an hour immediately before operation. The water used was similarly sterilised by an hour's boiling. The sponges were first carbolised and then washed out in sterilised water; the instruments were immersed in a two per cent. solution of carbolic acid. Silk ligatures were likewise sterilised by the steam-current; and the hands of the surgeon and assistants were well washed with sublimate solution immediately before operation.

These precautions against the introduction of germs from without being taken, observations on the degree of bacterial infection of the atmosphere were also made in some cases. The routine method followed in each operation was the insertion of sterilised folds of gauze (1) immediately after the opening of the abdomen; and (2) at the close of the operation, well down in the pelvis, and in the abdominal hollows among the intestines. On the withdrawal of the gauze, pieces were cut away and submitted to bacteriological examination in the usual way.

In eight cases no micro-organisms were found either at the beginning or the end of operation; none of these operations lasted over 21 minutes. In 21 out of 28 cases, the gauze sponges showed no sign of bacteria immediately after the peritoneal opening; the great majority of these 21 gave distinct evidence of micro-organisms in the fluid withdrawn

by the gauze sponges at the end of the operation. Altogether, 20 cases out of 28 were found to possess bacterially inoculated fluids just before the abdomen was closed. But in spite of this occurrence, in not a single one of these 20 cases demonstrated to be so infected were there any septic manifestations during the convalescence.

In 15 of these latter cases the organisms proved to be certain varieties of micro-cocci; and the clinical course of 11 cases out of the 15 showed marked temperature elevations. On the other hand, out of 11 cases in which the operation did not last over a quarter of an hour, no rise of temperature occurred in six, a single moderate elevation in only three, while in two of these cases the febrile movement overstepped 88° C. for a few days.

The operations embraced all the usual varieties of abdominal section, including hysterectomy, ovariectomy, vaginal hysterectomy, etc. In 11 cases there was no recorded rise in temperature. Evidences of plastic peritonitis in the shape of adhesions were present in 12 cases; and in 11 of these no micro-organisms were found on opening the abdomen. This fact is held to support the view that adhesive peritonitis may arise from simple local irritation, and without the intervention of any micro-organism. Further, the examination of cyst contents, and the secretions of adherent Fallopian tubes in the majority of cases showed no signs of proliferating bacteria.

The author concludes, from his observations, that the peritoneum contains no micro-organisms under ordinary conditions; and that it is impossible during an operation to keep the field of work completely aseptic. The practical import of this fact is of value.—*Manchester Medical Chronicle*, December, 1892.

NOTABILIA.

THE HOSPITAL GAZETTE AND CONSULTATION WITH HOMŒOPATHS.

WE reproduce the following letter from a recent number (January 14th) of the *Medical Times* and *Hospital Gazette*. The *Hospital Gazette* has more than once shown a spirit of liberality and fairness in dealing with questions connected with homœopathy, and that it has been willing to publish a letter, such as the one we print below, speaks well for its courage and love of freedom:

“A correspondent writes: A few days ago I was an unwilling listener to a conversation between a distinguished con-

sultant anxious to keep on good terms with his college, and a practitioner whose 'pathic' status was open to question.

"Practitioner: 'I shall be glad if you would meet me in consultation, Dr. X.'

"Consultant (forewarned): 'Well, I am very busy just now, I don't think I can find time.'

"Practitioner: 'Surely that cannot be the reason, Dr. X. Have you any real reason for declining to meet me?'

"Consultant: 'Well, let me ask you frankly, Are you, or are you not, a professed homœopath?'

"Practitioner: 'I was, but several years since I caused my name to be omitted from the Homœopathic Directory, and have severed my connection with homœopaths as a body.'

"Consultant: 'That is hardly sufficient. Do you, or do you not, still practise homœopathy?'

"Practitioner: 'I don't see what that has to do with the question. Having ceased to profess homœopathy I suppose I am free, ethically as well as legally, to adopt whichever treatment I may think best adapted to benefit my patients?'

"Consultant: 'But do you use homœopathic remedies?'

"Practitioner: 'That question is beside the mark, permit me to say. There are no 'homœopathic drugs,' homœopathy is a system of treatment and not a pharmacopœia. The mere pharmaceutical form is a mere matter of detail.'

"Consultant: 'Well, have you formally notified your patients of the fact that you are no longer a homœopath?'

"Practitioner: 'No, I can't say I have, nor would anyone be justified in expecting me to do so.'

"Consultant: 'Then I regret, but I cannot meet you.'

(Exit Practitioner grumbling.)

"On my way home I could not help reflecting on the curious ethical standard which apparently condemns sinners, *if sinners they be* (italics ours), to professional damnation, and this everlastingly. The position strikes one as illogical and oppressive. What we, or rather the profession in the abstract, object to is the use of distinctive designations and not any rules or methods of treatment, and when a man consents to relinquish the objectionable trade-mark, it is no concern of anybody's what method of treatment he adopts. A more illiberal and inconsistent policy it would be difficult to imagine."

The foregoing conversation, hypothetical or real, portrays a bigotry of an extreme form, and one which is probably not very common. It is, as we know, sometimes quite enough to exclude a man from a hospital appointment, or from membership of a learned society that he once was "a homœopath"—

or even that his father, uncle, or cousin is or was such. But, be the reason what it may, it is not usual to refuse to meet in consultation a man, because he *once was* "a professed homœopath." We have no new observations to make on this well-worn subject of "consultation with homœopaths," but in recognition of even the smallest effort to treat the question with fairness, a few remarks may not be out of place.

The view of the *Hospital Gazette's* correspondent that "it is no concern of anybody's what method of treatment" a man adopts, &c., is the view of most of the liberal-minded London consultants, if not also of the "rank and file." Let us briefly refer to this question of "distinctive designations" and "objectionable trademarks." In so far as any medical men, individually and corporately, "use" a "distinctive designation," it is because their liberty to "use" whatever method of treatment they deem right is not acknowledged. The recognition of such liberty would at once do away with the necessity—a necessity, therefore, clearly created by the dominant school (we do not use the expression offensively)—of distinctive designations. A medical man may believe in and practise, either as an adjuvant or to the exclusion of other methods, hydropathy, hypnotism, electricity, massage, or medical gymnastics, and no distinctive title is *given* to him or "used" by him. Why? Because the liberty to adopt these therapeutic methods is conceded, quite apart from a universal belief in them. Many men think little of electricity or hydropathy as therapeutic methods or measures; many more entirely disbelieve in the utility of hypnotism; still more, it may be, disbelieve in the value of homœo-therapeutics. But the right to use the first two is universally conceded, while the right to use the third is commonly withheld. For what reason? The answer can only be—"without any reason whatever." Place all these methods on the same footing and both the necessity for and the "use of distinctive designations" will be equally absent with respect to them all—there will be no "hydropathists" and no "homœopathists." Refuse to allow medical men to believe in and practise, to whatever extent they deem right, the water-treatment, and you thereby immediately create a number of or a body of "hydropathists"—just as now men are *made* "homœopathists." Little as many men who, times without number, have been guided to the successful choice of remedies by Hahnemann's rule "let likes be treated by likes," desire the title of homœopath, it is forced upon them by the refusal to allow a man to believe in the "bridge which has carried him over." Concede to medical men (which is justly theirs) the entrée to medical societies and the right, with the rest, to read

papers independently of their therapeutical beliefs or disbeliefs, and "homœopathic" societies vanish. Give the men the liberty, if they can get pupils, to teach their beliefs or disbeliefs, and homœopathic schools, colleges and faculties disappear. Allow physicians or surgeons, if they will, freely to put into practice their beliefs and disbeliefs in all the hospitals of the country—allow them to prescribe not only ipecac. or arsenic for vomiting, but any number of drugs on the principle on which these are prescribed, or on any other legitimate principle—and "homœopathic" hospitals and dispensaries thereupon cease to exist. For all will be equally homœopathic, or equally unhomœopathic. *It is thus the dominant and "orthodox" school, and not the followers of Hahnemann, who make "Homeopaths."*

The same reasoning disposes of the objection—the same only in other terms—that practitioners accepting the rule of similars as a guide to drug selection separate themselves from the general body of practitioners—take up an isolated or sectarian position. It follows, from what has already been written, that the separate, isolated or sectarian position is one which is forced upon a number of men entirely against their will.* They are isolated because of their beliefs, and ostracised because they are isolated.

It will be clearly understood that we are not here discussing the merits or demerits of homœopathy. Our contention is that every qualified medical man has the right to form his own judgment in the matter, and to act upon it without suffering thereby at the hands of his fellows.

PROPOSED CHILDREN'S SANATORIUM AT HARROGATE.

We have heard with much pleasure that at a meeting, specially convened at the house of Mr. James Backhouse, Victoria Avenue, Harrogate, it was decided to commence a Sanatorium for Children. A committee to carry out this desirable object was appointed. That Harrogate is a suitable place for a sanatorium is shown by the fact of the increasing number of visitors who go there to recruit their health every summer, and many are now making it a winter residence. As a commencement a few beds only will be provided, but if the demand increases, provided the subscription list keeps pace with it, these will be added to. Dr. Ramsbotham, of Leeds, is to be the consulting physician, and Dr. Roberts, of

* This, the history of medicine, as well as the attitude of homœopathic practitioners, render clear and undeniable.

Harrogate, the physician. How great a success a children's sanatorium in a suitable locality may be made, when the medical treatment of the inmates is homœopathic, was very conclusively demonstrated by our inspection of that at Southport, commenced some thirty years ago by Dr. Blumberg. We have no doubt but that in so bracing and altogether health inspiring a town as Harrogate, the institution which has been projected will be equally useful to the children in the over-crowded manufacturing towns of the West Riding of Yorkshire.

AMERICAN NOTES.

The year opened with the appearance of a new homœopathic monthly journal, issuing from the publishing house of Gross and Delbridge, Chicago, under the editorship of Dr. C. E. Fisher, who recently conducted the *Southern Journal of Homœopathy*, now edited by Dr. Eldridge Price, of Baltimore. It absorbs two journals, *New Remedies* and the *North Western Journal of Homœopathy*. Dr. Cowperthwaite, who was the editor of the latter, will in future manage the *matéria medica* department of the new journal, *The Medical Century*.

* * * * *

The advent of our newly-born contemporary is heralded with a good old-fashioned 4th of July trumpet blast. Homœopathy is pre-eminently a progressive science. With her continued growth and development her necessities increase, and new things are demanded of her. That with which she was surfeited yesterday but fills her requirements to-day and will not suffice for her needs to-morrow. And in harmony with this thought *The Medical Century* is given birth. It is believed that there is now a place in homœopathy for a journal of the class to which it aspires. It is inaugurated as an independent, progressive, high-minded international medical newspaper. It is intended to occupy a field as yet not filled, to make a place for itself. It comes as the rival of no existing periodical, as the foe of no journal already catalogued, as the friend and co-worker with all. Its policy is one of progression, its platform broad and liberal, its work the advancement of its school. It will ever champion her cause, defend her from unrighteous encroachments upon the citadel of her faith and proclaim her right to a legitimate place in the great domain of medicine. By the aid of the profession it comes to serve it hopes to present the new system of practice in the light of a science, to elevate its precepts and to assist in the great work of advancing it to first place in the field of practical therapeutics.

"This is the mission of *The Medical Century*. Homœopathy is its ward, the general domain of medicine and surgery its home, the medical world its vineyard."

* * *

Still more. "It is to be an international journal in fact as well as in name, and intends to draw contributions from the entire homœopathic world. . . . The earth is ours and the fulness thereof—in Homœopathy. . . . A journal as good as the best is possible. Shall we have it? Time will tell!" We should not be surprised to hear some friends of ours in New York and Philadelphia express an opinion to the effect that journals "as good as the best" are, and for some years have been, in circulation! And then proceed to mutter something uncomplimentary about "Western blowers."

* * * * *

Be this as it may, Dr. Fisher has filled his first number with material both interesting and useful, and furnishes us with a good deal of news of how matters of interest to homœopaths are proceeding in the United States. Dr. Talbot, of Boston, for example, contributes the report of a case of lenticular cataract cured by *conium*, which is interesting both from a therapeutic and a medico-ethical point of view. (See page 107.)

* * * * *

The city of Chicago—the site of which sixty years ago was pure prairie—having won the national grants for promoting the Columbian Exhibition, or World's Fair, from its eastern rivals, is determined to be so much to the front as to compel Boston, New York and Philadelphia, cities which had a position in history long ere Chicago was so much as a military outpost, to occupy back seats in the Republic during the year 1893. The Hahnemann Medical College has a new building, the Hahnemann Hospital is being erected, *The Medical Century*, has as we have seen, commenced its career, and is in process of being "boomed," and now we hear of Chicago millionaires devoting a goodly proportion of their dollars to the foundation of the University of Chicago. The trustees have just received a further donation of \$1,000,000 from Mr. John D. Rockefeller, who had previously given \$2,600,000 to the same institution. The university now owns land, buildings, and other property, valued at £1,400,000 sterling, and the principal says:—"We expect to have in time such an array of magnificent buildings as one sees at Oxford or Cambridge. The University is building in the most massive and imposing style. At present we have three dormitories, a lecture hall

and gymnasium, 600 students, and 119 professors, assistant professors and tutors."

* * * * *

The work of the new university has commenced. Seven hundred students formed its first body of matriculants, a large proportion of whom are already graduates of other colleges. The professional body consists of 160 gentlemen and ladies, selected from among the best of the professors in the various seats of learning in the States. The seductive influence of the dollar was freely and successfully used in withdrawing these men of learning from their various spheres of work to assist in founding the University of Chicago.

* * * * *

Our readers will be interested to hear that Miss Marion Talbot, the elder daughter of Dr. Talbot, of Boston, has been appointed "The Dean of Women," in this University. This lady, in addition to possessing great literary acquirements, inherits a very large share of her father's conspicuous capacity for organisation; a capacity the extent of which we once heard a Member of the American Institute of Homœopathy illustrate by saying, "If Talbot had been a politician instead of a physician he would have been President of the United States by this time." An allopath from the Southern States expressed his sense of Dr. Talbot's power of organising, if in a less flattering, still, in a very emphatic way, when, in reply to the question, "How is it that homœopathy has gone so much ahead in Boston?" he said, "Oh! that's easy. The homœopaths have a Dr. Talbot there, and he's the finest wire-puller in the whole of the United States, sir." That Miss Talbot will prove an ornament to the University, and a skilful, and consequently successful, head of the department she has been selected to direct, we feel quite sure.

* * * * *

The homœopaths of Louisville are, we understand from the correspondence in *The Medical Century*, arranging for the institution of a Homœopathic Medical College and Hospital. Four colleges where therapeutics of the empirical type alone is taught exist in the city, and it is felt that Kentucky is a State which ought to instruct medical graduates in homœopathy. A suitable building for converting to the purposes both of a hospital and a school is available. It is hoped that both will be opened in the autumn.

* * * * *

One piece of news that comes to us with the American journals we have read with great regret. It is the announce-

ment of the serious illness of Dr. J. P. Dake, of Nashville—one of the chief ornaments, both professionally and socially, of the homœopaths of the United States—the joint editor with Dr. Hughes of the *Cyclopædia of Drug Pathogenesis*. Dr. Dake had recently returned from Japan, when he was attacked by a severe illness, confining him to bed and preventing him and one of his medical sons from attending the meeting of the Southern Homœopathic Medical Association, held at Hot Springs, Arkansas, last November. By the latest advices that we have received, we are glad to hear that Dr. Dake is recovering, and trust soon to hear that his convalescence is sufficiently advanced to enable him to engage in the duties of his profession he has so long adorned.

* * * * *

At the late meeting of the Southern Homœopathic Medical Association at Hot Springs, Arkansas, resolutions were unanimously agreed to, which reveal the existence of a singular method of securing patients by medical men residing in this well-known resort for invalids, Hot Springs—the American Carlsbad. "Very early in the session," writes the reporter for *The Clinique*, "the Association passed a set of resolutions heartily approving the efforts that were being made by the respectable physicians and business men of the place to break up the system of 'drumming' for patients that had become so obnoxious to visitors as well as residents. It is a well-known and deeply-rooted evil. Every passenger train entering the city carries a lot of these fellows employed by irresponsible practitioners, soliciting passengers to employ a certain physician while they stay; and while the visitor probably gets the worst of the bargain, in some instances the 'drummers' demand from the physicians as high as two-thirds of the fees received. The evil pervades everywhere, in the shops and in the baths. The waiters at the hotels before you are fairly seated at the table for the first meal, are ready to tell you the name of the doctor who will cure with lightning rapidity all chronic diseases. It is greatly desired that the profession aid the local committee, by instructing the people who are going to the Hot Springs to shun these 'drummers.'"

This method of gallery "business" is not unknown in the agricultural towns. In a small town of this type, in either Iowa or Nebraska—we forget which—a gentleman, who resided there for some months, told us that there were two doctors. As is not unusual, there were also many small boys always on the look-out for a pony to ride on the Saturday half-holiday. Some of these youngsters each Saturday obtained the loan of a pony from the doctor's in return for

visiting the farmers and others in and near the town, and sounding the praises of the owner of the pony and running down the reputation of his rival! Our informant told us that on one occasion one of the boys gave him a good two hours' talking to, on the advantages he would derive from "hiring" Dr. Smith, if ever he were "sick;" telling him to avoid Dr. Johnson entirely as "he did not amount to a row of pins."

* * * * *

The committee appointed to superintend the erection of a statue of Hahnemann in the city of Washington is now actively engaged in procuring funds for the purpose, and are meeting with great success in their efforts. The selected sculptor is Mr. T. Q. A. Warde, one of the best-known artists in the States. A sub-committee is now at work in Washington endeavouring to obtain a suitable site.

* * * * *

A CENTENARIAN HOMŒOPATHIC DOCTOR.

DR. SEVERIN WIELOBYCKI, who practised as a homœopathic physician in London for upwards of 20 years, at first in Connaught Place and latterly in St. John's Wood, completed his hundredth year on the 8th of January last. Our venerable colleague was born in Volhynia, a province of what is now called Russian Poland, on the 8th January, 1793. After fighting bravely for his country's independence against the Russians in thirty-six battles, on the final defeat of the patriots he came to Edinburgh with his brother Dionysius, who had fought by his side. He tried to maintain himself in the Scottish capital by teaching French, and by the kindness of friends and the liberality of the professors he was enabled to study medicine, and he took his degree in 1841, and soon afterwards emigrated to Canada, where he practised physic for about 10 years. He then returned to this country, settled in London as a homœopathic physician, joined the British Homœopathic Society, and was for a short time on the staff of the London Homœopathic Hospital. He finally retired from practice about 1874, when he was 81 years of age, and devoted himself to philanthropic work, more especially to the cause of temperance, on which he occasionally lectured.

Dr. S. Wielobycki enjoys very good health, though he is not quite so strong as he was before the two attacks of influenza he suffered from in two successive years. He ascribes his robust health mainly to his having practised total abstinence from spirituous liquors, a vegetarian diet, and

never having indulged in tobacco. Of course, that is a pious opinion, insusceptible of proof, as many centenarians have been steady toppers, flesh devourers and tobacco consumers. However, a temperance society called "Society for the Study of Inebriety," of which Dr. Wielobycki is one of the Vice-Presidents thought they could advantageously utilise his hundred years by getting up a public demonstration, nominally for the purpose of congratulating him on his having attained that great age, really in order to air their doctrines *coram populo*. A request that his colleagues of the British Homœopathic Society and of the staff of the London Homœopathic Hospital should be allowed to participate in the proposed public congratulations, was peremptorily refused by the managers, who consist of allopathic physicians to a man, that man being the object of this proposed demonstration. Well, the ceremony came off on the 10th January at the Marlborough Rooms in Regent Street. No allusion was, of course, made to Dr. Wielobycki's peculiar views on medicine. In fact, when, the day after the report of the meeting was published in the papers, a statement appeared that the object of the society's congratulations was a practitioner of homœopathy, Dr. Norman Kerr, the President of the S.S.I. denied that that was the case, and that whatever he might have been he was no longer a homœopath, as he (Dr. Kerr) had treated him (Dr. W.) for many years allopathically. However, it was shown that up to 1874 (the year of his withdrawal from practice) Dr. Wielobycki's name appears in the homœopathic directory, and though he might have occasionally taken a dose from Dr. Kerr, his regular medical adviser until within the last two years was our colleague Dr. Wilkinson. At the meeting in question an address was read from the Senatus of the Edinburgh University, which congratulated their centenarian graduate on his longevity, and on the skill and success of his practice during so many years. Had this august body known that the practice of the recipient of their congratulations had been homœopathic all those years, they would certainly have refrained from their compliments to him. We know how the brother of our centenarian colleague, Dr. Dionysius Wielobycki, was persecuted by the Edinburgh Faculty for his homœopathic practice. Some of them even had the meanness to taunt him with ingratitude towards the professors, who had assisted his poverty by foregoing the whole or a part of their fees. Probably all those who were so bitter against Dr. Dionysius are dead, and the actual representatives of the Edinburgh Faculty have no remembrance of the name of the man they persecuted. The wife of our ancient friend met with a sad

accident fifteen months ago. She broke the neck of her femur within the capsule of the joint. No union has taken place, and she is consequently a hopeless cripple.

We trust that Dr. Severin Wielobycki may long be spared to attest the virtues of teetotalism, vegetarianism, anti-tobaccoism, and last, though not least—homœopathy.

The following is the correspondence in the *Echo* of the 13th and 14th ult., to which we have referred :

“DR. WIELOBYCKI.

“SIR,—With reference to a letter in your issue of to-day, as Dr. Wielobycki's medical attendant for many years I beg to state that during all that time he has not been a homœopathist. All who know me will at once know that I have nothing to do with homœopathy. I can so vouch for one-half of his professional career, spent in Nova Scotia, near my old friend Dr. Fitch, who was a fellow-graduate of Dr. W.'s in 1841. During all that time Dr. W. did not practise homœopathy. The Inebriety Society consists of medical members and non-medical associates. Of the officers, not one is a homœopath, and I believe not one of the members. The hypnotists might as well claim me as a ‘new mesmerist,’ because while sowing my medical wild oats I was fascinated for a few months by the brilliance of the noblest of them all, the late Professor Gregory.—Yours, &c.,

“NORMAN KERR, M.D.

“Jan. 12.”

“TO THE EDITOR OF THE ECHO.

“SIR,—‘*Litera scripta manet.*’ In the ‘Homœopathic Directory’ for 1858, Dr. Wielobycki's name appears coupled with the following, among other appointments, ‘Physician-Accoucheur to the Hahnemann Institution, Physician to the London Homœopathic Hospital, Member of the British Homœopathic and Hahnemann Medical Societies.’ His name still appears as a practitioner of homœopathy in the ‘Homœopathic Directory’ for 1874, after which, being then 81 years or age, he retired from active practice. Thus, during his medical career in London, he professed and practised homœopathy. Dr. Kerr's comparison of Dr. Wielobycki's practice of homœopathy with his own connection with mesmerism “while sowing his medical wild oats” is not very apt, for at the age of 81, and for many years short of that age, one has generally ceased to sow wild oats, medical or other. How many “the many years” Dr. Kerr says he has been Dr. Wielobycki's medical attendant may be, I cannot, of course,

tell, but I know that it is only a very few years since he had Dr. Wilkinson, the eminent homœopathic practitioner of St. John's Wood, as the medical attendant of his wife and himself. I, too, graduated in Edinburgh the same year as Dr. Wielobycki, and I believe I have known him for a much longer time than Dr. Kerr. That 'the Inebriety Society' contains no homœopaths I can well believe, for many of us are total abstainers, and the rest are very moderate men.—Yours, &c.,

“ R. E. DUDGEON, M.D.

“ 58, Montagu Square, Jan. 18.”

HOMŒOPATHY IN BARBADOS.

WE gather from a Barbados *Herald*, that homœopathy has encountered opposition in that island similar in kind to that it has met with in Europe, and that there, as here, it has been well defended. Dr. Licorish, in a letter extending over four columns of the paper, first of all replies to the charge against homœopathic physicians—which appears to have been industriously circulated in the island—that they, as a body, ignore all the advances made by medical science in recent years, and regard all such studies as a waste of time! This notion Dr. Licorish easily explodes, and then proceeds to enlighten the readers of the paper as to what homœopathy is. We understand that the letter is but the *avant courier* of a pamphlet on the same subject, and this we hope will have a wide circulation.

HOMŒOPATHY IN FRANCE.

UNTIL homœopathy comes to be treated as a recognised method of therapeutics we shall always be glad to hear of, and to take notice of, efforts to diffuse a knowledge of it such as the following:—The French Society for the Propagation of Homœopathy has organised a series of public conferences on the subject. They are to be free, and will be held at the Town Hall of the 9th Arrondissement of Paris every Friday evening at 9 p.m. until further notice.—*Chemist and Druggist*, Jan. 14th.

THE DRYSDALE MEMORIAL.

THE sympathy of all our readers will be with our colleagues in Liverpool who have taken in hand the establishment of a memorial to our old friend and colleague, the late Dr. Drysdale. Though for many years resident in Liverpool, his influence was cosmopolitan, and the benefits his erudition and quiet, patient scientific mind conferred upon medicine and therapeutics extended beyond any local boundaries.

It is fitting that the tribute to his memory should be on the lines of his life's work. The endowment of a hospital bed where the occupant can have the advantage of some of Dr. Drysdale's work for science, has our cordial support.

Should the enthusiasm of contributors render it possible, perhaps an extension on the same lines might be contemplated. The foundation of a lectureship to include a short annual series of lectures, either didactic or clinical, would be a step in the right direction, and would do much to advance the truths for which Dr. Drysdale laboured so long and so well. We feel sure that could Dr. Drysdale have left us an expression of his mind, he would have approved of this course. Moreover, such a permanent institution would form an excellent nucleus around which, at a later date, more extended and systematic teaching might develop.

LECTURES AT THE LONDON HOMŒOPATHIC HOSPITAL.

DURING February two lectures will be delivered as already announced.

Feb. 10—"On the Commoner Affections of the Nose and Throat," by Mr. Dudley Wright.

Feb. 24—"Pit-falls in the Treatment of Eye Diseases," by Mr. Knox Shaw.

We believe both these lectures will be of practical interest to all classes of hearers expected to attend, and advise our readers not to miss them.

We understand that Mr. Wright will show a number of cases in illustration of his lecture, and that the electric light will be used in demonstrating the diseased conditions.

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The QUINT LECTURES were delivered, as announced, by Dr. Dyce Brown during last month. The treatment of dyspepsia and the chief homœopathic remedies useful were discussed, and the indications given simply and in detail. At a later date we hope to be able to place them before our readers.

DONATION TO THE LONDON HOMŒOPATHIC HOSPITAL.

THE London Homœopathic Hospital has just received a gift of fifty guineas, the prize awarded by the London Shoe Company, Cheapside, E.C., to Mrs. E. B. Stevenson in a recent competition. Mrs. Stevenson nominated the Homœopathic Hospital, and the amount makes a welcome contribution towards meeting its current deficit of £600. This award of a valuable prize should prove suggestive to the perplexed holders of the impounded missing word prizes.

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; Diseases of the Throat, Mondays, 2.30.

ERRATUM.—Page 27, line 13, instead of "by" read "into."

Communications have been received from Dr. DUDGEON, Dr. COOPER, Mr. WRIGHT, Mr. KNOX SHAW, Mr. WYBORN (London); Dr. HUGHES (Brighton); Dr. HAYWARD (Birkenhead); Dr. MOORE (Liverpool); Dr. PORTER, Dr. ROBERTS (New York); Dr. THOMAS, Dr. CROUCHER (Eastbourne); Dr. STONHAM (Ventnor); Dr. CLIFTON (Northampton).

BOOKS RECEIVED.

How I became a Homœopath. By William H. Holcombe, M.D., of New Orleans. Philadelphia: Baerick & Tafel. 1892.—*A Laboratory Course in Medical Chemistry.* By Eugene H. Porter, A.M., M.D., Prof. Medical Chemistry in N. Y. Hom. Med. Coll., and W. H. Pearsall, Ph. B., M.D. New York. 1892.—*Fletcher's Patent Calendar for 1893.*—Warrington.—*Leaf Homœopathic Cottage Hospital, Eastbourne, Fifth Annual Report.*—*Transactions of the Homœopathic Medical Society of Pennsylvania, 1892.* Philadelphia: Sherman & Co.—*The Treatment of Tuberculosis with Tuberculocidin*, by Prof. E. Klebs, and *A Combined Tuberculin-Tuberculocidin Treatment*, by Dr. Carl Spengler Davis. London: Burroughs, Wellcome & Co.—*The Journal of the British Homœopathic Society.* New Series. January, 1893. London: John Bale & Sons, Titchfield Street, Oxford Street.—*The Homœopathic World.* London. Jan.—*The Clinical Journal.* London: Burroughs, Wellcome and Co. Jan.—*Medical Reprints.* London: J. M. Richards. Jan.—*The Chemist and Druggist.* London. Jan.—*The Monthly Magazine of Pharmacy.* London: Burbidge & Co. Jan.—*The Palmist.* London. Dec.—*The New York Medical Record.* Dec. and Jan.—*The Chironian.* New York. Dec.—*The New York Medical Times.* Jan.—*New England Medical Gazette.* Boston. Jan.—*The Hahnemannian Monthly.* Philadelphia. Jan.—*The Homœopathic Physician.* Philadelphia. Jan.—*The Clinique.* Chicago. Jan.—*The Medical Century.* Chicago. Jan.—*The Minneapolis Homœopathic Magazine.* Dec. and Jan.—*Medical Advance.* Chicago. Dec.—*The Californian Homœopath.* San Francisco. Nov. and Dec.—*The Homœopathic Envoy.* Lancaster. Jan.—*Revue Homœopathique Belge.* Brussels. Dec., 1892.—*L'Union Homœopathique.* Antwerp. Oct., 1892.—*Bull. Gén. de Thérap.* Paris. Jan.—*Revista Omiopatica.* Rome. Nov., 1892.—*Gazzetta Med. di Torino.* Dec.—*Leipziger Pop. Zeitschrift für Hom.* Jan.—*Homœopathisch Maandblad.* The Hague. January.

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, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:0:—

SMALL-POX.

VARIOUS predictions have been made that we should have to contend with an epidemic of cholera during the spring season of this year. Whether the prophets of evil will prove to have been correct or not time alone can show. They have at any rate served a useful purpose by the fears they have raised having drawn increased attention to the importance of measures of sanitation. Now, however, we are more than threatened with an epidemic of small-pox. The disease is not coming—it is here; and not only is it here, but it is spreading amongst us, and we regret to think that the opportunities for its dissemination are greater now than they have been for many years past. The baneful influence of the Anti-Vaccination League people upon the superficially informed and more generally ignorant of the population is bearing fruit. The Compulsory Vaccination Act has not been enforced to any conspicuous extent for several years, in obedience to the pressure brought to bear upon the authorities by the same mischievous Association.

The annual volume of the Local Government Board, issued late in the autumn of last year, shows that the number of children now growing up who are unprotected against small-pox by vaccination is rapidly increasing. Of those born in 1889, the last year of which the tables are given, 74,627 remained unvaccinated when the

returns were finally made up—a number representing 9.9 per cent. of the births, compared with 8.5 for 1888; in London the rate of default was 11.6, compared with the preceding return of 10.3; whilst in Yorkshire it was 13.0, an increase of 2.2 per cent. on the figures of the previous year. Gloucester shows 83 per cent. of defaulters, Keighley 80 per cent., and Leicester 80 per cent.!

For a considerable period, a Royal Commission, presided over by the present LORD CHANCELLOR has been taking evidence on the working of the Compulsory Vaccination Act. An *interim* report was presented by the Commission last May, but it went no further than to recommend that, in future, penalties for a breach of the law should no longer be cumulative. The report states that the members of the Commission have arrived at this conclusion quite independently of the question whether vaccination should continue to be compulsorily enforced. A Bill embodying this recommendation is, we understand, about to be brought before Parliament. The delay which has occurred in issuing a full report, has done much to aid the anti-vaccinators. They have successfully urged that the question of compulsory vaccination is still *sub judice*; that it is not yet determined that a man is not within his rights in allowing his children to continue in a state which will admit of their being centres whence may spread a highly contagious and loathsome disease.

The work of the Commission is not to collect evidence and report upon the capacity of vaccination to prevent or, at any rate, to reduce to a comparatively insignificant *minimum*, the liability to contract small-pox; that is a question which needs no enquiry. In 1871 a Select Committee of the House of Commons on Vaccination, after carefully considering the evidence of persons who assert that vaccination is useless and injurious, and of medical and other evidence given in reply, reported—

“That cow-pox affords, if not an absolute, yet a very great protection against an attack of small-pox, and an almost absolute protection against death from that disease. . . . That small-pox, unchecked by vaccination, is one of the most terrible and destructive of diseases as regards the danger of infection, the proportion of deaths among those attacked, and the permanent injury of the survivors.”

These conclusions have been strengthened by experience in every small-pox epidemic that has occurred throughout the world since the date of their publication. That they have had no influence upon the misguided people, whose mission in life seems to be to persuade their neighbours that such well and carefully ascertained facts are fallacies put forward by medical men in order to increase their incomes, is becoming daily more painfully marked throughout the country. In centres where the anti-vaccinators have had the greatest success in inducing the people to defy the law which renders vaccination compulsory, and in persuading Boards of Guardians and magistrates to assume a "dispensing power," and not to enforce obedience to the Act, there small-pox has for some months been rapidly gaining a footing. Among such centres, Leicester, Warrington, Huddersfield, Manchester, Sheffield, Halifax and Sunderland have been conspicuous in supplying material for it to develop and consequently to spread. The circumstances of the times, too, are especially favourable for the distribution of a highly contagious disease. Trade is bad; large numbers of men are out of employment; and as a result tramps, in search of the means of living, are more numerous than usual. It is through them that the disease is conveyed from one town to another. "The history of small-pox in Great Britain is," says the *British Medical Journal*, "a history of pauper-spread disease. From all quarters we receive reports indicating that it is the common lodging-houses and workhouses that are the chief means of disseminating infection; and the question here becomes one of much moment. Navvies have been attacked in several places."

The spread of the disease by persons of this migratory class has, there is good reason for believing, been greatly increased by the lack of proper accommodation for their reception when found to be suffering from it. The hospitals for infectious cases are not as numerous as they ought to be, neither are they as large in many places where they do exist as they should be. Institutions of this kind are avoided rather than encouraged. Sites are not easily obtained; a fever or small-pox hospital spells ruin to all neighbouring property, while the building of them adds greatly to the local rates. Hence, when our towns are free from epidemic disease, the authorities can see no necessity for them, and when an epidemic appears

some makeshift arrangement is hurriedly improvised, and this in nine cases out of ten involves a heavy expenditure of money, while it is at the best a very imperfect substitute for a properly constructed hospital. "In one town," writes the editor of the *British Medical Journal* (Jan. 21), "it is estimated that each patient removed has cost £100 of public money. The bill at Warrington is alarming, and it is likely to be increased and multiplied throughout Lancashire and Yorkshire, where, owing to the teachings of the anti-vaccinators, vaccination has fallen off."

Extemporised arrangements to quarantine persons living in infected houses are not only inefficient and expensive, but—when vaccination is practised and, if needs be, enforced—they are totally unnecessary. The evidence of the power of vaccination to prevent or control the development and progress of small-pox is simply overwhelming. It has been published over and over again, and has never yet been contradicted by facts. It is unnecessary to reproduce it here. Two interesting and recent additions to the vast mass of similar testimony we may give. We take the first from the *British Medical Journal* (Dec. 31, 1892). At Warrington, the total admissions to the hospital up to that time numbered 400, and altogether there had been 36 deaths from the disease. The MEDICAL OFFICER OF HEALTH then issued a poster, on which he says: "One quarter of the population is now safe from small-pox; a large proportion remains in great and serious danger. Not a single person re-vaccinated in time has taken the disease. Not one death has occurred in a well vaccinated person, while it is a matter of experience that the unvaccinated and the insufficiently vaccinated have had severer forms of small-pox, have been longer recovering, and have had more disfigurement and other serious after effects than have those who were protected. Of the children that died, ten were unvaccinated." *Secondly*, the same paper, of the 18th ult., informs us, on the authority of the *Leeds Mercury*, that at Batley, in Yorkshire, the very centre of the anti-vaccination craze, 25 cases have proved fatal, but not one vaccinated child has died. Then again, the *New York Medical Times* (Feb.) writes that Dr. Edson, of the Board of Health, says: "During over nine years' service in the health department of New York, I have

never seen a case of small-pox in a person who had been successfully vaccinated within five years, and the number of cases I have seen mount into the hundreds. During that period I have seen only one inspector of contagious diseases contract small-pox, and he was the only inspector who disbelieved in vaccination, and refused to have it performed on himself."

The impression which the anti-vaccinators have made upon the minds of those who have listened to them, though sufficient to induce a dangerously considerable number to indulge in the luxury of resisting the law and courting the notoriety of a fictitious martyrdom, has succeeded rather by appealing to what MARK TWAIN calls the "nat'ral cussedness" of the people, than by convincing their intelligence, for we find that in Leicester, the hotbed of opposition to vaccination both compulsory and voluntary, the local papers state that such a raid on the medical men of the town for vaccination as has lately been going on has not been witnessed for many years! We can only hope that it may not even now be "too late to mend," and that in other places where the people have been imposed upon by anti-vaccination fallacies similar raids will be the order of the day.

This sudden rush of the Leicester people to secure the protection they have during so many years spent time and money in scouting and in protesting against the iniquity of their being compelled to obtain, reminds us of an incident recorded in one of the Sanitary Reports issued in 1874 or 1875 by the INDIA OFFICE. Efforts to persuade the Mahomedans and, among Hindoos, the Rajpoots to be vaccinated, were found to be extremely difficult. At Donapore the PUTWAREE had refused to allow his child to be vaccinated, but sixty other children were successfully operated on. In the hot weather of 1873 epidemic small-pox broke out with considerable malignity; the PUTWAREE's child died, but the whole of the sixty children who were protected escaped. Consequently the next season, when the vaccinator appeared in the village, all the mothers crowded round him with their infants, and two mothers, who happened to be absent, followed him for ten miles to another village where he was vaccinating!

All such panic-stricken efforts to escape the penalty of previous neglect, as that now in full force at Leicester,

require a caution. In the first place, to be effective, it must be remembered that the operation, whether this is primary or secondary, must be done carefully and thoroughly. Secondly, it must be recollected that the result of vaccination is an illness, and—slight and apparently insignificant though it be—it is one that demands a certain degree of care of health, both locally and generally, during the development of the pustule. After a primary vaccination there is a slight degree of febrile movement which needs to be watched and kept within bounds. After re-vaccination, the chief source of disturbance is usually local, and this again is almost always traceable to an undue use of the arm that has been operated on.

In localities where small-pox exists at present, and, should the epidemic become general, in all other places, the desirability of re-vaccinating those who have already been vaccinated will come up for consideration.

“Experience,” writes Dr. RENNER, “has shown that the protection does not last for an unlimited period. At first it is perfect, but, after a time, it begins to decrease until it gets finally lost. The fact is not surprising, if we remember that small-pox itself does not always exclude or even mitigate a subsequent attack, and that persons have died of a second attack of small-pox; hence, it cannot be fairly expected that cow-pox should do more than afford a *relative* and temporary protection. Its duration will necessarily depend on a number of circumstances, and it is arbitrary to fix it at any given number of years. The chief of these are the character and course of the individual vaccination, including the number of insertions, the quality of the virus, the systemic reaction, and also individual predisposition. All these points should be taken into account before predicting the probable duration of the protective power of a given vaccination. They are of more importance than the sign of the scars.” (*M. H. Review*, vol. xxx., p. 7).

Another point for consideration is the effect of epidemic influence. Of the nature of this we know nothing; but it is tolerably certain that when a contagious disease exists to a very large extent, and in an unusually virulent form, the liability of all to come within its range is increased, and the influence of prophylactic agencies of every kind is diminished. The protection which is

efficient in the case of an endemic disease may not be an adequate preservative when the same disease assumes the magnitude of an epidemic.

Some years ago Mr. BATHO, a staff assistant surgeon, published the following interesting statistics on the results of re-vaccinations under his observation :—

	Totals.		Perfect Vesicles.		Modified Vesicles.		Failures.
Recruits bearing no marks of vaccina- tion.	75	...	68	...	7	...	0
Recruits bearing marks of small- pox.	29	...	8	...	7	...	14
Recruits with per- fect cicatrices of former vaccina- tion.	698	...	280	...	206	...	204
Totals	797		856		220		218

In three instances the results were unknown, owing to the desertion of the recruits.

One highly important point, both in vaccinating and re-vaccinating, is the source of the lymph supply. Given a well vaccinated infant, of whose constitutional soundness there is no doubt, no method of vaccinating is more certain than that known as "arm to arm." Failing such certainty, we have a thoroughly reliable source in that known as calf-lymph. This is now regularly supplied by medical men and others who have facilities for providing it. Dr. RENNERT gives the following account of his plan of proceeding, in the paper we have already referred to :—

" Suppose, then, we vaccinate with cow-pox a healthy calf (free from all suspicion of previous infection), by inserting the virus into a shaved surface of its abdomen by superficial punctures, incisions, or scarifications. A certain amount of swelling and redness almost immediately sets in at each place, which exceeds the simpler traumatic reaction, and must be ascribed to an immediate action on the part of the virus. On the second day, you find the swelling and redness less, while, on the third, you see and feel distinct papular elevations and indurations. These increase on the fourth day, and on the fifth there is a distinct vesication. The vesicles go on in-

creasing in size; they are distinctly umbilicated, and surrounded by an areola (seen only in light-coloured animals). On the 7th or 8th day, the hitherto clear contents of the vesicles begin to become opaque, turbid and purulent; they assume a yellow hue, scabs begin to form which are adherent at first, but fall off about three weeks after the vaccination and leave scars.

"The clear contents of the vesicles is called *vaccine lymph*. It is a white, or pale yellowish, transparent, alkaline fluid, of salty taste and somewhat sticky to the touch; and is found on microscopic examination to consist of a clear liquid, in which are suspended lymphoid cells and free nuclei, and also minute, shiny spherical bodies, a micro-parasite, which is called *micrococcus vaccine*. These micrococci are contained in large quantities in the soft granular tissue of the vesicles. They are looked upon as the specific elements of the disease, while the liquid is regarded as a simple menstruum. They have been successfully cultivated by Dr. Quist, of Helsingfors, outside the body."

Lymph thus derived has now been in everyday use for the last five-and-twenty years here, on the continent, and in the United States. It has been found a perfectly efficient protective, and entirely disposes of the anti-vaccinators sole argument against vaccination, that the lymph used may be impure, and so be the medium of conveying disease of a constitutional character to a hitherto healthy child.

"CHARACTERISTICS," "KEY-NOTES," AND
"GUIDING SYMPTOMS," TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

ON resuming this subject, I have now determined, and for the future, to shorten and simplify the work, by leaving unnoticed, more than on previous occasions, a number of symptoms, which, from clinical observations and otherwise, I consider *characteristic*, but which at the same time are so well known that there is no need for alluding to them, and rather to touch upon other symptoms, not so much *en evidence*, which I have occasionally verified and think worthy of notice.

Antimonium crudum.—1. *In relation to the mind, the sensorium, and the head.* A spirit of crossness and contradictiveness; whatever is done for the patient fails

to give satisfaction, a symptom very similar to one produced by *chamomilla*. Vertigo and staggering when walking, feeling as if intoxicated, with full sensation in the head and nausea, all increased by going upstairs or by looking fixedly at an object. These symptoms apart from, and sometimes with, the gastric disturbance about to be named, I have repeatedly cured by this medicine.

2. *Gastric peculiarities.* Here the most marked features are the intensely white and somewhat coated tongue, with much slimy mucus in the mouth and throat, together with loss of appetite, desire for acids, nausea, faint sensation in the stomach. Wine or other alcoholic beverages if given cause aggravation, occasionally painful flatulent distension in the abdomen; the urine is generally normal, but the action of the bowels is irregular, constipation alternating with diarrhœa. This group of symptoms, under the nomenclature of "atonic dyspepsia," I have generally cured quickly by *antimonium* in the 6x trituration.

3. "*Characteristic*" in relation to the action of the bowels, viz., "constipation alternating with diarrhœa," already noticed in the previous section; but I have also seen a few cases where this symptom was present apart from the gastric derangement just noticed, occurring mostly in elderly persons, and in men more than women. And here *antimonium* has generally been all sufficient, just as in elderly women the same symptom is very often and quickly cured by *lachesis*.

4. *The skin and the nails.* Here, hard papular eruptions, itching when warm in bed, as well as pustular eruptions, general dryness of the skin, especially the soles of the feet, which are hard and horny, yet tender and painful when walking, corns on the feet, brittleness and splitting of the finger nails, these symptoms are largely *characteristic* in connexion with other manifestations of ill health. Warts on any part of the body I have but seldom, if ever, seen cured by this medicine.

Antimonium tartaricum, or *tartarus emeticus*.—Under this medicine there are many and strongly marked symptoms that might fairly be named "*characteristic*," except from the fact that they are almost identical with equally pronounced symptoms of *antimonium crudum*. For this reason, and while they must still be considered landmarks or *leading symptoms*, I shall, nevertheless, for

the most part ignore them, and rather touch upon other symptoms peculiar to this medicine, and in comparison with the former more especially. In doing so, I will, for the sake of brevity, allude to the one under the designation *A.C.* and to the other under that of *T.E.*, signifying *tartarus emeticus*.

T.E. 1. *In relation to the mental state, the sensorium and the head.* Here the most marked symptoms are great despondency and cryable mood, fear of being alone, sometimes followed by frivolous humour, or by anger. In severe cases of pneumonia, muttering delirium and stupor is characteristic of this medicine. The vertigo is like that of *A.C.*, but with more confusion and dulness of the intellect, and with less nausea and faintness; while, in relation to the head, a band-like feeling over the forehead is very pronounced.

2. *Tongue, stomach, and gastric symptoms.* Although the tongue may be somewhat white and dry, like as under *A.C.*, it is generally red and dry, especially in the centre, very similar to the tongue of *veratrum viride*, but with much less soreness and smarting sensation than the tongue of *ver. vir.* Difficult deglutition of liquids is a marked symptom, more intense nausea, retching and vomiting, especially after food, and with more deathly faint sensations and prostration than from *A.C.*, and differing, moreover, in this respect from *ipecacuanha*, which has more mucus and bilious vomit, with less vertigo and less prostration.

3. *Larynx, bronchi and lung characteristics.* Under *A.C.* there is a thin and squeaking note of hoarseness, worse in hot rooms; under *T.E.* a rougher and looser hoarseness, worse in the morning, after coughing, and from talking. *A.C.* is characterised by more spasm of the air tubes than *T.E.*, and in this respect is similar to *ipecac.* The cough, moreover, of *A.C.* is drier and more spasmodic than *T.E.*, similar to *ipecac.*, and under *A.C.* the cough is worse when going into warm air, after cold air, the reverse of *T.E.* The respiratory symptoms, however, as a whole, under all three remedies, I believe are largely dependent upon, and are altered by, the dose, and its repetition and continuance. *Clinically*, I have found *A.C.* answer best in the lower dilutions for dryness and spasm of the air tubes, and *T.E.* and *ipecac.* in dilutions from 6x up to 12x; while

T.E. in dilutions from 1x to 3x has answered best when there has been much secretion and rattling of mucus, with less spasm, but with more congestion of the respiratory organs.

Apis mellifica. A knowledge of the therapeutic value of this unique medicine in several severe forms of disease, both acute and chronic, is entirely, or for the most part confined to homœopathic practitioners, and for the sake of suffering humanity it is a great pity that such should be the case, but the fault so far rests with those medical men who refuse to examine into homœopathy.

The "guiding symptoms" in relation to various pathological conditions in which it has been found so eminently curative, are so obvious that I will only allude to a few additional ones that have come under my own observation more particularly.

1. *Pathologically and generally* the symptoms indicate an atonic or asthenic condition of the system, rather than the contrary.

2. *In relation to the head.* Beside the recognised heat and congestion, throbbing, shooting and distensive pains, *relieved by pressure and aggravated by motion*, the vertigo, worse when lying and closing the eyes, all which symptoms (sometimes accompanied with the sensation of dying), I have repeatedly verified. There is a symptom very similar to one under *helleborus*, which I have several times cured by that remedy, and have also greatly relieved by *apis*, viz., a dull, heavy sensation in the occiput, as from a blow, extending to the nape of the neck, and relieved by pressure, accompanied with sexual excitement and desire, differing in the latter respect from *helleborus*, where the very opposite condition has been very marked, mainly in *men* of middle age, who have largely indulged in the use of tobacco, spirituous liquors and in venery.

3. *The eyes.* In common with other practitioners, I have found this remedy highly curative in catarrhal and strumous ophthalmia and interstitial keratitis, and I have nothing to add beyond the fact that I have generally noticed these cases characterised by anæmia and general debility; and here while prescribing *apis* I have at the same time found the hypophosphite of lime,

in the form of syrup, twice a day, after meals, very helpful.

4. *Tongue, mouth, and throat.* In addition to the characteristic dryness, redness, soreness, and glossiness of the mucous membrane, and scalded sensation, there is a symptom, very similar to one under *hepar sulphuris*, which I have occasionally verified and cured, viz., as if some small and sharp substance were sticking in the throat. Under *hepar sulphuris* the symptom is described as of "a fish-bone" in the throat. Under each of these medicines there is a feeling of constriction, with difficulty in swallowing, but under *hepar* there is less swelling, dryness, and œdema than under *apis*.

5. *Diarrhœa.* One or more thin and loose stools immediately on rising in the morning. Many years ago I called attention to this symptom as diagnostic to some extent of ovaritis, but Dr. Edward Blake subsequently suggested that this symptom pointed to inflammation of the cervix uteri rather than to ovaritis. Now, with proper deference to Dr. Edward Blake, I yet think, from continued observations, that my view is the more correct; but whether this be so or not, the symptom in question is one that is highly characteristic of *apis*.

The same or a similar symptom, either pathogenetic or clinical, has been observed in relation to *actœa*, *aloes*, *arsenicum*, *bryonia*, *dioscorea*, *lilium*, *podophyllum*, *rumex* and *sulphur*, &c., &c.; but all these remedies may be differentiated from *apis* by concomitant and other qualities.

For the sake of bringing my remarks within a reasonable compass, I must pass over renal symptoms and dropsies, which for the most part are already *en evidence*, and briefly notice a few other *characteristics*.

6. *Laryngeal, cough and respiratory symptoms.* Hoarseness of voice, with pain in the throat from talking, is a marked feature; dry cough, with a suffocative feeling and desire for more air, aggravated by cold air, by pressure over the chest, and all worse after sleep in the morning, very similar to *lachesis* symptoms, but in some respects very different and *characteristic*.

7. It may well be considered and compared with *arsenicum* and *rhus* in cases of rheumatism, with spinal irritation and numbness of the fingers, attended with great debility, and especially with cardiac weakness.

It is especially indicated if during the febrile symptoms the patient show a desire to be uncovered, and for more air. In cases where carbuncles and boils predominate with general debility, it should be thought of in comparison or in opposition to *lachesis* and *arsenicum*.

Arnica.—The only notes that I have made in relation to this medicine are with respect to the brown streak in the centre of the tongue recorded by others, which I have sometimes verified; but this should be compared with the tongue of *antim. tart.*, *baptisia*, *rhus*, and *veratrum viride*. Under stomach I have noted down, "pain in stomach during eating," recorded by Dr. Usher; this symptom I have since verified. Pains changing from part to part—compare with *acid benzoic*, *kali bichromicum* and *pulsatilla*.

Arsenicum album.—The general and particular aspects of this medicine, so largely used by both allopathic and homoeopathic practitioners, is too extensive a subject for me to take up, and I will only notice a few peculiarities, observed by others, that have served me well. Fear to be left alone, lest doing himself bodily injury or committing suicide—compare this with *phosphorus*; dread of death when alone—compare this with *aconite*, where there is the additional symptom of predicting the time of approaching death; cannot find rest anywhere, changes his place continually, especially from the bed—like unto *graphites* and *rhus*; headaches, worse in windy weather, like unto *rhodendrum*, *spigelia*, *platina*, and *phosphorus*; headache worse on laying the head low, and with desire for the upright position, worse on rising up and by movement, and relieved by cold washing and by the open air—these symptoms, although well known, are so highly characteristic that I cannot refrain from noticing them. Difficulty in hearing the voice of other persons—compare this with *phosphorus*. Under appetite there is aversion to food, with thirst for small quantities at a time, and a desire for acids. Full sensation at the stomach, like a stone, *immediately after an ordinary meal*—compare this with *lycopodium*, which is characterised by fulness after a *slight* meal; diarrhoea or loose stool at 3 or 4 a.m., and again later on after rising—compare this with *apis*, *bryonia*, *podophyllum*, *sulphur* and some other medicines. *Arsenicum* has also a more marked action upon the right ovary than upon the left, and in

dysmenorrhœa, when relieved by warm applications over the abdomen, *arsenicum* is largely helpful.

The "characteristics" of cough, respiratory and cardiac action, I must pass over, together with many others, and which for the most part are well known.

Arsenicum iodatum. This medicine has come to the front mainly during the last ten years, and, I believe, we are largely indebted to Dr. Clarke, the editor of the *Homœopathic World*, in first bringing to our notice its pathogenetic and therapeutic power observed by other men, since which time I have prescribed it very often in the 2x trituration, and with very beneficial results; in granula conjunctivitis, with acrid discharge; in chronic nasal catarrh; in phthisis, with hoarse racking cough and profuse expectoration of a purulent nature, and attended with cardiac weakness, emaciation, and general debility; in chronic watery diarrhœa, occurring more particularly in phthisical subjects; in cases of emaciation while the appetite has been good and plenty of food has been partaken of; in amenorrhœa, with anæmia, palpitation of the heart and dyspnœa on exertion, I have frequently found it as largely beneficial as *ferrum*, and suitable to a somewhat different class of cases. In each and all of the pathological states which I have alluded to, the characteristics of this medicine are very obvious.

CHOREA.

By JOHN DRUMMOND, L.R.C.P.E., M.R.C.S.

CHOREA is essentially a neurosis of early life, and the majority of cases occur between the age of seven and sixteen, and it is attested on all hands to be more frequent in girls than boys. It is met with earlier as well as later, and is not infrequent in women, but is then either associated with hysteria or with some reflex uterine irritation, amenorrhœa, dysmenorrhœa, &c. In connection, too, with pregnancy it recurs at intervals. Dr. Handfield Jones, in a paper published in the *British Medical Journal*,* attributes the chorea of pregnancy to an unstable condition of the nervous system, which is always present in the gravid constitution. †Spiegelberg

*July 13, 1889.

† *Text-Book, Midwifery*. Vol. i., p. 348. New Syd. Soc.

concludes from the study of 84 published cases that the choreic symptoms must be regarded as reflex neuroses, which, where there is a predisposition, develop under the influence of insufficient nourishment of the co-ordinating centres, and of the peripheral irritation in the generative organs, inasmuch as a badly-nourished condition, with anæmia, was a significant and not rare state in these patients. Out of the total number of cases 23 proved fatal, and of the remainder half the pregnancies terminated prematurely, whilst of the rest which went on to the end of the term some of the newborn children manifested the symptoms of the disease. It is rarely a phenomenon of senile decay. Some years ago I met with a case in an old man, who had been the verger of the Manchester Cathedral for over forty years. It was intractable to treatment for over twelve months, and affected the left side of the body, the arm more especially, which was jerked about violently, and terminated in paresis and imbecility from softening of the brain, which of course proved fatal. *Tissier has recently reported the case of a woman, at 79, in whom chorea was developed within a year after the violent death of her son. It ended fatally fourteen months subsequently, and the autopsy revealed superficial softening of the cortex of both occipital lobes, and of a portion of the left frontal lobe of the cerebrum.

The symptoms are peculiar and easily recognised. They often begin insidiously. There may be a jerking or twitching of a limb, blinking of the eyelids, or distortion of the features from contraction of the facial muscles, so that parents are apt to correct the child for what they suppose to be a bad habit. In more confirmed cases, and when the disease is thoroughly established, the whole body is in a state of incessant commotion, and the sprawling contortions of the limbs are very grotesque. Although the lower limbs may be able to support the body, locomotion is often difficult, and is due to the exaggerated or shambling contraction of the joints owing to the loss of control over their voluntary movements. In severe cases this becomes utterly impossible, and the patient is unable to stand or even to sit, being jerked against his will into some impossible position by which

* Bul. de l'Acad. de Méd. Paris, Feb. 8, 1889.

his equilibrium is lost. For the same reason the patient is unable to feed himself, for either the food is lost before it can be brought to the mouth, being jerked over the shoulder or across the room in an opposite direction, or else the mouth is suddenly closed before the food reaches it. If the child is asked to protrude the tongue, it is either jerked in or out, or thrust into the cheek, in the most capricious manner, and if kept out for a few seconds it is tremulous, turns from side to side, or is unexpectedly trapped by the snapping of the jaws, and what with the lolling about of the head, the rolling of the eyes, and the extraordinary grimaces, the aspect of the patient is very comical. All these vagaries of the glossal muscles renders deglutition difficult, although the pharynx and sphincter muscles are unaffected. The power to enunciate distinctly is lost for a time, but we are generally justified in giving confident assurance that this is only a temporary defect, which will be perfectly restored. All these symptoms will be probably exaggerated whilst the patient is under examination, although in a few cases an increased will power may for a very short time keep them in abeyance. As a rule, when the patient sleeps, the muscles are at rest, and he lies in perfect repose. He often wakes up with the sudden jerk of an arm or leg, or starts up looking bewildered. In very severe cases the contortions are so violent and irrepressible that sleep is utterly abolished, and, indeed, the body and limbs are bruised by the violence with which they are thrown against the angles of the bed.

In many cases the spasms are much more marked, or only prevail upon one side of the body, and this form is usually described as hemichorea. In many neuroses, the phenomenon of unilateral convulsions would arouse suspicion of organic cerebral mischief, but in uncomplicated cases of chorea we need not give way to these apprehensions, for though the mischief probably is unilateral, it is only of a temporary character, and will subside. During convalescence, and when the jactitations are subsiding, any attempt to follow some complicated and precise coördinating movement, such as is needful in writing, sewing, knitting, playing the piano, increases the choreic spasms, and should not be attempted, as it depresses and baffles the patient. In the milder forms of the disease there is no great disturbance of the general

health, but we may get high febrile excitement, with delirium, in the severer types of the disease, especially when associated with the rheumatic dyscrasia. When mixed with the hysterical element, we may have analgesia, anæsthesia, hyperæsthesia, or paresis in a limb or some part of the body.

The course of chorea is often protracted, and may extend over periods varying from a few weeks, to many months. In many cases relapses recur after long intervals of perfect health. As a rule, it may be regarded as amenable to treatment; few cases, without there is some deeper seated lesion, prove actually incurable, although every now and again the vital powers may give way under the violence of the attack and bring about a fatal termination. In my own experience I have only had one case in which this took place. A youth, æt. 17, after a protracted bathe in the Modder river, near Kimberley, South Africa, was seized with violent pains in the hips and knees, which made walking to the hotel very difficult. Next day he had pains in the arms and shoulders, and was treated by a medical friend for acute rheumatism. In the course of a few days, the pains subsiding, he drove into Kimberley and came under my notice. He complained of twitchings in the arms and legs, which he could not control, and of great weakness; the temperature was 102.8, and I discovered a soft mitral bruit. I advised him to go to the hospital for the convenience of nursing and attendance, and within a day or two the movements had become so incessant and violent it was impossible to keep him covered, and his limbs were thrown about in the most violent manner, so that two nurses were employed to watch him, and prevent him jerking off the bed or injuring himself. It was impossible to nourish him, and sleep seemed out of the question, *morphia*, *chloral*, *bromide of potassium*, and *cannabis indica* were used with little avail; after four days the sensorium became clouded, low muttering delirium, passing gradually into coma, and he died. A *post-mortem* was not allowed. *Dr. Mitchinson has recently recorded two similar cases which were unrelieved by narcotics, one dying four days and the other ten after hospital admission. In both there was a rapid and extreme rise

**Lancet*, May 11th, 1889.

of temperature during the two or three days immediately preceding death. Œdema of the brain and vegetations on the mitral valves were found in each *post-mortem* examination.

We may expect to get a neurotic history in the majority of cases, and to find the children badly nourished and in poor physical condition, with more or less anæmia. *Körner combats the idea of school work, fright, or other emotional shock or irritation being in themselves capable of exciting chorea in healthy children; they must be predisposed by malnutrition. The association of chorea with rheumatism is now generally recognised. †Dr. Stephen Mackenzie, from an analysis of 72 cases, found that rheumatism had pre-existed in nearly half the cases, and in cases where we have no joint symptoms we may have a high temperature, with endocardial or pericardial murmurs. Henoch, Bouteille, and Sée have each drawn attention to the same connection, and that it is during the subsidence of, or convalescence from acute rheumatism, when chorea develops, although Henoch has seen choreic twitching give agonising pain to the little sufferer during an attack of rheumatic fever. ‡Herringham and Garrod, too, have from a careful analysis of a large number of cases inferred that a relationship between rheumatism and chorea does exist, although many other causes are effective in the production of the disease. Cheadle strongly argues in favour of the same intimate relationship, and Greenwood § reports a case in which, in immediate sequence, quinsey, acute rheumatism and chorea followed each other, and during the chorea a distinct mitral systolic murmur developed. In a boy, aet. 17, previously healthy, during an attack of chorea,|| Eade reports that in the third week of his illness an attack of erythema squamosa, associated with fever, developed, which was followed by acute articular rheumatism, pericarditis and delirium, and two days later endocarditis. The symptoms then gradually subsided, and a month later convalescence was so far advanced that the symp-

* Deutsche Vierteljahresschrift, Vol. xxi., No. 3.

† Theor. and Pract. Med. Roberts, Ed. 8th, p. 911.

‡ Lancet, Jan. 12th, 1889.

§ British Medical Journal, Feb. 16th, 1889.

|| Ibid, March 30th, 1889.

toms of cardiac lesion had almost entirely vanished. Kirkes,* Hughlings Jackson and Broadbent consider certain cases to be associated with minute emboli, conveyed from the valves of the heart to the capillary vessels near the corpora striata and optic thalami, which interfere with the nutrition of these portions of the brain, and impair but do not obliterate their functions. †Grosse has collected nine cases of endocarditis recurrens, from which he argues that the disease is due to minute emboli in the brain, especially in the optic thalami and corpora quadrigemina, the sources of the emboli being recent vegetations, or coagulated fibrin on the cardiac valves. ‡Henoch, on the other hand, opposes the view that the heart affection is the cause of the chorea, and that the theory of embolic occlusion is quite erroneous, and cannot be brought into harmony with the rapid subsidence and complete recovery of most cases of chorea, and in his opinion the heart affection and the chorea are simply associated because they are both due to the same cause—viz., rheumatism, which appear to act in an unexplained way upon the coördinating centres. Probably he may be correct, for we know that a vitiated condition of the blood with malnutrition of the nerve centres following the acute exanthemata, may induce choreic movements, hence we have cases recorded as the sequelæ of measles, diphtheria, and scarlet fever. §Dana summarises the theorising by placing three prominent pathological conditions as predisposing to the disease: 1, an impoverished condition of the blood: 2, an intense cerebral and spinal hyperæmia, not meningeal but deeper seated, and apparently due to vasomotor paralysis; 3, a neurotic history.

Chorea caused simply by reflex irritation is seldom met with. ¶Henock says, irritation from worms, or in connection with the genital organs, is much more frequently assumed as a cause of the disease than the facts warrant, and he has never succeeded in curing the disease by giving anthelmintics nor by an operation for

* Theor. and Prac. Med. Roberts, 8th Ed., p. 911.

† Berlin Klin. Woch., August 19th, 1889.

‡ Children's Diseases, Vol. 1, p. 209. New Syd. Soc.

§ Medical Record, Oct. 19th, 1889.

¶ Children's Diseases, Vol. i., p. 210.

phymosis. On the contrary * Dr. Thomas W. Jenkins records in the *Lancet* two cases cured at once by the administration of turpentine with senna, and the consequent evulsion of a large number of lumbrici, after many other remedies had failed. †Demne reports a case of chorea which occurred on two occasions as a symptom of iodoform poisoning. The iodoform had been applied as a dressing to a wound, and, in addition to the chorea, there was headache, anorexia, insomnia, iodine in the urine, and other symptoms of iodoform poisoning.

It is difficult to lay down any line of treatment. Remedies must be selected which seem best to meet the prominent features of the case. If there be febrile disturbance with polyarthritides, *aconite* would be decidedly useful to reduce the temperature. *Actæa racemosa* was first used empirically, but as in many other drugs, its pathogenesis shows it to be related homœopathically to the disease. It certainly acts upon the motor centres, for it produces mental restlessness with tremors, twitching of the muscles almost amounting to jactitation, mixed up with muscular pains, not perhaps with much febrile disturbance, but of a sub-acute character, with cardiac troubles, tumultuous palpitation, and a sense of crampy pain in the heart itself, not so agonising as angina. It also acts upon the uterus, producing uneasy pains with ovarian hyperæsthesia, and mental depression, covering fairly the sphere of chorea, and its association with rheumatism and cardiac troubles, or when of a hysterical type, the uterine and ovarian complications. *Agaricus* produces tremors and choreic twitchings, with unsteadiness of the gait and symptoms of spinal irritation affecting the motor tracts and centres of coördination, and has been reported useful, probably in the minor cases of chorea. *Arsenic* is one of our chief remedies, for it proves reliable in a large majority of cases. In small and repeated poisonous doses it acts primarily upon the blood, destroying the integrity of the red corpuscles, and producing a pale, waxy complexion, and secondarily we get impaired nutrition of the nerve centres, and of the sympathetic ganglia, with cramps, twitching, irregular gait, and uncontrollable tremors,

* *Lancet*, Sept. 27th, 1890.† *Sajow's Annual*, Vol. ii., c. 54, 1890.

and yet we know it is more useful than iron in pernicious anæmia, and particularly when due to a miasmatic origin, and that it braces up the nerve centres, curing chorea, and even some forms of epilepsy. Dr. Ringer speaks of it as by far the best remedy we possess, and Dr. Begbie is so enthusiastic that he will not admit a failure after an experience extending over thirty years. It also acts specifically upon the heart, causing endocardial inflammation in the prover, and yet it relieves endocarditis, with irregular action, palpitation, dyspnœa and other allied symptoms. When we have mitral bruit, with threatened heart failure, what good results we gain with *arsenic* and *digitalis*, and in chorea with heart complication I should never lose sight of this combination. *Cuprum*, too, I have used with considerable advantage. All the provings tend to show this metal has a specific influence upon the central motor tracts, manifested by cramps, contractions, twitching and clonic spasms of the muscles of an epileptiform or choreic character. I have some confidence also in the *phosphate* and *valerianate of zinc*, the latter especially in young girls about the age of puberty, or in older women with a hysterical tendency. They act very much upon the same motor spheres as *cuprum* and *arsenicum*, and like these metals have enjoyed a reputation by both sides of the profession. In badly nourished children some form of iron may be given with advantage. My favourite preparation is the *pyrophosphate*, in from $\frac{1}{2}$ to 1 grain doses, but many of the others would do as well. The compound syrup of the *hypophosphates* is a favourite preparation, which may be given with extract of malt and cod liver oil. This combination is well prepared by Burroughs, Wellcome & Co. In very severe cases some hypnotic may be needed, and a combination of *chloral* with *bromide of potassium* answers better than an ordinary opiate, which is apt to lock up the secretions and disturb the digestion. I have used Battle's *bromidia* with much satisfaction, and believe it to be a very reliable and useful remedy. In extreme cases a temporary cessation of the spasm may generally be gained by the inhalation of chloroform, but the result is not satisfactory, and very transitory. The diet must be carefully regulated, and of a nutritious character without being irritating. Plenty of out-door exercise should be taken, whilst a change of residence may be beneficial. Tepid

sluices of 75° down the spine are of service, followed by gentle massage on each side of the vertebra, but not on the spine itself, and the feet may at the same time be immersed in warm water with mustard, about 90° to 95°, which acts as a good derivative and relieves spinal or cerebral congestion.

Shenstone, Malvern,
October, 1892.

CASE OF SALIVARY FISTULA.

By CHARLES HARRISON BLACKLEY, M.D., M.R.C.S., Eng.;
F. R. Met. Soc.

SOME thirty-three years ago a case came under my care, which, on account of its being the only one of the kind I had seen, and also on account of its being cured by an unusual kind of operation, interested me very much at the time. From the fact of my never since having had another case like it, I judge that such cases are not common, and there cannot, therefore, occur many opportunities of putting into practice the method of cure I adopted. Nevertheless I have thought that a sketch of the case, and a description of the method used in remedying the defect, may interest some of the readers of the *Review*, and may possibly give a hint to any of my colleagues who should, by chance, get a similar case into their hands.

The patient was a young lady of about twenty-four years of age. She was small in stature, and of a very spare habit, and was somewhat strumous. When about ten years of age she had occasion to have a tooth extracted from the upper maxilla. In doing this operation the dentist had the misfortune to fracture the alveolar process of the left side of the jaw. From the history I got of the case, it would appear that some small spicules of the fractured bone became necrosed, and that these made their way through the cheek externally, forming and leaving a fistula. This had never closed, and from the fact that whenever the patient partook of food or tasted any sapid substance a flow of saliva through the external opening would immediately commence, it was evident that this communicated with one or more of the salivary glands. A cambric hand-

kerchief had to be held against the opening at each meal-time, and one of moderate size would be more or less saturated with saliva at each meal. A few drops of vinegar, or a few grains of salt, placed on the tongue, would, for a short time, cause a very profuse flow through the opening, and this would sometimes continue for a time even after the sense of taste gave no indication of the presence of the above-named substances in the mouth. Another interesting circumstance was that the mere mention of certain kinds of food would cause a flow of saliva and, if the patient had gone for a considerable time without food, or the article mentioned was something that she was very partial to, the flow would be very profuse. Towards the middle or end of a meal, however, the flow would diminish, even though the same quantity of food was passing through the mouth as at the commencement of the meal.

The constant waste that had been going on for so many years had told upon the patient's health, and had evidently interfered with her development. She was, as I have said above, small in stature, somewhat anæmic, and evidently ill-nourished. She was also very dyspeptic, and suffered greatly from flatulence.

Evidently the constant waste of the saliva was one cause of the ill-health, and so long as this waste continued there could be very little chance of permanent improvement. Several attempts had been made to close the external opening of the fistula by the medical men under whose care the girl had been, but these had not been successful. I had myself very little hope of succeeding where others had failed, but I thought the effort worth making, and in case of failure I should be in no worse a position than others had been in before me.

It occurred to me that if a very small quantity of a solution of *nitrate of silver* could be injected into the fistula without penetrating to the gland it would coagulate the saliva and possibly stop the flow for a time, at any rate,* by forming a plug more or less dense. The passage was very small in diameter, and was sinuous, only admitting a blunt darning needle to penetrate a

* Later experience with the use of Dr. Southey's tubes has proved to me that a very soft coagulum will entirely stop the flow from a dropical limb when the canula is small in diameter.

little more than a sixteenth of an inch. The operation was not quite without risk.

It was evident that the *ductus Stenonis* was one of the parts that had been injured by the passage of the spicules of necrosed bone, but whether this duct had been completely severed or only partly cut through it was quite impossible to determine so long as the false passage remained open. If by any chance the terminal part of the duct had become entirely, or even partially, closed, then the closure of the false opening on the external surface of the cheek would be almost sure to lead to trouble. I determined, however, to run the risk, whatever that might be, by injecting the *nitrate of silver* and then watching the result.

A glass tube of small diameter was drawn out under the blow-pipe to a dimension sufficiently narrow to permit it to enter the external opening of the fistula. To the wide end of this tube a small Indiarubber bag (such as is now used on the dropping tubes sold by our chemists) was attached. The glass tube was filled with a solution of *nitrate of silver* (five grains to the ounce), and about one-tenth of a minim was injected into the fistula. This almost immediately had the desired effect; the flow of saliva ceased; but whether this was due simply to the coagulated saliva forming a plug and thus blocking up the passage, or partly to the swelling of the walls of the fistula, I could not determine; but I am inclined to believe that the rapidity of its action must quite shut out the idea of its being in any degree due to the swelling of the walls of the fistula.

So far the experiment had been quite successful, and I was especially pleased to find that the flow of the salivary secretion through the internal opening of the *ductus Stenonis* soon re-established itself, though in diminished quantity apparently.

But, although the experiment had been successful so far, one felt that we could not depend upon the effect being permanent. If the cessation of the flow through the false opening was due simply to the presence of a coagulum, absorption of this might take place, and the fistula might at any time become patent again. To endeavour to prevent this, I determined to scarify the external portion as far down as could be conveniently reached by the application of crude *nitrate of silver*.

For this purpose a blunt needle was heated to redness and was plunged into a stick of *nitrate*, and was then withdrawn with a coating of *nitrate* upon it. This, when cooled, was moistened with water, and was then passed into the fistula a full sixteenth of an inch in depth, and was left in position until all the coating of *nitrate* was completely dissolved. This application was followed by the usual amount of heat and redness and swelling; and, apparently, by complete occlusion of the external opening. In about ten days this completely healed and left very little sign or mark where the opening had been. At the same time the flow of saliva from the entrance to the *ductus Stenonis* rapidly increased and soon became normal in quantity, so that mastication could go on with comfort and with satisfaction. For quite twelve months the patient gained flesh steadily, and at the end of two years would hardly have been recognised as the same individual by anyone that had not seen her in the interval.

Since the above case passed out of my hands it has several times occurred to me that this method might possibly be made use of in some other forms of fistula. Where the fluid secreted is not coagulable, as it is in the case of saliva, the artificial injection of a small quantity of albumen (say white of egg) might answer the purpose as a first step; and where the diameter of the fistula is small the coagulum would, I think, as in the above case, stop the flow of fluid and give time for an effort being made to close the opening in the way indicated above. I think the method would be worth a trial in any suitable case.

Old Trafford, Manchester.

THE PROGRESS OF HOMŒOPATHY IN AMERICA.

By GEORGE W. ROBERTS, PH.B., M.D.

PROBABLY there is no better index of the prosperity of the homœopathic school in America than the number attending the meetings of our National, State and Sectional societies, and it would appear from the various recent gatherings of practitioners that none of the old-time enthusiasm had been lost. The annual meeting of The American Institute of Homœopathy, held at Washington last June was most successful, both as regards the number in attendance, the general harmony of feeling,

and the amount of literary material presented. But while the Washington meeting was very successful, it was quite evident that the meeting of the Institute in conjunction with the World's Congress at Chicago in 1893 was looked forward to as probably the grandest gathering of homœopathists which has ever taken place. Preparations are now being made in all parts of the country, under the auspices of a committee of the American Institute, looking toward the arrangement of a brilliant programme and the provision of ample accommodation and entertainment for our foreign visitors, of whom we hope England will furnish a large number.

Of the State societies which have recently held successful meetings, the New York Society probably ranks first in importance. The meeting was the forty-first semi-annual, and took place in New York City, where the State Society was the guest of the New York County Society. It having been some years since the State Society convened in this City, and its last meeting having been rather poorly planned and provided for, the County Society felt that it owed its friends from the State a royal welcome, and the decision of the guests at the close of the meeting was that the debt had been fully paid. The attendance was unusually large. The members of the Society were entertained at the New York Homœopathic Medical College and at the Flower Surgical Hospital on Tuesday, October 4th, and on the evening of the 5th were given a dinner at Sherry's. The ladies attending the meeting were given a luncheon by Mrs. Wm. Tod Helmuth on Wednesday—and that is assurance enough that they received their share of the welcome.

President W. M. L. Fiske, M.D., of Brooklyn, opened the meeting with an eloquent address, entitled, "*The Regulation of Marriage by Law*,"* in which he advocated the prohibition of the marriage contract between persons who had hereditary mental diseases, epilepsy, dipsomania, or venereal diseases. The address was founded on statistical evidence, and appealed so strongly to the profession and the public that it awakened a marked interest in the subject, and received a great deal of attention from the press of New York and Brooklyn.

* Published in the November number of the *North American Journal of Homœopathy*.

The work of the Society was distributed among ten bureaux, as follows:—Public Health, Clinical Medicine, Materia Medica, Pædology, Gynæcology, Obstetrics, Mental and Nervous Diseases, Laryngology and Rhinology, Ophthalmology and Otology, and Surgery, and each bureau presented many valuable papers, so many, indeed, that hardly sufficient time could be allowed for their satisfactory discussion. Among the many important papers may be mentioned: *A Plea for the Establishment of a Homœopathic Hospital for Contagious Diseases in New York City*, by J. W. Dowling, A.B., M.D.; *Chorea*, by L. A. Frazier, M.D.; *Experiments with Cedron*, by T. F. Allen, M.D., LL.D.; *The Necessity of a National Quarantine under Federal Control*, by J. Montfort Schley, M.D.; *The Rectal Mucous Membrane as a Means of Preventing Infection about the Anus*, by W. B. Van Lennep, M.D.; *Reflex Neurosis from Eye Strain*, by A. B. Norton, M.D.; *Sound as a Factor in the Treatment of Diseased Conditions of the Sound-Conducting Apparatus*, by Henry C. Houghton, M.D.; *Suturing the Tendo Achillis*, by D. G. Wilcox, M.D.; *Three Cases of Appendicitis: No Appendix*, by S. F. Wilcox, M.D.

The Board of Censors reported that 36 new members had been elected, and that about 175 physicians were in attendance. The Committee on Legislation reported that they had decided to make another effort through the State Legislature for the relief of the Middletown Insane Asylum (homœopathic).

The Ohio, Connecticut and Pennsylvania State societies have recently held large and enthusiastic meetings at various places, and as it is mainly through the instrumentality of these organisations that we obtain those legal rights and privileges which are often denied our foreign brothers, it is encouraging and reassuring to notice that they are year by year gaining in strength and influence. This steady, although slow, growth encourages us to believe that if we adhere to a broad, impartial, intelligent view of medicine and surgery, and throw ourselves into private and public work with an enthusiasm born of deserved merit, the public will in the near future gladly entrust us with the management of their largest and most important institutions. But it is only by taking an advanced stand in *all* branches of medicine that

homœopathy can hope to gain important victories in America. That day has gone by when men, incompetent in other lines can by homœopathic prescribing alone hope to attain prominent places in the profession or in the community. One cannot trade upon the name "homœopathy" to-day in America. The old school in America, as abroad, has made marked progress within the past ten years, and while it may not have been in the direct line of therapeutics, it is progress nevertheless, and every homœopathist who has not been among the advancing lines of the noble army of *physicians* as well as in those of the equally noble regiment of *homœopathic physicians* is feeling the competition. It is quite possible, however, that interest in, and attention to, pathology, surgery, and branches of medical science other than *materia medica* are retarding the progress of homœopathic therapeutics. However that may be, it is evident that American homœopathists are more intent upon finding some method of simplifying our *materia medica* than they are upon trying to augment its volume. All this is evinced by the undeniable fact that proving of drugs is becoming less and less frequent, while numerous organisations are being formed, whose avowed object is to separate the valuable from the worthless and confusing symptoms recorded in our *materia medica*.

The annual meeting of the New York County Homœopathic Society recently held was the occasion for a report of the Committee on Public Institutions, and the state of our institutions according to that report is quite encouraging. The main points brought out in the report are that New York City has at present three homœopathic medical colleges—one for men, one for women, and one for both (post-graduate); that these institutions employ 81 physicians as professors and instructors; that they graduated 35 men and 9 women last year, and that 4 took post-graduate degrees; that 137 men and 44 women matriculated this year; that there are in the city 7 public hospitals with a capacity of nearly 1,000 beds, and that they cared for 7,300 patients during the year; and that the 14 dispensaries treated nearly 40,000 patients and gave 109,000 prescriptions during the same period.

We hope that the ensuing year may swell the list of patients, students, and prescriptions.

NOTES ON THE POSITION OF COLOTOMY AS A PALLIATIVE OPERATION.

By C. KNOX SHAW.

Surgeon to the London Homœopathic Hospital.

THERE exists in the lay mind a natural and well-understood dread of the "surgeon's knife." Disinclination to accept the alternative of an operation is frequently bred by fear out of ignorance. It is therefore very important that the patient's medical adviser should be prepared to place before him the true position of any operation planned to afford him relief, especially when such operation has a palliative rather than a directly curative intention. Notwithstanding a mind trained by experience to appreciate matters of moment, involving perhaps the issues of life and death, it is sometimes difficult to weigh the points, and to grasp the features intended by an operation, especially when that operation is not one of very frequent occurrence in an ordinary practice. Yet it is extremely important that these points be well understood, for relief from pain and prolongation of life may depend upon the selection of the most suitable operation and the decision as to the moment at which it should be performed. This is perhaps especially so in the operation of colotomy, and it is with the purpose of focussing our present knowledge of the subject, that I have ventured to write these few lines.

Colotomy, as is well known, is now divided into two kinds, lumbar and inguinal, both having their advocates, and both having their true position; the choice depending a good deal upon the condition of the disease for which the operation is undertaken. Colotomy is needed mainly in three classes of cases:—

1. In chronic obstruction of the bowels due to stricture of the colon.
2. In some cases of acute obstruction of the bowels.
3. In cancerous or other disease of the rectum causing great pain without obstruction; or both pain and partial obstruction.

In all these cases the practice existed, founded upon the surgery of five-and-twenty years ago, of delaying the operation of colotomy until the last possible moment, in fact, not until complete obstruction had supervened; but fortunately this is being very slowly altered as knowledge

of modern technique permeates the mind of the general body of the profession. If we are to minimise the risks of the operation, and to consider the best interests of our patients, we must take a broader and more enlightened view of the situation.

It is obvious that we very much lessen the pain and discomfort of the operation by dividing it into two stages, and so delay opening the intestinal canal until it has become firmly adherent to the abdominal wall, the peritoneum has become sealed and the skin wound healed; a principle which Mr. Howse first applied with such excellent results in the operation of gastrotomy.

It matters not which site is chosen for the operation—the lumbar or the inguinal—the gain to the patient in getting the skin wound to heal before its surface becomes befouled by the passage of fæces over it is immense. But this much-to-be-desired object can only be obtained by operating before the symptoms have become urgent. After finding the bowel, either through a lumbar or inguinal incision, it is carefully fixed to the wound, any puncture of its lumen being scrupulously avoided. Under an aseptic dressing, and with no urgent obstructive symptoms of the bowels to cause anxiety, the wound can be left undisturbed for four or five days, when the bowel will be found to be firmly adherent to the adjacent parts. The subsequent opening of the exposed portion of the intestine is an almost painless operation, and the existing union will prevent, in the lumbar operation, suppuration from extravasation of fæces into the planes of muscles of the back, and in the inguinal operation, peritonitis from leakage of fæces into the peritoneal cavity. Anyone who has seen the result of the two modes of operating, immediate or delayed opening of the intestinal canal, will be convinced that the latter should be striven for whenever possible. It is not my intention to discuss the advantages and disadvantages of either lumbar or inguinal colotomy or the mode of operating, the choice of site must be left to the individual judgment and experience of the operator; but I would like to draw attention to another point worth considering by those called upon to treat cases in which an ultimate colotomy may become necessary. The necessity of colotomy in cases of obstruction forces itself, by the

gravity of the case, upon one's attention, and operative interference brooks of but little delay. In carcinoma of the rectum and sigmoid flexure, the case is different. In these cases how often are we called upon to watch the agonising pain attendant upon defæcation and the constantly-recurring distressing tenesmus. These symptoms can generally be removed by a well-timed operation. Further, and this is a point needing careful consideration, this suffering is caused by the passage of irritating fæces over an ulcerated cancerous surface. Surely if we divert the passage of fæces away from the growth, and prevent the constant irritation of the sore by a colotomy, we give a much greater chance for the ameliorating action of remedies applied for the local condition, and thus remove "a mechanical obstacle to cure." It has been urged that the discomforts attending an artificial anus are as great as those for which the operation is planned; but I am inclined to think that in the greater number of cases it is not so, and to illustrate this, and to show what very little discomfort a colotomy may cause, I presented last session, at a clinical evening of the British Homœopathic Society, a patient I had colotomised fifteen months previously. The man had a good artificial anus under perfect control and with healthy unirritated skin around it.

I think I have said enough to turn the current of the reader's thoughts into a profitable channel; the subject is worth a few moments' consideration, and the reasonableness of the modern surgeon's position will then be emphasised.

REVIEWS.

The London Homœopathic Hospital Reports. Edited by G. BURFORD, M.B., and C. KNOX-SHAW. Vol. II. London: Homœopathic Hospital, Dec., 1892.

THIS, the second issue of the *Reports* of our Central Hospital, again demonstrates the large amount of useful work and careful observation that goes on within its walls. The first article gives an analysis of the results of the 755 cases admitted during 1892; among them were 220 cases requiring surgical operation. The papers of a distinctively therapeutic character are on *The Therapeutic Sphere of Arnica in the Practice of Surgery*, by Dr. Pope; *A Study of Ranunculus*

Bulbosus, by Dr. Dyce Brown; and a *Preliminary Communication on the Therapeutic Value of the Hydrastis Alkaloids in Uterine Hæmorrhages and other Lesions*, by Dr. Burford. This last is an endeavour to determine, by the light of clinical observation, the kind of uterine hæmorrhage, in which we may advise these alkaloids with confidence. To this research by Dr. Burford, Dr. Edwin A. Neatby, Dr. George Clifton, Dr. Madden, Dr. Neild, Dr. Arthur Clifton, Dr. Harper, and Dr. E. B. Roche contribute the results of their observations in the use of *hydrastinin*; and Dr. E. A. Cook of his with *hydrastin*. That these alkaloids have a distinct influence for good, in some forms of uterine hæmorrhage is—from clinical evidence (we have no pathogenetic material to guide us)—well made out, and Dr. Burford solicits the co-operation of other observers in his endeavour to illustrate their exact sphere of action and the conditions in which their value is greatest. Dr. Cook writes of an alcoholic solution containing 20 grains to the pint, "this solution being thus," he says, "1 in 850." What the 850 refers to we do not understand—20 grains to a pint is 1 minim in every 480, or 1 drop in 960. That this should be made intelligible is rendered very apparent, when a few sentences further on (p. 118) he says, "I have found 2 to 5 drops of the 1 in 850 solution, equal to at most $\frac{1}{10}$ th of a grain, all efficient for the distinct purpose of stopping hæmorrhage." Five drops of a 1 in 850 solution represents $\frac{1}{170}$ th of a grain—not $\frac{1}{10}$ th. One would like to know, further, how to differentiate between the uterine hæmorrhages calling for *sabina*, *crocus*, *platina* and similar medicines, and that demanding *hydrastin* or *hydrastinin*, but until we have some good provings on women—at present we have none—this knowledge can scarcely be expected. Dr. E. M. Hale, in his article on *Hydrastis* in *New Remedies* (1880), writes, "The knowledge that we possess relative to the value of this remedy in diseases of the organs of generation in women has been obtained *ex usu in morbis*. Reasoning from analogy, we should naturally arrive at the opinion that it would be useful in many diseases of the uterus and vagina, in which a blennorrhœa is the predominant symptom. Clinical experience has verified this opinion." Medicinal agencies for restraining uterine hæmorrhage are, however, too few in number to admit of our refusing to search for another by the *ex usu in morbis* plan, objectionable and unsatisfactory as this method is well known to be.

Important contributions to the much-needed additional study of such still obscure conditions as paroxysmal Hæmoglobinuria and Paroxysmal Tachycardia, or Heart

Hurry are furnished by Dr. Galley Blackley and Dr. Byres Moir. In the treatment of the former, Dr. Blackley writes, "The properly chosen homœopathic remedy must be a hæmolytic, and the question which now awaits solution, is to which class of hæmolytics should we turn for assistance—to those acting directly upon the blood, like *pyrogallie acid* or *anilin*, or to those acting indirectly through the spleen, like *toluylen-diamine*." The patient, whose case forms the text of Dr. Blackley's very interesting paper, appears to have been greatly benefited by *anilin*. Some observations by Drs. Pilliet and Malbee (*Lancet*, Feb. 18) suggest *chloride of barium* as being homœopathically indicated in some cases. Clinical papers are contributed by Dr. R. Day on diphtheria, illustrating the insidious way in which this very often fatal disease occasionally makes its approach, and the variety of phases it assumes during its course; on typhus, by Drs. Blackley and Moir, who report nine cases of this happily uncommon fever, at any rate in England. The medicines used were, in the order of their usefulness, *rhüs. tox. bryonia*, *arsenic* and *baptisia*. We are rather surprised not to find *crotalus* in this list. It is satisfactory to notice that the whole nine recovered. Dr. Epps writes on double pneumonia, with general anasarca, the specially anxious feature of the case being the defective secretion of urine with proportionally increasing anasarca; upon this doses of from one to eight drops of an old tincture of *apocynum* had no influence, while teaspoonful doses of a freshly prepared infusion of half an ounce of the root in a pint of water given every two hours, were soon followed by a "urinary flood," and in a short time by complete recovery. Pelvic peritonitis, Dr. Hawkes, of Liverpool illustrates by the record of the course of an unusually severe case in which recovery was perfect. As a contribution under the same heading, clinical medicine, we may include Dr. E. A. Neatby's research into the Position of the Heart's Apex-beat in Children. Two hundred measurements were taken of cases in which no chest deformity existed, and where no disease of the heart or lungs, other than occasional bronchial catarrh, was present, fifteen of these being afterwards excluded as doubtful or incomplete. The age limit was 14 years. The following is the summary of conclusions:—

1. That the heart's apex-beat is situated more externally in children than in adults.
2. That it is quite exceptional, if not abnormal, for it to be found external to the nipple line.

8. That the relative distance of the apex-beat from the nipple line varies rather with the age of the subject than with the size of the thorax.

4. That the more external position in children is explained by the large size of the heart, and by the small transverse measurement of the chest in these subjects.

5. That the size and state of distension of the abdominal organs furnish a less constant cause for variation of the position of the heart.

6. That the heart is situated also at a higher level in the thorax than in adults, and that this is especially the case in infants.

7. That the apex-beat is felt at a higher level in the recumbent than in the erect position.

8. That the heart's sounds are more widely audible in the chest of the child than of the adult.

The surgical papers comprise a very interesting and well illustrated description of a case of carcinoma affecting the cicatrix of lupus, in the course of which Mr. Knox Shaw remarks that "the combination of a highly vascularised tissue, like lupus, subjected to a prolonged course of irritative treatment, which is usually the case in the surgical treatment of the disease, is most favourable for the development of a true carcinoma—not very encouraging to those prone to adopt irritative surgical treatment. A second, by Mr. Dudley Wright, gives a very clear account of the mode of illuminating the antrum of Highmore by means of the electric light in diagnosing purulent accumulations in that cavity. Two interesting and well described cases furnish material for demonstrating the application of the light, and the operative procedure required for their relief. A third paper of this order is one by Dr. Burford, giving the details of case of an extra-uterine gestation, in which, by abdominal section, a five months' fœtus was removed from the abdomen. The cranium lay in the left ilio-costal space, the buttocks in the left pelvis, and the long axis of the child lay parallel to the long axis of the mother's abdomen. The placenta, in a state of atrophy, lay as a spongy mass about the size of an orange in the corner of the left fallopian tube. This was tied and removed together with the corresponding ovary. The patient made a good recovery, and was removed to the general ward on the eleventh day. The lessons taught by Dr. Burford's report of the history of his patient are important and demand careful study. The whole case represents one of the many triumphs of modern surgery.

The volume contains matter which reflects great credit upon the members of our hospital staff, and is well calculated

to inspire increasing confidence in the work of the institution, and to add to its claims upon the profession and the public for their support and encouragement.

Septic Intoxication: Its Congeners and its Colourable Imitations. By EDWARD T. BLAKE, M.D., M.R.C.S. London: The F. A. Davis Company. 64 pp., 8vo.

THIS little brochure, which, reprinted, with additions, from the *Hospital Gazette*, appears to be an amplification of a paper read before the British Homœopathic Society during last session. Dr. Blake's papers and publications are nothing if they are not original—some of them startlingly so—and this, the latest product of his pen, forms no exception to the usual rule. The writer is an enthusiastic advocate of the theory that many apparently mysterious and widely dissimilar ailments have a common origin in "septic intoxication." By this last he means poisoning by means of "sepsin" or "septin," and under this designation he includes ptomaines, leucomaines, albumoses, toxines, toxalbumens and animal alkaloids. Dr. Blake starts with the proposition that these agencies may cause indifferently in different subjects either one or more of the following manifestations:—

1. Skin diseases,
2. Joint diseases,
3. Nerve or brain disturbance; and proceeds to give, under the various headings, reasons for his faith, each point being illustrated by notes of cases, which, if not always absolutely conclusive, must, at any rate, be put down by the reader as being ingeniously set forth.

Amongst acute septic skin changes, Dr. Blake boldly includes the exanthemata, erysipelas from sewer gas poisoning (as after vaccination or operations), erythema occurring during child-bed fever, and the urticaria seen in coprostasis. Of chronic forms of skin trouble he enumerates (1) lichen urticatus, citing cases accompanied by either endometritis, or urethritis and erosion of cervix, facial bronzing accompanied by purulent leucorrhœa; acne depending upon suppurating gums or vaginal pyorrhœa. The cutaneous changes in rheumatic gout (first described by the author in 1881) are boldly ascribed by Dr. Blake to septic intoxication, and he gives cases of multiple xanthoma with xanthorrhœa, facial melanosis, pigmentation of skin, with urethral erosions, and the same with suppurating gums, and lastly erythema with erosion of cervix, osteo-arthritis being present of course in each.

Of septic joint changes we have a goodly show in notes of cases of osteo-arthritis with pyorrhœa alveolaris, synovitis and

chondro-synovitis with purulent leucorrhœa, chondritis with uterine polypus and muco-purulent discharges, osteo-arthritis with urethral erosions, the same with antral abscess.

Dr. Blake's cases of septic neuroses are not so easily followed as the preceding, and in very many of the cases, after reading the notes we feel that the alleged nervous sequelæ were merely coincident. Of such is the occurrence of goitre in Cases XXVII., XXVIII., and XXXVIII. On the other hand, his cases of "Rheumatic Gout from Grief," "Septic Gastralgia," "Septic Epilepsy," and "Septic Delirium," are interesting, if not all convincing.

The book is disfigured by one or two needless repetitions, which will doubtless be avoided in a future edition; as, for instance, where the note occurring on p. 18 is repeated word for word on p. 29; and notes of the case of Mrs. T——, given as "Septic Facial Bronzing," on p. 14, are made to do duty again as Case XXV., on p. 41.

Dr. Blake deserves our thanks for his very copious index, which occupies no less than eight out of the total of 64 pp.

A Laboratory Course in Medical Chemistry. By EUGENE H. PORTER, A.M., M.D., Professor Medical Chemistry, New York Homœopathic Medical College: and W. S. PEARSALL, Ph. B., M.D., Laboratory Instructor. New York. 1892.

THIS little work of 50 pages lays no claim to originality in the sense of placing new chemical facts before the public. It is simply a methodical and concise statement of the practical work carried on in the chemical laboratory of the New York Homœopathic Medical College. We conclude that all students of the college at some period of their curriculum go through this course of medical chemistry. The experiments are not exhaustive, but they are quite sufficient to enable the student to recognise the common medicinal substances, inorganic and organic, and are as much as, if not more than, most practitioners have opportunity for carrying out. As an example, we quote the following from page 19, on "MORPHINE, $C_{17}H_{19}NO_3 \cdot H_2O$. *General remarks:* Morphine is the principal one of a number of alkaloids contained in opium, the milky exudation obtained from the unripe pods of the papaver somniferum or poppy. In its pure state it is a white crystalline powder, odourless and with an intensely bitter taste. It is slightly soluble in cold water, and almost insoluble in ether and chloroform. It is soluble in 100 parts of cold and 86 parts of boiling alcohol. *Analytical actions.*—Exp. I. Moisten a few crystals of morphine with a drop of nitric acid, they turn first red then

yellow. Exp. II.—To a neutral solution of a salt of *morphine* add neutral *ferric chloride* (Fe_2Cl_6), a blue colour changing to green with an excess of the reagent. The colour is destroyed by alcohol or free acids, but not by alkalies. Exp. III.—Mix one part of *morphine* and four parts of cane sugar, add concentrated *sulphuric acid*—a red colour which is intensified by a drop of bromine water."

The book is interleaved with blank pages for notes, and will form a useful guide for laboratory work.

Electro-diagnosis Charts. By H. W. D. CARDEW, M.R.C.S.
London: F. A. Davis & Co. 1892.

THESE charts are intended for recording the methods used and results obtained in electro-diagnosis, and are issued in the form of a pad containing twenty-five, so that a chart when filled up may be readily detached without disarrangement of the others—an excellent plan; on the back of the pad directions for use are printed. Each chart is ruled off into columns in which may be registered the Faradic and galvanic re-actions, a space being left at the end for remarks, and at the top for name of patient, date of examination, &c. All this is very useful, but it does not go far enough in the right direction; in particular we note that the necessity of estimating the resistance of the skin is not pointed out, neither are columns provided for its entry, and yet all who have worked at this subject are aware how greatly it may vary on the two sides of the body, and its omission may lead to erroneous conclusions.

As so much has been said in the introductory remarks about the procedure, the author should have given a necessary caution against the production of electrotonic after effects which may be prevented, or at least minimised, by not allowing the current to flow too long and by alternating anodic and cathodic excitation several times in succession, allowing an interval to elapse between each alternation, a method suggested by de Watteville. He should also have mentioned the fact that the electrodes must be moistened before each application to the skin.

The charts are far too large ($14\frac{1}{2}$ in. \times $9\frac{1}{2}$ in.), in this respect, as in many others, comparing unfavourably with one compiled by Dr. Leslie Phillips, and published by Silverlock in 1887. In this latter chart—measuring only $6\frac{1}{2} \times 5\frac{1}{2}$ —spaces are provided for recording almost everything that has been found to be necessary in electro-diagnostic work, indeed in view of its existence that of Mr. Cardew—by no means an improvement upon its predecessor—appears to have no *raison d'être*.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homœopathic Hospital on Thursday, February 2nd, 1893.

Dr. EDWARD BLAKE read a paper on *Habitual Constipation*, in which he discussed the question from the etiologic side in preference to the symptomatic. He considered that the theory advanced by Hughlings Jackson that there was a motor centre in the medulla, and a controlling centre in the dorsal region of the cord did not explain all, but that we must infer the existence of an automatic motor nerve centre in or near the intestinal canal. He described seven of the most obvious movements of the intestines, some being automatic or passive, and some voluntary, and entered into a detailed account of the various muscular movements controlling defæcation, emphasising that anything that tends to modify any one of these movements may become a contributory factor in bringing about a state of constipation. He treated under separate headings the influence of the three chief epochs of life, commencing with the constipation of the young. *Argent. nit.* was recommended as the specific for costiveness of the newly born with jaundice. *Sulphur* he considered valuable, but *nux* was rarely called for in childhood. The constipation of later childhood was often due to inattention. He next referred to the constipation of adult life, and spoke of the evils of athleticism as a remedy in unsuitable cases. He then drew attention to the difficulties attending the attempt to cure the constipation of old age, and gave Arbuthnot Lane's views as to its causation in some cases.

Constipation in women often originated in inadequate provision furnished in boarding schools or factories. He quoted Mr. Haward, in support of the proposition, that a costive habit might lead to spinal curvature.

Sea-side constipation may be relieved by *iris* before meals, and *aconite* at bed-time.

Dr. CLARKE doubted whether much practical good came from too minute analysis of the nerves brought into play in the relief of the bowels. *Alum* and *alumina* were useful, the latter being indicated when the stools were hard and lumpy. *Natrum muriaticum* was helpful in certain cases.

Dr. HUGHES thought that physiological hypotheses were interesting, but somewhat unpractical. After doing all in the way of hygiene that the old school did, they were able to make use of such remedies as *sulphur*, *bryonia*, *nux vomica* and *opium*, and among the newer medicines, *hydrastis* and

collinsonia. *Bryonia* 30, acted well in the constipation of young children.

Dr. MORE deprecated leaving constipation too long unrelieved, and instanced a case in support of this view. In the constipation of the aged, with a rigid and tight sphincter, dilatation of the anus was helpful.

Dr. GOLDSBROUGH was surprised that Dr. Blake did not mention *opium* in the constipation of infants; he had also found *nux vomica* 6 or 12 very useful. He had missed the mention of *hepar sulphuris* in constipation with catarrhal jaundice. He reported a case to illustrate the physiological rest needed in the treatment of some very obstinate cases.

Dr. THOMAS, jun., referred to a case of his, in which a constipated habit of six years duration was removed by *sulphur*, *opium* and *alumina*.

Dr. DUDGEON observed that when a constipated person was affected by an acute disease, it had often been found that the constipation ceased, although the medicines were not directed to its removal.

Dr. BURFORD said that of remedies *natrum muriaticum* was among the most valuable. He supported the theory of septic intoxication from the absorption of ptomaines in cases of obstinate constipation.

Dr. BIRD asked what homœopathic remedy was indicated for the constipation of infants due to constriction of the anus?

The PRESIDENT approved of hygienic means for the removal of constipation, and advocated the teaching of singing with proper breathing as a means to that end.

Dr. BLAKE, in reply, said that the relief of constipation due to pelvic congestion by rest in bed was mechanical. He did not consider pouching of the abdominal wall, due to maternity, to be a mechanical process. With pouching often went flat foot, which increased constipation by preventing exercise.

Mr. FRANK SHAW next read a paper entitled *Infant Life Insurance*. He wished to regard the question from a medical practitioner's point of view. He traced the efforts of the Society for the Prevention of Cruelty to Children to propagate information on the subject, and to amend the law as regards infant life insurance. While deprecating any intention of depriving the British workman of his rights, he emphasised the necessity of legislative interference. He defined those who were tempted by the monetary attractions of infant life insurance as (1st) the indifferent, (2nd) those parents devoid of natural affection, (3rd) the deliberate child destroyer, and (4th) those who are parents and guardians of illegitimate children. He then carefully

analysed the inducements that specially attracted each class to be indifferent to, or even to acquiesce in, the death of their children. He next discussed the part played by the death certificate, or as the poor call them, the "papers," in these cases, saying that all present must some time or other be brought face to face with this part of the subject. He alluded to the difficulties in detecting cases of neglect when the children were brought to hospitals or dispensaries, and he quoted the evidence given by Drs. Branson and Cleaver before the Committee of the House of Lords. Mr. Shaw next described the methods in which children are insured, and divided Insurance Societies into two classes—(a) the friendly societies and burial clubs; (b) the collecting Societies. In condemnation of the present system of infant life insurance, he quoted at length evidence given before the Lords' Committee, and laid great stress upon the difficulty of getting suspicious cases inquired into. As a remedy he advocated first and foremost the total abolition of insurance for all infants till they are two years old; and, further, greater encouragements and facilities should be given to friendly and burial Societies; these being usually local and mutual. He thought that a more strict supervision should be exercised over the purely commercial insurance companies (the collecting Societies). As medical men he considered that we ought to exercise greater care in giving death certificates, and that all doubtful cases should be sent to the coroner.

Dr. MOIR was afraid that he had not been so vigilant as he ought; the paper would make him more careful in future. He considered that much of the marasmus of infants was due to the ignorance and possibly wilful neglect of the parents.

Dr. GOLDSBROUGH strongly condemned the system of insurance agents touting for fees, and he had seen much of the evils resulting from it. He thought that they even insured children when they were known to be ill. When sent to see a lately-insured child, who was very ill, he told the parents that he would not give a certificate if it died, and this acted as a means of saving the child. He thought that the doctor ought to be able to approach the coroner direct, and not through his officer.

Dr. BRYANT, of San Francisco (a visitor), was under the impression that infant life insurance was not permitted in America.

The PRESIDENT said that Mr. Shaw had struck a suggestive chord in bringing the subject before the Society.

Mr. FRANK SHAW, in reply, said that in the country they were able to communicate direct with the coroner.

PERISCOPE.

MATERIA MEDICA.

CANNABIS INDICA.—*The Therapeutic Gazette* contains the following interesting case of poisoning by *cannabis indica*, reported by Dr. Hamaker, of Meadville, Pa. The patient, a recent graduate in medicine, had taken, in order to test the quality of the preparation, 40 drops of Squibb's Fluid Extract at half-past five in the afternoon. Dr. Hamaker, when he visited him at a quarter past seven, found him as follows :—

"When I entered his house he was walking the floor excitedly, laughing, and talking continuously, but not incoherently. At times he would cry, and then suddenly change to laughing. He kept on walking rapidly, and talking in a tone of voice pitched higher than his usual tone, and could not sit or lie down for a minute. If we would induce him to lie down, he would get up immediately and begin his rapid walk.

"7.30 P.M.—Pulse, 120 ; respiration, standing, 48 ; temperature, normal. He scolded occasionally when there was nothing scarcely to warrant it, and was easily irritated by anything his younger brother said or did. Time seemed very, very long. This was his constant complaint. He said he felt as if he were 'rattling around among the centuries.' When I put the thermometer under his tongue he took it out in a few seconds, because it took so long a time he could not keep it there. He then resumed his walk.

"7.40 P.M.—Talking foolishly, and reproaching himself for being rash. He complained of a 'leathery' feeling in the calves of his legs and 'a strange feeling in the bowels.'

"7.41 P.M.—Said the feeling was extending up the legs, but could not describe it. Sensation seemed natural if I touched the leg. He had no idea of time. A minute seemed like hours, but he could reason out that he was at fault by the aid of the two facts, that he had taken the hemp at 5.20 p.m., and that it was still daylight and that the lights had not yet been lit. When he tried to think 'everything goes,' 'everything gets slippery when I try to get hold of anything.' Foolish remarks at times.

"7.45 P.M.—Sat down, and kept more quiet for a while ; stood at the window for a few minutes ; sat down again ; reproached himself for giving trouble.

"7.48 P.M.—Lay down ; kept feet moving for some time ; jerking of the tendons was marked all along. There was difficulty in catching the words he wanted when he tried to say anything, and in attempting to get the word needed he would often lose the whole idea he had started out to

express. About this time he gave me a lecture on Dr. Hart's 'den of bones,' attempting to bring in the word osteo-syndesmological frequently, but stumbling on the pronunciation every time he attempted it. In a few minutes more he lay very quiet, and thought he would probably sleep. I left him, and returned about 9 p.m., when I found that he was quite well, but somewhat languid and drowsy. Afterwards, in conversation, he gave me the following additional impression: Just after the first symptoms came on him, he recollected what he had taken, and a feeling of dread of danger came over him. This lasted a very short time, and never returned. He dreaded a possible symptom that he had read in H. C. Wood's experience—that of falling. The peculiarity about his mental operations was that while thinking on one subject other thoughts would dart in to interfere with the first, and in talking, his sentences and expressions would be of a mixed character, as derived from different lines of thought or subjects. I omitted to state that there was redness of the eyes and profuse lachrymation, even after other symptoms had disappeared. Pulse remained rather quick while under my observation, but I was not able to count it very often on account of his restlessness. Respirations did not remain as rapid as at first. No treatment of any kind was used."

"In another case reported in the same periodical, the patient, a dentist, was ordered to take five drops of a preparation of *cannabis indica* at bedtime, to relieve a cough. His cough being troublesome he anticipated his prescribed dose by taking one at 5 p.m. At 6 o'clock, Dr. Prentiss—who reports the case—found him in bed, oblivious to all surroundings, being vigorously rubbed by several attendants, and evidently excessively happy. He would sway back and forth and laugh until the tears ran down his cheeks, then drop back on the pillow with an expression of heavenly ecstasy on his face. The condition of ecstasy lasted until 9 o'clock, when he fell asleep and slept soundly all night. The next morning I questioned him about his visions. He said he was conscious of my demand that on the previous evening he should remember what was pleasing him so much, and he tried to do so; but the visions followed each other in such quick succession that he could only remember a small portion. He had no unpleasant sensations, all were agreeable. When the medicine began to take effect, it appeared to come over his senses in a succession of waves until he lost himself. One of his hallucinations was that the words he tried to say were immense entities, tangible, swelled up in his mouth so that he could not get them out, had to push them out bodily with

his tongue, it seemed an hour between each word. Another hallucination was that he was moving through space with lightning speed, and in his path were clouds of the most beautiful, ever-changing colours, and when he touched them, each one played a beautiful tune. Being a musician himself, he tried to fix some of the tunes that he might reproduce them, but the succession was so rapid that it was impossible. Another idea was that his nose was of enormous size and extended down to his knees. When he tried to use his handkerchief, he reached down between his knees to wipe the nose, and an attendant was obliged to take his hand and guide it to the right place. Another hallucination, the one that caused most hilarity, was an avenue of bottles, a row on each side, standing on their corks, all sizes and shapes—long, slim bottles, stout pot-bellied bottles—large and small, all intent upon dancing comic jigs and trying to climb on top of each other. He was passing between this row at an immense speed, and their performance took place as he passed. This, together with the big nose, was what caused the immoderate laughter. The idea in his mind was that these performances had been arranged for his exclusive amusement. The next day he had fully recovered from the effects of the drug."

HYOSCINE.—At p. 480, July 1892, we noticed some remarks by Dr. Hale, of Chicago, on the use of this remedy, in cases of incipient insanity, marked by suspicion, moroseness with insomnia and intense excitement, leading to acts of violence, and abusive language. In support of Dr. Hale's observations Dr. C. E. Myers of Philadelphia, in the August number of *The New Remedies*, relates a very interesting case of a similar nature cured by this remedy in doses of 1-250th of a grain every two hours, gradually reduced to 1-500th of a grain. The patient was a frail anæmic woman, aged 40, her symptoms being involuntary laughter, incoherent talking and chattering, at times violent, and wanting to jump out of the window, with fear as if something was after her, and accompanied by insomnia; all her symptoms were worse at night, with great restlessness.

ARSENITE OF COPPER.—Dr. John Aulde, of Philadelphia, who has on several occasions during the last few years endeavoured to gain reputation as a therapist by palming off upon his medical friends, as original observations, gleanings from the writings of homœopathic practitioners of the uses of some of the best known homœopathically indicated remedies, in a paper, read a couple of years ago before the State Medical Society of Pittsburgh, stated that for two years previously he had been using the *arsenite of copper* "for various affections,

which under the ordinary methods of treatment had been more or less rebellious," with great success. He accordingly instituted a sort of collective investigation arrangement, and circulated among medical friends forms through which they might return to him a record of their experience in the use of the drug. His correspondents found—as every homœopathic physician could have told them that they would find—it useful in cholera morbus, colicky pains, &c., cholera infantum, dysentery and diarrhœa, diarrhœa of plithisis, and typhoid fever. One tablet, containing $\frac{1}{100}$ th of a grain, is dissolved in from four to six ounces of water, and a teaspoonful— $\frac{1}{2}$ nd to $\frac{1}{4}$ th of $\frac{1}{100}$ th of a grain—is given at short intervals. Children are directed to have only a few drops of the mixture in one dose. Where water is contra-indicated as a vehicle he has had tablets containing $\frac{1}{3000}$ th of a grain each prepared.

EXALGINE.—Dr. Prentiss, of Washington, furnishes the *Therapeutic Gazette* with the notes of a case of poisoning from an over-dose of this drug. It had been prescribed to relieve a severe headache—1 gramme to be divided into 10 powders, one of which was to be taken every half-hour. The druggist read the word "gramme" as "drachm," consequently the patient took four times the intended quantity. The patient describes his condition after having taken the fourth dose. "Being," he says, "somewhat restless, and thinking a change of posture would relieve me, I arose from bed and stood for a few moments leaning my head against the mantelpiece. I had stood there but a few minutes when I felt a gradual but marked sensation of weakness come over me, and I hurried back to bed. I had scarcely touched my pillow before I became aware that it was something more than a mere fainting attack, and that I might become alarmingly ill. I sprang from my bed, rang the bell, which was several feet away, and had just strength enough left me to get back to bed. I was now utterly exhausted; my heart was beating at a tremendous rate, though full and strong, and a profuse perspiration broke out, particularly over my face. So far as I can now remember, the action of the heart kept on increasing every minute during the half-hour's attack, but I cannot positively state that. Certain it is, it did not lessen, and although I had no means of ascertaining the pulse rate, I have no hesitation in saying that it must have reached as high as 160 or 180 per minute, and probably even higher. All this time I was growing weaker, and a sense as of approaching death came over me. The servant-girl, after telephoning for the doctor, returned and stood fanning me and wiping the perspiration from my face. Of course, what effect the drug had on my countenance I cannot say, but, as the girl afterwards declared that she expected

me to die every minute, it is probable that my features portrayed the general exhaustion of my system." Dr. Prentiss, arriving after this condition had continued for an hour, and when after a tablespoonful of whiskey the pulse was becoming steadier, says that he found the patient in the condition he describes, almost in collapse, with a rapid, feeble pulse, cold sweat, pinched expression of the face, and great exhaustion. Under the free use of stimulants he soon rallied. So far as the headache—to relieve which he took the *exalgine*—a headache which turned out to be one of the initiatory symptoms of a typhoid fever, the patient says:—"Directly after the system was under the full effects of the drug, my headache, intense and severe as it was for fully twenty-four hours before, suddenly ceased, and I was free from this painful symptom during all the time I was under the influence of the drug; after it had fully passed away the headache returned, but in a milder form for a whole day. After this it came again with nearly the old-time severity, continuing for a week thereafter. At the end of that time it quite left me, and I was troubled no more with it during the rest of my sickness."

HYDRASTIS.—The following is an abstract of a paper in the *Bull. Gén. de Thérap.*:—

In large doses—6 to 8 grammes—the liquid extract of *hydrastis* causes a diminution of the blood pressure and enfeeblement of the pulse followed before long by increased pressure, rapid pulse, and finally by failure of pressure, with irregular action of the heart and arrhythmia, and lastly by death from cardiac failure.

In moderate doses—1.6 grms.—it produces the same effects, but the blood pressure rises much more in the first stage and falls less at the end of the second.

Small doses produce permanent rise of blood pressure. If repeated their effect is similar to that of a medium dose.

Various experiments appear to prove that *hydrastis* acts chiefly on the vaso-motor centres. It also acts on the pneumogastric nerves, and it has, moreover, a direct action on the heart.

Fellner observes that the uterus is much congested during the preliminary fall in the blood pressure and during the subsequent increase, the uterine muscle, and frequently even the muscular fibres of the round ligament, contract powerfully and are completely ischæmic. The contraction and ischæmia persist as long as the elevation in the blood pressure.

It has been noticed that large doses of *hydrastis* arrest respiration.

Hydrastinin produces hyperæsthesia, convulsions, and arrest of the heart in diastole. These effects have been noticed in

the frog and the rabbit. *Hydrastin* is a spinal stimulant, and increases the irritability of motor nerves and muscles. Probably *chloral* would be its physiological antidote.

Experiments on the healthy human subject, whether by the mouth or by hypodermic injection, have proved that *hydrastis* has a marked effect on the circulation. It diminishes the beats of the heart, appears to raise the blood pressure, and causes a local anæsthesia.

In small doses *berberine* diminishes the excitability of the vagus. In large doses it completely destroys the inhibitory action of that nerve. It has no action on the vessels.

Hydrastinin has, though in a less degree, the same properties as *hydrastin*.

Siwopiszew, of Moscow, after a large number of experiments and clinical observations, sums up as follows :—

The aqueous extract, even in large doses, has no toxic effects on warm blooded animals.

It always causes a diminution of blood pressure, without preliminary elevation.

In rabbits it produces contractions of the uterus and tubes. These contractions are more intense in advanced pregnancy or shortly after delivery, and more feeble in the unimpregnated uterus. In the latter half of pregnancy large doses may cause premature delivery.

NITRO-GLYCERINE.—Dr. George L. Peabody, in some remarks before the Practitioners' Society of New York, mentioned that in giving *nitro-glycerine* for cases in which there was very high arterial tension, a negative result might be changed into a favourable one by giving doses much larger than those usually recommended or thought safe. To one of his patients, a blacksmith, 60 years of age, with marked interstitial nephritis, mitral insufficiency, and general thickening of the superficial arteries, with high tension pulse, he gave increasing doses of *nitro-glycerine*, commencing at $\frac{1}{100}$ th grain and reaching in 40 days two grains every two hours day and night. It was only when this dose was reached that dyspnoea disappeared, strength increased, and he was able to go out of his ward. He also mentioned another case of Bright's disease, with pulse of very high tension and occasional attacks of profuse and painful vomiting; there was also hypertrophy of left ventricle. In this case the dose was gradually increased till one grain every three hours was reached, and this was continued day and night for several weeks with much improvement of pulse and vomiting, except occasionally when the pulse would return to its original tension and persistent vomiting would come on, to be controlled only by enormous doses of *morphia* administered hypodermically. This is anti-

pathic treatment with a vengeance. In the discussion which succeeded, Dr. Beverley Robinson, who had apparently not tried these heroic doses, said that he considered the opinion that there should be a high arterial tension before *nitro-glycerine* was indicated a mistake, as he had had under his care a case of weak pulse and low tension, where *nitro-glycerine* stimulated the cardiac action after *digitalis* and other drugs had failed.—*New York Medical Record*, August 20th, 1892.

DIGITALINE.—Héger (*Bull. de l'Acad. R. de Belgique*, No. 5, 1892) comes to the following conclusions as the result of his researches on the action of digitaline on the pulmonary circulation : (1.) Bayet's experiments have shown that digitaline acts with greatest energy on the left ventricle, and on the vessels connected therewith. (2.) The same experiments show that digitaline has no direct action on the pulmonary vessels, and has no effect on the right ventricle comparable to that which it has on the left. (3.) From the clinical point of view, and taking into account the reserve with which the results of experiments on animals can be applied to man, digitaline seems to be indicated particularly in cases of cardiac weakness without valvular lesions, or of mitral insufficiency ; digitaline relieves the left ventricular stasis, and thereby exerts a depleting influence on the pulmonary circulation.—*British Medical Journal*.

CEREBRAL ACTION OF SOME DRUGS.—Krapelin (*Rif. Med.*, July 11th, 1892), says that a given drug has a different action on sensory and motor functions. Thus : (1.) Alcohol in small doses impairs the sensory functions and excites the motor ones ; in large doses it first aids the motor processes, then abolishes them. (2.) Paraldehyde causes difficulty of the sensory functions and aids the motor processes ; then rapid paralysis of these last. (3.) Chloral impairs both sensory and motor functions. (4.) Ether rapidly paralyzes sensory processes and excites motor ; in large doses it increases the sensory paralysis, and eventually abolishes motion. (5.) Chloroform has a similar but more rapid action. (6.) Amyl nitrite causes excitement of the motor functions, slight paresis of the sensory processes. (7.) Tea greatly facilitates sensory processes, after a time depressing them, but has little effect on the motor functions. (8.) Morphine causes at first enormous excitation of sensory functions, but subsequent rapid depression ; it causes marked and persistent paralysis of motor functions.—*Ibid*.

IODINE.—N. Ivanoff (*Vratch*, No. 4, 1892) successfully treats prolapsed and inflamed hæmorrhoids by gently painting the parts with tincture of iodine. He records a severe case in

a factory worker with very painful piles, the largest of which was as big as a walnut. The patient suffered great pain both in walking and in sitting. All ordinary medical measures having failed, and the man declining surgical interference, the author applied the tincture (once daily). The next day the mass had decreased to half its former size; after a second and last application, "only hardly perceptible traces remained"; on the third day the man left, declaring himself perfectly well. Preismann, of Odessa (*Wiener Medic. Presse*, May 31st, 1891), emphatically recommended the application of a compress, or a piece of cotton wool soaked in a glycerine solution of iodine and iodide of potassium. It is advisable to commence with a weak solution (2 grammes of the iodide and 0.2 of iodine to 35.0 glycerine), gradually increasing the strength up to 5.0 of iodide and 1.0 of iodine to 35.0 glycerine.—*Ibid.*

MEDICINE.

ADDISON'S DISEASE.—(Tschirkoff *Zeit. für Klin. Med.*, 1891, Bd. xix., Suppl. Hft. p. 87, and *Archives Générales de Méd.*, 1892, vol. ii. p. 484.) The proportion of hæmoglobin is considerable in an advanced stage of Addison's disease, and at the commencement it is sometimes in excess of the normal amount, so that it is not always a true anæmia. The blood appears to contain a considerable proportion of methæmoglobin. The pigmentation of the skin has no direct relation to the reduced amount of hæmoglobin. The skin takes up the pigment, alters it and returns it to the circulation. It seems that it is the quality of the pigment and not the quantity which is at fault.

CHRONIC BRIGHT'S DISEASE.—Dujardin-Beaumetz (*Archiv. Gén. de Méd.*, 1892, vol. ii., p. 492) thinks that the amount of albumen passed with the urine is a secondary consideration, but that it is the permeability of the kidney, and the accumulation of toxic materials in the body which alone cause the danger. The promotion of the activity of the kidney and the excessive action of the skin are used for elimination, but the dietetic treatment is most relied upon. Rest is insisted upon. Intestinal antiseptics are obtained by benzonaphtol. Dujardin Beaumetz excludes game, fish, molluscs, crustacea, and ripe cheese. Also alcohol, because of its irritating action on the kidney and brain. The diet recommended consists of milk, eggs, farinaceous foods, green vegetables, and fruit. When a uræmic attack is imminent an exclusively milk diet is ordered.

DINITROBENZOL, on the poisonous action of.—Huber (*Virchow's Archiv. Bd. cxxvi h. 2. p. 240*, and *Archives Générales de Médecine*, Vol. ii, 1892, p. 105). It is used in the manufacture of roburite, and gives rise to grave symptoms. It

causes rapid destruction of the red corpuscles of the blood, paralysis, especially of the legs, dilated pupils, dyspnoea and gradual slowing of respiration. The skin becomes cyanosed, hæmoglobinuria appears, and there are tube casts in the urine. The spleen is enlarged. Fatty degeneration of the liver, heart and muscles is found after death.

INFECTIOUS ERYTHEMA.—M. V. Hutinel (*Archives Générales de Médecine*, Vol. II, p. 268, 1892), describes serious and often fatal cases of erythema in typhoid fever, diphtheria, measles, scarlet fever, simple angina. The eruption appears on the wrists, elbows, knees, malleoli and upper part of the buttocks. It generally spreads, but usually is confined to the limbs. In some cases it is purpuric. It is preceded by ulceration and fissures of the tongue, mouth, and lips.* So-called relapses of scarlet fever he suppose to be due to this form of erythema. The erythema which appears at a late stage of diphtheria, M. Hutinel considers a very grave complication.

ENTERALGIA PLUS CONSTIPATION.—Dr. Miller, of Springfield, Ohio, describes a case of this nature relieved by a mixture of olive oil and glycerine, in the *New York Medical Times* for September. The patient was a man 53 years of age, of sedentary habits and an extremely nervous temperament. When seen he was lying on his left side with thighs flexed upon the abdomen, severely lancinating pains in the left lumbar region extending down to the bladder, taking the course of the ureter and into the left thigh; left testicle retracted, pulse small, vomiting, surface of the body bathed in cold perspiration, hippocratic countenance, urinating painful, urine voided drop by drop. Attacks of this kind he had suffered from at intervals for eight years, each attack being more severe than the one preceding it. Each had come on suddenly and as suddenly ceased with a free movement of the bowels, and each was traceable to business anxieties. The treatment adopted in these attacks had been ineffectual, when one occurred which had lasted with great severity for ten days. Dr. Miller then gave him an ounce of olive oil mixed with an ounce of glycerine. This in a few hours was followed by what he said was "the greatest movement he had ever had, or heard of." Three months later, never having taken a drop of medicine in the interval, he reported himself as having had two normal evacuations every day, and feeling in better health than he had done during eight years. Dr. Miller attributes the remedial power of his prescription to the action of the olive oil upon the function of the liver.

*And M. Hutinel thinks that the erythema is due to the absorption of toxic material from the ulcers.

NOTABILIA.

COLCHICUM: ITS PATHOGENESY AS RELATED TO
CHOLERA.

From a valued contemporary * we re-produce the chief part of a paper by Dr. Sutherland, of Boston, bringing forward an addition to our cholera remedies in the shape of *colchicum*. He writes:—"I am amazed, after an earnest study of *colchicum* in connection with cholera, that it has hitherto been so little recognised that in the pathogenesis of *colchicum* we have an almost perfect simillimum—one of the ideal sort, always sought, rarely found,—to the symptoms of this dreadful disease. I must here pause to remark that the perfect simillimum of a disease does not, as is loosely taken for granted, mean a drug that covers a symptom or a group of symptoms of that disease. It means a drug that, administered to a healthy person, is capable not only of causing the same symptoms to appear that appear in the development of a given disease, but of causing them to appear in the same chronological order as in that disease. This point of chronology is a vastly interesting and important one, rarely as we see it alluded to; and when the chronology of symptom-development coincides in the pathogenesis of a drug and the action of a disease, an almost faultless test of the principle of homœopathy is offered to the practitioner. Such a coincidence obtains, to a remarkable degree, in the relation of *colchicum* to cholera. I propose to demonstrate to you this coincidence, by a method with which, by this time, you are tolerably familiar. I mean the parallel-column or chart system, which is as invaluable applicable in the comparison of pathogenesis with disease, as in the comparative study of pathogeneses."

"First let me present to you an epitome of the

SYMPTOMS CHARACTERISTIC OF CHOLERA."

"Attack begins with diarrhœa and vomiting, sometimes preceded by malaise, headache, etc.

"*Diarrhœa*.—Stools profuse, frequent, serous, alkaline; at first fecal and possessing colour, but soon assuming the rice-water appearance. Preceded by rumbling and gurgling in abdomen. Voided without colic or tenesmus. Followed by remarkable sense of weakness.

"*Vomiting*, at first bilious; soon of rice-water-like fluid; vomiting in gushes; as in violent regurgitations. Vomiting and purging often synchronous. *Insatiable thirst* (fluids thrown up as soon as swallowed).

*The New-England Medical Gazette. November, 1892.

“*Spasms of muscular system.*—Fingers and toes become bent and stiff. Muscles of calves of legs cramped. Walls of abdomen hard as a board. Cramps produce sometimes *severe pain*.

“*Debility* progressively increases. Features become shrunken. Nose sharp and bent. Eyes sunken, lack lustre. Lips become thin, cheeks hollow, muscles prominent, skin clammy. Hands and feet cold. Skin becomes *shrivelled—a fold pinched up subsides very slowly*. Tongue pasty and sticky. Voice loses its normal tone. Urine decreased to suppression (contains albumen and sugar).

“*As attack advances*, stools, etc., are less frequent. Mind affected—dull, listless, from exhaustion; can give clear, though languid answers to questions, but falls immediately into inert state. There is stagnation of blood; hands, feet, nose, lips, neck or even whole body cyanotic (bluish, leaden, or violet hue). Pulse which was thready, now imperceptible; carotid and cardiac impulse no longer felt; second sound of heart inaudible.

“*Skin is icy-cold*. Breath, cold. If a vein is opened, only a few drops of black viscid blood will trickle from the wound. The voice sinks to a mere whisper, or becomes extinct. The features become distorted and frightful; nose twisted, pointed; eyes dry, dull, sunken, half closed, and bloodshot. Sublingual temperature may fall to 80°. Sticky, cold perspiration bedews the marbled skin. Whole body shrunken.

“Death occurs sometimes through coma; sometimes is sudden, on attempting to make some unusual effort.

“To compare with this epitome let me recall to you from the ‘Cyclopædia of Drug Pathogenesis’ the reports of a few cases of poisonings by *colchicum*:

“‘No. 7. I found on my arrival at Fort Denaud, in Florida, a private in the marine corps labouring under symptoms not unlike Asiatic cholera. He had constant seromucous ejections and purgings, resembling rice-water, and thrown off with considerable force; cramps of the abdominal muscles and of the flexors of arms and legs; cold surface, tongue and breath; mottled skin and bluish nails; shrunken features expressive of great agony; sunken and watery eyes, with contracted pupils. I found that he had swallowed, the day before, over a pint of *vinum colchici*, mistaking it for liquor. Death took place in forty-eight hours after ingestion.’—(McPhail, *Am. Med. Lib. and Intell.*, 1839.)

“‘No. 8. A bottle of *vinum colchici* was drunk by seventeen persons, seven of whom died from effects, of which

following is a *résumé*. In from forty-five minutes to one and one-half hours after ingestion, vomiting ensued. Contents of stomach were first rejected, then bile or mucus; afterwards a fluid similar to rice-water of cholera. When amount taken was great, purging came on simultaneously with vomiting; but if only a small quantity, comparatively speaking, had been swallowed, action of bowels was delayed for several hours. Passages were first natural fæces, then bilious stools, then rice-water—a very large amount of frothy, slimy secretion, compared by one patient to clean soapsuds. In no case was any blood to be found. Vomiting continued till last moments in fatal cases, and bowels were emptied involuntarily. Cramps were severe in stomach, bowels and legs. Severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder, so much so, indeed, as to be a continual source of complaint, and to compel avoidance of lying on left side. Rubbing was frequently demanded for relief. In the majority there was numbness from elbow to wrist; cramp of fingers, especially second; in one, extreme numbness of thumbs under nails, lasting twenty-six days. In a boy there was great pain between shoulders. Features (one half-hour after) were pinched and drawn; lips and nose blue, as also lobes of ears. Eyes were congested, pupils slightly dilated; voice hoarse and husky, pain experienced in speaking. Feet and legs icy-cold, as also hands and arms; rest of body had clammy feel, but was below normal temperature. Pulse, rapid, 125 to 145, small, compressible, intermitting, and at times imperceptible at wrists, though it could be found at elbow with some trouble; temporal arteries difficult of detection, even carotids required patience to distinguish. For several hours before death arteries were almost pulseless; heart's impulse not to be felt, and its sounds with difficulty heard on applying ear to chest-wall. They might be likened to a blowing sound, to a murmur, or to a heart beating at a very great distance, or heard through a stone-wall—both sounds melting into one. Respiration was full and easy and well-maintained throughout, as was also pulse-respiration ratio. The sufferers were sensible throughout and to the last. One case ended with a slight convulsive effort. All sat up before dying, falling back in an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk. They were perfectly sleepless. In two recoveries there appeared a pustular eruption on face and lower extremities.'—(Major, *Canada Med. and Surg. Jour.*, 1880.)

“Here follows the parallel-column comparison of symptoms :

CHOLERA.

Begins with diarrhoea and vomiting, sometimes preceded by malaise, headache, etc.

DIARRHOEA.—Stools *profuse, frequent, serous, alkaline*; at first *fæcal*; soon assuming *rice-water* appearance; voided without colic or tenesmus; followed by remarkable *prostration*.

VOMITING.—*At first bilious*; soon of *rice-water-like fluid* in gushes, as in violent *regurgitation*. Vomiting and purging often *synchronal*.

THIRST.—*Insatiable*.

CRAMPS.—Fingers, toes, and legs cramped, bent and stiff; cramps produce *sometimes* severe pain.

DEBILITY.—*Increases*.

COLLAPSE.—*Cold stage*; voice altered—*husky and weak*. Temperature *subnormal*, skin *icy-cold, clammy sweat*. Pulse *imperceptible*; carotid and cardiac impulse *no longer felt*. Features *distorted*, nose *sharp and bent*. Body *shrunk*. Cyanosis marked. Urine *decreased or suppressed*.

DEATH.—Through coma; or sudden, following an exertion.

COLCHICUM.

VOMITING.—Contents of stomach, then bile or mucus, then *fluid like rice-water of cholera*.

PURGING.—Stools simultaneously with vomiting; stools first *bilious, then like rice-water*. In no case was blood found.

THIRST.—Great.

CRAMPS.—Severe in stomach, bowels and legs. Rubbing frequently demanded for relief.

COLLAPSE.—Features *pinched and drawn*; lips and nose *blue*; eyes congested. Voice *hoarse and husky*. Feet and legs *icy-cold*, also hands and arms; body covered with *clammy sweat*. Temperature *subnormal*. Pulse *small and compressible*—pulse *imperceptible at wrist*. Temporals and carotids *difficult to distinguish*. Cardiac impulse *hard to feel and heard with difficulty*.

DEATH.—Followed the act of sitting up.

P.M. (Taylor) Stomach and intestines contained a *great deal of opaque fluid*.

“In my hurried analysis of disease and drug pathogenesis two points have occurred to me:—

“I.—As to the diarrhoea and vomiting—which has precedence?

"In choleraic diarrhœa, or mild cholera, there may be, or generally is, no vomiting.

"In cholérine (more severe attacks than the preceding) vomiting and diarrhœa occur, but the purging, as I understand it, is likely to antedate the vomiting.

"In the severe attacks of cholera, vomiting and purging occur simultaneously; although, as nearly as I can discover, sometimes one and sometimes the other takes precedence.

"In regard to *colchicum*, a hasty, but probably correct, analysis of the records shows that of the thirty-three provings, ten make no mention of vomiting or purging, eleven speak of nausea or vomiting first, and thirteen speak of urging to stool, loose stool or diarrhœa first.

"In the ten reports of poisonings, the phraseology is such that vomiting would seem to have precedence, although it might be concluded that diarrhœa is more certainly produced than vomiting.

"In this connection it may be well to bear in mind that toxic doses of drugs are comparatively large, and, therefore, as with *colchicum*, likely to exert some direct action on the stomach, affecting the intestines only at a later period; while, if modern ideas be correct, the cholera-producing germs being ingested in small doses, have time to multiply and infest the intestinal tract, and so produce diarrhœa, the vomiting being absent in mild cases and somewhat delayed in the severe attacks.

"As to the weakness and prostration following the copious stools of cholera, one prover of *colchicum*, No. 32a, 'fainted after a copious stool.' "

"II.—The other point has to do with the urinary symptoms. In cholera there is scanty or suppressed urine, and the urine may be albuminous or diabetic. Of the ten reports of poisoning by *colchicum*, the urine is not referred to in six (6). In the remaining four records we find:—

"No. 1.—Involuntary, diabetic (?) urine.

"No. 4.—Scanty urine.

"No. 5.—Profuse, chalky (later acid) urine.

"No. 10a.—*Post-mortem*—bladder full of urine.

"No. 10b.—*Post-mortem*—kidneys congested; suppression of urine, ante-mortem.

"No. 10c.—*Post-mortem*—kidneys congested, bladder contained one tablespoonful of urine.

"No. 10d.—*Post-mortem*—kidneys congested, bladder full of acid urine.

"The provings do not greatly help us to settle this point, although we read in proving No. 26, 'It does not always act as a diuretic, but has a contrary effect when it produces a marked effect on the alimentary canal.' This quotation

would seem to settle the question and establish the congruity between our disease and drug pictures.

"Of the ten selected records of poisoning by *colchicum*, found in the *Cyclopædia*, no fewer than four—No. 2, No. 7, No. 8, and No. 10b—make distinct allusions to the similarity of the cases to cholera, one case being treated as a case of cholera, the cause of the symptoms being at the time unknown.

"In severe cholera epidemics a large percentage of cases terminate fatally. In *colchicum*-poisonings we have records of seventeen cases simultaneously occurring, seven of which proved fatal; a curious coincidence in mortality statistics.

"All cases of cholera are not identical; there may be different degrees of severity and some variation in the symptoms. So with drug pathogeneses, and, therefore, different drugs may be homœopathic to the different varieties of cholera. Or, perhaps the one drug, a specific, may be useful for all cases even if they differ somewhat in their *symptoms*. Or, to put the matter another way, shall we treat different "stages" with different remedies, each appropriate to one stage only, or the disease as a whole with the one *simillimum*?

"Dr. Hughes, in his *Pharmacodynamics*, says of *colchicum*: 'Its botanical congener, *veratrum album*, has pre-occupied any place it might have found in the treatment of cholera'; again, 'Its main interest lies in its relation to gout and rheumatism.' I would respectfully submit that, in view of the marvellous coincidence above demonstrated between the pathogenesis of *colchicum* and the disease-symptoms of cholera, this verdict will bear reconsideration. What slight clinical testimony there is regarding the use of *colchicum* in cholera—for instance the eight cases referred to by Dr. Hughes as treated successfully with *colchicum* by Mr. Cotter, is much in its favour. If the strict law of similars be our guide, *colchicum* is entitled, beyond dispute, to be the first choice of the homœopathic physician called to do battle with this dread disease.

"My object in this imperfect paper has been twofold; first, to urge upon you by demonstration, how rationally and helpfully *materia medica*, as to its resources in any given disease, may be studied by resort to the "chart system" or parallel columns; second, to convince you that *colchicum* is, from a purely homœopathic standpoint, better worth experimenting with, in a cholera epidemic, than are our more traditional remedies. I trust these objects have been, in part, at least, accomplished."

THE HOMŒOPATHIC DISPENSARY, ANTWERP.

THE readers of the *Review* will remember that during the autumn of 1891, the Town Council of Antwerp resolved, in spite of a vigorous and indeed passionate opposition from the

allopathic medical men of the city, to found a homœopathic dispensary as a part of the organisation of the *Bureau de Bienfaisance* of the corporation. To this Dr. Lembreghts *fil*s was appointed physician, and in a report, drawn up by him, now before us, we have a slight sketch of the struggle, which resulted in the establishment of the dispensary, and a record of the work it has accomplished.

The following table represents the progress the institution has made in the esteem of those to benefit whom it was instituted :—

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Consultation at the Dispensary ...	44	96	138	183	226	233	258	255	143	216	234	288
Visited at their Homes	7	14	18	26	27	52	80	85	20	76	92	112
Deaths ...	0	0	1	0	1	3	2	4	0	4	1	1
Sent into Hospital ...	3	2	2	2	3	1	3	4	1	2	3	0

In his report Dr. Lembreghts points out the inconvenience of having, in consequence of the poverty of a patient, to send him into a hospital where the treatment he has been undergoing is interrupted. He appeals, therefore, to the administrators of the hospitals to favourably consider the petition shortly to be presented to them, to make the necessary arrangements for such hospital patients as desire homœopathic treatment to have their wishes gratified.

We heartily congratulate Dr. Lembreghts *fil*s on the marked success which has attended his efforts to give the poor of his city the advantages of homœopathy during illness.

HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

THE annual meeting of this Institution was held on the 2nd ult., the Mayor, Dr. Croucher, J.P., occupying the chair. The report shows that the dispensary occupies a wide and ever increasing sphere of usefulness. The number of patients admitted during last year was 1,487, the total attendances 5,921. The financial statement was also eminently satisfactory. The total receipts produced £320 13s. 4d. The expenditure amounted to £285 7s. 11d. The income of the preceding year did not exceed £250, and the comparison of two years, therefore, shows an increase of £70. After the adoption of the report the Mayor gave an interesting sketch of the career of Hahnemann to whom, we can never too frequently remind one another, it is that we are indebted

for that control over disease that we possess, a control far greater than it is in the power of those to exercise who shut their eyes and close their ears to the evidence which demonstrates the truth of the fundamental principle of therapeutics, proved, and its practical application taught by him a century ago.

CROYDON HOMŒOPATHIC DISPENSARY,
REPORT FOR 1892.

THE dispensary was open as usual four mornings in the week. The number of attendances during the year was 5,285, as compared with 4,202 of the previous year. This shows a steady increase in the usefulness of the dispensary.

Medical officers: T. E. Purdom, M.D., C.M., J. Delepine, M.B., C.M.

THE DANGERS OF TINNED MEAT.

At a meeting of the Hampstead Vestry, on the 24th November, a report was received from Dr. E. Gwynn, the medical officer of health, in which he said that "the dangers that occasionally attend consumption of tinned meats are well exemplified in the following interesting case." The report then stated that a freshly-opened tinned tongue purchased in Hampstead was placed before "Mr. X.," his wife, and two children for breakfast on the morning of November 14. When he began to carve the tongue Mr. X. perceived an unusual appearance and odour, and stopped his wife and younger child from eating it. They had only just tasted it. Mr. X. then divided an omelette with the fork he had used in carving the tongue. About 12 o'clock Mrs. X. and the younger child were seized with vomiting and diarrhoea, and Mrs. X. also had severe pain. Dr. Boulting, on being called in, found her almost pulseless. The elder child was seized with sickness in the afternoon, and Mr. X. felt sick and faint, with cold perspirations. These two latter had not tasted the tongue, but had only eaten the omelette divided with the infected fork. All recovered ultimately, but Mrs. X. was very ill for some days. Upon inspection Dr. Gwynn found the tinned tongue soft, dull in colour, wet, and unwholesome looking, with absence of the jelly generally present in these tins. He sent the tongue to Mr. Stokes, the public analyst, for analysis, and Mr. Stokes reported that it was "the most virulent sample of tinned meat that he has yet met with." The microscope showed portions of it to be decomposed and the meat to be saturated with salts of iron, its poisonous nature being due to the corroding power of the decomposing meat juice on the tin. Dr. Gwynn, in his report, added, "a general caution to the public may be expressed that tinned meats that appear wet, pappy, and emit a faint or putrid odour when opened, should not be eaten, but

carefully avoided." The sanitary committee of the vestry, who had had Dr. Gwynn's report under consideration, stated that they had instructed the vestry clerk to write to the importers, forwarding an extract from the report, and quoting the analyst's opinion of the tinned tongue in question.—*The Times*.

ANALYSIS OF THE TUNBRIDGE WELLS CHALYBEATE SPRING.

THE following analytical report of the well-known Chalybeate Spring has recently been presented to the Town Council of the Borough by Dr. Thomas Stephenson, lecturer on chemistry at Guy's Hospital:—

"I have twice visited the Pantiles Well in Tunbridge Wells on October 10th, 1892, when I took samples of the water and experimented on the gases at the well, and on November 7th, 1892, when I again made check analyses. I find that the temperature of the water varies very little with the season. On October 10th the temperature of the spring was 51° Fahr., and on November 7th the temperature had fallen only $\frac{1}{4}$ of a degree to 50 $\frac{1}{4}$ ° Fahr. Uniformity of temperature of a spring indicates that the water comes from a considerable depth in the soil. I find that the water contains the following constituents in grains per imperial gallon (70,000 grains):—

Ammonia (NH ₃)	...	...	0.006
Potash (K ₂ O)	...	...	0.317
Soda (Na ₂ O)	...	...	1.795
Lime (CaO)	...	...	1.749
Magnesia (MgO)	...	...	0.448
Ferrous Oxide (FeO)	...	...	2.798
Sulphuric Anhydride (SO ₃)	...	...	8.024
Chlorine (Cl)	...	...	2.492
Carbon Dioxide (CO ₂)	...	...	1.792
(in combination)			

"These results, with further analytical data as to the spring, may be thus arranged:—

Chloride of Potassium (KCl)	...	0.501
Chloride of Sodium (NaCl)	...	8.379
Chloride of Ammonium (NH ₄ Cl)	...	0.019
Chloride of Magnesium (MgCl ₂)	...	0.264
Sulphate of Magnesium (MgSO ₄)	...	1.009
Sulphate of Calcium (CaSO ₄)	...	3.998
Carbonate of Calcium (CaCO ₃)	...	0.184
Ferrous Carbonate (FeCO ₃)	...	4.508
(protocarbonate of iron)		
Carbonate of Manganese (MnCO ₃)	a trace	

Silica (SiO ₂)	...	...	...	0.602
Organic Matter	...	...	...	a trace
				14.464
<hr/>				
Total solid residue of 1 gallon				
(experiment)	...	...	...	14,070
<hr/>				
Oxygen required to oxidise the organic matter	...			0.007
Yield of albumenoid ammonia	...	...	...	0.006
Temperature of the water...	...	...	...	51° Fahr.
Specific gravity of the water	...	...	...	1.0004
Free carbon dioxide (Carbonic Acid CO ₂)	20.00			
cubic inches at	...	...	...	60° F.
Free nitrogen, 4.97 cubic inches at...	...	...	...	60° F.
<p>"This is an excellent chalybeate water, of great purity. It contains the iron altogether in the state of ferrous carbonate (protocarbonate of iron), the form which is most preferred where a mild and non-astringent chalybeate is desired, as most easy of digestion and assimilation. On comparing the above analysis with the complete analysis made in May, 1857, by Mr. J. Thomson, and in January, 1872, by myself, I find that the composition of the water has not varied to any material extent; and it may be concluded that the Tunbridge Wells Chalybeate Spring yields a water of nearly constant temperature and uniform composition at all seasons of the year, and, moreover, a water of pleasing appearance, complete limpidity, absolute purity, and with entire absence of disagreeable styptic taste. This last quality is of great advantage when the water is drunk for medicinal purposes for a lengthened period."</p>				

THE FAITH CURE.

IN *The New Review* for January, M. Charcot discourses on the so-called *Faith Cure*, discussing the nature of the disorders which may be removed by a powerful mental impression. For his clinical material he goes to the religious shrines. "There have," he writes, "been thaumaturges in every age from Simon Magus down to Hohenlohe at the beginning of this century, not to speak of Deacon Paris, who have enjoyed the gift of performing cures said to be miraculous—that is to say, of inspiring the faith cure." Several of the cases said to have been cured at these "health resorts" are examined; one, that of Mdle. Coirin, with much fulness and pathological ingenuity. The conclusion M. Charcot draws from this enquiry is stated in the following passage:—
 "Moreover, I do not speak without being able to call my own personal experience to witness. I have seen patients return

from the shrines now in vogue who have been sent thither with my consent, owing to my own inability to inspire the operation of the faith cure. I have examined the limbs affected with paralysis or contraction some days before, and have seen the gradual disappearance of the local sensitive spots which almost always remain for some time after the cure of the actual disease—paralysis or contraction. To sum up, I believe that the faith cure demands special subjects and special complaints—those, namely, which are amenable to the influence of the mind over the body, if it is to find ground to work upon. Hysterical subjects offer a mental condition favourable to the operation of the faith cure, for they afford a field eminently receptive of suggestion, whether that suggestion is conveyed by external influences, or whether, as is more probable, they bring to bear on themselves the powerful force of auto-suggestion. With these persons, male or female, the influence of the mind over the body is strong enough to produce the cure of maladies which the lack of knowledge of their true nature which prevailed not so long ago had caused to be regarded as incurable. Such are the facts about troubles of hysterical origin, which are beginning to be understood—such as muscular atrophy, œdema, and ulcerated tumours. When one hears of the sudden cure in a shrine of an ulcerated cancer of the breast, it is permissible to recall the case of Mille. Coirin, or the facts quite recently observed by Dr. Fowler.

“Can we then affirm that we can explain everything which claims to be of supernatural origin in the faith cure, and that the frontiers of the miraculous are visibly shrinking day by day before the march of scientific attainments? Certainly not. In all investigations we have to learn the lesson of patience. I am among the first to recognise that Shakespeare’s words hold good to-day—

‘There are more things in heaven and earth, Horatio,
Than are dreamt of in thy philosophy.’”

VACCINATION.

THE failure of quarantine to keep out small-pox from a country is well illustrated in a report, just issued, by Dr. Gresswell on the introduction of the malady into Victoria last summer. In spite of the fact that a young woman had suffered on the voyage from a most suspicious skin eruption, and that another passenger had also experienced symptoms pointing clearly to small-pox, the usual port questions were answered in the negative, and free *pratique* granted. The consequence was that seven others of those on board the vessel (the Oroya) developed small-pox in Victoria, New

South Wales, and Queensland, and subsequently four Australian residents caught the disease from them. The limitation of the epidemic to such small bounds was entirely due to the almost superhuman activity displayed by the Sanitary Staff of Melbourne in vaccination, disinfection, and isolation. Police *cordons* were placed around invaded houses, whose inmates were compulsorily vaccinated, and no ingress or egress was permitted. Fortunately, the supply of calf-lymph proved sufficient for the exigencies of the case. In addition to this, all persons who had been in any kind of relation with the attacked persons were retained in isolation for fourteen days. Thanks to these measures, what appeared likely at one time to be the starting-point of a general prevalence of small-pox, which might become endemic in this and neighbouring Colonies, was arrested and turned back. Vaccination is still maintained, we believe, by a compulsory Statute in Victoria. The Victorians, however, seem to have a rooted predilection for quarantine. Their late experience ought to demonstrate the futility of this method, and points to vaccination only as the true prophylaxis against small-pox. Surely the quiet and continuous practice of vaccination and re-vaccination is preferable to a system of police *cordons* and compulsory detention.—*Standard*, December 10th, 1892.

TRITURATION TABLETS.

TABLETS prepared from triturations, or "tabloids," as the allopathic chemists call them, so as not to adopt our nomenclature, are such a convenient form for dispensing, and so much employed now, that we deem it right to inform our colleagues what they get when they prescribe tablets. When ordered of one grain each they are made in an ivory or vulcanite mould, and simply moistened with spirit, or, as some chemists do, with the addition of a little gum. Such tablets are pure and contain no other admixture. The admixture even of gum is, however, inadvisable. When fresh, tablets prepared with this addition are good enough, but when old, they are liable either to become soft and sticky, or to develop a mouldy flavour. But as they are advertised also of the size of from 2 to 5 grains each, or even 10 grains, it is well to know that such cannot be made by the machine without adding a form of vaseline and what is still more objectionable, mixing the tablet with 7 per cent. of *talc*, or dusting them with this substance. Without this they will not make, or come out of the machine as separate tablets. Moreover, the machine has to be frequently oiled. The *talc* gives the pretty glazed appearance that these large tablets possess. This may do very well for

allopathic pharmacy, but is out of the question in that of homœopathy. We have our information from several of the leading chemists, and our colleagues should therefore be aware what they must get when they prescribe tablets of over one grain each. Where several grains are desired to be given, so many of the one grain tablets should be prescribed, and not one of several grains. Besides, the machine used for making the larger tablets is made of metal, and this of itself is inadmissible in homœopathic pharmacy. When prepared with this metallic machine, they are found to taste distinctly metallic. A further reason for the selection of a chemist adopting the rules of the British Homœopathic Pharmacopœia is that, in the case of some of the insoluble drugs (which are chiefly those made in tablet form) a prolonged and efficient trituration is necessary to develop their activity. Purity of the medicines is so vital for our success, that it is unnecessary to say more than we have done to prevent failures.

“DR. THEINHARDT'S” FOODS.

Messrs. SORENSEN & Co., of 88, Great Tower Street, have sent us a sample of “Food for Infants” and “Hygiama,” both of which are fairly palatable foods—especially the latter. Chemical analysis has shown these foods to be of high nutritive value and well suited for infants and invalids. After an opportunity of testing them clinically we intend to report the result of our experience therewith.

CAFFYN'S LIQUOR CARNIS.

THE preparations of the Liquor Carnis Company are well-known and have been alluded to in our pages more than once. The Company has not long ago purchased an estate in Buckinghamshire, where they feed their own cattle, and where, in healthy surroundings, they have erected factories, and their preparations are, we are informed, becoming increasingly popular, and we ourselves add they are deservedly so. Of the chemical excellence of Liq. Carnis there has never been any question, but much earlier in the history of its manufacture we were compelled to state that it was unpleasantly sweet and decidedly over-seasoned. Now, we have pleasure in stating that this is quite altered, and Liq. Carnis is a palatable and agreeable beverage (when properly diluted), with a just perceptible flavour of celery.

The proprietors have recently made this preparation available for hospital use by putting it up in large imperial pint bottles, which are both more convenient and more economical. We have kept an opened bottle of Liq. Carnis for many weeks and found that it remains perfectly good; indeed,

it is said to improve rather than otherwise by exposure to air. We have every confidence in commending this food as one of high quality and nutritive value, of acceptable flavour, and of easy digestion and assimilation.

AN EXPLANATION.

For different reasons we are obliged to hold over until our next issue the continuation of Dr. Murray Moore's interesting paper on "Heredity, etc.," and of Mr. Wright's on "Nasal Growths." We have in type also a paper by Dr. Ramsbotham ready for our next number. Our contributors have recently furnished us with a good variety of short papers on a number of subjects of interest, therapeutic and other, and these have been received with marked approval by our readers. We hope that the example of these will stimulate others, and serve as a reminder that it is not necessary that a communication for our pages be denied to our readers because it has not attained the dimensions of a treatise. Pithy articles on any subjects, brief records of personal experience, are much appreciated. Items of news, too, are especially welcome.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In a recent article in another journal, I have narrated the valuable therapeutic effects of *hydrastinin*, when prescribed for uterine and other hæmorrhages. Independent testimony is constantly coming to hand, confirming the results of our earlier observations; and the method of preparation and the proper dose are given in the above cited article. I have reason to believe, however, that preparations are being dispensed which are quite other than the new alkaloid *hydrastinin*, although this is asked for. I must emphatically state that it is neither *hydrastin muriate*, nor *hydrastia*, nor an impure *hydrastin* alkaloid, but a defined and stable alkaloid, of constant chemical composition, creamy white in appearance, and which readily dissolves in alcohol, forming a colourless 1x solution. I originally imported my own specimens from Merck's well-known laboratory in Darmstadt, but have now delegated the preparation of the attenuations to certain of the homœopathic chemists in town. I shall be happy to answer any enquiries on this point.

Yours truly,

GEORGE BURFORD.

20, Queen Anne Street,
Cavendish Square, W.
February, 1898.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. PULLAR, Dr. BURFORD, Mr. DUDLEY WRIGHT, Mr. KNOX SHAW (London); Dr. CLIFTON (Northampton); Dr. MASON, in January (Leicester); Drs. CRAIG (Bedford); Dr. A. S. ALEXANDER (Plymouth); Dr. MURRAY MOORE, Dr. PROCTOR (Liverpool); Dr. HOLBROOK (Chicago).

BOOKS RECEIVED.

Occasional Papers. No. 1 and No. 3. By Dr. Morrison. London: E. Gould & Son. 1893.—*The Zenelt Memo-pad.* By Lady Constance Howard and Mr. C. F. Rideal. London: The Record Press. 1893.—*Alaskana, or Alaska in Descriptive and Legendary Poems.* By Professor B. W. James, A.M., M.D. Philadelphia: Porter & Coates. 1892.—*Sepris, Saturnism and their Congeners.* By Edward Blake, M.D. London: 1892.—*Sewage Poisoning, its Causes and Cure.* By E. T. Blake, M.D. Second edition, including ventilation and disinfection. London: E. & F. N. Spon.—*The Homœopathic World.* London. Feb.—*Medical Reprints.* London. Feb.—*The Clinical Journal.* London. Feb.—*The Chemist and Druggist.* London. Feb.—*The Monthly Magazine of Pharmacy.* London. Feb.—*The North American Journal of Homœopathy.* New York. Jan. and Feb.—*The New York Medical Times.* Feb.—*Childhood.* New York. Feb.—*The New York Medical Record.* Jan. and Feb.—*The Chironian.* New York. Jan.—*The New England Medical Gazette.* Boston. Jan. and Feb.—*The Hahnemannian Monthly.* Philadelphia. Feb.—*The Homœopathic Recorder.* Philadelphia. Jan.—*The Homœopathic Physician.* Philadelphia. Feb.—*The Journal of Orifical Surgery.* Chicago. Jan.—*The Medical Era.* Chicago. Jan.—*The Medical Advance.* Chicago. Jan. and Feb.—*The Clinique.* Chicago. Jan.—*The Minneapolis Homœopathic Magazine.* Jan.—*Pacific Coast Journal of Homœopathy.* San Diego. Jan.—*The Homœopathic Envoy.* Lancaster. Feb.—*Revue Homœopathique.* Brussels. Jan.—*Bull. Gén. de Thérapeutique.* Paris. Feb.—*Leipziger Pop. Zeitschrift.* für Hom. Feb.—*Rivista Omiopatica.* Rome. Dec., 1892.—*Homœopathisch Maandblad.* The Hague. Feb.

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.

—:o:—

“THE SCIENCE OF MEDICINE.”

WE have so long been accustomed to seeing our profession ridiculed and sneered at by satirists, novelists and playwrights, and our practice derided and treated with contempt as unworthy of being considered a science or even a rational art, by distinguished members of our own profession, that we experience a thrill of pleased amazement when we find ourselves and our calling spoken of publicly in altogether eulogistic terms by such an eminent layman as the late Prime Minister. The high character given to us and our art by such an exalted and unimpeachable authority will be some compensation for the mortification we endure when we see ourselves depicted under the hateful guise of Sangrado, Diafoirus, Purgon, Slop and the other medical buffoons of fiction.

In his address at Oxford on the 1st March, Lord Salisbury spoke of medicine as “one of the greatest of sciences,” and he further declared it to be “the most sober, the most absolute, the most positive of all the sciences.” The *Lancet* is in raptures at medicine being designated by such an excellent judge as “one of the greatest of sciences.” It does not go so far as to commend the second encomium we have quoted. Indeed it takes no notice of it at all, for it would scarcely endorse the opinion that it is “the most sober, absolute and positive” of them all.

The only defect in Lord Salisbury's high-flown eulogy of medicine (of course he was talking of old-school medicine, homœopathy is not recognised at Oxford) is that it is not a "science" at all. At most it is but an art—"the healing art" as its partisans delight to call it, "the non-healing art" as Hahnemann designated it. That this most erratic, ever-changing, no-principled art should be regarded by a man of intelligence, we may even say, of science (for Lord Salisbury has the reputation of being a highly scientific person—for a lord), as an absolute, a positive science, is the most curious point in his oration, which rather abounds in curiosities. "Other sciences," he says, "gave one wide play to the scientific imagination, and the scientific imagination was the snare to the scientific man." Well, we cannot say that the medical practitioner—the healing artist—gives play—wide or narrow—to "scientific" imagination, but without any manner of doubt the allopathic practitioner allows the freest play to his imagination, both in regard to what he has to use, to the instruments he employs, and to the mode of action of these instruments. Thus in a case of disease he has to treat he first of all imagines the pathological condition, but the vast differences of opinion among medical men as to what is called the "proximate cause" of almost every disease show what a great part the imagination plays in the matter. Then the practitioner has to determine in his own mind what he ought to do, whether to stimulate or depress, to soothe or to excite the particular part, organ or nervous tract he imagines to be causing all the morbid symptoms. Having settled this in his own mind, he has to administer the medicine which he imagines possesses the power to stimulate, depress, soothe or excite, though, not having tested his medicines on the healthy human body to ascertain how they act, this is mostly guess-work. Feeling his deficiencies in this matter he will not trust to any single medicine to produce the wished-for effect, but he usually mixes a lot together, imagining that they will act harmoniously or mutually helpfully. So that the physician of the ordinary school gives the widest play to his imagination—his "scientific imagination" we should say. "But," says Lord Salisbury, "if they indulged in scientific imagination by the bedside of a patient, the patient died." Yes, indeed, a tolerably large

number of patients have died, victims to the "scientific imagination" of their doctors.

"The science of medicine," said Dr. Mason Good, "is a barbarous jargon, and the effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined." "Medicine," says Dr. K. Hansen, "as now practised, is a pestilence to mankind; it has carried off a greater number of victims than all that murderous wars have ever done."

These opinions of the "science of medicine" by its professors are somewhat different from Lord Salisbury's verdict. But perhaps they may be considered antiquated as they are more than 50 years old, and the views of the adherents of this "sober, absolute and positive" science vary, as is well known, from time to time. The last 50 years has witnessed a complete *volte-face* by the authority of the old school. They say with Sganarelle: "Nous avons changé tout cela, et nous faisons maintenant la médecine d'une méthode toute nouvelle." What say the modern representatives of the new method? Dr. Moxon writes: "As to medical progress, there is no such thing as progress. We guess our way, and call the guesses theories, to make them respectable." The fabrication of theories by guessing is giving the rein to "scientific imagination" with a vengeance. Says Dr. Wilks: "I deny that we have a scientific use of medicines. . . . Our remedies are never suggested by any theoretic considerations whatever." After all it does not much matter as far as science is concerned whether we call our guesses theories, or say we are guided by no theoretic considerations whatever. Neither plan has the most remote claim to science. So, though reluctant to impeach the infallibility of an ex-Prime Minister, we must pronounce Lord Salisbury's estimate of the scientific character of the medicine of to-day to be entirely and utterly wrong. Lord Salisbury's opinion as to the future of the "science of medicine" being devoted to the study of "microbes," is probably "up to date," but at the same time it strikes us as being highly ludicrous. He thinks it cannot be doubted that "for a generation to come the investigation of these creatures, which had been revealed to them by new methods of research and singularly patient labour, and on which the

lives of millions of human beings depended, that they would figure larger in the scientific field. That was a noble object of study, and this was the special domain and privilege of medicine." We presume the reporter is responsible for the queer grammar of this bit, but the meaning seems to be that the study of microbes will occupy the attention of the votaries of the "science of medicine" for at least "a generation to come." No doubt as long as "kudos" is to be got by the discovery of new microbes, these investigations will go on, but whether they will last for a generation to come is problematical. Hitherto not much benefit to practical medicine has accrued from these investigations—rather the reverse. The discovery of the tubercle bacilli was a disastrous one for many tuberculous, phthisical and lupus-infected patients, and that of the cholera bacillus seems to be valueless. Indeed Pettenkoffer and the Vienna physicians have proved that the comma bacilli when swallowed in large quantities only cause a slight diarrhoea which soon comes to a full stop.

On the whole, then, Lord Salisbury's address about medicine is a disappointment, and only shows that he knows nothing about the subject on which he spoke so eloquently.

But the Premier does not seem to be a bit better informed on medical matters than the ex-Premier. When we find Mr. Gladstone gravely stating, "no one is unaware of the increase of fees in the medical profession, and I am bound to say, that there are none more nobly earned in the world." It may be true that the fashionable west-end doctors, from among whom the G. O. M. selects his medical adviser, have raised their fees, but it is a general complaint among the rank and file of the profession, that by reason of the great competition, owing to the over-stocking of the profession, fees have for many years past been dwindling down to an almost vanishing point. The *Lancet* has been harping on this subject for several years. Talking the other day to a young friend who had recently bought a practice in the country, he said he had as much to do as he could get through, but the fees! There was the difficulty. He was often glad to get them paid in kind—a pound of fresh butter, a cheese or a sack of potatoes, or even a rope of onions; had it only been a hempen

rope he thought he might have used it to end his troubles.

So, then, we may conclude that Premiers, past and present, though doubtless crammed full of knowledge, are not very safe guides on the subject of medicine, scientific or practical.

“CHARACTERISTICS,” “KEY-NOTES,” AND
“GUIDING SYMPTOMS,” TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

THE first medicine I now take up is *asafetida*, a remedy largely neglected by our school, and when prescribed is often chosen from a few prominent nervous symptoms, such, for instance, as “globus hystericus,” while at the same time there are many other pronounced *characteristics*. One of these especially I will touch upon. “A sensation of emptiness and weakness, with distension and throbbing in the stomach and in the abdomen together, attended with gurgling and rolling of wind, which is hardly ever passed downwards, but escapes upwards with loud and difficult eructation, giving relief.” My attention to this symptom was rivetted, some fifteen years or so ago, in a case in which *argentum nitricum* had failed; but this remedy quickly cured, since which time I have had several confirmations of this complex symptom as a “*characteristic*,” and very recently a colleague of ours in California has called attention to the same. I would also say that obstinate constipation is very often associated with the aforesaid condition.

Aurum metallicum.—Beyond what is recorded as “*characteristic*” of this medicine, the only note which I have made is in relation to the heart, viz.: “Sensation as if the heart stopped beating for two or three seconds, immediately followed by a tumultuous rebound, lasting for a few minutes, attended with sinking at the epigastrium, and with great fear of death.” This complex symptom should be compared with one under *digitalis*, viz.: “a fear that the heart will cease beating if the patient moves”; the reverse of *gelsemium*, viz.: “fear that the heart will quite stop unless the patient moves, attended with intermittent beat, coming on especially when lying

on the left side." These several symptoms of each medicine in relation to the heart have been noticed by other practitioners, and been expressed in a somewhat different way; and, moreover, they are largely clinical observations, which I have repeatedly verified, and for this reason I consider them "*characteristic*;" but in order to differentiate them more clearly, it should be noted that the pulse of *digitalis* and of *gelsemium* is slower than the pulse of *aurum*.

Baptisia tinctoria.—I pass over the many obvious *characteristics* of this medicine, for the most part of an asthenic type, which so often have led to its being prescribed in typhoid and allied conditions; and my remarks will be confined to pronounced symptoms in relation to the tongue, and to the pulse, in contrast with the tongue and pulse symptoms of *veratrum viride*. The *baptisia* tongue is dry and brown in the centre, with dry and glistening edges, some amount of cracking of the surface and soreness, together with fœtor of the mouth; the pulse is rather slow and is very compressible, all indicating, and especially with other "*characteristics*," a low condition. The *veratrum viride* tongue is dry and red in the centre, with hot and scalded sensation extending to the throat, and the pulse is thin, hard and wiry, and very quick, all which symptoms point to an acute febrile condition, inflammation of some organ or tissue, and I have found this remedy of especial value in *pneumonia* and in *peritonitis*. Apart from pulse symptoms, the tongue of *argentum nitricum*, of *antimonium tartaricum*, and of *phosphoric acid*, is in each case very similar in character to what I have named in relation to *baptisia*, but of course there are other "*characteristics*" which serve to differentiate the several medicines for therapeutic purposes. It may be suggested that the somewhat fine distinctions which I have set forth are pedantic and of but little practical value; the only reply which I can make is, that they have served my purpose well, and I believe that they may be useful to other practitioners.

Baryta carbonica.—In addition to the well-known "*characteristics*" of this remedy, I will only allude to one, and that in relation to the stomach and digestion, viz., "pain and a heavy weight in the stomach immediately after a meal, with tenderness over the epigastric

region, and the pains worse by movement, often accompanied with difficulty and pains in swallowing food; as if the food was arrested in the œsophagus;" this complex symptom, under the nomenclature of dyspepsia and gastralgia, occurring more especially to young men who have masturbated, and who suffer from seminal emissions, together with cardiac irritability and palpitation, which is worse when lying upon the left side;" this condition, and one that I think is "*characteristic*" of *baryta*, I have occasionally cured by that medicine.

Bellis perennis.—This remedy, for contusions, was introduced to our notice many years ago, and I believe by Dr. Henry Thomas and by Dr. Burnett, but without any defined indications for its uses. I have on several occasions prescribed it internally, and as a local application in the same empirical way, but I have not found it at all so curative as *arnica* and *rhus*, and mainly for this reason do I now notice it.

Calcareo carbonica.—I shall only refer to one "*characteristic*" of this medicine, and mainly in contrast with two other medicines, viz., "icy coldness, inside and outside of the head, with perspiration on the scalp." Although this symptom is very pronounced, and when it occurs in any case will often lead to this medicine being prescribed, I have nevertheless seen the benefit, several times, of comparing *chelidonium* with it, and which has led me to select the latter medicine with advantage to the patient, for *chelidonium* presents "coldness in the occiput, rising from the nape." *Silica*, moreover, demands comparison, inasmuch as it presents "cold feeling from the nape of the neck to the crown of the head, with profuse perspiration of the scalp." The fact of these symptoms being so much alike, and yet that other symptoms in relation to each, especially in their modality, are very dissimilar, I suggest that the single "*characteristic*" should more often be compared with other "*characteristics*" than is sometimes done.

Calcareo phosphorica.—It would require at least half a dozen pages of the *Review* to point out the "*characteristics*" and "*key-notes*" in relation to this medicine, as well as to the one just noticed, and, moreover, several "*characteristics*" not on record of these far-reaching remedies. But on the present occasion I pass over the whole, with the exception of what I have already done.

just to put on record an interesting piece of clinical work, to which, in the first instance, I am entirely indebted to that indefatigable worker and man of inventive genius, Dr. R. T. Cooper, who, in the past, has done good service in homœopathic therapeutics on several lines, and from whom I hope much in the future. I am, however, in direct opposition to his latest thought and phase of practice of one dose—and, I believe, of unproven remedies—a therapeutic method which, so far as I am aware, there is but little, if any, trustworthy evidence to recommend. On account of my opposition to him on these lines, I just wish to say something more in his favour than I have done. Some five or six years ago I sent to him a case of defective hearing, with perforation of the membrana tympani, and, of course, attended with otorrhœa. He prescribed *calcareæ phosphorica* 8x trituration, about two grains to be forcibly snuffed up the nostrils twice a day. The result of this prescription was that in three months the membrane on both sides was healed and the hearing was greatly improved. Since that time I have prescribed the same remedy, and in the same way, in seven similar cases, and with the same results. For adenoid growths in the posterior nares I have prescribed the same remedy, as well as *calcium iodatum*, *baryta carbonica* and *silica*, to be used in the same way, and with very beneficial results.

Under stomach and digestion I have the following note: "great hunger, with thirst, excessive flatulence in the stomach soon after eating, temporarily relieved by sour eructations." These symptoms I consider "*characteristic*," and especially when occurring in women with too frequent and excessive menstruation I have several times seen this medicine cure.

THE OPEN-MINDEDNESS OF THE MEDICAL PROFESSION TO NEW IDEAS.

By S. H. RAMSBOTHAM, M.D., Edin.

THERE is at the present time such a search after novelties, such a desire to be abreast of the latest methods of treatment, such a running after what may be, without disrespect, called the "fads" of medicine, that, to anyone acquainted with homœopathy and the benefits which it

confers alike on doctor and patient, it appears simply marvellous that it should not have been more widely adopted, and its methods laid more freely under contribution by those who are straining every nerve to get even a little ahead of their competitors in the race for fame and fortune, and are ransacking heaven and earth, nay, even the things under the earth, for the means whereby they may succeed in their endeavour. Or at any rate it would appear marvellous, did not an acquaintance with homœopathy lead also to an acquaintance with the undying animosity exhibited towards it by the majority of those who by education as well as by tradition claim to be considered members of a liberal profession. This animosity is fostered and kept alive to such an extent by those to whom the rank and file look for direction and guidance, that even the more liberally minded men who are willing to shake hands with us across the chasm which prejudice has opened, are deterred from giving effect to their kindly intentions by fear of the consequences which would ensue did their conduct become known to, say, the editors of the *Lancet* and the *British Medical Journal*. This reasonless opposition becomes all the more remarkable, and all the less easy to understand, when we compare with it the recognition, investigation, and even patronage extended to other modes of treatment, some of which at any rate cannot claim to be based on any principle, either scientific or practical, and which not infrequently appear to be accidental or chance discoveries.

Individual instances which may support a general statement of this kind from time to time come under notice; and it may not be altogether a waste of time to call our thoughts for a brief space from the ardour of our pursuit of therapeutic skill or scientific knowledge, and turn them to the consideration of the politics of our situation. Two cases illustrating the intense animosity shown towards homœopathy, and the continued endeavour to stifle any honest enquiry into its merits or demerits, have recently occurred in my own neighbourhood; and I venture to cite them not as examples of any new thing, but simply because they will serve to contrast with the considerate reception or friendly welcome accorded to other chaimants for attention.

A medical man practising in Leeds, formerly a student

at the Leeds School of Medicine, applied to be admitted a member of the British Medical Association, and was duly proposed by one of his former teachers. The Secretary, however, intimated to his proposer that as the candidate's name appeared in the *Homœopathic Directory* he was not eligible for membership. Correspondence ensued between proposer and proposed, and for a time the latter thought the matter was at an end. In due course, however, there came an application for the payment of his annual subscription, and this, in conjunction with the regular receipt of the weekly journal of the Association, seemed to justify his belief that a spirit of liberality had prevailed, and that he had been duly elected a member of the Association. Acting on this belief, when the British Medical Association was about to hold its meeting in Leeds in 1889, he paid to the local authorities his quota of the guarantee fund necessarily raised in any town which that august body proposes to honour by a visit, and duly attended to subscribe his name to the roll of members present at the Leeds meeting. Then came the rude awakening: a prompt challenge of his right to do this renewed the discussion, and being eventually denied the privileges of membership, he retired from the contest, as not being of a litigious spirit he declined to make any effort at enforcing his claim by an appeal to the law.

The other instance to which I refer is also the case of a former *alumnus* of the Leeds School of Medicine, who, after ten years of practice according to the methods he had been taught, was led by the demonstration of facts to abandon these methods, and "to make use of homœopathy in a systematic manner, with great satisfaction to himself and enormous advantage to his patients." But mark the result: "As soon as it was suspected that I dabbled in heterodox medicine I was called upon to sign a written declaration that I did not and would not use any homœopathic remedies, and further have been asked to pledge myself not to attend those who believed in such remedies. Failing my compliance with this unscientific, inhuman, and intolerable requirement, I was refused recognition either as a gentleman or a legally qualified medical practitioner."*

* *Leeds Mercury*, 3rd October, 1891.

• Here is one side of the picture ; now let us look at the other, and see this animosity giving place to courtesy.

Individuals often move more rapidly than bodies corporate ; it is therefore hardly surprising if we can more easily find instances of readiness to accept new teachings on the part of individuals rather than on that of corporations. An instance in point is that of Dr. Edmunds, Senior Physician to the London Temperance Hospital, a man with an excellent record alike as a student and as a practitioner. In the ardour of his endeavours not only to promote the cause of temperance, but to find a means of reclaiming the victims of inebriety, he was struck by the success of the "Keeley treatment," and forthwith proceeded to investigate it, so far as investigation is permitted. For be it noted, and herein lies the moral of the tale, that this treatment consists in the repeated inoculation of the sufferers by Dr. Keeley or his assistants with some preparation, the nature of which he does not think fit to disclose, but which on ample evidence is shown to have been successful in cases which have resisted all other known methods of treatment. According to all rules any dealing with secret remedies or secret methods of treatment should secure for the dealer the ban of his College, the forfeiture of his appointments, and the cold shoulder from every orthodox brother. But strange to say Dr. Edmunds has found countenance. It is not yet on record that he is struck off the Register for "unprofessional conduct," or dismissed from his post at the Temperance Hospital ; and stranger still, he has found an aider and abetter in one of the medical journals. Dr. Andrew Wilson, F.R.S.E., the editor of *Health*, not only publishes his letter* detailing the observations he made on the "Keeley treatment," but introduces it with some editorial remarks, commending Dr. Edmunds for the boldness which he has "set aside professional custom in so far as it would cause him to refuse to investigate any cure the *rationale* of which may be unknown." And with strange irony he adds : "It might cause somewhat of a reform in medical matters did some of Dr. Edmunds' colleagues follow his example." It might indeed, and probably would do so to a much larger extent than he is conscious of or intended to suggest !

* September, 1892.

Another instance of thus investigating a "cure, the rationale of which is unknown," occurred very recently, attracting some attention in unprofessional as well as in professional circles. And it may be noted that the investigation was not conducted by one or more individuals singly, but by a body of men fortuitously brought together, but nevertheless acting in concert and jointly.

For some years past the therapeutic value of the so-called "electro-homœopathic" remedies of Count Mattei has been constantly asserted by men whose professional qualifications entitle their opinions at any rate to respectful attention. This, however, was scarcely accorded them. What attention they did receive came chiefly from our side; the "orthodox" frankly held aloof, till in the early part of last year the editor of the *Review of Reviews* drew public attention to certain cases of cancer, in which these remedies were reported to have effected a cure. There he kept it fixed, until for very shame a scientifically conducted enquiry into their merits could no longer be refused; and a committee of investigation was brought together, composed of men whose names were well-known to the public as pioneers in the advancement of their own specialties, and were considered a guarantee for the fairness of the enquiry. True, it was not conducted either with the patience or the candour which the Matteists looked for; true, it was only accorded under pressure; but the fact remains that it was accorded, and accorded, too, to a series of remedies, the composition of which, to borrow a phrase attributed by Macaulay to a certain Grand Vizier, "*n'est connu qu'à Dieu et à Comte Mattei*," and which, therefore, might not unreasonably be considered as tainted by that secrecy which is the essence of all quackery.

A still more remarkable evidence of the open-mindedness with which the medical profession can receive novel teachings when it is so inclined, is afforded by an account given in the *Lancet* of 5th April, 1890, of a series of dental and other operations performed under the influence of "hypnotic suggestion" as an anæsthetic, in the presence of about sixty of the leading medical men and dentists of Leeds and the neighbourhood. Before these gentlemen "a master in the art of hypnotism as applied to medicine and surgery" gave a demonstration, the object of which was to show the power of

hypnotism to produce absolute anæsthesia in very painful and severe operations. Most of the cases were of the ordinary type: the patient being put to sleep by the hypnotiser, the operator proceeded to complete his work, which was accomplished apparently without the patient being aware of what was done, or experiencing any pain in the process. The extraction of teeth; the removal of a bony growth and part of the first phalanx of the big toe; the excision of tonsils; these were some of the operations performed under the conditions just named. Three of these demonstrations will, however, repay a somewhat closer examination, and I therefore copy the details.

The first is that of "a woman of 25, who was hypnotised at a word by Dr. Bramwell, and told she was to submit to three teeth being extracted without pain at the hands of Mr. T. Carter, and further that she was to do anything Mr. Carter asked her to do, such as to open her mouth and spit out, and the like, as he required her. This was perfectly successful."

The next case is that of "a servant girl, aged 19, who was put to sleep by the following letter, addressed by Dr. Bramwell to Mr. Turner, the operating dentist in the case.

(Copy.)

"Burlington Crescent, Goole, Yorks.

"Dear Mr. Turner,—I send you a patient with enclosed order. When you give it her she will fall asleep at once and obey your commands.

"(Signed) J. Milne Bramwell."

The enclosed order reads as follows:—

(Copy.)

"Go to sleep, by order of Dr. Bramwell, and obey Mr. Turner's commands.

"(Signed) J. Milne Bramwell."

"This experiment answered perfectly. Sleep was induced at once by reading the note, and was so profound that at the end of a lengthy operation, in which sixteen stumps were removed, she awoke smiling, and insisted that she had felt no pain, and what was remarkable there was no pain in the mouth."

The third and last instance is that of "a navvy, from whom a very difficult impacted stump had been successfully extracted. Dr. Bramwell described how this man

had been completely cured of very obstinate facial neuralgia by hypnotism. The malady had been produced by working in a wet cutting, and had previously defied all medical treatment. On the third day of hypnotism the neuralgia had entirely disappeared (weeks ago) and had never returned. This man had obtained also refreshing hypnotic sleep at night, being put to sleep by his daughter through a note from Dr. Bramwell, and on one occasion by a telegram, both methods answering perfectly."

Now, certain features in these cases at once arrest our attention. We have been accustomed to suppose that in profound hypnosis the hypnotist alone is in touch with his sleeping patient. He only can influence the mind of the patient.* But in the first of these three instances the power thus to influence the mind of the patient and to compel him to perform certain acts was transmitted by the hypnotiser to the operator. That is, the hypnotising power was used, and used successfully, in what may be termed a first attenuation.

In the second a still higher attenuation of the hypnotic power was reached. Certain words written by the hypnotiser on a piece of paper not only have the effect of causing the patient to go to sleep, but transmit to the operator the same power as in the former case—that of compelling the sleeper to perform certain acts at his discretion. But in the last case attenuation seems to have run wild. The written words of the hypnotiser must at any rate have been transmitted by a clerk through his instrument along the connecting wire to the receiving instrument, where it would be read by another clerk and written down by him, when in due course it would reach the hands of the daughter to be exhibited before her father's eyes as a soporific!

Surely it is no wilder effort of the imagination to suppose that our much derided sixth dilution may contain some fragment or particle of the elements present in the original tincture, now indeed imperceptible, but still active, than it is to suppose that this telegram, when at length it reached the hands of the expectant patient, could contain any effective portion of the energising element originally set in motion by the hypnotiser.

*Dr. Liebeault, in his *Medical Annual*, 1891, p. 276.

It is not necessary for us to follow the tactics so often used against ourselves, and dub the hypnotiser a humbug, ridicule the mental attitude of those who attended the *séance*, or quarrel with them for witnessing the experiments and investigating the claims of hypnotism to take its place among the recognised methods of medical treatment. But I think we have a perfect right to complain of the inconsistency shown when the men who are present at this exhibition, who applaud these "deeply interesting and highly successful experiments," and appear to find nothing incredible in the transmission of soporific powers by the telegraph, nevertheless utterly refuse to believe it possible that small doses—not to speak of infinitesimals—can have any power for good; and decline absolutely to listen to the record of our experience, to examine our claim to be heard, or to put to practical test the methods we advocate.

Even as I write, a series of letters are appearing in the *Times*,* which narrate a careful, and so far as may be an unbiassed investigation made by "an occasional correspondent," into the practice of hypnotism at the *clinique* in the hospital of La Charité, in Paris. Not only has this correspondent devoted time and labour to his investigation; a letter also appears above the name of Ernest Hart, the well known editor of the *British Medical Journal*, giving an account of an independent examination made by him into the same thing at the same place. Now, will these gentlemen kindly do the same thing for us? Will they attend the *clinique*, say, at the London Homœopathic Hospital, in Great Ormond Street, watch the procedure there with the same care they exercised at La Charité, and then publish their investigations and conclusions? And if they won't do this, then why won't they? Such an investigation would have for them whatever charm attaches to a novel experience, and though I, as an outsider, have no claim to speak on behalf of the hospital staff, I would not hesitate to assure such visitors that they would be courteously entreated, and shown everything that could possibly afford them information. Are they indeed afraid to venture, afraid they may have to eat their own words, and end by blessing that which they have

hitherto cursed? Their refusal could only be open to one interpretation, viz., that the animosity spoken of at the beginning of this paper is so deep-rooted as to be almost incurable; a reflection saddening indeed to those who care more for the advancement of the art of medicine than for the triumph of any one of its sections, and causing those who long for re-union to feel it yet so far in the dim and distant future that to many eyes it appears as though it would never come about at all.

Leeds, January, 1893.

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from p. 89.)

THIS somewhat bold statement is partly based upon the account given by the *St. James's Gazette*, of 220 centenarians, who were officially reported to the authorities during the years 1886 to 1891, inclusive. Of these 175 were women, and 75 men, their ages varying from 100 to 111. The greatest number in any one year, namely 48, occurred in the census year 1891, and here the proportion of the sexes is more equal, 27 women to 21 men. Doubtless, if a compulsory old age Pension Law is adopted, a larger proportion of old people will pass their century, and thus our descendants will be prepared for the increased age of man during the Millennium. Meantime, the inexorable doom of man is death; and as Malthus's statement that, while the means of subsistence increase in arithmetical ratio, the human race multiplies in geometrical ratio, cannot be controverted, we cannot but regard wars, epidemics, earthquakes, floods, accidents by sea and land, and so forth, as being necessary to the continuance of our race, however calamitous they are to the individual. This process of thinning down cannot be truthfully described as one which tends to the "survival of the fittest," for both accident and epidemic pestilence (*e.g.* the Russian influenza) do not select their victims from those least qualified in body or mind to continue "the struggle for existence." That capricious passion, Love, still mates

together persons who are ill-developed or even in a morbid state, and such couples rear children who are predisposed to illness from the moment of conception. I shall point out in the sequel how much may be done by the enlightened family doctor who is thoroughly "up to date" in knowledge towards the pre-natal prevention of hereditary disease, and the consequent improvement of each family.

IV.

And now we will briefly consider the hereditary characteristics of a few transmissible diseases, grouped after the manner indicated above (pp. 88, 89). The enumeration here made is not at all complete, but it includes most diseases which are regarded as hereditary in the present state of our knowledge.

Group A.

Goitre ; crétinism ; leprosy ; pellagra ; anæmia.

Group B.

Gout ; rheumatism ; cancer ; tuberculosis ; purpura ; hæmophilia ; diabetes ; cataract.

Group C.

Syphilis ; alcoholism ; morphinism ; abnormal sexuality ; hereditary criminality.

Group D.

Deformities, malformation, and abnormalities of structure or function ; left-handedness ; superfluous fingers or toes ; hair, teeth, nails, nævi and moles ; club-foot ; atresia vaginæ, hypospadias.

In addition we have another class of diseases in

Group E.

Various psychoses and neuroses ; neurasthenia ; deaf mutism ; epilepsy ; insanity in several forms.

Several other varieties of disease I have noted as transmissible which do not appropriately come under the above heads, such as colour-blindness ; amaurosis ; strabismus ; obesity ; varicose veins ; hydrocele ; cyanosis ; organic valvular heart disease ; psoriasis ; impetigo ; akrokeratoma.

Group A.—Of these diseases, goitre, the nature of which is too well-known to need description, is the most typical. Once well-known in England, and popularly called Derbyshire neck, from its prevalence in that

county, it is now rare. Its prevalence in Styria, the Altai Mountains, the Black Forest, and in certain valleys in Switzerland, is due to certain local peculiarities mentioned on p. 88. If both parents are goitrous the children are usually crétins, that is, idiots of a peculiar type. In Chiselborough, in Somersetshire, some years since, crétins were found. The crétin is stunted, with short and deformed legs, a large face, hypertrophied, wrinkled and yellow skin. The cranium is brachycephalic, reminding one of that of the cave man. *Post-mortem* examination shows that the cranial bones are thickened and without diploe, the sutures prematurely ossified, and the brain small, pale, unsymmetrical and infiltrated with serum. Crétinism is often associated with enlarged thyroid, and a medical observer living in a crétinous district can trace the successive steps of degeneracy from a slightly goitrous active worker down to a helpless crétin who is maintained by charity. Both these diseases illustrate the fact that the morbid results of an unhealthy environment may become hereditary. If you take a goitrous child away out of his native valley, treat his goitre with *iodine*, or *silica*, or *lapis albus*, and give him good food and a home on a plateau or airy mountain-side, he becomes healthy and shows no tendency to relapse. Healthy women who have lived in crétinous valleys during pregnancy, have borne crétinous children there, but after removing from those districts have had healthy infants.

Fortunately for their communities, crétins attain puberty later than usual, are usually impotent, and die about the age of thirty. Therefore, we may expect that in time, the heredity of crétinism will disappear, 1st, by emigration from the crétinous localities; 2nd, by improved sanitation, better food, and better family conditions; 3rd, by sterility of the adult crétins. In the town of Meyringen, where crétins formerly abounded, I made careful inquiry in 1891, and could only hear of one remaining.

Leprosy, which is even now a scourge in many parts of the world, and to which our attention has been drawn by the revelation of a leper in Smithfield, London, and by the recent missionary enterprise of that noble and devoted lady, Miss Kate Marsden, is both endemic and hereditary in each of its chief forms (*tuberosa* and

mutilans). I have seen this terrible disease in Norway (Bergen), in the Sandwich Islands (Honolulu), and in New Zealand. My opinion is that leprosy in all its forms is contagious and infectious, of slow incubation, and hereditary in a marked degree. The statements in Scripture amply confirm the modern views of leprosy. The originating cause of leprosy is believed by native tribes and by most medical writers to be due to exclusive fish diet, or a diet of rotten, or decaying, or fungous fish. In Norway, where the poorest peasants eat cod-fish raw, or imperfectly dried, this is the cause. Also in New Zealand, the Maoris living near Lake Taupo (North Island) eat a fish caught there which is thought to be unwholesome, and a number of those who eat it habitually become leprous. They are usually cured by the hot mineral baths in the Rotorua district.

In Polynesia, sporadic leprosy has existed for centuries, probably induced by insufficient and unwholesome food. For example, after a cyclone which destroys all the coconut trees, yams, and *kumara* on an island, the natives are reduced to a scanty supply of sea-slugs (*beche de mer*) shell-fish, and shark.

In China leprosy has existed from time immemorial. Eight varieties are to be found in that vast and over-crowded land, and the Chinese assert that the disease is handed down for four generations. As travellers know, every kind and sort of animal, fish, bird and insect is used for food in China, however unwholesome therefore we may assign the same cause to this plague in the Flowery Land. Yet Erasmus Wilson is of opinion that miasma is the true originating cause of leprosy, and he gives two very conclusive cases on p. 815 of Quai's Dictionary of Medicine, which corroborates his view, that from our own country where for thirteen centuries lepers existed, the disease has disappeared, owing chiefly to drainage of the marshes. But the "yellow man" is responsible directly for importing this pest into the Sandwich Islands. In Honolulu in 1887, I found absolute unanimity among the medical men on this point. Only in the kingdom of Hawaii (the correct name of the old fashioned Owhyee) are any *intelligent* and *thorough* measures taken to stamp out the disease. Married couples found to be leprous are sent to the

isolated settlement of Molokai, and the sexes segregated. Their children are placed in a comfortable home and school outside the city of Honolulu, and are kept under careful medical surveillance for from three to five years. They are then liberated, a means of earning a livelihood having been taught them, and blend into the general community, but they never see their parents any more. I could not find any case of absolute cure of a leper, though a secret Japanese remedy has good repute. The average life of a leper is from ten to twenty years. The new leper settlement in Siberia, will be modelled probably on the Honolulu model, and will do much towards lessening the plague in that dreary country. If the importation of Chinese labour could be at once and for ever averted, the Hawaiians believe that in less than twenty years this terrible scourge could be exterminated.

Anæmia is endemic in large towns, in mines and in factories, and is transmissible to the first generation following. Those who follow occupations which deprive them of the atmospheric air and sunlight necessary to health, who, if men, smoke often to excess from early youth, are always anæmic. Though this condition of the blood does not extinguish the power of procreation, it produces weakly *germ-plasma* in both sexes; and the conditions for a healthy pregnancy in the mill-worker, tailoress, seamstress, or dweller in the cellar-kitchens which still disgrace our civilisation, are wholly wanting. Here, then, is a mixed cause, both heredity and environment coming into play. Not a third part of these children, born anæmic and feeble, survive to adult age. The extinction of *hereditary* anæmia then is possible by improving the environment, and by mating an anæmic man with a full-blooded country girl, or vice-versâ. Often do we notice the great change in a rosy-cheeked lass after a year's domestic service in a large city. And the anæmic effect of neglected menorrhagia in one sex and spermatorrhœa in the other has to be taken into account.

(To be continued.)

ON SYMPHYSEOTOMY, OR THE DIVISION OF THE SYMPHYSIS PUBIS DURING LABOUR IN CASES OF CONTRACTED PELVIS.

BY GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic
Hospital.

I WISH to call the attention of my colleagues to a recent noteworthy addition to the obstetric armamentum, and which bids fair to be one of the most serviceable aids in the management of difficult cases of labour. This procedure is symphyseotomy, or the division of the symphysis pubis during labour, in order to enlarge the pelvic diameters, and to allow in cases of contracted pelvis of the delivery of a mature living child at term. The destruction of the fœtus by perforation or basilysis; or the induction of premature labour; or an artificially maintained sterility; or Cæsarian section itself; these may all be obviated where a narrowed bony pelvis is the cause of difficulty, and their place taken by a short, effective, and safe operation, which increases at once the safety of mother and child.

Professor Leopold, of Dresden, whose experience in these cases is second to none, and whose Cæsarian sections have been phenomenally successful, has recently, after performing symphyseotomy, declared that it will considerably limit the number of patients hitherto supposed only to be delivered by section of the uterus. From the great Vienna obstetric Clinic is reported a case in which, four years ago, Cæsarian section was successfully performed; but the patient again becoming pregnant, symphyseotomy was performed in place of the major operation, with a successful issue for both mother and child. From Pressburg is reported a case in which in two previous labours the patient had been delivered by perforation and destruction of the fœtus; but becoming pregnant a third time, symphyseotomy was successfully performed, and a mature living child delivered, the mother being discharged as perfectly recovered by the 26th day. Professor Zweifel narrates an instance where a patient presented herself at the end of the eighth pregnancy for operative delivery. Six times before had she been with difficulty delivered, but in each case the child was dead. Once only had a living child been born to her, the outcome of a spontaneous

premature labour. At the end of the eighth gestation, Zweifel divided the symphysis during labour, and delivered easily with forceps. The mother was able to walk without difficulty on the nineteenth day. The St. Petersburg Clinic publishes a case in which a patient delivered in a previous labour by perforation and the cranioclast, had symphyseotomy performed during the second delivery, resulting in the birth of a mature living child and the recovery of the mother. Both of Professor Leopold's cases strikingly exemplify the value of this method. The first was in a woman with a rachitic generally contracted pelvis; she had had three previous labours, but no living child. Forceps were used in the first and second labour, but the child on both occasions was delivered dead; and premature labour was induced the third time, also with the result of a fœtus dead on delivery. The fourth gestation was allowed to go to term, and symphyseotomy performed during labour; a mature living child was delivered, and the mother walked about quite easily on the 30th day. Leopold's second case was in a patient with one previous labour, delivery being effected by perforation, on account of a contracted pelvis. At the termination of the second gestation the symphysis was divided during labour, and delivery of a mature living child effected. The mother was discharged perfectly well on the 26th day.

Morisani, of Naples, has performed symphyseotomy in more than twenty cases without the loss of a patient, and the results in Paris have been similarly satisfactory.

In all cases of pelvic contraction that is not excessive, this operation considerably amplifies our resources in ensuring the delivery of a living mature child without any notable risk to the mother. Where forceps or version may ultimately, and with difficulty, deliver a dead child, symphyseotomy offers a more excellent way. When an artificial sterility is kept up, from dread of the risks of labour, this plan offers an effective method of delivery not marked by the barbarities of craniotomy or basilysis. And a case has already been cited in which an otherwise inevitable Cæsarian section has been replaced with excellent result by the milder operation of dividing the symphysis. The pubic joint, if kept immobile, soon unites firmly, and the patient recovers within the usual time-limits of the puerperium.

THE OPERATIVE TREATMENT OF OBSTRUCTIVE GROWTHS OF THE NASO-PHARYNX.

BY DUDLEY WRIGHT.

Surgeon for Diseases of the Throat, and Assistant-Surgeon to the
London Homœopathic Hospital.

(Continued from page 98.)

ENLARGEMENTS of the posterior ends of the lower turbinated bodies may take place to such an extent as to cause unpleasant symptoms. Should this enlargement be considerable, blocking of the nasal channel on one side or both may be the result, and the usual symptoms usually accompanying such a condition will then be present.

It may, however, happen that though they do not actually hinder the passage of air, they may, nevertheless, be the means of keeping up, or even the cause of, a pathological condition of the neighbouring parts, as, for instance, the Eustachian tubes. Such a contingency may call for special treatment of the enlargement.

It is oftentimes difficult to decide in any given case, whether or not one should have recourse to operative measures, and, knowing this, I have attempted to fix some special indications which should point out the best course for adoption, and the following are the rules which my own mind has formulated, and which guide me in the selection of the line of treatment.

If there be a complete blocking of the meatus, operative treatment of some form should be undertaken as soon as possible. If the blocking be only temporary or remittent, and there be at the same time symptoms pointing to Eustachian involvement, similar treatment should be adopted. If there be a moderate enlargement, and the symptoms slight and no Eustachian involvement, the use of medicinal remedies alone is indicated. In such cases it is as well not to inform the patients that there is any enlargement at all, for the majority have undoubtedly some neurotic symptoms, and to such the news will be anything but cheering, and may lead to their paying too much attention to their nasal condition, and as a result of this an undesirable aggravation of the condition. Having decided that surgical treatment is necessary, our selection of a method is one which entirely depends upon the form of the enlargement.

At times the overgrowth assumes a distinctly peduncu-

lated character, and forms a mulberry-like tumour resting on the upper surface of the soft palate just at the entrance of the choanæ. Such growths may sometimes be completely dispersed by means of pressure applied by the point of the index finger passed through the mouth into the posterior nares. If they do not disappear with simple pressure, a loop of the galvano-cautery snare may be passed through the nostril to the back of the pharynx, and then slipped over the growth by the finger in the same position, and then drawn tight and the included mass burnt off. In other cases the thickening is not amenable to such treatment, and then it becomes necessary to burn it with the galvano-cautery from the posterior nares. As this procedure is a little difficult, I will give a brief account of the plan I pursue.

Thorough anæsthesia of the parts having been first obtained by means of painting the naso-pharyngeal space and the structures at the entrance of the posterior nares with a 20 per cent. solution of cocaine, a self-retaining palate retractor is placed in such a position that a good view is obtained in the rhinoscopic mirror of the whole of the parts to be operated on, and the patient is directed to hold the tongue down with a depressor which is put into position by the operator. A suitably bent electrode is then introduced through the mouth into the post-nasal space. This having been accomplished, the rhinoscopic mirror is lastly put into position and the electrode guided to the various parts which need cauterisation by means of the view so obtained. Two or three punctures on each side may be made at each sitting, which should be at intervals of about a week, rarely more than four sittings being required. The raw surfaces caused by the burning quickly heal up without any local treatment, and the scar contraction which follows leads to the diminution of the size of the growth.



Fig. 1.

The foregoing drawing illustrates the condition of a patient in whom I adopted this treatment. He was 24 years of age, and had complained for some years of intermittent attacks of deafness and a dry burning sensation in the post-nasal region. As seen in the illustration, there was a marked hypertrophy of the ends of the lower turbinates, and there were furthermore signs of chronic inflammation of the mucous membrane of the naso-pharynx. The patient came to me indirectly through Dr. Wilkinson, of Bolton, where he resided, and his ailment was probably greatly brought about by excessive indulgence in cigarette smoking and the habit of expelling the smoke through his nose.

Ordinary mucous nasal polypi may in their growth tend to pass into the post nasal space, though their tendency is rather to crowd towards the anterior parts of the nose.

The subject of Fig. 2 was a patient aged 69, who for many years had suffered from complete nasal stenosis and severe headaches.

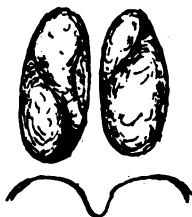


Fig. 2.

Both nasal passages were filled with gelatinous polypi, which needed some sixteen sittings for their complete removal.

Such growths can generally be dealt with from the front alone, but if they should project far into the post-nasal space, the assistance of the finger behind the palate may be required to slip the noose over the pendulous growths.

The simple form of naso-pharyngeal polypus is a growth composed of myxo-fibromatous tissue, and as there seems to be some misconception of the nature of a fibrous polypi of the naso-pharynx and a fibrous tumour of the same region, it might be well to give in a tabular form the broad distinctions between the two.

naming the former a myxo-fibroma and the latter a recurrent fibroma.

MYXO-FIBROMA.

1. Springs from any part of naso-pharynx, but usually from parts around the choanæ.
2. A pedunculated growth.
3. Tendency to hang down behind the uvula.
4. Grows fairly and rapidly.
5. Occurs in either sex, and not particularly associated with any age.
6. No tendency to bleed.
7. No effect on the general health.
8. No recurrence when completely removed.

RECURRENT FIBROMA.

1. Usually arises from basilar process of the occipital bone
2. A sessile growth.
3. Tends to spread in all directions.
4. Grows more slowly.
5. Nearly always in the male sex, and usually at puberty.
6. Hæmorrhage a marked symptom.
7. Semi-malignant in character.
8. Complete removal difficult, and hence frequent recurrence.

Figure 3 depicts the condition of affairs met with in the case of Mr. V——, sent to me by Dr. Blackley. The patient was aged 32, and had suffered from nasal obstruction for nearly four years.



Fig. 3.

Nasal respiration was not markedly obstructed though the speech had lost its normal resonance. The patient was in a nervous state bordering on melancholia, and was under the impression that he had cancer. Digital examination proved that the growth arose by a single pedicle from the region of the lower turbinate, and that it was fairly movable on the pedicle. There had never been any hæmorrhage. An attempt was made to remove it with a snare through the anterior nares, *cocaine* having been previously used, but as there was considerable diffi-

culty in adjusting the loop, recourse was had to *chloroform*, and the difficulty was then overcome.

After removal of the tumour, which was of the myxofibromatous variety, the patient rapidly regained his spirits, and was able to return to his business. He has lately been seen (18 months after the operation), and there has been no return, and he enjoys perfect health.

In some cases such as this it is possible to remove the tumour by catching it with forceps introduced through the mouth, and then, by rotating these, to twist the pedicle until it is broken through; but I have never myself performed the operation in this way, and cannot, therefore, give my experience of it.

The operative treatment of the more serious form—the recurrent fibroma—is one of considerable difficulty, and for its complete removal may need a somewhat extensive division of the bony structure of the face. The consideration of both this disease and its congener, sarcoma of the naso-pharynx, would, however, scarcely come within the limits of this present paper.

ON THE VALUE OF DRUGS AND SCIENTIFIC MEDICINE.

By EDMUND ALLEYNE COOK, L.R.C.P.

IN *The Practitioner*, of January last, is an article by Dr. Samuel Wilks, on "The Value of Drugs," which is one of the frankest statements of belief and opinion which has of late years appeared; and I feel so heartily at one with the author when considering the matter from his standpoint, that I am eager to applaud. Even when he states, "like others, I prescribe medicines for all my patients, for I found that if I did not, I failed to receive my fees," I see something of excuse, for he does not prescribe for *mens sana in corpore sano*, but the very reverse, and it is very legitimate to consider charitably the mental state, the obliquity from abstract justice which the patient may possess, and which may affect the case adversely. It would be useless to endeavour to set this right by argument while the bodily state continued wrong, and when health had resulted from the judicious advice given, the patient himself would be the first to admit the tact and acumen,

and the justice of the course of action which so well contributed not to disturb progress.

After stating with the utmost frankness his belief in the non-efficacy of most drugs as commonly prescribed, he says, "I might say in speaking of true and well-established remedies, that our knowledge of them has been mainly empirical, their mode of action being often unknown. I should still maintain, however, that our mode of using them is scientific, if we can say from long observation that their administration is indicated in particular cases by special circumstances." Now, the dictionary meaning of empirical is "by experiment," "in the manner of quacks," and I am so thoroughly persuaded that the non-scientific administration of medicine deserves this term that I am overjoyed to see so distinguished a man admitting it; but when the author has delivered himself of that which he cannot approve, he says, "If a patient have a chronic disorder which is slowly progressing towards the inevitable end, and a medical man steps in with a certain medicine, and soon afterwards the downward progress is arrested and is followed by a complete restoration to health, there can be no doubt that the remedy and the recovery stand in the relation of cause and effect—of course, I mean when the observation extends over a sufficient number of instances." I echo the opinion, I agree entirely. But why has not Dr. Wilks become a homœopath? This which he delivers as his belief is precisely the belief of homœopaths, and later on he declares the homœopathic mode and practice to be easily acquired; he surely must have admirable reasons for continuing to practise according to the method he so cynically decries, and not taking the easier mode. If there were nothing more scientific than the medicine he describes, I for one should have to quit the practice of my vocation rather than feel the humiliation of contributing to the continuance of so unsatisfactory a state of matters.

I have said that the canon he enunciates is the very belief of homœopaths, and on it all their prescribing is done. Now is it easy? Let me indicate the trial of a single item of treatment, and try to make plain how hard it is to get a single undoubted fact in scientific medicine. A person, X., with no noxious habits, in fair health, with

a calm temperament, and in active work, changes no habit but one—he commences drinking three pints of hot water per day. He consults literature in this matter, and finds detailed statements of the effects of such treatment. The effects on himself do not correspond with those narrated. He finds, for instance, that with no other conscious change of habit in any way, he has now diarrhœa where he had before regular evacuations, and no mention is made of such effect on others. He sits down to consider, and states the case to himself, analyses this simple act. He has taken three times daily in sips, one pint of water as hot as possible on an empty stomach; he finds the water to be 147° F. Now here are two factors, water and heat—which has caused the change. He takes the water at a lower temperature; the effect is much the same. He ceases; the bowels resume their normal. He commences again, and the diarrhœa does not return. But after some time the bowels get again deranged, and this alternates to his confusion, till he finds on further enquiry that sometimes the water is delivered to him after boiling and cooled by standing; sometimes it has been heated up to his required temperature only, and sometimes it has been cooled by the addition of cold water. Now he has three more factors each capable of giving different effects, and his duty to himself as an accurate administrator is to find out the cause of this variety he has noticed. Now he considers what is he taking? Surely but little consideration is required here, water it is and always has been. Ah! but do not waters vary? And all this time has he not been taking a solution of lime salts pretty uniform in composition, unheated, but varying with the way the temperature was produced, and his results, so far as they relate to the action of hot water on a human being with an empty stomach, are utterly untrustworthy, and he must begin *de novo* with his two factors, water and heat—hot, distilled water; and only then, and when he has analysed the results with much heat, and but little heat, is he entitled to say he has got anything like a result approaching the very name of scientific. At the time of his second amended procedure his daily worries beset him, his varying emotions upset him, and unless he has a bulldog tenacity of purpose he will give up his idea of finding a scientific

answer to a question of so simple a nature as this. The answer to the question, What is the physiological action of a given substance on a living being? to be scientific must depend on the being not being susceptible to unknown changes or the action of other causes of change, and such a condition is impossible to get in any one being, and even more impossible if that being be unhealthy, and the result will never be scientific if the experiment be tried on numerous unhealthy subjects, and, therefore, the results of a medicine on a patient are not scientific even if they be repeatedly obtained many times; they may be right empirically. Nothing can approach the scientific unless it be repeatedly produced on healthy bodies; and then only the average of the results can be taken as approximately correct. It is true that if a given diseased condition be repeatedly relieved after the administration of a given medicine, these two may be taken as cause and effect, but only to be relied on under all the special conditions, and these special conditions must every one be taken into account for the knowledge to be scientific. How easily a small but essential fact may be left unconsidered, and thus disappointment and invalidation result on future occasions, seemingly similar, is shown in the instance of water administration I have given; and since homœopathic practice is the only one which goes deeply into minute conditions, and the more minutely it goes the better the results, how is its practice easy? How can it ever be so? And how can any other practice hope to approach anything like a science? Consider any disease recognised as an entity, such as gout for instance. The allopath says he prescribes for the disease, and it is unscientific to prescribe for the symptoms only, as they arise; yet for this one disease, believed to have one definite cause, there are a hundred different remedies. Science would say disease gout, remedy one, as the disease. Why has the allopath a hundred? Why does one act now and not then; why must he always change? Why, in desperation, does he load up with a full charge of sixteen or twenty and fire a broadside into the patient in blind hope that one will hit? Is that scientific? He knows there is some reason, there must be some reason, why the remedy effectual in one case fails in the next, though they are both gout;

and the cases group themselves, divide and sub-divide into classes, and he has to admit that gout varies, that the only test of its varieties is the symptoms. Infinite in variety are the symptoms, and while we do not adapt our medicines to them, infinite will be our disappointments, and it is only by noting effects of medicines on the healthy, and collecting cases, that we can hope to arrive at a scientific basis.

The healthy individual is healthy because his body contains nutrient material in due proportion to its needs, and supply and consumption are also proportionate. A man presents himself to us declaring he is out of health. Why is he so, and how has he become so? Certain broad definite principles must be considered. Did he present himself and declare he had taken poison we should at once set to work to rid him of the material; his discomfort would be ignored till that was done. And if a man present himself with the declaration that he has eaten too much, or drunk too much, or smoked too much, he is no whit different to the poisoned man, he is poisoned by his own productions, and you must rid him of those in the first place, that is the first principle of scientific treatment. How? It is quite true you cannot treat a living being as you can a laboratory vessel containing an experimental mixture, but you can learn something from laboratory ways of the means of removing evil contaminations of physical character. If in the laboratory a precipitate contains matter we do not want we wash it out; if in the process we must lose some of the precipitate we value, so much the worse, but the washing goes on nevertheless; and with a living body, certain it is that all elimination processes cure disease. Certain it is that recovery from disease is preceded by elimination. Some unreflecting medical persons assert that too much metamorphosis of tissue goes on in acute diseases, and true treatment should check it. Nature having had a practical training at the work, and being no theorist, proceeds vigorously, may need support when the fever rises high, but cannot need check. *Somehow* the elimination *must* proceed, and it can only be a question for interference when the process endangers life, and then every dose of medicine you put into the patient, which fails in its effect or overdoses the being, becomes a poison; that is to say, you

may treat him with what is often a purgative, but may not be so in his case; by what is often a diuretic, but may not be so in his case; by what is often a sedative, which may only irritate him; or by all three or more, and you may only poison him the more. Is that scientific treatment? And is it any excuse for it to assert, "Oh! these remedies succeeded in the case of Mr. Previous Patient, whose health is wonderful now." No doubt it is, and his heartiest thanks are due to God, who preserved him through many dangers, for it might well have been otherwise. I remember reading somewhere of a case to which Hahnemann was called, which still suffered after much previous treatment, and all he ordered was water, much water—waiting, watching, water—and only after many days did he put out his hand to administer medicine. I recognise science in this at once—a first step in scientific treatment, and the man capable of taking it is surely likely to be scientific in further treatment if he pursues it.

Regarding the multitudinous remedies almost weekly brought forward for use in disease, there is some excuse in our eagerness to try them, and the excuse is greater the less scientific our treatment; but scientific or not there are, as we all know, cases in which our known remedies as used are powerless, and life is sweet, and its possessor would consider our duty unfulfilled if we neglected to consider gravely every new remedy which promised, or has been asserted, to give success, and the less the therapeutic light we have the more we accept them.

Gradually the light is breaking over the physical science of the day, and it is a received belief that tenuous minute actions control the most powerful forces. Gradually the belief is growing that our recognition of states of matter has been coarse and incomplete, and if we would get further into truth we must accept a doctrine of infinitely fine action. This was urged in medicine half-a-century ago, and has been scoffed at ever since, but still the doctrine lives. In dealing with the finer forces our powers of differentiation must increase, or we fail in our accuracy; our patient study must increase for there are so many sub-divisions, and, therefore, homœopathic prescribing can never be easy, or, if honestly worked at, popular to the medical

mind. Let us suppose that a patient homœopath attain so great a skill that when a case presents itself, which would under ordinary circumstances be an illness of three or six weeks or more, he can with a single dose produce a cure. The patient is very likely to think within himself that he was in too great a hurry to consult his medical friend, and matters would have gone equally well without him, and therefore there has been a dead loss of the single fee paid; while on the other hand, had the case taken its ordinary course there would have been fees innumerable, and finally much gratitude for a recovery brought about by clever treatment. Is the patient subjected to the single dose likely to believe it is worth all the money, and more than the gratitude he would expend in the other case, for he has been spared pain, and loss and inconvenience? How is such an ideal practitioner of medicine as that to live? how provide for the feeding of the family—a prime duty of man? The world is not worthy of him. He would live before his time if he comes now. Nevertheless, he will come, because he will belong to the only profession in the world which sacrifices private interest for the benefit of humanity, and there exists every sign that he will go on doing so, and find satisfaction in the doing. By all means let us live for humanity, but let us also find some means of getting something to eat.

CASE OF CONVULSIONS TREATED BY CICUTA VIROSA.

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

On the evening of Dec. 16, 1892, I was hurriedly sent for to see a little girl between 3 and 4 years of age who was in a fit. On arriving, I learnt that the child had been strongly convulsed for about three-quarters of an hour. She had been placed in a hot bath without any benefit; the convulsion seemed only to become more violent. I could find no cause for the attack. She had always had good health and had never had any fits; teething was well over; no worms had been observed or any symptoms that pointed to them. The house was at a bakery, but so far as known there had been no

error in diet. It was obvious that no treatment could be based on any presumed cause, and that the character of the convulsion must be the indication for the remedy. The head was drawn to one side, so that the chin pointed to the left shoulder, and the eyes were directed to the same side; there were violent clonic spasms of the muscles about the mouth, most marked on the left side, of the muscles of the left side of the neck, and of the left arm and leg. The spasms were violent and affected the coarser movements. At the same time there was considerable tonic spasm of the muscles of the back and neck, and to a less extent of those of the thighs and shoulders. Fæces were passed twice. Respiration was not sufficiently affected to cause much lividity, though the convulsions had continued about three-quarters of an hour. There was complete unconsciousness. While I was watching the child and considering what medicine to give, the head and eyes from being directed to the left gradually turned over to the right side, and the clonic spasms of the left arm and leg ceased and passed over likewise to the right side, as did also the twitching of the mouth. They were as violent on the right side as they had been on the left, which was quite passive. It suddenly occurred to me how extremely similar the attack was to that which was caused in a little girl last June by eating some of the tuberous roots of the *cicuta virosa*, and which I reported in the September number of the *Monthly Homœopathic Review*.

The principal points of similarity were—(a) the violence and character of the clonic convulsion; (b) the admixture of tonic with clonic spasm; (c) the passing over of the clonic spasm from one side of the body to the other. I had with me a tincture made by macerating in spirit some of the tubers gathered last June at the same spot as those which poisoned my former patient, and mixing four drops of it in a tumblerful of water, I succeeded in getting two teaspoonfuls swallowed. In about a minute the clonic spasms began to be less frequent; though the movement was as great there was a longer interval between each spasm till in about three minutes they had ceased altogether, and the child lay quite quiet with the breathing rapid and shallow with stertor. Every minute or two the breathing became still more embarrassed, and a good deal of lividity occurred, to be

followed by less embarrassment and improved colour. This condition continued about 20 minutes, the breathing improving a little, when there began to be choreiform movements of the right arm of a half-purposive character, and with imperfect attempts at articulating. With this there was a drawn expression of the face. Apparently the condition was one of attempted movement and speech hindered by tendency to tonic spasm. For this I gave a dose of *hyoscyamus* 3x, and the child soon sank into a quiet sleep, from which she awoke in two hours conscious and herself. There were no more convulsions, and though there was fretfulness and malaise for a few days, her usual good health was soon regained. I report the case as being a good illustration of the working of the homœopathic law, and as an example of the kind of convulsion in which *cicuta* is likely to prove serviceable.

Ventnor, I.W.

NOTE ON CARBO VEGETABILIS.

By ALFRED PULLAR, M.D., Ed.

WHILST our materia medica is being enlarged by new acquisitions from time to time, we are apt perhaps to overlook the virtues of old and well-tried remedies. Amongst the latter we find some medicines recognised as useful within a comparatively limited range which, however, by no means represent the full extent of their therapeutic power. This is certainly true of *carbo vegetabilis*, a remedy associated chiefly with digestive derangements, but also capable of much wider application. My present purpose is to indicate briefly some phases of its deeper action, which appear to me to have been imperfectly utilised in practice. I refer to its therapeutic effects in adynamic conditions, especially when associated with affections of the respiratory organs. Several years ago I prescribed *carbo veg.* almost as a *dernier ressort* in a case of bronchitis, and the result was so remarkable that I have since always used it in similar conditions and with an equal measure of success. My patient was a lady aged 74, who had been delicate for some years, and was now prostrated by a prolonged attack of bronchitis involving both lungs,

and accompanied with profuse expectoration, harassing cough and orthopnoea. The remedies usually indicated in such cases had failed to afford more than partial relief of the bronchitic symptoms which persisted; the respiration became weak and superficial, the pulse thready, and the patient was apparently sinking. I now prescribed *carbo veg.* (in trituration) which in a few hours initiated improvement in the whole condition, this being steadily maintained, until the patient ultimately made an excellent recovery.

This clinical experience taught me that in such cases of threatening collapse, we have in *carbo* one of the most valuable remedies, and I have repeatedly confirmed the observation. In one case in which paralysis of the lungs seemed impending, the favourable effect of the medicine was most marked. I find it also serviceable in phthisis of low type, in some cases of asthma, dilated bronchi and emphysema.

The medicinal powers of charcoal are, as we know, developed only by prolonged trituration, and therefore I think it is preferable in that form. The careful trituration of such substances, is a most important matter on which indeed our therapeutic results largely depend.*

It is difficult, I admit, to find any satisfactory explanation of the effects of potentised charcoal,† and certainly the provings do not throw much light on the subject. But in the absence of a precise *rationale* of its action, the clinical facts remain to attest the value of the remedy. It seems to have what I would term a vitalising effect in cases such as those to which I have referred. In the words of Hahnemann the potentised medicine "penetrates into the inner vital sphere." This may appear too indefinite for those who demand scientific precision in therapeutics. Yet we may well be content—for the present at least—to accept facts clinically proven, leaving the student of molecular phenomena to thrash out the subtle problems of pharmacodynamics in the light of modern science.

* I have for some time past prescribed the sixth centesimal trituration made by Mr. H. Turner, of Norwood.

† Unless Dr. Cooper would admit that the so-called "growth force" may be stored up in the wood in the form of potential energy.

REVIEWS.

Recollections of Gibraltar and Morocco. By Dr. MORRISON.
London: E. Gould & Son. 1898. 66 pp.

THE story told in these boldly printed pages is that of a visit in search of health paid by the author in the spring time (of last year?) to the above mentioned places. We conclude that Dr. Morrison, in spite of a few inconveniences and some discomforts, thoroughly enjoyed his visit, and we hope he also profited thereby in health. The traveller was, happily, not too ill to make very good use of his eyes and ears, and his record is easy and often amusing. The narrative is racy reading, and although the style cannot be called *recherché*, it is doubtless suited to the pages of a country newspaper, in which the "Recollections" first appeared. One or two blemishes of the book may perhaps be excused on the same ground. For instance, the somewhat pedantic manner in which readers are informed how to spell and pronounce one or two foreign names contrasts unfortunately with the misspelling of several common English words which have escaped correction. Another error into which the author has fallen surprises us. "The adherents," we are told, "of that creed (Mohammedanism) outnumber the believers of Christianity by many millions." As a matter of fact, the followers of Islam number about 178 millions, while professors of the Christian religion are estimated to be about 415 millions in number. Of that total the members of the Roman Catholic Church alone contribute some 195 millions.

A few sentences about the climate and the diseases of Morocco bring Dr. Morrison's narrative to a close.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held at the London Homœopathic Hospital on Thursday, March 2nd.

The following gentlemen, having been duly nominated, were elected members of the Society:— Drs. E. R. B. Reynolds, (London); C. E. Waddington, (Bradford); S. H. Woodgates, (Exeter).

DR. WIELOBYCKI'S CENTENARY.

It is not often in the ranks of the medical profession that we are able to congratulate one of its members

on having attained the great age of one hundred years. To Dr. Wielobycki this distinction belongs, and the various societies with which he has been connected during his long and useful life, have been vying with one another in their desire to do honour to the occasion. Dr. Severin Wielobycki graduated at Edinburgh in 1841, and after a time settled in practice in England. In 1852 he was elected a member of the British Homœopathic Society, and became an active member of that body, regularly attending its meetings and reading papers before its members. It was therefore felt that the British Homœopathic Society might with due propriety offer its congratulations to the oldest living exponent of the law of similars in the world. The society therefore appointed a deputation, consisting of its president, treasurer and secretary, to draw up and present an address to their late colleague. Dr. Wielobycki having expressed his willingness to receive it, the officers of the Society, accompanied by Mr. Cameron (the only surviving original member of the society), Dr. John H. Clarke, Dr. Washington Epps and Dr. Jagielski, waited upon their distinguished colleague and presented the following address:—

“DR. SEVERIN WIELOBYCKI,—The British Homœopathic Society desires to congratulate you on the attainment of the great age of 100 years. When, after obtaining your degree of M.D. in Edinburgh, and practising for a few years in Canada on the old system, you became a convert to Hahnemann's doctrine, you settled in London as a practitioner of homœopathy, and joined the British Homœopathic Society, of which you became an active member, and to the transactions of which you contributed a valuable article on an obstetrical subject, which is preserved in the 12th vol. of *The British Journal of Homœopathy*.

“Though, owing to your great age and virtual withdrawal from medical practice, you have long ceased to be a member of this Society, we do not forget that you were the associate of some still living members, and we have great pleasure in cordially congratulating you on having attained a length of years seldom accorded to man. Born three years before the promulgation of the homœopathic therapeutic law by Hahnemann, you are doubtless the oldest living representative of homœopathy in the world.

“While warmly congratulating you on the remarkable health and vigour that have hitherto attended you, we trust that your life may yet be long spared to enable you to pursue the philanthropic work of promoting temperance by precept and example, to which you have devoted yourself since retiring

from medical practice, and in which, notwithstanding your patriarchal age, you still take a lively practical interest.

(Signed) " J. G. BLACKLEY, *President*.
" R. E. DUDGEON, *Treasurer*.
" C. KNOX-SHAW, *Secretary*.
" HUGH CAMERON.
" VICTOR JAGIELSKI.
" WASHINGTON EPPS.
" JOHN H. CLARKE.

" London, Feb. 18, 1898."

CLINICAL EVENING.

The evening was devoted to the exhibition of a number of cases of considerable interest.

Dr. ROBERSON DAY showed a woman exemplifying, in a typical manner, the characteristics of myxedema; he proposed treating her with thyroid extract and showing her again later on. He also presented a small child with well-marked pemphigus, which he did not consider to be of syphilitic origin. Up to the present the disease had not yielded to treatment. The child had only been under treatment a short time and had taken *mercurius*, *cantharis* and *rhûs*.

Dr. GALLEY BLACKLEY showed a woman aged 55, who had suffered from elephantiasis arabum for thirty years. She was in the London Homœopathic Hospital two years ago. Beyond difficulty of locomotion the growth gave her no trouble.

Dr. BLACKLEY also showed a young man aged 20, who was admitted into the hospital with what was supposed to be pleurisy. A swelling appearing in the right loin was opened and pus evacuated. The man made a perfect recovery, and Dr. Blackley considered the abscesses to have been in the posterior mediastinum not penetrating the pleural cavity.

Dr. BYRES MOIR exhibited a case of continuous irregular action of the heart in a labourer aged 42. He remarked that it was analogous to those cases lately brought to the notice of the Society in a paper by Dr. Dudgeon.

Dr. JOHN H. CLARKE showed a child convalescent from acute rheumatism who had been treated with *mercurius vivus*.

Mr. DUDLEY WRIGHT showed an elderly man suffering from syphilitic ulceration of the tongue; the case was under treatment and was making good progress under *nitric acid*.

A microscopical specimen was also exhibited by Mr. WRIGHT of the *Anchylostomum duodenale*, a parasite of the order Nematoda. The worm infests the duodenum and is the cause of the disease named Egyptian chlorosis. The present specimens had been obtained from prisoners in a jail in India.

Dr. EDWARD BLAKE demonstrated an ideal treatment of urethritis in the male, in which he advocated, in addition to

drug treatment, perfect rest, abstinence from alcohol, reflux injections; the securing free drainage by enlarging meatus, and a careful search for intra-urethral chancre.

Dr. NIELD brought forward a young woman suffering from a very advanced condition of enlargement of the cervical and axillary glands; they had, in a few places, begun to suppurate. A few months ago she suffered from such excessive œdema of the arm and so much constitutional disturbance, that her life was despaired of.

Dr. EDWIN A. NEATBY exhibited a young woman, the subject of lupus of the foot. Before coming under Dr. Neatby's notice, she had been treated at other hospitals and had been operated on several times. She had been put upon *tuberculinum* 30 (Koch's) and since that time the progress of the disease appeared to have been arrested and considerable repair had taken place.

Another case shown by Dr. Neatby, was that of a little girl with a very marked and prominent exostosis of the left humerus. The growth appeared to spring from the anterior bicipital ridge.

A pathological specimen obtained from a fatal case of gastric ulcer, was exhibited by Mr. GERARD SMITH. Laparotomy had been performed on a diagnosis, opposed by Mr. Smith, of volvulus. The post-mortem showed that there had been a previous perforation from which the young lady had recovered.

Dr. GOLDSBROUGH showed a man aged 35, suffering from a large tumour occupying the right side of the abdomen. There had been a previous history of hæmaturia, which had ceased for about twelve months. Dr. Goldsbrough was of opinion that the tumour was of renal origin and probably sarcomatous.

Mr. KNOX SHAW exhibited a boy who had been admitted into his ward with headache, apathy, vomiting and double optic neuritis, following a blow on the back of the head. An occipital swelling which existed was opened and pus evacuated. The bone of the skull being in a state of osteitis, it was trephined, and sub-dural suppuration was found. He made a perfect recovery, and when discharged had lost his optic neuritis.

LIVERPOOL BRANCH BRITISH HOMŒOPATHIC SOCIETY.

At the usual monthly meeting, held on Thursday, March 9th, the evening was devoted to the consideration of clinical cases, medical reports, &c.

Dr. HAWKES showed under the microscope some well-marked

granular tube-casts, in the urine of a woman suffering from acute nephritis, for which no reason could be assigned.

He also exhibited four patients: (1) A girl, 16 years of age, just convalescent from an attack of purpura; (2) A case of multiple adenoma in a man 50 years of age; (3) A patient, aged 50, showing well-marked late rigidity, following an attack of right-sided hemiplegia; (4) A similar case in a man aged 48, where the apoplectic attack had supervened a week after a fall from a bicycle.

Dr. CHARLES HAYWARD brought in a patient upon whom he had performed amputation through the thigh some months ago. He was wearing a wooden leg that could be flexed at will by means of a spring. The artificial limb was made slightly shorter than the sound one, in order to prevent the habit of sweeping the leg outwards in walking: a habit not easily remedied when a more elaborate appliance comes to be used.

Dr. CAPPER showed a little girl, 4 years of age, with a well-marked area of dulness extending over the hypogastric region, the left lumbar, and both iliac regions; especially on the left side. There was no hepatic enlargement, and no tumour could be felt on palpation. The general opinion was that the dulness was probably due to the presence of a parovarian cyst.

He also showed a very good specimen of intussusception of the bowels which had occurred in a child 5 months old.

Some further cases of minor importance were related and discussed, and at the close of the meeting Dr. Charles Hayward drew attention to the analyses of well-known patent medicines, which have been published during the last year in the pages of *Hygiene*, and are now printed in two small volumes.

PERISCOPE.

MATERIA MEDICA.

PLUMBISM. — Dr. E. A. Weil, of Lyons, reports five cases of painters' colic successfully treated, in from three to five days, by a glassful of olive oil administered each day, which not only caused copious motions, and coincident upon them gave great relief, but previous to the passage of stools it had a soothing effect on the digestive tract, and at the same time the muscular and articular pains, cutaneous anæsthesia, headache and vertigo disappeared.—*Med. Week.*

TYMPANITIS IN TYPHOID FEVER.—Dr. Nealy remarks that in these cases the distension of the intestines by gases may

constitute a grave and fatal complication, which may be relieved by an enema of hot water, three ounces; *glycerine*, two ounces; *oil of turpentine*, thirty minims; *chloride of sodium*, one ounce.—*Med. Week.*

Under the title, "Clinical Items" and "Selections," in the *California Homœopath*, July 1892, we gather the following:—

EUCALYPTUS in pulmonary gangrene, with extremely foetid breath, cough, dyspnoea and fever, tubular respiration and crepitant râles, black and very offensive sputa; the patient was first put upon a mixture containing *carbolic acid*, but no improvement following, tincture of *eucalyptus* was given, and in less than two weeks the patient was cured. Reported by Dr. Bonamy.—*Le Courier Med.*

GRINDELIA.—In the secondary stages of bronchitis and pneumonia this is a very useful remedy; the cough is loose and rattling, the chest is seemingly full of mucus, yet so tight that the patient is unable to raise the mucus; coughs following the *grippe*.

KALI PHOSPH.—Very satisfactory results in cases of muscular and accommodative asthenopia, and inco-ordination of the ocular muscles, especially from defective innervation.

SABUL SERRULATA is reported upon, but this will be noticed in connection with observations by others in our next number.

MULLEIN OIL, in three to five drop doses three times a day, is recommended for "enuresis nocturna," especially chronic cases; and the same remedy for earache and deafness, two to five drops put into the ear, or applied on cotton once or twice daily.

KALI SULPH., for acute and chronic suppurative inflammations of the middle ear, when the discharge is thick, and contradistinctive to *silica*, which is better when the discharge is thin. *Kali sulph.* is also recommended for abscess of the cornea, and superior to *kali mur.* in cases of pus in the anterior chamber (hypopion), two or three cases of this nature having been cleared up with promptness by the 3x dilution.

KALI MUR., as an important remedy in many forms of keratitis, whether from idiopathic or traumatic causes, especially when the cornea is flecked over a large extent of its surface with light deposits; the 6x dilution of the medicine was given. The same remedy, in follicular pharyngitis, with tough, tenacious secretion and cough, temporarily relieved by removal of the clinging mucus after great effort, and in this respect more frequently useful than *kali bichromicum*.

FERRUM PHOSPHORICUM.—Of great value in all acute and many chronic inflammations of the conjunctiva, and during the inflammatory stages of optic neuritis. In some affections of

the ears marked benefit has resulted from its use, in diffuse inflammation of the external auditory canal, and in acute inflammation of the middle ear, whether catarrhal or suppurative, especially when the membrane of the drum-head is dry and its vessels engorged. In catarrhal inflammations of the nasal, pharyngeal and laryngeal mucous membrane, with evening hoarseness, this remedy is recommended.

MAGNESIA PHOSPHORICA.—Much good, as the result of a limited experience, is expected from this medicine in hyperæsthesia of the retina, with flashes of light and black specks before the eyes, together with general nervous excitability. In epidemic cough, with symptoms resembling *phosphorus*, *arum tryphil*, *causticum*, but where these medicines had failed *magnes. phos.* the 6x dilution cured.

SILICA is also reported upon as a valuable remedy in otorrhœa, with a thin, ichorous and offensive discharge, and for chronic inflammations of the middle ear with tendency to bone destruction.

SENECIO, for amenorrhœa with profuse leucorrhœa, nervousness, headache and malaise, debility, &c.

CINNAMON is alluded to as an efficient remedy for hæmorrhages, bloody urine, excessive menses, and also for spasmodic gaping.

[NOTE.—The foregoing abstracts are largely of a general rather than of a particular and definite character, and while they are very suggestive of therapeutic needs, they nevertheless do not come up to the full requirements of homœopathy, and should only be borne in mind as such.]

POTASSIUM PERMANGANATE IN PHOSPHORUS POISONING.—Dr. Bokai (*Bull. Méd.*) has found a solution of *potassium permanganate*, two to five grams in 1,000 grammes of water, to act as a chemical antidote. The oxygen of this compound is liberated and unites with the phosphorus to form ortho-phosphorus acid, which is innocuous. Experiments on dogs have demonstrated the efficacy of this treatment.

ARGENTUM NITRICUM.—Dr. F. T. Allen regards *argentum nitricum* as a valuable remedy in catarrhal affections of the throat in smokers. The fauces are generally dark red, there is much tenacious mucus, and a sensation as if a splinter were lodged in the throat.

In the vocal troubles of public speakers and singers it is indicated by laryngeal rawness and soreness when coughing, hoarseness, viscid but not stringy expectoration, slightly grey in colour, jelly-like or similar to clear boiled starch. The soreness is present when talking but not when swallowing.

SULPHONAL.—Kast (*Arch. f. exp. Path. u. Pharm.*, 81, I), from a study of the published cases in which poisonous effects

have followed the use of *sulphonal* for a prolonged period; gives the following as characteristics of the condition of chronic poisoning by the drug: (1) Disturbances of digestion, as vomiting, diarrhoea, or constipation; (2) of the nervous system, as ataxy and feebleness of the limbs, ptosis, and ascending paralysis; (3) ischuria, oliguria, and sometimes albuminuria, or the presence of hæmatoporphyrin. These are the chief signs. Kast is of opinion that a cumulative action of the drug produces, instead of a transitory diminution of the nervous excitability, a permanent depression thereof, just similar to that caused by a single large dose. He finds that the dose best calculated to produce a hypnotic effect is about 80 grains for a man and half the quantity for a woman. These quantities should be the maximal daily doses. He advises also that an interruption should be made from time to time in the use of the drug, so as to ensure its elimination. Loss of appetite, vomiting, or pains in the stomach he regards as indications for the immediate discontinuance of the remedy.—*British Medical Journal*.

It is not a little singular that *sulphonal* would seem to produce no ill-effects when used as a hypnotic in cases of mania. Dr. Carlyle Johnson stated in the *Lancet*, two years ago, that he had given it in numerous cases in doses of from thirty to sixty grains without any unpleasant symptoms being perceptible. On the other hand, when prescribed as a hypnotic in diseases attended with great exhaustion, such as influenza, the nervous symptoms named by Kast have been very prominent. These are all cases to which a homœopathic remedy to the condition can be found. In chronic mania with sleeplessness and noisy excitement the similar is hard to find, and too often impossible to discover. Then *sulphonal* may help us better than any other medicine of its class.

SHEEP'S THYROID.—The remarkable success which has followed the use of the thyroid gland of the sheep in the treatment of myxœdema—a disease the one constant pathological feature of which is the absence of the thyroid gland—has led to investigations as to the most efficient and the most "elegant" way of prescribing it. The gland itself has been eaten as an article of diet and has proved perfectly efficient; extracts have been made from it and injected hypodermically; these, though remedially successful, have in occasional instances been attended with irritation proceeding from the mode of introducing the material into the body, and further, as the remedy has so far only been found to be a palliative—albeit a palliative of an unusually satisfactory order—yet the necessity for the daily use of the hypodermic syringe to prevent a relapse is not pleasant to contemplate. At the Clinical

Society Dr. Arthur Davies showed three patients in each of whom the typical symptoms of myxœdema had within a couple of months been reduced in intensity to a very great degree by the use of a powder made from an extract by Mr. E. White, B. Sc., F.I.C., of Guy's Hospital, who has described his process for preparing it in the *Brit. Med. Journ.* (Feb. 11). "The glands," he writes, "were first exhausted with a mixture of equal parts of glycerine and water. The filtered fluid was then acidulated with *phosphoric acid* and *calcium hydrate* added until an alkaline reaction was obtained. The precipitate was filtered out as rapidly as possible, washed and dried over *sulphuric acid* without heat." The dose of this powder is three grains, and corresponds to one eighth of a gland.

If it be true that the condition called myxœdema depends, as it is supposed to do, upon a loss of the thyroid gland, and consequently upon a person being deprived of the influence which this gland has upon the process of nutrition (an influence which the researches of physiologists have so far failed to discover) a cure is impossible unless by the restoration of the gland which has disappeared. This, we fear, is beyond the limits of specific medicine, and places myxœdema beyond the range of cure. We therefore welcome a means which will enable a person to live and enjoy life, even though the use of this means must be persevered in throughout the remainder of life. It is also rendered additionally welcome by its simplicity and freedom from any unpleasantness.

ATROPINE.—Dr. Charles H. Thomas, of Philadelphia, publishes a thoughtful and very practical paper in *The Hahnemannian Monthly* (March) on the use of *atropine* in diseases of the eye. Having seen many cases where unfortunate results had followed the neglect to employ mydriatics, and also where the sight had been wholly or partially lost, where a glaucoma has been precipitated or intensified by the use of *atropine*, he examines the conditions under which *atropine* is essential in promoting cure, and those where it is not only contradicted but extremely mischievous. The strength ordinarily used is one of four grains to the ounce. It is, he considers, demanded:—

1. In the treatment of a large variety of inflammatory affections and injuries, more particularly of the iris and cornea.

2. As an aid in the examination of the structures lying behind the plane of the iris.

3. As a means of placing the accommodation at rest in the estimation of errors of refraction.

In formulating rules for guidance in the instillation of *atropine* he writes:—

1. *Atropine* may be employed to advantage, or its use be

absolutely demanded in all inflammatory and traumatic conditions associated with lachrymation, photophobia and pain, more or less impairment of vision, circumcorneal redness, dimness of cornea or iris, or both, *plus* a *contracted* pupil (spasmodic or otherwise) and this picture would cover fairly well iritic and corneal inflammations.

2. The *avoidance of atropine* is *imperative* in all cases associated with photophobia, lachrymation and pain, more or less impaired vision, a circumcorneal redness, a steamy, insensitive cornea *plus* a *dull dilated* iris—and this picture would correspond sufficiently well to the ordinary inflammatory glaucoma.

NOTABILIA.

THE NEW HOMŒOPATHIC HOSPITAL FOR LONDON.

NEXT to the original decision of the Board of Management of the London Homœopathic Hospital, to rebuild the hospital, and to replace the present antiquated structure by a building of modern construction, fitted worthily to represent the homœopathic cause in London, must rank the resolution of the board, made during the last month, to forthwith commence operations. It is full eighteen months since the building committee were able to announce that they had received in paid and promised donations, the sum of £80,000, without which they were determined they would not commence so gigantic an undertaking as building a new hospital. The time from then till now has been well spent in maturing plans and discussing the most advantageous spot upon which to build the new hospital. After much thought and deliberation, it has been decided to rebuild it on the site of the present hospital, with the addition of three houses in Great Ormond Street, Nos. 52, 54 and 56. During rebuilding, the Nursing Institute will be converted into a temporary hospital, to receive from thirty-five to forty patients.

The nurses ousted by this arrangement are being temporarily accommodated in Queen's Square, so that the Lady Superintendent will be able to send out private nurses as heretofore, this branch of the hospital work being least interfered with. As the accommodation for patients is thus very seriously curtailed, only the most urgent cases will be able to be admitted, but it is hoped that when the new building is opened, with all its superior advantages, the members of the medical profession interested in homœopathic therapeutics will rally to the support of the hospital by sending in patients and making the hospital known amongst their more wealthy patients. As

soon as ever the arrangements for the temporary hospital are completed, the whole of the building so long known as the home of homœopathy in London, and which has for so many years given shelter to the British Homœopathic Society, will be pulled down. The work of demolition has already begun, as the three houses in Great Ormond Street needed for the extended site are in the house-breakers' hands. An interesting relic of old London, like many another in recent years, is being swept away. No. 54 Great Ormond Street, once the home of Dr. Samuel Johnson, will very shortly be a thing of the past, but the carved wooden mantel-piece before which he is supposed to have smoked his clay and growled his growls, is to be preserved, and may ultimately find its way into the board room of the new hospital.

Having due regard to the injunctions of their late treasurer, Major Vaughan Morgan, the board have decided to build a hospital which the future funds will give some probability of their being able to keep up in full working order. It appears that the intention of the committee is to build a hospital accommodating about 90 patients, but they are having the designs arranged with a view to extending the hospital into Queen's Square in the future, when it should hold 120 beds. As at present arranged the new hospital will front Great Ormond Street, having an east and a west wing, with a central administrative block. We shall hope ere long to be able to give further details of the scheme.

A new era is opening, not only for the hospital, but for homœopathy in London and the country. The £80,000 will not suffice to meet all the needs of the new hospital, for with the jealous eyes of the old school upon us, it behoves us that we make the institution second to none in its arrangement and construction. And when the crowning day of opening arrives, strenuous efforts will be needed to increase the subscription list, so that a greater number than heretofore of the suffering poor may be able to avail themselves of the benefits of the new London Homœopathic Hospital.

THE BATH HOMŒOPATHIC HOSPITAL.

THE Bath Homœopathic Hospital, now over 80 years of age, has reached an important and interesting, if not also critical, stage in its history. The annual meeting was held at the Guildhall, on the 1st ult., a distinguished company, including Lord Grimthorpe, General Sir E. and Lady Russell, General Walker, and others, being present. The report, in encouraging terms, dwelt upon the efficiency of the hospital, and recorded the thanks of the governing body to the Ladies' Work Society, to which the hospital is largely indebted for financial help.

The funds were not in quite so satisfactory a state as in the previous year. During the year, the chairman, Mr. Hammond, and the treasurer, General Walker, had resigned.

By far the most interesting feature in the meeting was a communication made by our friend Dr. Percy Wilde, who read the following memorandum :—

“ With the consent of the chairman I am privileged to lay before you some information concerning a magnificent gift, which during the present year will be placed in the hands of trustees for the benefit of the city. It appears fitting that this announcement should be made at the annual meeting of this hospital, because, although it is not a public memorial, it may be regarded as a private tribute to the memory of the late Mr. Richard Jennings, who for many years was among the small number who regularly attended these meetings, and whose ready help and sympathy was always cheerfully given towards every effort to make this hospital worthy of the principle it represents. It is to Miss Jennings that we owe this act of generosity, and I may say that it does not only represent the expenditure of a large sum of money but the result of a very careful consideration of the necessities of the sick, and the difficulties which remain to us of providing for them. The object which this gift is designed to effect will best be understood if I first mention the nature of the gift itself. It consists of a piece of freehold land situated on the Lansdown Grove estate, having a frontage of 385 feet, and a total area of 4,991 yards, of one of the largest and most commodious mansions in Bath, situated in the centre of this estate, recently erected from the designs of Mr. Silcock, and known as Lansdown Grove house, and of the expenses of building a wing to this house to extend the accommodation it affords. It also includes some further heavy expenses which I will mention presently. The building, when ready for occupation, will practically be divided into two portions. On the eastern side, which I will call the Victoria Home, there will be accommodation sufficient for 18 poor persons in two larger and two smaller wards, all facing south and commanding extensive views. The main building will contain accommodation for paying patients and for nurses. It is the wish of the donor that this accommodation shall be used not only to meet every requirement of those able to pay fully for the services provided, but also that the accommodation shall be available to those who are of small means, and who, while they are unable to meet the ordinary expenses of skilled nursing or residence in a private hospital, are able to afford the actual expenses of maintenance. The objects to be accomplished by this gift need little explanation. It is to

provide skilled nursing and the most favourable conditions possible for the sick of all classes. Under the conditions which it is proposed that the institution shall be administered certain expenses remained to be met, and they have been supplied from the same generous source. The furnishing of the private wards and of the dining and drawing rooms which will be at the service of the patients during convalescence has been undertaken by the donor in addition to the expenses of laying out and planting the surrounding grounds. Although we have ample accommodation for the poor patients in the city, it must be remembered that most of these come from the low lying portions, and a large proportion suffer from disorders due to their surroundings. The situation of our own and the other local hospitals is not the best that could be selected to promote their recovery, and their removal to the bracing air of Lansdown will give them an advantage not at present attainable. Even in respect to those who have the means to secure skilled private nursing, it is well recognised that they are placed under less favourable conditions as regards recovery in private houses than are those which are provided by a nursing home or even a public hospital. It is a condition of the gift that all surplus funds derived from the nursing of private patients shall be employed for the relief of deserving persons, in such a way as the committee of management may select. The management of the institution has been placed by the trustees in the hands of the committee of the Homœopathic Hospital for such time as they may be able to carry out its objects with advantage to the interests of the older institution, the constitution, rules, and invested funds of which are in no way affected by the conditions of the gift. The only special conditions imposed on the committee of management are, that the buildings shall not be used for the purpose of a dispensary or out-patient department, and that no case of infectious disease shall under any circumstances be admitted."

This gratifying instance of generosity is another welcome proof of the appreciation in which homœopathy is held by those who have tested its virtues. We congratulate the City of Bath and the staff of the Homœopathic Hospital on this important addition to their resources for treating the sick. It is to be regretted that there is not perfect unanimity amongst those interested in the hospital with regard to the changes referred to in the above extract. On one point we must confess our sympathy with those whom we may term dissentients.

Though not mentioned in the above quotation, we understand that one part of the change consists in discontinuance of the use of the name Homœopathic in the new hospital. It

is quite useless to offer this concession to the old school with a view to re-union, for if one ground of objection to the teaching of Hahnemann is removed, another will promptly be discovered. Moreover the "distinctive designation" is a protection. None but believers more or less thorough in homœopathy will be likely to apply for posts in a homœopathic institution while the name is retained. If the name is abandoned, it is not inconceivable that opponents of the system may insinuate themselves with a view to ultimately supplanting the homœopaths. We must record our regret at this "hauling down of the colours." With the other changes we can only sympathise. The improved site, in a more salubrious neighbourhood, must count for much. The separation of the out-patient department from the wards is not an unmixed inconvenience, and the Bath Homœopathic Hospital will not be alone in this feature. The new building is to receive paying patients at moderate rates, after the fashion of the "Home Hospitals" which are springing up in various parts. We have reason to know how acceptable this plan is in London, but it is almost a necessity that the patients admitted as paying patients should have the choice of their own medical adviser. Heartily we wish the new institution success, and we trust that it will help and not injure the cause of homœopathy.

NORTH OF ENGLAND CHILDREN'S SANATORIUM, SOUTHPORT.

Hon. Consulting Physician, Dr. Blumberg, J.P. Hon. Medical Officers, Drs. Storrar, Stopford, and H. Blumberg. Hon. Surgeon - Oculist, Dr. F. Harris. Hon. Dentist, J. S. Dickin, Esq.

We have received the report for 1892 of work carried on at the above children's sanatorium, which was opened 32 years ago. This institution was established, as was not long ago indicated in our pages, for the purpose of providing board, lodging and medical attendance for children suffering from any disease not contagious in its nature.

Any child not under the age of two years, boys not above twelve, and girls not above sixteen may be admitted. No child is admitted for less than three weeks.

Good success has attended the working of the institution during the past year. The number of children treated during the year was 651, being an increase of 92 upon the previous year. Of these 811 are reported on leaving as "quite well," 49 as "very much better," 239 as "improved," and only 17 as "no better." The number of deaths for the year is only

two. A considerable number of cases of diseases of the eye, and a fair number of cases of diseases of the ear, nose and throat have been successfully treated.

A new wing, containing a large sunny play-room for the children, was opened on the 22nd of February by the Countess of Crawford and Balcarres.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Hon. Medical Officer, E. M. Madden, M.B., M.R.C.S.
Resident Medical Officer, H. Wynne Thomas, L.R.C.P.,
M.R.C.S.

The number of patients treated in the wards in the year ended December, 1892, amounted to 71 as against 59 in the previous year, and of these 50 were discharged cured, and 11 more or less improved. Owing to the subsidence, early in the year, of the influenza epidemic, which raged during a long period in 1891, the number of visits to patients at their homes materially diminished, but the figures show a considerable increase over those of 1890, when 1,006 visits were paid as against 1,252 in the past year. The committee therefore believe that this unique function of the institution is still as much appreciated as ever. Notwithstanding the fact that the year under review has proved a comparatively healthy sequel to a period, during which much sickness had been prevalent, the number of attendances at the dispensary has reached 1,664. Twenty-eight operations were performed, while only one fatal case occurred to mar the perfection of the otherwise gratifying record. The committee are again under obligation to Dr. Burford, of the London Homœopathic Hospital, for his skilful assistance in this branch of the work.

THE HOMŒOPATHIC HOSPITAL AND DISPENSARY, TUNBRIDGE WELLS.

The annual meeting of this hospital took place on Tuesday afternoon, February 21st, under the presidency of the Hon. Carteret Hill. Drs. Neild, Pincott and Capper were present.

The report for 1892 showed most satisfactory and cheering progress. The numbers of subscribers and donors have increased in a remarkable manner. The ministers and clergy of various places kindly and warmly advocated the cause of the hospital, and a very substantial increase in funds was the result.

The receipts amounted to £614 6s. 6d., an increase of £105 4s. 10d. The in-patients were 52; out-patients received

4,188 attendances, an increase of nearly 700; visits made to patients in their own homes were 1,775, an increase of 725; dental patients were 536, an increase of 147.

Several surgical operations have been performed, and the patients have made good and rapid recovery. The home visiting has been much appreciated, and the committee were greatly indebted to Dr. Pincott, who had so generously given much of his valuable time to this special work.

Dispensary out-patients.—Admissions and re-admissions during the year 1892, 1,288. Of these 1,135 were cured or relieved.

The financial statement showed a balance of £107 15s. 11d. in favour of the hospital.

During the year an accident happened which set fire to the bath-room, extending to the floor, the skirting-board, and the window curtains. Disastrous results, however, were happily averted by the promptitude and energy of the staff on the premises. As there were no means whatever for properly coping with a fire, an appeal was issued to the subscribers and donors asking for £80 to £95 to procure fire-extinguishing and life-saving appliances. The response to this appeal was that £125 5s. 6d. was at once sent, and more has come in this year. The surplus is to be devoted to balancing any deficit which may arise in the receipts for the year.

LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

We have received the report for this hospital for 1892. The total number of cases treated was 110, of which 89 occupied beds in the hospital, and 21 were out-patients. Of this number 65 patients were cured and only two have died. Nine operations were performed with success during the year. Three patients have occupied beds from four to seven months. There are four wards in the hospital, containing seven beds and two cots.

No charge of any kind is made to patients, the supply of medicine, necessaries and advice being entirely gratuitous.

Medical staff:—A. H. Croucher, Esq., M.D., C.M., Hon. Physician and Surgeon. J. Walther, Esq., M.D., Hon. Consulting Physician.

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

DURING the past year the dispensary has been open three mornings a week, and the committee report favourably of the work. The number of patients who have applied for medical

attendance during the year is 771. The deaths were six. The number of patients visited at their own homes was 474. Since the opening of the dispensary in 1872, 25,628 patients have received advice and treatment.

Our veteran colleague, Dr. Arthur Guinness, still retains charge of the dispensary.

BISHOPSTONE HOUSE, BEDFORD.

REPORT, 1892.

A PERIOD of fifteen years having elapsed since this house was licensed to receive a small number of ladies of unsound mind, the opportunity is taken of reviewing the work accomplished and the results obtained.

In the autumn of 1877 a licence was granted for four patients; in 1879 this number was increased to six, and subsequently to ten in 1884, when an adjoining house was taken for the medical superintendent, Dr. Craig, and his family.

Forty-five patients have in all been received, representing all forms of mental and nervous disease. Eighteen of these have been discharged recovered. Of this number, however, two, being cases of recurrent insanity, were re-admitted and discharged a second time, thus reducing the actual figures to sixteen. Four have died, three of these from senile decay; six have returned to friends "relieved"; eight have been transferred to other asylums, from need of change, or for motives of economy; while nine remain under care.

It is impossible in the limits of a report to specialise the various causes which have contributed to the success of the treatment. Beyond those purely medicinal, we may mention the home-like character of the house, the individual care which the small number of patients makes possible, as well as the amount of freedom consistent with safety which they enjoy. They walk or drive daily into the country in charge of attendants, and only during the early stages of excitement are their walks limited to the grounds. They have access to a large public library; and the proximity of a town, which is now regarded as an advantage, affords an opportunity for those who are convalescent to share in its interests and join in its amusements.

Other great factors in promoting recovery are moral discipline and early treatment. It is impossible for relatives to exercise the control which is needful in the management of the insane, and early removal to proper care is imperative. Valuable time will however continually be lost until insanity is recognised by the public as a disease rather than a family disgrace to be concealed. Under the Lunacy Act of 1890,

an attempt has been made to meet this difficulty by permitting the admission into asylums of cases, not sufficiently pronounced for certificates, as voluntary boarders. Such patients usually recover rapidly, and so prove the value of early treatment.

A large proportion of admissions, even into licensed houses, is made up of worn-out brains and the wrecks of humanity, for whom there is no hope of recovery. These, not only seriously reduce the percentage of recoveries, but make it difficult to prevent the house from becoming an asylum for chronic patients, rather than a home-hospital for treatment and cure.

We regret that no reference is made to the medicinal treatment of these cases. Here is a splendid field for careful homœopathy. Its success in mental diseases in America has been alluded to in our pages more than once. Surely we have a right to expect something from our colleagues, the Doctors Craig, in this respect, and in the only institution in the country where homœopathic treatment in mental cases is possible.

A "FIELD-DAY" AT THE LONDON HOMŒOPATHIC HOSPITAL.

How often have we heard the remark, "Homœopaths never operate." Perhaps it is well sometimes to stay the hand that thirsts for some big operation, to do something that has never been done before, and that may lead the operator to think more of the immediate *kudos* obtained by a brilliant operation than of the possible future benefit the patient will derive from it. Still there are very few but will admit that operative surgery is an essential part of a well-organised Homœopathic Hospital. We can remember that not so very long ago operations of any magnitude were but rarely performed in the London Homœopathic Hospital, but the reports of cases in the *Monthly Homœopathic Review* will have shown that in this direction at least the Hospital has made vast strides during the past half-a-dozen years. Monday is "operation day" at the Hospital, and as we wended our way up-stairs to the operating room on the last Monday in February we could not help being struck with the unsuitableness of the staircase for carrying patients from the wards to the theatre. The operating theatre seemed a comfortable room lighted from the roof, with two tables, placed parallel to one another, separated by a curtain sliding on a brass rod. On one table was a lad to whom an anæsthetic was being administered, and on the other, shielded by the curtain, was another lad who was having

some cocaine dropped into his eye. Both these boys were the subject of congenital cataract and were needled, one for the second, and one for the last time, by Mr. Knox Shaw. The anæsthetic was needed in one case owing to a troublesome nystagmus.

Next a small boy was put on the table suffering from necrosis of the femur and extensive sinuses about the hip, following a resection of the hip-joint eighteen months previously, and which several secondary operations had failed to cure. Later he had developed disease in the ankle-joint of the same side and his urine showed evidence of lardaceous disease. Whilst Dr. Day gave the anæsthetic the external iliac artery was controlled by Mr. Leo Rowse by Jordan Lloyd's method, and so successfully that, during the amputation of the hip-joint, a mere trifling amount of blood was lost. We noticed that the mode of operation chosen by Mr. Knox Shaw was an external racket incision, perhaps better known to English surgeons by its modified form, Furneaux Jordan's amputation. Within half-an-hour of the time he was put on the table he was back in the ward and did not appear to be very much affected by shock.

His place was taken by a boy, about six, with an evident strumous aspect, who presented a considerable enlargement of the head of the tibia with softening of the ligaments of the knee-joint. The limb was amputated through the joint, a few soft patches on the femur and all tuberculous synovial membrane being cut and scraped away. Section of the tibia afterwards showed extensive epiphysitis with a large sequestrum in the head of the tibia and separation of the articular cartilage.

We next adjourned to Ebury Ward where Dr. Burford proceeded to operate on a very interesting case of retained menses. The girl, aged eighteen, had for a year and a half experienced the usual menstrual molimina, but no sanguineous vaginal discharge had been noticed. Lately a swelling had been observed in the abdomen. There was a swelling in the abdomen reaching midway to the umbilicus, an imperforate hymen and, on straining, a rounded swelling presenting in the vagina. After carefully anti-septicising the parts, Dr. Burford divided the hymen with a thermo-cautery point and allowed a large quantity of dark treacle-like fluid to slowly escape. When the cavity was emptied the vagina and distended uterus were washed out with iodized water.

An adjournment was then made to the operating theatre, where Mr. Dudley Wright operated on a case of mastoid caries in a young woman with threatening cerebral symptoms; in

removing the carious and necrosed bone the lateral sinus was exposed but no sub-dural collection of pus was noticed.

The next operation took place in Quin Ward, on a patient of Dr. Byres Moir's, who had been admitted with pleurisy, and in whose case, though the physical signs and temperature were characteristic of empyema, yet the exploring needle had up to the present failed to reach pus. Under chloroform, Mr. Knox Shaw incised the chest wall and came upon a localised collection of most offensive pus. A drainage tube was then inserted.

The afternoon was wound up by the House Surgeons operating upon two cases of enlarged tonsils and post-nasal adenoids.

After spending a most interesting afternoon in the Hospital, we came away with the impression that there were possibilities in the future development of the hospital, when it had moved into its new buildings, which were not contemplated by its original founders, and to which many of its supporters are not yet fully alive.

HOMŒOPATHY DEAD AGAIN!

Dr. H. C. Wood, of Philadelphia, has lately described homœopathy as the only mediæval dream whose survival challenges attention at present. He admits that "it must possess some measure of worth," and that he himself believes that, "as a rule of practice, it will at times lead to a good result." The early successes of homœopathy Dr. Wood traces to the fact that "the regular physicians of the day did more harm than good," while the homœopath practically left his case alone and "allowed nature to have full scope." But he admits that "this explanation does not apply to the present time." The one he gives is that "the American homœopath does not practise homœopathy!" If Dr. Wood knows anything of the practise of the American homœopath, and there is very little doubt that he knows a great deal more than it would answer his purpose truthfully to tell, he knows that his assertion is false. The inference he draws from his conclusion is a curious one. As long as he believed that the American homœopath was honestly practising homœopathy, he would have no professional intercourse with him; but, now that he considers him to be a man falsely "trading upon a name," he says, "the time has come, in my opinion, when the regular physicians should no longer, by refusing to consult with homœopathic physicians, recognise their separate existence. If consultations between homœopaths, so-called, and regular physicians became frequent, in a short time it would be

impossible to longer deceive the public; moreover, the habit of truth-telling would have a very palpable effect upon the homœopathic physicians themselves; self-respect would lead them to tell the truth at all times. In my opinion the regular profession not only has it in its power, but owes it as a duty to itself and to the public, to announce once for all that homœopathy having ceased to exist, every physician is at liberty to consult with whomsoever he pleases." This is a tolerably insolent mode of "climbing down," but it is "climbing down" all the same. Here is a man who takes as a premiss an assertion which he knows to be false and then poses as a teacher of the duty of "telling the truth at all times!" Dr. H. C. Wood sadly needs to learn that duty himself, or at any rate to practise it.

Apropos of Dr. Wood's assertion that homœopathy has "ceased to exist," Dr. Hadley, in an interesting paper on Comparative Statistics, in the *Hahnemannian Monthly* narrates the following anecdote: "An undertaker, in a Vermont town, was directed to lay out in his best style one of the leading citizens who, as was supposed, had passed away. After he had gone into the room a terrible uproar was heard inside. When the door was opened he was asked, "What is all this noise about?" He replied "I am trying to lay this corpse out, but he won't keep still long enough." The corpse had revived! As often as Dr. H. C. Wood or any other man takes the notion into his head that homœopathy has ceased to exist, or is a "corpse," and thinks himself qualified to "lay it out," he will find that a good deal of noise proceeds from the "corpse" while he is making the effort!

SMALL-POX AND VACCINATION.

FACTS ABOUT LEICESTER.

THE following paragraph from the *St. James's Gazette*, of March 20th, is of sufficient importance to reproduce *in extenso*. A very few facts such as these should silence a host of anti-vaccination theories:—

The borough of Leicester is the stronghold of the anti-vaccinators. In order to protect the relatively unvaccinated population of the town from the inroads of small-pox, an elaborate system of compulsory notification, isolation in infectious hospitals, house disinfection, and quarantine for persons who have been in contact with any small-pox patient, has been carried out with sleepless vigour and unstinted expenditure. Mr. Biggs, the leader of the anti-vaccinators and an active

member of the Sanitary Committee, recently boasted at a public meeting of the league that, notwithstanding that small-pox had invaded Leicester recently, the results had been such as to show that vaccination was no protection, and that sanitation sufficed to keep the disease at bay. He has even gone so far as to state that vaccination had broken down as a protection for the nurses at the Small-Pox Hospital at Leicester — a crucial test. In venturing on these precise statements, however, Mr. Biggs seems to have allowed his enthusiasm to overrun the limits of veracity: for his official position must, it may be presumed, have given him access to the true figures. Dr. J. Priestley, the Medical Officer of Health for Leicester, now writes to the *British Medical Journal* to contradict Mr. Biggs, and to announce that, out of twenty-eight members of the staff of the Fever Hospital there, twenty-two were protected either by revaccination or a previous attack of small-pox; six had only been vaccinated in childhood, and thus were not efficiently protected. Of these six, all of whom refused vaccination when offered, four have contracted small-pox and one has died. The four recent additions to the hospital staff have been revaccinated. This looks rather bad for Mr. Biggs and the anti-vaccinators. Further than this, it appears that out of 184 cases which have occurred during the recent epidemic at Leicester with ten deaths, eight of the deaths were of unvaccinated children, there being no deaths of vaccinated children. Of the two cases of death in adults, one was of a man having no marks of vaccination, and the other was of a woman who had not been revaccinated since infancy. This case is tolerably complete; and it has already been stated that similar results are reported at Batley and throughout the heavy woollen district, also a second stronghold of the anti-vaccinators, from which, however, the official returns have not yet been published. Is it not greatly to be regretted that returns are not issued by the Vaccination Commission or by the Government of the recent inquiries in these districts by Dr. Coupland, Dr. Savill and others, who have been specially deputed for the purpose? Mr. Asquith has threatened to bring in a Bill to alter the law as to the infliction of penalties for the neglect of vaccination. Such a Bill will be very ill-timed at a moment when the local authorities throughout England are finding it necessary to vaccinate and revaccinate on a very large scale in order to protect their localities against local epidemics, and when the Royal Commission on Vaccination are still prosecuting an inquiry which they have not yet been able to complete. The subject has waited now for twelve years since Mr. Dodson brought in his Bill for a similar purpose, which the House of

Commons indignantly rejected, and it may very well wait a few months longer, until we have before us the full report of the Royal Commission. The issue of that report cannot be much longer delayed, seeing that the Commissioners have already sat for nearly three years."

AN INCOMPATIBLE MIXTURE.

A COMPOUND of several drugs in one mixture is an unscientific method of prescribing because we cannot foresee what influence they may each have upon the other from a physiological point of view, but is not rarely dangerous from some chemical incompatibility existing among the various ingredients unknown to the prescriber. Unexpected changes from this source have been occasionally fatal, and with the ever-increasing number of powerful alkaloids, and the eagerness with which they are welcomed by modern practitioners, accidents from their use in combination with other drugs may be looked for, especially when, as Dr. Wilks said at Birmingham, some years ago, "all of us, without exception, so far as I know, write down upon a piece of paper six inches by four some drug for every trouble with which the patient presents himself." *Strychnine* in combination has been and still remains one of the drugs most liable to prove fatal in this way. Some little time ago a case of this kind was reported from Scotland of death occurring from a *strychnine* mixture, and at a meeting of the North British Branch of the Pharmaceutical Society, Mr. Hill produced a copy of the prescription—we quote from the *Chemist and Druggist*, March 18th, which was as follows:—

Tinct. strophanth.	...	...	3j.
Liq. strych. hyarochl.	...	...	3iiss.
Liq. bismuth. et pepsin.	...	...	3iss.
Spirit. ammon. aromat.	...	...	3iss.
Spirit. chlorof.	...	...	3iss.
Aquam ad.	...	...	3vj.

Mr. Hill, after reading the prescription, made the following comments upon it:—

"The mixture contained 1.7 grain of strychnine. The presence of the bismuth solution, which was Richardson's, of Leicester, made it difficult to clear up the cause of the poisoning. Dr. Thomson reported that the last dose of the mixture produced alarming symptoms of strychnine-poisoning. This was clearly due to the fact that the chloroform had carried to the bottom the greater portion of the strychnine, which the patient had therefore got in the last dose. This case raises the question of the value of 'Shake the bottle' on

the label. As a rule, patients will not shake the bottle, even when instructed to do so, unless it contains a very evident quantity of insoluble powder. With regard to the legal aspects of the case (he spoke without authority) it was not too much to say that the mixture presented a somewhat dangerous combination.

"Mr. Boa said that at the time that the case happened the weather was very cold, and if, as probably was the case, the water was hard, chloroform would shake up with great difficulty.

"Mr. Nesbit regarded the mixture as being extremely dangerous."

A few years ago there seemed to be a disposition among physicians to the prescribing of single medicines, but this was not very long lived, and prescriptions containing numerous ingredients—"some drug for every trouble the patient presents himself with"—are rather the rule than otherwise. It is not the least of the many advantages springing from prescribing homœopathically that medicines must be given singly and uncombined. Without a knowledge of the pathogenetic properties of a drug we cannot prescribe homœopathically at all, and of the pathogenetic properties of a combination of drugs we have no knowledge.

JOHNSON'S PICRIC-ACID TEST.

SIR GEORGE JOHNSON, M.D., has modified his picric acid test for the detection of sugar in urine, in consequence of an error which has been discovered in the calibration of the comparison tubes. The correction of this error necessitates a modification of the standard colour solution by the addition of ammonia. The recipe is now :—

Liq. ferri perchlor. fort. (P.B. grav. 1.420)...	3j.
Acid. acet. glacialis (P.B. sp. grav. 1.058) ...	3iv.
Liq. ammoniæ (P.B. sp. grav. .959) ...	3ij.
Aquam distill. ad	3iv.

M.

The properly graduated tubes are made by Mr. Müller, 148, High Holborn, W.C.—*The Chemist and Druggist*.

OBITUARY.

CHARLES HILLS MACKINTOSH, M.D.

WE regret to have to record the death of one of the oldest practitioners of homœopathy in this country in the person of Dr. Mackintosh, of Torquay.

Dr. MACKINTOSH studied medicine at the Westminster Hospital, from whence he was admitted a licentiate of the

Society of Apothecaries in 1829 and a member of the College of Surgeons in 1830. For several years he practised in Exeter after the traditions of the schools. In 1841 he gave up general practice, and was admitted an *extra urbem* licentiate of the College of Physicians, and began to study homœopathy. Shortly afterwards he removed to Torquay, where he has since resided and where, until his retirement a few years ago, he enjoyed an unusually large practice. Not long after his arrival in Torquay an outbreak of cholera occurred; many deaths took place, for the Torquay of those days was a very different place in its sanitary conditions from the present town. Dr. Mackintosh treated all his cases according to Hahnemann's directions, and lost not a single case. His strength as a practitioner always appeared to lie in his intimate knowledge of the *Materia Medica*. Dr. Mackintosh graduated at St. Andrews in 1863. He may be said to have been the pioneer of homœopathy in the "Far West" of England. No practitioner of the system was then to be found west of Bristol. A widely extended, influential country practice made for many years such demands upon his time and strength as one man, single-handed, could hardly cope with. He found time, however, to establish and carry on the Torquay Homœopathic Dispensary, to which he was exceedingly devoted. The claims of the wealthy were never allowed to interfere with the hours he had set apart for attention to the sick poor, and it is believed that for a period of upwards of 40 years, during which time he was the sole medical attendant, he hardly ever missed attending on his regular days.

The death of his wife, which occurred soon after his retirement from practice, was a sad blow to his anticipations of comfort, but he was sustained by the sympathy of his friends, and was tenderly cared for by his daughters. On the 8th March, a cold that had been hanging about him for some time developed into acute bronchitis. Dr. Woodgates, of Exeter, and Dr. Cash Reed, of Plymouth, saw him in conjunction with Dr. Midgley Cash of Torquay, but though he made a slight rally for a few hours, he gradually sank and died on the 18th. His age was 84.

Though Dr. Mackintosh did not contribute anything of importance to homœopathic literature, he took a warm interest in all that was done for the propagation of homœopathy, and helped the cause by the success of his treatment of his numerous patients. He was much liked by his colleagues for his genial disposition and honourable character, and many of the patients who passed through his hands have good cause to remember with gratitude his practical skill.

ADAM LYSCHINSKI, M.D. EDIN.

ANOTHER of the oldest representatives of the practitioners of homœopathy has, we regret to notice, passed from amongst us in the person of Dr. Lyschinski, who for many years practised homœopathically in Edinburgh, where he was, from the earliest period of his settlement in that city, held in the highest esteem alike as a physician and a refined and cultured gentleman.

After the fruitless efforts of Poland to throw off the Russian yoke, a large number of those who had participated in the patriotic struggle arrived as refugees in this country. Among others, Lyschinski and the Wielobyckis came to Edinburgh, and studied medicine there.

Dr. LYSCHINSKI took his degrees in 1837, and like Dionysius Wielobycki settled in Edinburgh as a homœopathic practitioner. He continued to practise there until a few years ago, when he gave up practice and came to London, where he lived in retirement at Shepherds Bush, mingling but little with his colleagues, to most of whom, indeed, his existence was unknown. Those who were fortunate enough to enjoy his friendship found him an amiable and high-minded gentleman. He was much beloved by his patients. In 1857 a number of his patients and friends in Edinburgh joined in presenting him with a silver tea and coffee service and claret jug "in recognition," so says the inscription, "of those sterling qualities, tested by the experience of years, which have won for him in this city of his adoption such high esteem as is due to an upright, generous and kindly man—a laborious, skilful and conscientious physician." He must have been an exceptionally "beloved physician" to have received such a testimonial from his friends and patients after a practice of only twenty years. An account of the proceedings on the occasion of this very exceptional mark of affection and esteem appears in the fifteenth volume of the *British Journal of Homœopathy*. By his own countrymen Dr. Lyschinski was held in high estimation. On the occasion of the presentation referred to, Prince Czartoryski and Prince Alexandre Czartoryski—two well-known Polish leaders of the time—addressed a letter to the testimonial committee, expressing their gratification at the high position in public esteem their compatriot had acquired and at the recognition of it.

Dr. Lyschinski was a member of the staff of the Edinburgh Dispensary at its foundation, and remained so for a number of years, doing useful and much appreciated work there in his own quiet and unobtrusive manner.

He died at the age of 86 on the 12th ult.

CORRESPONDENCE.

TRITURATION TABLETS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In your remarks under the above heading, p. 189 of your current number, you observe that when of one grain each, tablets "are made in an ivory or vulcanite mould," and further that "such tablets are pure and contain no other admixture."

May we venture to remind you that vulcanite—of which the most commonly used tablet moulds are made—is a compound of caoutchouc and sulphur, containing sometimes as much as 40 per cent. of the latter, and although generally supposed to resist the action of chemical reagents, is partially soluble in the spirit with which the tablets are prepared. It also emits a perceptible odour when slightly rubbed.

It would be an interesting question to decide, in many cases, whether the action of the finely powdered silicate used in making compressed tabloids, and known as *talc*, or that of the solution of *vulcanite*, has the greater preponderance over the medicinal action intended.

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, E.C.

March 7th, 1893.

A WARNING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I wish to warn my colleagues against a man named Barclay, who is going about the country posing as a distressed colonial homœopath. He varies his tale somewhat, but I have heard that on many occasions he uses my name as a reference. He is an impostor.

I am, yours faithfully,

C. KNOX SHAW.

London March 21, 1893.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. DUDGEON, Dr. BURFORD, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT (London); Dr. MURRAY MOORE (Liverpool); Dr. MIDGLEY CASH (Torquay); Dr. CRAIG (Birmingham); Dr. CLIFTON (Leicester); Dr. HUGHES (Brighton).

BOOKS RECEIVED.

The Twelve Tissue Remedies of Schüssler. By W. Boericke, M.D., and W. A. Dewey, M.D. Philadelphia: Boericke & Tafel. 1893.—*The Medical Annual and Practitioner's Index.* J. Wright & Co., Bristol. Simpkin, Marshall, Hamilton, Kent & Co., London. 1893.—*The Homœopathic World.* London. March.—*The Clinical Journal.* London. March.—*The Chemist and Druggist.* London. March.—*The Monthly Magazine of Pharmacy.* London. March.—*The North American Journal of Homœopathy.* New York. March.—*The Medical Record.* New York. Feb. and March.—*The Chironian.* New York. Feb.—*The New England Medical Gazette.* Boston. March.—*The Hahnemannian Monthly.* Philadelphia. March.—*The Homœopathic Recorder.* Philadelphia. Feb.—*The Homœopathic Physician.* Philadelphia. March.—*The Medical Century.* Chicago. Feb.—*The Clinique.* Chicago. Feb.—*The Minneapolis Homœopathic Magazine.* Feb.—*The Homœopathic Envoy.* Lancaster. March.—*The Homœopathic Medical Record.* Calcutta. Jan.—*The Annals of Electro-Homœopathy and Hygiene.* Geneva. March.—*Revue Homœopathique Belge.* Brussels. Feb.—*Bull. Gén. de Thérapeutique.* Paris. March.—*The Leipziger Pop. Zeitschrift. für Hom.* Feb.—*March.*—*Rivista Omiopatica.* Rome. Jan.—*Homöopathisch Maandblad.* The Hague. March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORZ, 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.

—:O:—

"SYMPTOMS IN PERSPECTIVE."

It is well-known that homœopathic practitioners, following the marvellously sagacious guidance of their master, HAHNEMANN, select their medicines in any given case by their symptomatic indications. In other words, having noted carefully *all* the symptoms present in the case which is under consideration, subjective as well as objective, they thus form in their mind's eye a picture, as complete as possible, of the disease; and having done so, they look out for a medicine which, in its pathogenesis, forms as close a counter-picture as possible to the case, and having found it, they prescribe that remedy. They know that a drug which has the power of producing in the healthy body a disordered condition closely similar to the case under treatment, must act on the same organs as those of the patient, and on the same parts of the organ, and on the same tissues of that part, and finally in a similar way. They thus, in accordance with the law of similars, are sure that they have got the right remedy. And it is not enough to seize on the broad or salient features of the correspondence between drug and disease, since there may be several drugs which have this broad or general similar relation, but it is necessary to observe the minutest details in symptoms, in order to differentiate between the same drugs which correspond more or less broadly with the disease. Symptoms,

which for old-school practitioners seem of little importance and hardly worth wasting time in inquiring into, turn out, to the man who practises according to homœopathic rules, of immense importance in determining the selection of the right remedy. Thus certain symptoms, which are slight and seemingly unimportant in themselves, or by themselves, throw a flood of light on the case when the whole is viewed in perspective. By noting what we call the totality of the symptoms we get such a perfect view of the whole case as would be impossible were the minor or seemingly trivial symptoms neglected. The presence or absence of one such apparently minor feature may alter our prescription, and lead to success or failure if it is noticed or ignored.

Such are often the "characteristic" symptoms of a drug, or its "key-notes." In thus practising, the homœopath puts his theories, pathological or otherwise, in the back-ground, and goes to the root of the matter by selecting the most perfect "simile" he can find. We are often twitted by our friends of the old school with a charge of adopting an unscientific method. They tell us that any old woman with a book can do the same. But instead of being an unscientific method, it is precisely the reverse. *They* ignore minute symptoms, and having noticed the larger or more obvious ones, they are content to form a theory on the case, and to prescribe on this theoretical view. The theory may be right or wrong, and the patient has to take his chance of a hit or a miss, while as a result of this rough, theoretical method, several drugs often incompatible with or antagonistic to each other are prescribed together in one compound, in the hope that one or other, or all together, will accomplish the theoretical aim of the prescriber. As long as this system of treatment is in vogue, it is no wonder that the old school say that medical practice has no science in it and very little art. In fact, it is admitted to be in most cases mere blind empiricism. And so it must remain as long as men will ignore the homœopathic law, which alone will open their eyes to the practical value of minute and seemingly trivial symptoms. How different from a scientific point of view, to say nothing of a common-sense point of view, is the homœopathic method of observing every symptom, however minute,

and to all appearances of little moment, of forming a complete picture of the disease in the mind's eye, and thereupon, putting aside theory, and selecting the remedy which forms in its provings an exact or close counterpart to the case. In thus looking on the case in perspective, from a distance as it were, certain symptoms, which at first glance seem all-important, subside into their proper place, while others, which a crude observer might pass over, come out into strong light. And, after all, how does a disease show itself to us but by its symptoms, objective and subjective? And the closer observer the physician is, the more he is accustomed to note all symptoms and balance them, the more likely he is to be successful.

But not only in the selection of the remedy is this careful noting of all symptoms essential, but it is equally necessary for diagnosis. For, as we have stated, the disease presents itself to us only by its symptoms, objective and subjective, and in the case of medical disorders especially, it is of the greatest importance to note every detail. Many valuable diagnostic symptoms can only be ascertained by interrogating the patient—the subjective symptoms—and the more fully we ascertain every deviation from health, however minute, the more sure are we of our diagnosis. For accurate diagnosis is essential to accuracy and success in prescribing. We must first thoroughly understand what it is we have to treat, and then the selection of the remedy is rendered easier. In fact, the study of the diagnosis and that of the treatment are, in the hands of homœopaths, and of all others who carefully note symptoms, so interwoven, that in forming our opinion of the one, we are at once directed, by the study of the symptoms, to success in the other.

These observations may seem stale and well-known to our readers, but our apology for writing on the subject is the evident progress which is being made in the old school in the adoption of one after another of the essential parts of HAHNEMANN's teachings.

The principle of similars is steadily making its way in the old school, though without acknowledgment. So also is the desirability of prescribing a single remedy at a time coming to be regarded as the *beau ideal* of practice.

The small dose is now no longer laughed at by those who make use of the law of similars, while the selection of the remedy by the symptomatic indications is becoming an acknowledged method of accurate prescribing. And now we find, as a consequence, the recognition of the importance—essential importance—of observing minute symptoms as having an immense value in diagnosis and treatment in differentiating cases one from another, and by producing the requisite perspective, enabling the observer to place the relative value on each, as forming a true and full picture of the complaint under investigation.

In the *British Medical Journal* for October 22, 1892, we find a short leader summarising an address delivered by SIR WILLIAM SAVORY, Bart., at the opening of the second session of the North London Medical and Chirurgical Society. He entitled his address "Symptoms in Perspective." The full text appears in the *Lancet*, October 22nd, but the *résumé* in the leader of the journal is sufficient for our purpose, and we quote it entire:—

"SIR WILLIAM SAVORY observed that each of the symptoms which presented themselves in any given case was to be observed not so much in its absolute value, as in its relative insignificance. The true meaning of any physical sign, was to be reached not by considering it alone, but by viewing it in relation to the rest, and by thus placing each in its proper relative position, and by taking measure of the proportion of each to form a mental picture of the actual state of things. Certain signs were brought into the foreground, others were put back into the distance. What the rules of perspective were to the artist, this sound judgment of the relative proportion of symptoms was in surgical diagnosis. He illustrated his meaning by referring to the importance which a practised surgeon would attach, in a case of strangulated hernia, to the two symptoms—vomiting and a tumour in the inguinal region—pointing out how he would set aside other symptoms or assurances of recent amelioration, in his determination to deal promptly with the root of all the symptoms. He also insisted on the importance of observing all symptoms; signs neither usual nor prominent might materially modify, or altogether change, the view taken. The different degrees of excellence of different surgeons were marked by their ability, after observing all the facts, to assign to them their relation to each other. An inquiry might be very full and complete, and yet the result

confused or obscure from an absence of all proportion. A too exclusive devotion of attention to a particular part or subject, might lead to symptoms elsewhere revealed, being overlooked or ignored ; or, if recognised and considered, such symptoms were relegated to the background in the presence of others which pointed in the direction in which the practitioner was accustomed to look. This was one of the dangers of specialism. Exactness of observation was above all things to be sought for. Knowledge and practice were uncertain, but it was our duty to work with the view of erasing the reproach. The great progress of medicine and surgery in recent years, had been by the application of more exact methods and instruments of research. Sciences more exact in themselves, such as physics and chemistry, had been brought by the advance of a sounder physiology into closer relation with medicine and surgery, while pathology, the lineal descendant of these, was springing into new and vigorous life."

The above interesting remarks refer more particularly to SIR WILLIAM'S special branch viz., surgery, but they are *à fortiori* applicable to medicine, where the palpable and objective symptoms are fewer than in surgery. They show what a broad and enlightened view SIR WILLIAM takes of his subject, and should be laid to heart by all who read his words. They show once more how far in advance of his time HAHNEMANN was in his teachings, and also how these teachings are gradually but steadily forcing themselves on the attention of those who at the same time cry down this great man, and "taboo" those who are first in the race to acknowledge openly his greatness, and to adopt his teachings as their *vade-mecum* in successful practice.

We can afford to wait, and watch this gradual development of thought in the old school, feeling sure that it is only a question of time, and that the best way to hasten the ultimate open adoption of homœopathy is to be true to ourselves, to stand to our colours, and to endeavour to spread the truth by all means in our power. Organisation is now-a-days known to be essential, if a minority is to hold its ground, and leaven the majority, and the more we keep together in line, the greater progress shall we make in bringing about the time when homœopathy will be the dominant practice.

In watching this process of evolution, it gives us real pleasure to draw the attention of our readers to SIR WILLIAM SAVORY'S admirable and enlightened remarks.

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

By J. MURRAY MOORE, M.D., M.R.C.S.

Continued from p. 212.

Group B.

1. Gout is the most distinctly hereditary disease on my list; and yet it is also a spontaneous malady, arising *de novo* in persons of temperament and habits conducive to the excessive formation of uric acid. In seeking for a philosophical explanation of the well-known "atavism" of hereditary gout, that is, its reappearance in the grandson, not the son, of a gouty parent, Weismann's theory, briefly outlined on p. 87, aids us. The gouty progenitor is the husband of a wife free from any taint or predisposition to gout, we will assume. The *germ-cells* (combining both ovum and spermatozoa) of the children have the potentiality of gout in them from the male element. The spermatozoa, then, of the son of this pair, or the ova of their daughter, have this transmitted morbid tendency, but during their life-times the corporeal plasma, or *body-cells*, are of such a healthy kind—all gout-producing diet being avoided on account of the painful experience of their parent—that the gout is never developed. But the *potentiality of gout* lingers in the male and female germinative elements, which are carried on to their offspring. Probably the care exercised to avoid gout is relaxed in the third generation, and the disease may manifest itself, though with less intensity, the tendency of the germ-cells towards the excessive formation of uric acid having been allowed too suitable an environment and having been fed with too suitable a pabulum. But gout is a vanishing disease in Great Britain, and I verily believe will in 20 or 30 years be extinguished. For temperance in drinking and even in eating meals is on the increase amongst all rational people; athletics and exercises of all kinds are adopted by persons past middle age; and even advanced in years—such as golf; and port wine, that fertile breeder of gout, has almost disappeared from the dinner table. Patients need still to be warned against Burgundy, Madeira and sherry, also cautioned against porter and even beer, freely taken, unless they follow

hard, constant out-door work. And excessive meat eating is a fault to be guarded against. To patients who will not give up wine I allow claret, or sometimes hock, but teetotalism is best of all, and fresh, not twice cooked, meat *once* a day, with a varied and plentiful supply of vegetables. The amount of out-door exercise taken is not so important as its regularity. In summer, lawn tennis is the easiest kind of exercise for the gouty. It is almost an axiom that any person manifesting gout before the age of thirty must have inherited it, but when it springs up *de novo* it seldom shows itself before the age of fifty or fifty-five, when the power of secondary assimilation is beginning to flag.

2. Rheumatism, though so similar to gout, is less hereditary. It is, in fact, much more often the product of environment than of heredity. Yet Dr. J. Mitchell Bruce states that inheritance can be traced in twenty-seven per cent. of all cases. I have found that when a mother during her pregnancy has suffered from acute or chronic rheumatism the infant generally displays some form of tendency to that disease. In the very young, chorea, or flying pains in the joints, or facial neuralgia, are its manifestations; from the ages of ten to thirty, acute articular rheumatism; after thirty, chronic muscular or articular rheumatism. I believe in the theory that repeated chills cause retention and accumulation of *lactic acid*, which is the active exciting cause of acute rheumatism. There is little hope of extinguishing the disease in our northern counties, because we cannot change the damp, wet and stormy character of the climate, nor can we find in-door occupations for all those predisposed or exposed to rheumatism. We can, however, urge upon persons whose parents have been sufferers the continuous wearing of flannel next the skin all the year round—thin in summer, thick in winter. As to the objection of “irritation” caused to some persons by flannel next the skin, this “irritating” quality is entirely removed by the Jäger process. By dieting largely on salad vegetables, and taking lemon-juice whenever rheumatic pains are beginning, or the urine is loaded with urates, and by sea-water hot baths occasionally, it will be possible in many instances to prevent the development of rheumatism. It is certain, however, that in damp, low valleys, a certain proportion of persons born and reared there

will always be rheumatic. The anti-rheumatic diet should be enforced during the periods of pregnancy of a rheumatic wife; and emigration to a warm, dry climate is the only preventive in most instances.

3. No one doubts that cancer is hereditary. Some medical writers even doubt its spontaneous occurrence. But in an experience of over a quarter of a century I have treated several cases where the most careful inquiry into the family history failed to trace the disease in any antecedent or collateral relative. Three causes acting simultaneously on the same individual are sufficient to cause cancer, that is, to convert a trifling glandular swelling, or a wound, or a simple "healthy" sore into carcinoma or epithelioma. These are—worry, privation of food, and deficient sleep. In men, excessive tobacco-smoking is also a cause, either independently or which may be superadded to the three foregoing.

The prevalence of cancer among the inhabitants of the valleys whose rivers overflow in winter and subside but slowly, I have verified in New Zealand; and in Scotland I have noticed the disease originating in cottagers who lived on the edges of ill-drained peat bogs. Habitual drinking of too hard water has in some individuals apparently the evil result of causing cancer.

But we need not concern ourselves now with more than the diathetic aspects of this fell disease. Most pathologists are agreed that true cancer is analogous, if not even homologous, with true tubercle. The same organs are affected in the same order. We find in one generation cancer, in the next tuberculosis, in the third cancer once more, and so on, until by inter-marriage with healthy individuals, or by unusually favourable environment, either disease disappears from the family. Just now I am interested in watching the fate of a poor little infant, eight months old, whose mother recently died of cancer of the mamma and of the liver. The child has a scrofulous tubercle on its face and is very thin and unhealthy. The father, being healthy and vigorous, may have imparted sufficient vitality (as the mother did not suckle it) to enable the little girl to pull through life, but it may succumb from either cancer, scrofulosis or tuberculosis. There is no question but that cancer had developed in the mother before conception. Tuberculosis may even co-exist with cancer, for

Köster has seen tubercles in cancerous ulcers, and Friedländer in the stroma of a cancer recurrent after operation. As it has been proved that tubercle bacilli can pass from the mother to the foetus (in a case reported by Drs. Hirschfeld and Schmorl in 1891), so it is probable that the cancer bacillus may be transmitted in like manner.

We know so little about the very earliest beginnings of cancer that it is not possible to give definite suggestions for its extinction. I believe that a "spanæmic" or "leukæmic" condition of the blood always precedes the formation of cancer; and that it is not unlikely that as in the case of tuberculosis, we may also introduce into our organism cancer-cells or bacilli from the flesh of diseased animals if insufficiently cooked. I thus deduce two practical hints—(a) they who have had cancerous blood relatives should live well, and not be rigid abstainers; (b) all meat should be *most carefully* inspected (which is not the case at present), and so divided for the kitchen as that every part should be thoroughly baked, roasted or boiled; (c) it is likely that diet wherein vegetables and fruit largely (but not entirely) replace meat, would preserve persons from falling victims to the family scourge.

4. Tuberculosis, in all its forms, is hereditary to the extent of from 25 to 30 per cent. Phthisis pulmonalis causes one-seventh of the total mortality of the United Kingdom, and one fifth of that of Austria. Like leprosy, true phthisis of the lungs is inoculable, contagious and slowly infectious. Doubtless the dried sputum dust, containing bacilli, is responsible for much of the spread of this disease to those who are shut up with consumptive patients, or who sleep in bedrooms, not thoroughly renovated, where they had died. But MacCormac, of Belfast, proved (in 1853) conclusively, to my mind, that this disease also springs up *de novo* from the breathing of air exhausted of its oxygen and loaded with human emanations. I generally find that a phthisical tendency falls to the lot of the girls of a family if the father has died of phthisis, and to the boys if the mother had it. Its occurrence in both parents concurrently is extremely rare, but it is not uncommon for the surviving parent to become phthisical after the death of the other. Then, if a second marriage is

contracted with a perfectly healthy partner, the phthisical taint is transmitted to the second family also. The foetus may be infected with tubercle through the paternal germ-cell, the mother remaining healthy, or the foetus may, as the case mentioned above (p. 264) illustrates, contain bacilli before birth. The germs of tuberculosis usually remain latent during the growth of the infant's tissues, only awakening after a few years and attacking the lungs, bones or glands. Other causes of phthisis—preventable causes—are the consumption for food of milk and of flesh of tuberculous animals. Only the Jewish "Kosher" practice will save us from that risk.

A statement by Mr. T. W. Blake at the British Medical Congress in 1891 is so interesting as showing the family inter-connection of cancer and tuberculosis that I must find room for it. A farmer, Z, of perfectly healthy family had six sons and six daughters, and died at 78 of cardiac dropsy. Z's wife died at 64 of cancer of the liver. Her mother had an indurated mammary tumour which did not eventuate in cancer. The third son, K, died of phthisis at 19, the first death in the family of twelve. Eleven years afterwards another brother, H, died of phthisis. His wife, who after his death married another brother, died of cancer. Next the elder sister died of cancer, recurrent after removal of the breast, at the age of 48. Another brother, T, died after seven years of consumption from that disease. His wife, who had no family tendency to phthisis, *died before him* of the same disease. A sister, J, died in 1891 of cancer of the stomach and omentum, aged 70. A third sister, M, died at 57 after the removal of a large ovarian tumour, which was partly malignant. A fourth sister died of cancer of the uterus, about 47. A fifth sister became phthisical, but died of Addison's disease. Only three brothers now survive out of the whole family, and the wives of two of them have died of cancer. I leave my readers to deduce their own conclusions from this most remarkable sequence of facts.

The improvement in health during pregnancy of a woman affected with chronic phthisis is so marked, and she is, as a rule, so apt to conceive, that the world's supply of consumptives is more largely kept up from this source—the marriage of phthisical women of an

attractive, often beautiful type—than from any other. I have often thought that the parents of both parties should mutually agree that a *medical certificate of freedom from any communicable taint or disease* must be obtained *on each side* before the “engagement” can be ratified. If disease shows itself during the “engagement” that *ipso facto* should be a legal bar to the marriage.

(*To be continued.*)

PHOSPHORUS IN PURPURA HÆMORRHAGICA.

By A. SPEIRS ALEXANDER, M.D.

It has often been observed that the indicated remedy will cure in various dissimilar cases, irrespectively of their pathological condition. For example, it was pointed out in a former paper,* that *calcarea carb.* often relieves the pain of hepatic and renal colic, and of a certain form of dyspepsia, where the subjective symptoms agree with those of the drug, though there is no pathological relation at all between those three ailments.

On the other hand, it is interesting to find that, while the congeries of external manifestations presented by a given case affords a true picture of the requisite drug, the pathological changes that have given rise to those manifestations may likewise be found to correspond with the toxic effects of the same drug. And here it may be remarked that, as it is well-nigh impossible to conceive of any departure from health without some underlying morbid change, so it is rational to conclude that the simillimum that restores equilibrium does so in virtue of its power to set up internal changes corresponding to the symptoms which give outward expression to those changes.

Of this principle, numerous instances will doubtless at once suggest themselves to the reader's mind, and, by way of illustration, the following case is offered for his consideration :

On the 8th September, 1892, Laura C., æt. 17, was admitted to the Deyon and Cornwall Homœopathic Cottage Hospital, with the following history :

Patient was a servant in a second-rate temperance hotel, where she had very hard work, late hours and indifferent food. For some time past, she had been

* *M. H. R.*, July, 1887.

feeling increasingly weak and poorly, with shortness of breath, palpitation of the heart, and no catamenia for several months. The day before admission, she had been alarmed by the appearance of dark spots all over her body, quickly followed by an attack of hæmatemesis.



Fig. 1, which has not reproduced very well, is intended to show this.

When first seen, she was found to be in a somewhat anæmic condition, the lips and mucous membranes generally pale, but no hæmic or other bruit.

The face, shoulders, arms, trunk and lower extremities were covered with petechiæ and blotches of a deep purple colour, varying in size from about a sixteenth to a quarter of an inch in diameter, and possessing the

characteristic of being unaffected by pressure. The spots were most numerous and of largest size about the hips and thighs, where a few of them, running together, had formed ecchymoses. Some pain in the limbs was complained of, but was at no time severe.



Fig. 2.

Vomiting of blood occurred after each attempt to eat on the day of admission, and even irrespectively of that act.

The urine was of a deep red colour, and manifestly loaded with blood.

Patient was at once put to bed, and nourishment limited to milk and soda water, while *phosphorus* 6 was given every two hours.

On the following day, improvement was found to have set in. The hæmatemesis quickly ceased after the first few doses of *phos.*, but blood was still being passed with the urine.

The same medicine was given, but at longer intervals, and by the 12th, the water was found to be entirely free from both blood and albumen; there was no return of sickness, and more substantial food could be taken. The spots remained much the same, but no new ones seemed to have appeared.

On the 15th, the period returned, after having been absent for six months. The petechiæ were all fading away.

On the 20th, they had almost disappeared, and by the 27th, on which day patient was dismissed, no trace of them remained.

To the student of homœo-therapeutics, the relation of *phosphorus* to the foregoing case will be at once apparent. One of the most familiar toxic effects of that drug is the production of hæmorrhages, whether epistaxis, hæmetemesis, hæmaturia, or melæna. *Post-mortem* examinations have demonstrated the occurrence of exudations in most of the viscera, while the intestinal mucous membrane is often found dotted with dark hæmorrhagic petechiæ. Sub-cutaneous hæmorrhages in *phosphorus* poisoning seem to be of less frequent occurrence. Cases have happened, however, in which they have been observed, both *post-mortem* and during life. Thus, in a case recorded in the *Cyclopædia of Drug Pathogenesis* (vol. iii. p. 578), we are told that after death "the whole front of the surface of the body, especially the shoulders, chest, and abdomen, was studded with petechiæ of the size of a hemp seed, somewhat raised, and of a bright red colour. When cut into, they were found to be deposits of thin bright-red blood between epidermis and cutis."

In another case, narrated at p. 593 of the same work, similar phenomena were observed during life, as follows: "Ecchymosis in abdomen, on the thighs, two pustules (*petechiæ*?), with bright red areolæ and dusky centre."

Not only does extravasation of blood occur in *phosphorus* poisoning, but the blood itself is found to have undergone certain changes. It is dark, fluid, non-coagulable, the red corpuscles few in number, and to some extent disintegrated. Experts are not yet agreed as to whether the hæmorrhages result from these changes, or from alterations in the blood-vessels. That the well-known power of *phosphorus* to cause fatty degeneration of the heart, liver, muscles, &c., extends to the blood-vessels also, has been determined by the researches of Virchow. Thus, we read, to quote again from the work already alluded to: "I have examined a considerable number of cases of acute poisoning with *phosphorus*, and should like to give a prominent place to the fact that it is not only the central organ of the circulatory apparatus that is involved in the fatty degeneration, but also the peripheral parts of the arterial system, even as far as the minute microscopical vessels. This can be observed in all the organs, but most easily in the brain, in cartilage, in the marrow of the bones, and

in the liver. The principal symptoms of it are the sanguineous extravasations."* It therefore seems probable that the latter are due to loss of integrity of the vessels, an escape of blood being thereby permitted, rather than to changes in the blood itself.

The hæmatic phenomena, at all events, of phosphorus poisoning present a vivid picture of the objective symptoms of purpura hæmorrhagica; and it seems probable to the writer that there is likewise a pathological correspondence between the disease and its drug simulacrum. Whether the hæmorrhages of that disease are due to changes in the blood, or in the vessels, has not yet been accurately determined. The chief alteration that has been discovered in the former is, according to Dr. Parkes, the presence of an excess of iron and a decrease in the general solids. Analogy might justly lead to the conclusion that, if phosphorus poisoning produces fatty degeneration of the capillary vessels, and that the hæmorrhagic effusions are secondary to that cause, there may also be a similar condition as the basis of the hæmorrhages of purpura. Thus, on the hypothesis that in that disease the vessels have undergone some degree of fatty degeneration, it can be easily understood why *phosphorus* has such a decidedly curative effect. It causes fatty degeneration of blood vessels, therefore it also cures that condition; or, to be more consonant with the teaching of Hahnemann, it so restores the perverted equilibrium of the vital force, that the *vis medicatrix naturæ* is enabled to perform its curative function. Some colour may be given to this view of the pathology of purpura by the circumstance that extreme fatty degeneration of the cardiac muscle has been noted in cases that have proved fatal. It would be interesting and instructive to examine the smaller blood-vessels and capillaries in such cases, with the view of determining whether they also are the seat of fatty changes. Opportunities of such a nature, however, are, it is to be hoped, but rare among practitioners of homœopathy.

Whatever the pathology of the disease may be, that which concerns us most as therapeutists is its treatment, and in *phosphorus*, a drug thoroughly homœopathic, not

* *Op. cit.*, vol. iii., p. 587.

only to its external manifestations, but also to the morbid causative changes, we possess a reliable means of effecting a radical cure.

It may be objected, perhaps, that the petechiæ of purpura tend to disappear of their own accord, and that therefore *phosphorus* cannot be fairly credited with the cure of the disease. It is well known, however, that in cases treated expectantly, or allopathically, recurrence of both petechiæ and internal hæmorrhages is frequent, thus evidencing a persistence or progression of the morbid process; while, in the case narrated above, no relapse, up to the date of writing, has taken place, though the patient is still living in the same unfavourable circumstances and surroundings.

In marked contrast to the clear shining of "law in medicine," are the uncertain gropings after a rational plan of treatment amid the dim twilight of traditional science. Thus a modern authority says, "The principles of treatment of purpura are as little understood as its pathology . . . The severer cases are apt to go from bad to worse, whatever treatment be adopted. A certain *prima facie* resemblance which purpura presents to scurvy has induced a common belief that antiscorbutic remedies—fresh vegetables, *citric acid* and *potash*—are indicated here also. Experience, however, does not confirm the truth of this opinion. Among the remedies that have been chiefly recommended are *perchloride of iron*, *acetate of lead*, *arsenic*, *digitalis*, *turpentine*, *gallic* and *sulphuric acids*."* Which is the better way,—which method the more scientific?

Plymouth, April, 1893.

THE MINERAL WATERS AT HARROGATE.

By ARTHUR ROBERTS, M.D.

I.—A NEW ANALYSIS.

DR. THOMAS SHORT wrote in 1734, that Harrogate was "a place that may justly challenge Britain, and perhaps all Europe, for its great number and variety of its mineral waters," and we find that 100 years before this, Dr. Stanhope, writing in 1632, said "our spaw can in

* *Theory and Practice of Medicine.* Bristowe, p. 584.

justice yield to none in England for the great consequence and variety of its springs, there being a great many sorts within two miles of one another. Had they but one year such an ingenious examiner as Dr. Jordan, we might expect nations to flock to them." In 1881, Dr. Olliver, in his deeply interesting work on the Harrogate waters, says of the above quotations: * "But surely we may be permitted, with justice and without ostentation, to apply similar terms to the Harrogate of to-day, inasmuch as the district embraced by two miles east and west of it possesses no fewer than *eighty* medicinal springs, no two of which are alike, and some of them, both from a chemical and from a therapeutical standpoint, unrivalled elsewhere."

Such is the importance in which the Harrogate mineral waters have been held, and still are held, by the medical profession; yet how few comparatively of the general practitioners of this country, or in fact many of the consultants in London and the large cities and towns, know anything of the value of these waters? Dr. Myrtle† tells us of how a lecturer on materia medica made fun of a paper he read before a medical society, and suggested that pure water as supplied to the town would cure people as well as the mineral waters. From my experience, and that of all the medical men who have studied the waters and used them in their practice, the value of suitably chosen waters is beyond all question.

The first and most important thing is to study the analysis of the water. I found that analyses had been made by various eminent chemists, and the results were published by the Corporation, and in all books on the waters, and also in the guides to Harrogate. The next question was when were these analyses made, and on inquiry I found that there had not been any analysis of the Tewett well since Dr. Hofman's in 1854; of the *magnesia* well, since 1867; of the mild *sulphur*, since 1869; of the Alexandra *chalybeate* and pure *chalybeate* Royal Pump Room, since 1870; of the Starbeck spa, since 1871; of the old *sulphur* well, since

* The Harrogate Waters, by Dr. Olliver, p. 44.

† The Harrogate Waters, by Dr. Myrtle, p. 43.

1876; of the strong *sulphur*, the Kissengen water and the mild *sulphur*, all at the Montpellier Gardens, since 1879; and of the *chloride of iron* water, since 1880. I also found that these waters were known to change their character from time to time, and that, therefore, it was impossible for anyone to say what was the present composition of them. More than this, I found that one spring, No. 36, which was often being prescribed for medicinal purposes, had never been thoroughly analysed. All that had been done was to find out how much *sulphur* there was in it, and how much *salt*, but no one could tell me of what the 292 grains of *salt* in each gallon consisted. I therefore made arrangements with two analysts, Fellows of the Chemical Society, to make a complete analysis of the waters for me. What have I gained by this investigation? I now know the present composition of the waters which are most frequently prescribed, and I shall have others analysed that I think are likely to be useful to my patients. The very first water that I had analysed was found to contain two *salts* not mentioned in any previous analysis, and the constituents which it was known to contain had altered in quantity. In one case the *silica* had increased from 701 grains to the gallon to 3·101. The presence of *iron* and *alumina* was also detected. *Iodine*, which has always been said to be present in the old *sulphur* well, could not be detected by the most careful chemical tests. In the *magnesia* water there are 80 grains less in the gallon of solid constituents, and besides, *iron*, *phosphoric acid*, as *phosphate of magnesia* * has been found. There are 50 grains less of *natrum muriaticum* in the gallon. This water has changed more than any others yet analysed. These new discoveries have greatly enhanced the therapeutic value of the waters. The increased quantity of *silica*, and the presence of *alumina*, *phosphoric acid*, etc., all very useful and powerful medicines, show that we have at Harrogate mineral waters of the highest order. I am having these analyses checked by further examination wherever any alteration has been detected. This work will, I hope,

* Those who have used Schüssler's Tissue Cell Salts will know the value of *mag. phos.* and other salts contained in these waters, and what a gain it is to find *phosphate of magnesium* present.

be completed by the middle of May, and a copy of the result I shall be happy to send to any one who will send me a post-card application.

II.—ON THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF HARROGATE MINERAL WATERS.

This is a very wide subject, and can only be properly investigated by a careful study of the influence of these waters in health and disease, and a detailed one of the action of each constituent in the healthy. That the waters act according to the law of similars, *similia similibus curentur*, I have no doubt. Perhaps I might briefly say that the law of similars is that medicines or drugs given to healthy people produce certain symptoms of ill-health, and that the medicines causing such symptoms will, if given in a smaller dose, cure a diseased person suffering from similar symptoms. I have seen an attack of gout come on whilst drinking the waters, and heard of several such cases. Dr. Myrtle tells us in his interesting work on the waters,* that "It is no unfrequent occurrence to find that, even under the best advice and strictest care, patients get wrong whilst drinking all mineral waters; sometimes they seem to develop the evil that may happen to be lurking in the system, as that a bilious, or gouty or rheumatic subject becomes, for a time, more bilious, gouty or rheumatic with each dose of the water, and it requires prompt and judicious steps to be taken so as to bring, as it were, good out of evil." The same effect, he tells us,† is produced in some cases by the baths. Those who have studied the action of medicines on the healthy, and seen the aggravations in patients arising from too large a dose of the homœopathic medicines, will see at once that we have here a true example of an aggravation arising from the mineral waters operating in obedience to the law of similars. I know some medical men will argue that this is not so, and that the gout, etc., were already in the system, and the water only brought out what was already there. This I fully admit, for it only proves my contention that, owing to the waters acting homœopathically, they aggravate the disease which is already there, instead of curing it. Hence the im-

* Harrogate Mineral Waters, by Dr. Myrtle, 1869 p. 6.

† *Ibid.* Page 6.

portance of measuring the dose according to the condition of the patient, and decreasing the quantity when there are any signs of aggravation, or stopping the drinking of the water altogether for a time, or ordering a different kind of water. But further I find Dr. Myrtle says in the same book,* that the waters act "as a specific—I speak of its specific action, because I am satisfied that I have observed effects produced by it which I have never seen follow with such uniformity the administration of any other remedial measures, and because I am convinced that in certain cases it cures upon a principle, as special or peculiar to it as is that principle which gives quinine its anti-periodic character, and entitles that alkaloid to rank as a specific against diseases, observing in their course marked periods of exacerbation and remission; this specific action is manifested in the control it exercises over various cutaneous diseases."

Here Dr. Myrtle tells us that the waters act upon a principle as special or peculiar to them as quinine does in ague. If we turn to the writings of Hahnemann, we find that what first led him to reflect on the law of similars, enunciated by Hippocrates† over 2,000 years before, was the peculiar way in which cinchona bark, of which quinine is the alkaloid, caused symptoms in the healthy similar to ague, with marked periods of exacerbations and remissions. He experimented with other medicines, and found that in every case the medicine which produced symptoms similar to those in disease cured those diseases. From these experiments, repeated over and over again, he deduced the law of similars, which even Dr. Lauder Brunton admits is true in some cases. Homœopathy is not a new science. It is over 2,000 years since Hippocrates first enunciated the law, and over 100 years since it became an established truth and an unerring guide. Now, thousands of physicians in England, America, Australia, and the Continent, believe and know that the law is true, not only in some cases, but in every case susceptible of being cured by medicine. It is to me, and I am sure it will be to all homœopathic physicians, very interesting to find that

* *Ibid.* Page 21.

† See Dr. Sharp's *Essays on Medicine*, published by Leath and Ross, p.5.

Dr. Myrtle is convinced that there is a principle in the action of these waters which is specific in its nature, and our only regret is that Dr. Myrtle does not study the law of similars, in which he would find a full explanation of this principle, which, so long ago as 1867, he recognised as characterising the action of the waters.

Another question in the action of these mineral waters is whether they act chemically, or in what way do they act? Dr. Olliver, in writing on the action of *chloride of sodium* (our *natrum muriaticum*) discusses the question very fully. He argues that it has a chemical, or perhaps I ought to say physical, action, not by causing direct chemical change, but by increasing the quantity of *chloride of sodium*,—a constituent already present in the blood and tissues—and thus increasing tissue change, and an increased elimination of urea. He quotes authorities to prove these statements, and I find that our homœopathic colleague, Dr. Kranz, makes similar observations in writing on the Wiesbaden waters. This, probably, is the reason of the benefit patients say they derive from large doses of the old *sulphur* well, which contains 843 grains of *natrum mur.* to the gallon. But if this action is continued too long, we find, instead of a beneficial action, that we have poisonous effects brought on. This, too, is borne out by Dr. Myrtle's observations,* for he tells us that "the general action of this water is decidedly weakening, and a common complaint among those who have taken it either too long or in too great a quantity, is a feeling of being pulled down, or good for nothingness."

Whilst fully agreeing with what has been written on large doses of the waters, I am convinced from experience that we can attain these results without the lowering effect caused by repeated large doses. Dr. Kranz points out that the waters may be abused, but if taken according to the law of similars they have a curative action, without any lowering result. The waters do not act chemically, but as an irritant, or some might prefer to call it a physical action. Hahnemann called it a dynamic force. Electricity acts as an irritant. A crumb of bread irritates the throat, causing a severe attack of coughing. How small the irritation, and yet how pro-

* *Ibid.* Page 21.

found the result. The more the action of medicines is thought out, and watched in the patient, the clearer it will become that they act as irritants or dynamically. Their effect in some cases is altogether out of proportion to the dose. It is not the large quantities which are taken that produce the result, but the selection of the one which is specific to the disease. Any one interested in the dynamic action of medicines should read Dr. J. C. Burnett's little book on *Natrum Muriaticum* (chloride of sodium) as a test of the doctrine of drug dynamization. There is, however, another important factor to be taken into consideration in prescribing these waters, and that is the water itself. As pointed out by Dr. Lauder Brunton,* water is a most powerful solvent of the waste tissues of the body, and has been always found beneficial if taken in sufficient quantities to enable a patient to get rid of the waste material. People as a rule drink too little water, and what water they do drink they take at the wrong time. This difficulty is easily got over by selecting a water which, whilst it contains the salts that will benefit the patient, does not contain them in too large quantities. That is one of the great advantages of Harrogate over other mineral waters. We have here various waters (over eighty), each containing salts or iron, or both combined in various combinations and in varying degrees of concentration, so that if the patient requires a large quantity of the salts for a few days he can take the old sulphur, strong sulphur, mild sulphur, &c. ; or, if he requires less salts, he can take the magnesia, Starbeck, No. 36, or Harlow Carr water, without diminishing the quantity of water taken ; or, if he requires a saline chalybeate, he can take the Kissengen, Alexandra, Tewitt, &c.; or, if he wants an astringent chalybeate with saline components, he can take the chloride of iron water. Thus, we have every class of water, in almost every degree of concentration, varying from 9.8 grains to the gallon to 1047 grains.

All students of homœopathy know that the action of calcium, or *calcareæ*, as we call it, is useful in enlarged glands, scrofulous, tubercular and rachitic affections, diseases of the skin, &c. Barium salts are useful in scrofula, diseases of the circulatory organs, apoplexy,

* Cavendish Lecture, *British Medical Journal*, June, 1891.

especially in old people. We find Dr. Olliver recommends both *calcium* and barium salts for the same diseases in which for 100 years they have been used by homœopaths, and in the case of the latter he quotes Dr. Flint, of Scarborough, the homœopathic physician, who was led to the use of barium in a case of abdominal aneurism by a careful study of the law of similars.

I have not space to go more fully into the action of the various ingredients. We must, however, remember that we have to manipulate with these salts in a complex form, and we must not be too much occupied with their individual component parts, or we shall lose sight of their action as a whole. We must also remember that they are running waters, compounded by nature herself, and cannot be imitated by art or science. I have no doubt this increases their dynamic action. I think it is evident that they act on the patient according to the law of similars, and that the careful study of this law in connection with the known ingredients will lead to the most brilliant results. People must not, however, expect too much, nor to be cured in too short a time. Failure will at times occur, however careful the prescribing may be done. As to the dose, this will necessarily have to be decided specially in each case, as it is impossible to lay down any rules.

I will give a list of some of the diseases in which the waters are found beneficial, and in which I believe that they act in accordance with the law of similars.

1. Skin diseases in every form, including ringworm.
2. Functional diseases of the stomach, liver, and kidneys, including gall stones and calculous formations.
3. Gout, rheumatism, lumbago, sciatica, neuralgia, &c.
4. Nervous exhaustion and general debility from worry, business troubles and over work. Brain-fag, &c.
5. Scrofula, and glandular affections.
6. Anæmia.
7. Chronic bronchitis. (Dr. Ramsbotham, of Leeds, pointed out to me the beneficial effects of the waters on people suffering from chronic bronchitis, and I have had opportunities of verifying his observation).
8. Certain forms of consumption.
9. Diseases of women. (As pointed out by Dr. Kranz, chloride of sodium has a special curative action in these cases).

10. Diseases induced by tropical climates and malaria.

11. *Cancer*. I have studied cancer and tumours for many years, and I find that they receive great benefit from the waters and baths. The cases must be properly selected, for all do not obtain benefit. It is known that in America many springs are reported to cure cancer, and it is said that every one of the springs contain *silica*. That *silica* has cured cancer in subjects who have the *silica* symptoms, as shown by the law of similars, is true, and whether it is the presence of *silica* which has cured these cases of cancer I cannot say. This I do know, that I have seen patients suffering from cancer improve very much whilst under treatment here. Dr. Myrtle* gives a very interesting case of cancer which was very much benefited by taking the mild sulphur water, which contains 2.4 grains of *silica* to the gallon.

12. *Obesity and Corpulence* have often been benefited by the waters.

III.—MESSAGE IN CORPULENCE AND OTHER DISEASES.

Speaking of corpulence leads me to say a word or two about the treatment of this disease. Though generally not looked upon as a disease, from a careful study of obesity I am certain that it is a departure from health. It is a well known fact, that stout people bear acute disease far worse than thin ones, and that it is much more difficult to cure chronic diseases in stout people. If this is so, every pound weight above the average is a pound on the wrong side of the scale, and ought to be looked upon as a disease of a more or less serious kind according to the amount of weight added to the bulk. I do not therefore wonder that people who get too fat are anxious to throw off their burden. This, under proper treatment, can be accomplished with perfect safety to the patient, though it is not wise to do so except under the direct supervision of the medical man. Neither is it wise to attempt to do so too rapidly. The increase comes on gradually, and if health is to be preserved the decrease must also be brought about gradually.

How, then, can this be accomplished?

1st. By careful attention to diet, which must be begun and carried out on a fixed principle, varied from time

* *Ibid.* Page 78.

to time to meet the requirements of the patients. Patients are not machines that can just be put to orders, but have thoughts, feelings, pleasures, and so forth, which must be taken into consideration, and whilst a suitable diet is prescribed, it must be regulated with all thoughtful consideration for the peculiarities of the patient. If this is not done, the whole life of the patient becomes a burden, and the cure is worse than the disease.

2nd. The question of exercise is most important, and again here the patient has to be considered. Some patients cannot take exercise, and then we have a splendid remedy—one of the best that has been introduced for years—in massage.

3rd. *Massage* properly done by a well trained masseur or masseuse, is one of the best means of getting rid of superabundant fat that we possess. So much has been written on massage, that I need not here praise its excellency. All schools of medicines are happily agreed here.

4th. Suitable baths are very useful, and some of the waters, if drunk in not too large a quantity, are very helpful. Thus without putting the patient to a treatment, which in some cases is little better than a punishment, patients may get rid of their superabundant fat, and return home from Harrogate after a few weeks much better in health and spirits.

Other diseases in which *massage* is useful are, rheumatism, gout, neuralgia in all its forms, including lumbago and sciatica, paralysis, writer's cramp, some forms of indigestion, constipation, emaciation where there is no acute disease, consumption when there are no acute and febrile symptoms, and certain forms of bronchitis.

IV.—CLIMATE OF HARROGATE.

This paper would not be complete without a few words on the climate. The season is generally from June to October, but patients begin to come about Easter. During the last few years patients have begun to winter here. I have had patients here all through the winter, and they have not complained of it being colder than other and similar places. It is a dry, bright atmosphere, and the walks about are so many and various that visitors have no lack of choice. The altitude of Harrogate, being

over 400 feet above the sea level, gives it a mountainous atmosphere well charged with oxygen and ozone. The surrounding hills, which, however, are not too near to throw their rain down on to us, break the various winds from all quarters. These hills by attracting the rain leave Harrogate a comparatively dry place. It was found that, for inland watering places, whilst the average rain-fall of nine of them was 36.2 inches with an average of 179 rainy days, Harrogate during the same period had only 33.4 inches of rain which fell on 156 days. Taking 13 coast watering places it was found they had an average of 181 rainy days, whilst Harrogate had only 158 during the corresponding period. Harrogate may, therefore, be regarded as a dry bracing atmosphere. Patients sometimes find that the atmosphere is too bracing the first few days, and have thought of departing on this account, but if they are only persuaded to have a little patience and take plenty of rest, they find that they soon begin to recruit, and in a fortnight or three weeks the climate suits them well. Harrogate being placed so high is well suited for all diseases requiring a pure bracing atmosphere. The beautiful even walks on the Stray are well adapted for people suffering from heart disease, and people who cannot walk fast, or up hills. It is specially useful in bronchitis, and also in some forms of consumption. Dr. Myrtle* tells us that "the air of Harrogate also acts as a tonic to the relaxed and congested mucous membrane, thereby lessening the secretion from its surface, much in the same way as the air of Cannes does. Many of my patients have drawn my attention to the similarity of the two places as regards climatic conditions and the corresponding results." Thus many people who are now sent on the Continent, at much personal inconvenience, away from their families, and at great cost, might be cured at Harrogate. My experience is that Harrogate is not as cold during the winter as other places in Yorkshire, and people who have wintered here, tell me they have found the same, and speak favourably of it.

V.—THE BATHS.

The baths are most important in the cure of skin diseases, gout, rheumatism, diseases of the liver, etc.,

* *Ibid.* Page 62.

especially in their chronic forms. The Corporation have fitted up baths by which the sulphur water can be administered in the form of slipper baths, Aix douche, hot douches, needle baths, etc., and there are also non-medicated baths, such as Turkish, vapour, and plain water slipper baths, liver packs, etc. Just now the Corporation are beginning to build a new suite of baths, which, when completed, will supply all the requirements for four times the number of patients which we have had up to the present. The number of visitors who come every year to Harrogate to drink the waters and take the baths, has been estimated at between 60,000 to 100,000. During the full season, which extends from June to the end of October, it is astonishing how many go every morning to drink the sulphur and other waters. From 1,000 to 1,500 have been known to drink them between seven o'clock and nine in the morning.

I will now give a brief description of the baths.

The *Turkish Bath*.—At present this is only available for gentlemen at the Montpellier Baths. In the new baths there will be accommodation for both ladies and gentlemen. Ladies can, however, get a Turkish bath at the hydropathic establishments. Turkish baths are so well known that I need not give a description here. I would point out that at the Montpellier Baths, the special feature is that the bather is washed down with a sulphur needle bath. This combines the beneficial action of the Turkish bath with the medicinal action of the sulphur water.

The *Vapour Bath* is also provided for the patients, and is available at the Victoria Baths for both ladies and gentlemen. The vapour bath consists in the application of hot steam to the whole body, except the head, which is outside, differing in this respect from the Russian bath. The patient is enclosed in a box, comfortably seated, with the head outside. Then the steam is turned on and the patient remains in from 15 to 20 minutes. Arrangements are also made so that the steam can be applied locally to an arm or leg. This is very useful in cases of swollen knees, elbows, &c. After the vapour bath, the patient is washed down with a sulphur needle bath.

Electric Steam Douche.—The Corporation have purchased the electric steam douche, used so successfully

for very many years by Mr. Hardy. I hope they will soon have it in working order, for I have seen it produce very satisfactory results in cases of swollen joints, diseases of bones, &c. I believe that it will become a very great therapeutic agent in disease, especially as we shall be able to use it in conjunction with the sulphur water.

Russian Bath.—At present the Corporation have not a Russian bath, but I hope in the new baths there will be one fitted up. They can, however, be obtained at the hydropathic establishments. I have found the Russian bath very useful in cases of bronchitis, and in some throat affections.

Sulphur Bath.—The sulphur bath is taken by a patient in a slipper bath, which is filled with hot sulphur water. The strength of the sulphur water in the bath is regulated by the medical directions, and can be given as a thermal sulphur, a strong sulphur, or a mild sulphur.

Needle Bath.—This is a most strengthening and invigorating bath, if properly taken in suitable cases. It consists of a series of pipes, one above the other, in a circular form of about a yard and a half in diameter, the patient standing in the centre. These pipes have an innumerable number of small holes through which the sulphur water passes to the patient. Besides these pipes are also arranged some of a larger diameter, so that a stream of the water can be turned on any particular part of the body. By folding the hands in the form of a cup and letting this stream descend into them, and holding them near, say to the liver, a stream of water can be made to run over it without any of the bad effects which might arise, were it to strike the body over the liver. In cancer of the breast, I have found this a very soothing application, when proper care is taken to prevent the stream striking the breast. This can be avoided by holding one hand over the breast whilst the other is held just outside and below, so that the water can strike against it, and run on to the breast. There is also an arrangement admitting of the water being sent over the patient in the form of a wave, which is much milder in its action than the stream; or again the sulphur water may descend in the form of a shower. There is an ascending douche connected with this bath. By a very

ingenious contrivance, the floor of the bath can be lowered or raised to suit the convenience of those who are tall or of short stature. The needle bath is supplied with sulphur and plain water, and the temperature can be raised or lowered as may be directed. Thermometers are inserted in the pipes, so that the temperature is always exactly known.

Sitz Baths.—These are also provided and can be used with either sulphur or plain water, and either still or running.

Aix Douche.—Perhaps the most important improvement in the way of baths is the one called an *Aix douche*.* The patient is taken into a large warm room and seated on a reclining stool, with a back rest. The water runs down the back in a gentle stream, whilst the attendant, with a hose so arranged as to throw the water on the part of the body required, works the muscles with his hands. He begins with the feet, then the legs, and so on until he has gone over the whole of the body, giving particular attention to those joints which are inflamed, or muscles which are painful. After the patient has been massaged in this way he is placed in a needle bath and the temperature of the water reduced, when he is conveyed back again to his couch, where he is warmly wrapped up and allowed to cool. The temperature of the bath room and of the water is kept at a regulated heat, so that there is not any danger of the patient catching cold. No one ought to take one of these baths excepting under medical orders, since, in cases of a weak heart, they are very fatiguing and may, under some circumstances, do more harm than good.

Liver Pack.—For people who suffer from congestion of the liver a mustard bran pack is very useful. It is applied as follows:—The patient is taken into a warm room and after undressing is covered with warm wrappers. The attendant has ready a large poultice, made with mustard bran, which is wrapped round the liver and stomach. The patient lies still for 15 or 20 minutes, just according to its action on him. It is then

* The Corporation have engaged Mons. P. Gaillard, for nearly twenty years Masseur at the Bath Aix-les-Bains, to give the *Aix douche* at the Victoria Baths, Harrogate. Great improvements in the administration of this bath have been introduced.

taken off and a needle bath is taken. After which he can either lie wrapped up in warm wrappers or dress at once.

Starbeck.—There is at Starbeck a swimming bath filled with an alkaline sulphur water, which is very pleasant and soothing to the skin. No one suffering from disease is allowed to enter it. The water is regularly changed and kept at an equal temperature. There are slipper baths for patients.

Harlow Baths.—These baths are very useful in certain forms of skin diseases, in rheumatism and gout. They are alkaline sulphur waters.

Medical Uses of the Baths are so many and various that I do not intend here to enter upon them. I have briefly described the action of the waters and given a list of the diseases for which they are so eminently useful, and I need only add that in all cases where the internal use of the waters has been found to be beneficial the baths are equally helpful in restoring health. The new analysis has thrown some light on the necessity for a careful selection of baths. I have found in some cases that where the patient could not retain the water the baths have cured the disease.

In other cases, patients, who could not bear to take the baths, have received great benefit from drinking some of the waters. In prescribing, therefore, either the baths or the waters, the doctor has to take into consideration not only the disease but the patient, and this involves the previous history of the disorder and some knowledge of his constitution. In fact, we must ever bear in mind that we have to treat the patient, not the disease. If we can set the patient right the disease will vanish.

Kingswood House, Harrogate.

April, 1893.

MORE ABOUT ANÆSTHETICS.*

By HENRY MASON, M.D., M.R.C.S.

THE discussion upon anæsthetics at the Southport Congress, a report of which appeared in the December number

* This paper was written as a supplement to the discussion at the Congress, and should have appeared in an earlier number of the *Review*, but, owing to pressure upon our space, its publication had to be postponed.—EDS.

of the *Review*, cannot fail, from the importance of the subject, to be most interesting to every medical practitioner. The long vexed question of ether *versus* chloroform seems to be as far from settlement as ever, and probably so long as it remains a question of one *versus* the other, it will remain unsettled. It should be recognised that, although there may be a large number, perhaps a majority of cases, in which one will answer as well as the other, still there is a large class in which careful consideration is required in the selection of ether or chloroform, and in which one of them may be distinctly indicated in preference to the other. Ether, as far as statistics go, is undoubtedly the safer agent of the two, but as Dr. Day pointed out it is inadmissible in cases of bronchial, pulmonary, and renal disease, also in operations upon the head and neck, on account of the hyperæmia it induces in those parts, and in the case of operations upon the mouth and tongue on account of the difficulty of keeping the patient anæsthetised, and allowing the surgeon or dentist at the same time to proceed rapidly and continuously with the operation. When all such cases as these have to be operated upon whilst under the influence of chloroform it is manifest that any comparison in the way of statistics is almost useless. If such cases were operated upon under the influence of ether there is little doubt its death-rate would be considerably increased. Moreover, the deaths caused by ether are not always so conspicuously the result of the anæsthetic as in the case of chloroform. When the patient dies from chloroform administration he does so immediately on the operating table, but with ether this is exceptional, and the patient may die a few days after, and the death is attributed to pulmonary complications, perhaps, whereas the ether was the primary cause. A case of this kind with which I am acquainted occurred in Mr. Lawson Tait's practice. The patient developed œdema and congestion of the lungs immediately after operation and died on the third day.

On the other side there are many cases to which chloroform is unsuitable and dangerous, and which would be perfectly safe with ether. Some of these, unfortunately, it appears at present impossible to diagnose beforehand. The patient dies after inhaling

the drug only a few minutes, it may be. No pathological conditions are discovered to account for this untoward result, and we put it down to that convenient cloak for our ignorance, idiosyncrasy of the individual. I suspect, however, that if this idiosyncrasy exist, which I doubt, some of the fatal results attributed to it would have been prevented, if it had been possible to give greater care to the preparation of the patient and the selection of the anæsthetic, and in others, a careful *post mortem*, including microscopic examination of the cardiac muscle, would have revealed something to account for the sudden death. Of course, these remarks would not apply where too much chloroform has been given.

The cases which seem specially unsuitable for the administration of chloroform, include certain kinds of heart disease, especially the fatty heart, if it can be diagnosed beforehand, and according to Richardson, dilatation of the right side of the heart with varicose veins. In the latter form, ether would be equally contra-indicated on account of the pulmonary complications which might ensue, and personally, I should be disposed to make use of a mixture, or give chloroform first and afterwards ether. In all cases in which fatty degeneration or infiltration of the heart was suspected or in which, from the history of the patient as regards habits of excessive smoking or drinking, any cardiac weakness may be suspected, ether should without hesitation have the preference. Chloroform seems perfectly safe in simple valvular disease of the heart, whether aortic or mitral. I have given it many times in such cases, and they seem to have taken it without the least ill effect. In mitral stenosis it should always be given, for with ether the risk of pulmonary œdema and congestion would be very considerable. According to Sir James Paget, chloroform is badly borne by dyspeptics, and in such ether should be preferred. The distension of the stomach and intestines with flatulence presses upon the heart interfering with its action, and under such circumstances the danger of administering chloroform is obvious.

I must confess to considerable scepticism as to the additional safety which is said to be gained by the preliminary injection of *atropin* and *morphia*. Of

course I admit the advantages in the way of diminished salivation, vomiting, &c., and having to administer less of the anæsthetic. Moreover Schäfer's theory in recommending *atropin* to depress the influence of the pneumogastric, is certainly a good one and supported by many facts, but does there not seem to be unnecessary risk, especially with chloroform (and it is with chloroform that the cardiac action of *atropin* is most needed) in adding $\frac{1}{2}$ grain of morphia. Alone, the morphia is a very sufficient narcotic and depressant, and if when the anæsthetic is given there should be failure of the respiration or action of the heart, the danger seems materially increased. The chloroform or ether is rapidly volatile and will soon be eliminated, but not so the morphia, its narcotic deadening influence upon the system is more lasting and will greatly militate against efforts at resuscitation.

In the administration of *chloroform*, as was emphasized by several speakers at the Congress, the best method seems to be to give it boldly at the outset, and my own experience is fully in accord with this. I have certainly more often seen dangerous symptoms, such as excessive slowness and feebleness of the respiration and pulse, arise when it has been given cautiously and timidly. If vomiting threaten, I still continue to push the *chloroform* vigorously, and the retching, as a rule, rapidly subsides.

In the treatment of collapse, it is very important to know and have one's mind made up as to what course should be adopted. I have no intention of discussing the different methods which *may* be adopted, but shall mention two only, of which I have had practical experience. (1.) The best and most efficient I believe, is slapping the patient's chest with a wet towel. As soon as collapse is noticed, the chest should be laid bare (and such attire should always be adopted in the administration of anæsthetics, so that this can be done immediately) the tongue seized with forceps and drawn forward, and the surgeon having dipped the end of a towel in water, very hot preferably, slaps the chest with it, not a gentle slap but he should bring the towel down with all the strength of which he is capable, just as if he were using a threshing flail. If the treatment is successful, the patient will give a sudden inspiration, and the slap should then be repeated every four or five

seconds until the respiration becomes normal. I first saw this method adopted with success by Professor George Buchanan, and I have repeated it once myself with the same satisfactory result. This was the only real case of syncope I have had in a series of about 650 cases. Ether was given in about 50 or 60 of these, mixtures in a few others, and chloroform in the rest. (2) The inversion treatment is usually very effectual, and if the slapping treatment failed, I should without hesitation adopt it. I have partially applied it several times when there has seemed a tendency to chloroform syncope, as indicated by abnormal slowness of pulse and respiration. The head may be extended and thrown back over the end of the table, or the head and shoulders depressed over the side, and the foot of the table raised at the same time. If the patient be of light weight, he or she may be lifted bodily and thus inverted. Some surgeons speak highly of turning the patient to the prone position and throwing the head and body over the knee, so that the upper half of the body hangs directly downwards, at a right angle to the lower extremities. The principle of all is the same, and gives us a clue, I think, to the pathology of chloroform syncope. Many facts point to cerebral anæmia as being one of the effects of chloroform inhalation, and it is probably an excessive degree of this anæmia, affecting particularly the medullary centres, combined with the almost complete paralysis of the nervous system, which induces syncope. There is no doubt the danger in giving chloroform is much increased by having the head, and more especially the head and shoulders, raised upon a pillow.

For the prevention and treatment of vomiting I have, during the last three or four years, when I have had the opportunity, made use of apomorphia and found it to answer most admirably. Vomiting in the majority of cases in which I have used it has been entirely prevented, and the few cases in which it has occurred have been dental ones in which a quantity of blood has been swallowed. I use the first centesimal dilution, adding one drop of this to each half-ounce of water and giving teaspoonful doses every hour or two before and after the operation, not usually giving more than five or six doses altogether.

For the cough, which is often very troublesome, after

an anæsthetic, especially ether, I have found *phosphorus* 2 more generally useful than any other remedy. The first case in which I discovered its efficacy was an abdominal section, where it was especially desirable to give relief. The cough was dry, hard and frequent, and had resisted several remedies. The first dose of *phosphorus* relieved and a few more completely cured it.

Since writing the above I have received a letter from Mr. Charles Martin, M.B., who administers all anæsthetics that are required in Mr. Lawson Tait's practice. I give the following extracts which, coming from the pen of such an experienced anæsthetist, will be found most interesting and instructive:—

"In two-thirds of his (Mr. Tait's) cases I employ a mixture of two parts of ether and one part of chloroform administered in a Clover's inhaler. In the remainder of the cases I give pure chloroform.

"The general rules which guide us in the selection are the following:—

"(a) In diseases of the lung such as chronic bronchitis (and of course acute), phthisis, emphysema, œdema, &c., and in pleurisy, we give pure chloroform.

"(b) In diseased conditions of the kidney we give pure chloroform.

"(c) In very severe operations such as hysterectomy, splenectomy and nephrectomy, we give pure chloroform.

"(d) In children under 15 and in old people over 50, we give pure chloroform, and between 45 and 50, we give an increased amount of chloroform mixed with the ether.

"In all other cases we use the mixture referred to.

"Pure chloroform we give on one thickness of a towel (the side of a towel being pulled through a finger ring and so shaped as a mask).

"Personally I believe that chloroform is the safest anæsthetic in abdominal work, although the immediate results are perhaps less favourable, that is to say death on the table may be more frequent. Ether and a mixture are less fatal immediately, but much more fatal ultimately, as I have seen several deaths from pulmonary congestion and œdema, acute bronchitis, &c., after the administration of ether and never after pure chloroform."

Leicester.

A SUGGESTIVE CASE OF ANGINA PECTORIS.

By P. PROCTOR, L.R.C.P. & M.R.C.S.

ABOUT the end of January, 1892, I was asked to prescribe for an active man of some 64 or 65 years, a butcher, of previous good health, who had been seized one morning on walking at his usual pace up a slight hill with distressing pain about the heart, causing him to stop for a time until he was somewhat recovered. He returned home very leisurely, any quickening of his pace inducing a return of the paroxysm. On examination the pain was found to have extended a little to the right as far as the sternum, and on the left to the shoulder and down the arm. It was of the usual agonizing kind, compelling instant cessation of all motion and attended with great mental distress. On using the stethoscope nothing abnormal could be detected in the heart or pericardium, and the patient's health was in no wise disturbed beyond the pain experienced during the paroxysms which continued to visit him several times a day when going up stairs or when handling his cleaver. Occasionally, but not often, he would have an attack when quite at rest. Nothing that I could gather of his immediate antecedents could throw any light upon its causation beyond possibly the very cold weather then prevailing. His family was informed of the dangerous nature of the complaint, and all care was exercised to avoid such causes as were likely to induce an attack. He was placed upon such treatment as seemed homœopathically indicated, but as the interest of the case does not centre in the medicinal treatment at this stage, but rather in the evolution and course of the disease, no detailed reference to the medicines employed seems called for. Suffice it to say that although the medicines were selected with the greatest care and given a fair time to operate in, nothing seemed to have any decided curative action. The attacks did not gain ground, but I cannot honestly say that they were substantially mitigated. This went on for about six weeks. *Nitro-glycerine* and *amyl* were not resorted to as palliatives, *alcohol* being found sufficient to afford some relief. But one day whilst talking over the case with

the patient's wife, she expatiated on the sufferings he endured, and said they were quite as bad if not worse than what he had undergone three or four years ago during a long attack of sciatica. This hint was enough for me as I had previously been much exercised in mind by the probability that many cases of angina pectoris were of gouty origin. So the medicinal venue was changed, and discarding symptomatic indications an attempt was made to reach the possible dyscrasia that lay at the root of the whole affair. A strict anti-arthritic dietary was enjoined and the medicinal treatment more generalised, *colchicum*, *merc. sol.* and *potass. iod.* being chiefly employed. This treatment was continued for some ten days, the paroxysms occurring in much the same frequency all the time. But one morning to my great delight, I found my patient complaining of being hardly able to stand from an unmistakable gouty inflammation that had localised itself in one of his great toes. The joint was carefully wrapped up in cotton wadding and treated as tenderly as possible. All medicine was stopped lest interference might induce a transference elsewhere, and the disease was allowed to run a slow and natural course in the hope that the heart would be relieved thereby. The hope was well founded, for, when the gouty joint was fully developed, the anginal paroxysms absolutely ceased, and from that time till the present there has not been the slightest recurrence. The patient's health has been good and I have not had to prescribe for him. As showing the constitutional nature of the case, it may be stated that one of his sons has lately been under treatment for a pretty severe attack of sciatica.

Such a fortunate termination to what threatened to be a very painful and dangerous illness could not be passed over without many reflections arising in my mind. In the first place, considering that angina pectoris affects predominantly men rather than women, that it is an affection essentially of the latter period of life, and that those who are affected belong to that class more likely to be the subjects of gout, there is an *à priori* probability that this disease may be at the bottom of a certain number of cases, as, to my mind, it undoubtedly was in this case. It may be said that it was one of pseudo-angina, but if so, it was impossible

for me to distinguish it by any means in my power from other cases that have gone on to a fatal termination. From the rational side it does not seem at all improbable that gout may affect the cardiac plexus as well as the celiac, supposing the angina to be really, as I take it to be, a neurosis, for it is established that all forms of tissue degeneration may be found post mortem without any antecedent angina, and conversely, death may take place during a paroxysm without any noticeable lesion. Therefore it may be well to entertain the possibility that in addition to other causes the existence of gout is a potential one, and may, I believe, be a more general one than has hitherto been dreamt of, and consequently we shall do well to give our patients the benefit of suitable treatment based on this supposition. In the second place, I would advert to the great advantage that treatment directed to the constitutional state must have over that which seeks to cover only the obvious symptoms. It seems to be merely a chance where a uratosis, to use Roberts' term, may localise itself, and whilst the disease is a pathological unity it may excite a neuralgia in the sensory nerves or a paresis in the motor—a vertigo in the brain, an inflammation in the joint, a sore throat, or a catarrh, all calling on merely symptomatic indications for a host of different medicines. The discussion of this point involves many questions that are not here intended to be considered, but in the case related the most careful symptomatic selection of the medicines was futile, and I am not able to assign any exact value even to the latter part of the treatment during which the happy metastasis to the foot occurred. I am inclined, however, to think that the vital forces were thereby roused to throw out the disease from the centre to the periphery. But as previously stated, the interest of the case lies in its evolution and course rather than its medicinal treatment, and it is with a view to the larger and more general bearings ætiologically that it is brought forward, and with the hope that the suggestions here advanced may prove useful in other cases that may possibly fall into the same category. In addition to the interesting relation of the angina to the gouty state, this case illustrates the difficulty of curing a local disease where it is dependent on a constitutional condition. Had the

symptoms been due strictly to some local derangement the probability is the homœopathically selected medicines would have proved of more value than they were in this case.

Birkenhead.

GENERALISED VACCINIA.

By BERNARD THOMAS, M.B., C.M.

THE relation between vaccination and small-pox has been satisfactorily demonstrated, and there now exists little doubt that the former is only a milder variety of the latter. The virus has been modified and rendered, not only comparatively innocuous, but even a useful agent by conferring immunity against that serious and fatal disease. I may refer especially to the experiments of Dr. Thomas Whiteside Hime, which are so fully detailed and illustrated in the *British Medical Journal*.* This observer successfully inoculated one calf with variolous lymph, and after its transmission through a second animal, he transferred the virus to his own arm. The result was the development of a vesicle such as might have been produced on the arm of a child with ordinary lymph and which was unattended by any grave general symptoms.

The result of a vaccination is governed by two factors ; the lymph and the patient. It depends on the efficacy, virulence and purity of the virus and on the constitution, condition, and idiosyncrasy of the child. When proper precautions are taken, and the source of the lymph is known to be pure, there is little doubt of the comparatively trifling risk of vaccination. But on the other hand there is no doubt that some children do take the inoculation badly, although I have never heard of any serious harm resulting. I recall two children who were brought to me at the dispensary (where we do not vaccinate) in whom the inflammatory process was not confined to the immediate neighbourhood of the vesicles but had spread uniformly over the arm and in one child the skin was red, dry and eczematous ; except for this,

* July 16, 1892.

the general disturbance was only trifling, and they soon recovered. Other medical men have, no doubt, a similar experience. There was one case, however, to which these few remarks are introductory, and as I have never before or since seen such a typical case of generalised vaccinia, I thought it was worth recording.

W. G., aged three months, was vaccinated in four places on the left arm. These areas took and developed vesicles in the usual time. According to the mother's statement, about nine days after, the arm became swollen, red, and other vesicles appeared on it. Later the right arm presented a similar appearance. Thirteen days after the vaccination the child was brought to me covered from head to foot with discretely separated vesicles, some of them as large as the primary lesions, and, perhaps, the largest of all on the dorsum of the left foot. Each was surrounded by an areola and accompanied with much œdema of the adjacent skin. The treatment adopted was *thuja* internally and externally, before scabbing took place, an ointment of equal parts of boric ointment and vaseline was used. I think it must be admitted that the patient was lucky in having been vaccinated, for as he showed such a susceptibility to the attenuated virus, what would have been the result if, at a subsequent date, he had contracted small-pox, a disease not unknown in the district?

REVIEWS.

The Medical Annual and Practitioners' Index: A work of Reference for Medical Practitioners, by numerous Editors and Contributors. 1893. Eleventh year. Bristol: JOHN WRIGHT & Co. London: SIMPKIN, MARSHALL & Co.

ONE of the best testimonies to the appreciation in which this annual digest of the year's progress is held is that we see it on the library shelves of an increasing number of our medical friends. In a small space, and for a modest sum, a *résumé* of every interesting or important discovery, and of every useful fact dwelt upon in current literature, is here presented to us. It is unnecessary to dwell at length on the annual as we have sometimes done before, for we believe most of the copies sold are "subscription copies." Nevertheless, if our notice of it should induce any of our friends to

subscribe for next year's issue we are sure they will not regret it.

The work is opened by an address on "The Present State of Therapeutics," by Professor H. A. Hare, M.D., the present editor of our plagiarist contemporary, *The Therapeutic Gazette*. Professor Hare writes an interesting chapter comparing some of our present methods and remedies with those of a few years ago. The "Dictionary of New Remedies" is, as usual, full of suggestions which will be fresh to most of those who read the book, and decidedly stale to a small minority of our professional brethren. As an illustration we may mention a quotation from *The Therapeutic Gazette*, which states that "as with many other substances, which in large amount act as irritants, *cantharides* acts in small amounts as a stimulant to epithelial cells," &c., &c.!! The first article in the "Dictionary" is on *Anemonin*, under which title we recognise an old friend, whose virtues are becoming more widely known; two whole pages are devoted to this "new remedy." *Copper* is brought well to the fore for anæmia and chorea—and deservedly so. *Peroxide of hydrogen* is another remedy deserving more patronage than it receives; so also is *ouabain* in pertussis, introduced by our friend, Dr. Percy Wilde. His remarks on its value in the *Med. Annual* of 1889 led us to give the drug an extended trial; so satisfactory have been the results that we are not surprised to find its praise echoed from far and near. Time is saved and complications are prevented by the use of *ouabain*.

We will only mention two other valuable and timely articles which cannot be read without profit. The first is on cholera. The views of the supporters and opponents of quarantine are clearly stated, and a summary of Dr. George Johnson's sensible and successful methods of treatment, as opposed to the astringent methods so generally adopted, is of especial value. To us they are of interest as confirming, in a somewhat crude way, views long advocated in our pages. Dr. Sisley gives a *résumé* of the Russian epidemic, 1892, and the instructions issued by the Russian authorities.

The second article to which we allude is one on cholera infantum. Our space forbids our dwelling upon it, but we may state that Dr. Meinert's theory, that this disease is allied in its origin to sunstroke, furnishes food for much thought, and deserves the attention of all those who have work amongst children, especially of the poorer classes. We again congratulate the editor in chief, and his various distinguished collaborateurs on their most recent effort.

Verdi's Special Diagnosis and Homœopathic Treatment of Disease, for Popular Use, including such Functional Disturbances as are peculiar to Girls and to Maternity. By TULLIO DE SUZZARA-VERDI, M.D. Philadelphia: Boericke & Tafel. 1893.

THIS book is, we are told in the preface, an enlargement of a previous volume, entitled *Maternity*. We can only suppose that such works as these meet a need felt by somebody, as they continue to appear. This work, which we have carefully looked over, is neither better nor worse (though a good deal larger) than most of its fellows. It includes a good deal, for which medical training, more or less complete, is required to make it useful. The volume is got up in Messrs. Boericke & Tafel's well-known thorough manner. We regret they do not adopt a different style of binding for such a manual, instead of making it appear as one of a series with such a classical work as Dr. Hales' on *Diseases of the Heart*, for instance.

A Compendium of Materia Medica, Therapeutics, and Repertory of the Digestive System. By ARKELL ROGER MCMICHAEL, M.D. Philadelphia: Boericke & Tafel. 1892.

THE striking personality, if we may be allowed the expression, of this volume at once claims for it attention. It is a ponderous quarto tome of 360 pages, 14 in. by 10½ in., and the arrangement of its letterpress is unique.

The avowed object of Dr. McMichael's work is to place in the hands of the student and physician a *comparative* study of the materia medica of the digestive system. With this aim we, of course, entirely sympathise; how it is accomplished only the actual use of the book can prove. To eliminate unreliable material the author has rejected all symptoms, even those of acknowledged pathogenetic authenticity, which has not hitherto proved curative. As to the wisdom of this we should respectfully differ from the author; he has, however, left us a mass of material, formidable in its greatness, and has distinguished clearly between pathogenetic and clinical symptoms.

The work is arranged in two parts, to each of which a repertory is attached. In the latter, each symptom may be found in full. The symptoms are arranged in simple alphabetical order and under every important word is a reference. Part I. deals with stomach, appetite, thirst, taste, tongue, mouth, teeth, nausea, vomiting, eructations, and flatulence. Part II. embraces stool, rectum, anus, abdomen, hypochondria, umbilicus, and hypogastrium.

To do justice to this important departure in materia medica work we must give an example.

PART I.

DRUG.	1. STOMACH.	2. APPETITE AND THIRST.	3. TASTE AND TONGUE.	4. CONCOMITANTS	5. MOUTH AND TEETH.	6. NAUSEA AND VOMITING.	7. ERUCTIONS & FLATULENCE	CLINICAL.
PETROL.	Burning in stomach towards evening; emptiness.	App. Ravenous hunger but speedy satiety after ravenous after making her sick. Thirst. Thirst for beer.	TASTE. Taste sour; slimy. TONGUE. Tongue white.	Imagined that someone was lying near him. Pressure in occiput. Leadiness in occiput. Finger tips rough, cracked and sticking; cutting in them.	MOUTH. Swelling of gums. Pustula above a hollow tooth like a dental fistula; painful soreness on chewing. Much mucus in mouth and nose. Bad odour from mouth.	NAUSEA. <i>Nausea all day; in morning with accumulation of water in mouth</i> ; in morning on waking she could not eat breakfast, with cutting in upper abdomen and diarrhoea. <i>Nausea increased</i> , so that it takes away the breath; all day without vomiting; sudden on walking; with salivation; sudden heat of face and vertigo.	ERUCTIONS. Eruptions tasting like bad eggs, hot, sharp and sour.	Abscess at the root of the tooth with external swelling; dental fistula; dyspepsia temporarily relieved by eating; dyspepsia with violent pain extending into the chest, with nausea temporarily relieved by eating. Nausea and vomiting of pregnancy. Sea-sickness with the special indication of the occipital headache. Gas-tralgia with feeling of coldness and faintness in the abdomen.

With this brief example we must leave the reader to form a judgment of his own respecting the completeness of the manner in which the digestive system *materia medica* is dealt with. A very large proportion of Hahnemann's work, as related in the chronic diseases, is left out. A good deal more is supplied, on the other hand, than is given in the *Cyclopædia*. The facility with which the work may be used and the sections compared leaves nothing to be desired. The repertory is full, the clinical suggestions judicious. The type is large and good. Although the book is large it is not very unwieldy.

The Twelve Tissue Remedies of Schüssler : comprising the Theory, Therapeutical Application, Materia Medica and a Complete Repertory of these Remedies. Homœopathically and Biochemically Considered. By WILLIAM BOERICKE, M.D., and WILLIS A. DEWEY, M.D. Third edition, re-written and enlarged. Philadelphia: Boericke & Tafel. 1898.

It is but two years and a-half since we had occasion to notice at some length the second edition of this work. With certain well-defined qualifications we gladly accepted this work of Drs. Boericke and Dewey as a useful contribution to our knowledge of the action of the drugs considered. We pointed out the necessity, recognised also by the authors, of as soon as possible confirming and extending the clinical knowledge already possessed by means of experiments on healthy subjects. In the case of at least one remedy (*kali phos.*), this has now been done, and the proving is incorporated in the third edition of *The Tissue Remedies*. The plan of this edition is similar to that of the last, but much fresh information is given and many of the clinical illustrations are new.

Although everything that Dr. Schüssler himself has written up to the publication of his latest, the eighteenth edition of his *Abgekürzte Therapie*, is included in this edition, we are told that the authors' "conception of the true place of the *Tissue Remedies* has separated" them "more and more with each new edition from that of their distinguished introducer." We are not surprised to learn this, and think better rather than worse of the work on this account.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the session was held at the London Homœopathic Hospital, on Thursday, April 6th.

Drs. Henry Arnold Eaton of Norwich, George Reginald Jones of Eastbourne, William Theophilus Ord of Bourne-

month, and James Call Weddell of Sunderland, were elected members of the Society.

Dr. Percy Wilde, of Bath, read a very interesting paper on the *Pathogenesis and Treatment of Rheumatism*. The paper, which was the outcome of a series of investigations and observations by the author, promoted the theory that the symptoms known as rheumatism, and which he christened "asthenoxia," were due to an accumulation of acid in the tissues. This view was supported by carefully prepared chemical experiments, but condensation will not do due justice to the paper, it must be read *in extenso*.

In the discussion which followed, the theoretical part of the paper was adversely criticised by Drs. Cook, Hughes, Blake, Dyce Brown, Dudgeon, Carfrae, Madden and Galley Blackley, though the treatment founded on the author's views was generally endorsed.

PERISCOPE.

MATERIA MEDICA.

DEBILITY OF THE ACIDS DIFFERENTIATED.—Dr. Wm. Boericke (*California Homœopath*) writes as follows:—All the acids produce debility, languor and weakness, in consequence of the impaired nutrition they cause.

Acetic acid is indicated in the most profound forms of debility in the course of diseases that tend deathward, as indicated not only by the profuse perspiration, the hæmorrhage, the diarrhœa, the hectic fever, but also by the cold extremities, dropsical effusions, great emaciation and marasmus.

The *sulphuric acid* debility shows itself more as a tremor. There is a sense of tremor all over, not necessarily accompanied by objective tremor. Frequently in women at change of life, and with it also the hot flushes, relaxed cold feeling at the stomach, causing a craving for stimulants. This trembling weakness is associated with a quick, hasty movement; everything must be done in a hurry.

Oxalic acid produces great muscular prostration, weight and powerlessness of the limbs. The back feels too weak to support the body; great lassitude and weakness of the limbs; acute pain in the back, extending down the thighs, seeks relief by change of posture; numb feeling, blueness, coldness, stiffness and immobility of the limbs accompany the backache; pains worse when thinking of them; pain in spots; aphonia and alteration of voice.

The *benzoic acid* debility is less general and more local in its manifestations, as seen in its action upon the urinary

organs. The weakness is shown in the irritable condition of the bladder that is produced, going on to enuresis. Irritable bladder, with muco-purulent discharges, enlarged prostate, often found in old persons. They complain of dribbling strong-smelling urine. The urine is high-coloured and very offensive; the odour is extremely strong and pungent, and is present *when* the urine is voided. Gouty patients, especially, are apt to be candidates for *benzoic acid*. Much pain in the joints, with gouty concretions or nodes.

Carbolic acid debility is associated with headache, spinal pain and tenderness. The headache is congestive, like a band around the head, or neuralgia over the right eye, and *often accompanied by great acuteness of smell*. Symptoms of acute dyspepsia, much flatulence, acidity, burning in stomach, showing its weakening effect upon the digestive tract. In flatulence of old age depending upon imperfect digestion it is indicated.

Lactic acid shows its debility in the stomach. Morning sickness in pale anæmic women, who lose large quantities of blood during the menses, which usually last too long; acid and profuse perspiration all over.

Muriatic acid debility is of such a character as is found in low fevers, where the debility is so great that the patient slips down toward the foot of the bed, and must be lifted up every little while. Inability to void urine unless the bowels are moved; he needs the rectal stimulus in order to get the bladder to act.

The debility of *phosphoric acid* is like that of *china* and *calc. phos.* resulting from the loss of fluids and after sexual excesses. It corresponds more to the chronic effects, while *china* meets the acute symptoms. Sometimes after mental emotions, grief, sorrow, homesickness or disappointments, a profound debility sets in with emaciation, night sweats, drowsiness, congestive headaches, etc. Children who grow very rapidly, feel tired as if beaten in the back and limbs, need *phosphoric acid*. The debility of this remedy is more of a nervous character. Indeed the usual sources of ordinary loss of strength, diarrhoea, perspiration, polyuria, etc., do not seem to weaken the patient very much. *Phosphoric acid* does not cause serious blood changes, and in its action on the nervous system we fail to find a profound disorganizing influence. It is indicated in functional debility from various sources.

Picric acid. Back aches, is numb loins weak, limbs numb, legs blue and cold. It causes almost complete immobility of the lower extremities. Nervous exhaustion is its sphere. Everything points to a profound depression, and anæmia going on to softening. The remedy produces a weariness

from a slight fatigue on motion to paralysis, a mental inactivity with indifference, want of will power to do anything, and a desire to lie down and rest. It corresponds to symptoms of neurasthenia, brain fog. It has severe headaches, beginning in the occipital region and then extending forward and downward, worse from the slightest use of the brain, better from pressure. The slightest exertion brings on speedy exhaustion.

Picric acid has marked excitement of the sexual organs shown by priapism and profuse emissions. Erections very violent, a common symptom in spinal diseases, and it is in chronic cerebro-spinal diseases that *picric acid* will come into play. It has cured locomotor ataxia. The sleep of such patients is disturbed by the most violent erections. Legs heavy, weak, numb, trembling—prostration from least exertion. General sense of lassitude. Difficult to move the limbs.

THUJA OCCIDENTALIS.—In *The Hahnemannian Monthly* (April) Dr. McGeorge, of Woodbury, N.I., reports a singularly interesting case of osteo-sarcoma of thigh, in an infant, successfully treated by the use of this medicine by a physician of the old school. The second day after her birth the doctor's attention was drawn to a hard substance, the size of an almond, under the skin of the right thigh. It increased rapidly in size, and on the eleventh day he had intended to pass an electric current through it. He, however, met with an accident which disabled him for nearly five months. In three weeks the tumour covered one-half the distance between the knee and the thigh. Two eminent surgeons from Philadelphia advised amputation at the hip joint; this was declined. When five months old, the tumour extended from the knee to the groin, and was as hard as bone. The surgeon who attended the mother in her confinement, Dr. H. Clark, of Woodbury, was now able to resume his professional duties. He gave the infant at first one and afterwards two drops of the fluid extract of *thuja* three times a day, and applied the same preparation to the surface of the tumour. Faithfully persevering in this treatment, the swelling had, in six months, entirely disappeared. When examined, at six years of age, no trace of a tumour was perceptible, merely a little depression in the lower third of the internal part of the thigh. Medicine can, now and again, be even more "brilliant" in its results than surgery, though its methods may be devoid of anything sensational.

GRANATUM.—In the *Hahnemannian Monthly* (April) Dr. Hart Smith, of Philadelphia, gives the particulars of a case of poisoning by the tincture of the bark of pomegranate root. Fifteen drops were given three times a day to relieve ascarides.

On the second day attacks of suffocation occurred. The child would run across the room, lose its breath, and become unconscious. *Moschus* was given, the symptoms not being attributed to the *granatum*. After an interval of two or three days the pomegranate tincture was resumed, and after the fifth dose a similar condition of spasm of the glottis occurred, attended with more alarming symptoms than before. Dr. Hitchins was called in to see the patient, and recognising the condition as a drug pathogenesis, when shortly afterwards he was requested to see a child of an irritable and excitable disposition, who on being crossed, or in any way vexed, would throw down whatever object it had, run across the room, and fall into a state of asphyxia. This had been the habit of the child for several months. *Granatum* was given, and the relief was almost instantaneous, and being continued at intervals there was no recurrence of the paroxysms. Dr. Hart Smith was consulted by a nervous hysterical girl, who, since the appearance of the menses and at every period, "would have congestion with nervous spasms and constriction of the throat, when she would lose her breath, become purple in the face, and only by dashing cold water over her were we able to relieve her." *Granatum* was followed by complete relief, not only to the glottis, but to an annoying itching at the anus, which was demonstrated to arise from ascarides. In whooping cough Dr. H. Smith says he has never found it fail to relieve the spasm of the glottis, and he has seen great advantage from it in asthma with constriction of the glottis.

COCAINE.—In *The Medical Era* (January) Dr. C. R. Crosby reports the case of a boy, aged 12 years, with tubercular meningitis. The usually indicated remedies had been administered without result. An article in an allopathic journal reported a case of cocaine poisoning coming to hand, a comparison showed that it had all the symptoms of his patient. One symptom in particular, which would not yield to any remedy, was dilatation of the pupils and non-reaction to light. Cocaine, two drops of a 2 per cent. solution was put in a half-glass of water, and given in two teaspoonful doses every two hours during the night. The next morning the delirium was very much modified; discontinued cocaine till next night, and then repeated it. From that time convalescence began, and at this writing the patient is about the house and improving rapidly. The leading indications are herewith presented: Temperature, 104.5; respiration, 36; pupils dilated; would drop suddenly into a heavy sleep for about twenty minutes, then wakes with increased delirium; then great excitement; laughs, cries, gesticulates, talks incessantly, pays no attention to questions, changes position constantly;

dizzy, staggers like one intoxicated, then exerts twice the natural strength; urine natural in quantity; skin cool, sometimes very dry and sometimes drenched with profuse sweat; face pale, with an occasional besotted look. An upright position seemed to be preferred by the patient. All the pain complained of was in the back of the head.

CARBOLIC ACID AND MERCURIC BICHLORIDE SOLUTIONS.—In an abstract of a paper on Mercuric Chloride Solution by Mr. J. R. Johnson, published in the *Chemist and Druggist* (Nov. 5.) the author appears to have been in doubt whether the minute amount of free chlorine present would in any way interfere with the germicidal powers of the aqueous solution made therefrom, and though at first sight it appeared to be unlikely that any such result would follow, the opinion of Sir Joseph Lister was asked. His reply is of particular interest, as it bears upon his present use of antiseptics. He wrote thus—

“Glenelg, N.B., Sept. 24, 1892.

“My Dear Sir.—Your letter has been forwarded to me to this place. I have no hesitation in answering your question to the effect that the presence of the minute quantity of free chlorine cannot possibly interfere with the antiseptic action of the bichloride. If it had any effect at all, it would be to enhance the antiseptic efficacy. It might possibly make the solution act slightly more upon the steel of the instruments. I may remark that, as the result of recent investigations, I have for some months past abandoned the use of the bichloride in favour of our old friend carbolic acid. It has been shown that a 1-40 solution of carbolic acid is really superior in actual germicidal power for such organisms as cause inconvenience in surgery, as compared with any solution of bichloride that could be used for surgical purposes. I may add that very pure carbolic acid, soluble in less than 20 parts of water, may now be obtained at 1s. per lb. wholesale from any thoroughly trustworthy manufacturers, such as Morson & Co., of Southampton Row, London.

“Believe me, sincerely yours,

“JOSEPH LISTER.”

P.S.—For purifying instruments and sponges, and the skin of the part to be operated upon, a 1-20 solution of carbolic acid is, of course, used.

ACONITE.—Robinson (*Bost. Med. and Surg. Journ.*, August 25th) reports the case of a soldier who, after a debauch, took about 2 drachms of *tincture of aconite*. He was seen an hour later when he was recumbent, tossing his limbs about and complaining of numbness and cramps in the arms and hands; his radial pulse was imperceptible, carotid 119, respirations 19,

pupils slightly dilated but sensitive, nose pinched, extremities cold, face bedewed with cold sweat; at times he lapsed into unconsciousness. Between $\frac{1}{10}$ and $\frac{1}{5}$ grain of *apomorphine* hypodermically produced vomiting, and the stomach was thoroughly washed out by means of a tube. At intervals in the course of four hours—by which time he was out of danger—he was given hypodermic injections, amounting in all to 25 minims of *tincture of digitalis*, 45 minims of *aromatic spirits of ammonia*, and 2 drachms of brandy. The author considers that *digitalis* is far superior to *atropine* or *strychnine* as an antidote to *aconite*, but that stimulants must also be used to gain time for the *digitalis* to act.—*Brit. Med. Journ.*

LARYNGOLOGY, &c.

a. NOSE.—Nasal pathology has received a fair share of attention in the various general medical and surgical periodicals of late, apart from those specially given up to this department. Derville (1) relates a case of epithelioma of the bridge of the nose cured by the local application of *chlorate of potash*. The patient was aged 73, and the disease was of nearly a year's duration. Applications of powdered *chlorate of potash* were made three or four times a day, followed by dressings of lint soaked in a concentrated solution of the same salt. The applications were painful, but led to healing in six to eight weeks. The relationship existing between amenorrhœa and hypertrophic rhinitis has been studied by Oppenheimer (2), who reports cases in which removal of enlarged lower turbinates caused cessation of the former condition. Somewhat allied to this is a paper by J. Dunn (3) on *Tic Douloureux of Reflex Origin*, in which he relates two cases in which this malady of some 15 years' standing was cured within a few minutes by a similar operation. Six months after there was no recurrence.

Concerning nasal hydrorrhœa, Bean (4) summarises that *cocaine* is seldom of use, and in many cases is actually harmful, owing to its depressing effect upon the nervous system. Apart from those cases due to trauma or polypus no good is to be expected from local treatment. He recommends "anti-spasmodics" and "tonics," especially *strychnine* and *quinine*, together with cold baths and massage.

A hitherto undescribed form of "*coryza professionalis*" has been noticed by Polyak (5) amongst workers in bronze. It somewhat resembles the chromic acid affection.

Boeck's treatment of lupus (scraping; applying *argent. nit.* to the base and then painting with 10 per cent. *iodoform colloidium*) has received approbation from Dr. Schlapoberski (6),

who treated with complete success a woman, aged 29, in whom the disease, situated on the nose, had lasted five years. Treatment was carried on for seven months. No return after four-and-a-half years.

References: (1) *Journ. de Sciences Méd. de Lille*, No. 46, 1892; (2), *Berl. Klin. Woch.*, No. 40, 1892; (3) *Virginia Med. Monthly*, Feb., 1892; (4) *N. Y. Med. Journ.*, 10th Dec., 1892; (5) *Berl. Klin. Woch.*, No. 1, 1893; (6) *Russ. Med.*, No. 12, 1892.

b. DIPHTHERIA AND CROUP.—Muskowitz (1) recommends *mercurial inunction*, the ointment being rubbed into the neck, which is then covered with gutta serena and flannel. Between 60 and 75 grms. were used during the treatment without producing mercurialisation.

Latta (2) treats such cases with *arsenite of copper*; and De Vrij (3) recommends *choline*, but adds the warning that this substance often contains *neurine*, which possesses poisonous properties. *Antipyrine* as a local application in inflammatory states of the mucous membrane of the upper respiratory tract is advanced as both an anæsthetic and analgesic by Gleeson (4). He uses it in a spray of 1—8 per cent. strengths for the Schneiderian membrane, and for an inflamed pharynx or larynx the powdered drug or a concentrated solution may be applied, and this usually gives immediate relief. The author has found it of much use in allaying the pain of advanced tuberculous laryngitis.

References: (1) *N. Y. Med. Rec.*, May 21, 1892; (2) *Indiana Med. Journ.*, July, 1892; (3) *Weekbl. voor Geneesk.*, No. 2, July, 1892; (4) *N. Y. Med. Journ.*, Oct. 29, 1892.

c. LARYNX.—*Iodine* as a cause of œdema of the larynx has been treated of by Avellis (1) in the conclusion of a paper on the causes of this complaint. He distinguishes three primary forms of œdema, viz., the benign or simple, the infectious and the septic malignant œdema, which vary only in degree, and, lastly, the erysipelatous. The benign he divides into four forms—the idiopathic, traumatic, angioneurotic, and the toxic, which last is only caused by *iodine* (? Abstr.). This drug he considers acts through the nervous system and is thus analogous to the angioneurotic form. Rhu (2) recommends as treatment for œdema subcutaneous injections of *pilocarpine*.

Tervæst (3) and Schultze (4) both have articles on the use of *cantharide* of potash in tuberculous laryngitis.

The former after using subcutaneous injection reports the cure of a case of slight ulceration within 14 days, and others in which a rapid improvement occurred.

The latter, however, takes a pessimistic view of the treatment. Twenty-one patients were treated (as usual, indiscriminately—Abstractor), 4 of tuberculosis, 8 of tumours, and 19 of dry catarrh of nose, pharynx, and larynx, with no good results. Further, the application was painful, and in 88½ per cent. of cases albuminuria occurred even after the first injections.

With regard to *tuberculin* in laryngeal tubercle, Erwin (5) draws the following conclusions from the treatment of seven cases :—

1. *Tuberculin* causes healing in many cases, and generally checks advance of the disease.
2. The treatment must be persistently pursued in order to accomplish a cure.
3. In cases of recurrence of the disease the treatment must be commenced from the beginning again.
4. It is only in the earlier stages of the disease that success can be expected from the treatment.
5. Laryngeal tuberculosis is less amenable to treatment than a similar condition of the lungs.

References : (1) *Wiener Med. Woch.*, No. 46-47, 1892 ; (2) *Cincinnati Lancet-Clinic* Aug. 20, 1892 ; (3) *Weekbl. voor Geneesk.* No. 2, 1892. ; (4) *Münchener Med. Woch.*, No. 48, 1892 ; (5) *Journl. Amer. Med. Assoc.*, Oct. 15, 1892.

d. THYROID GLAND.—Under the heading of "An answer to the question : When are intra-nasal operations justifiable in morbus Basedowii ?" Winckler (1) discusses the theory advanced by Eulenberg that exophthalmic goitre is essentially a series of nervous symptoms produced by various localised morbid conditions, *i.e.*, a reflex neurosis of the sympathetic.

Various observers have from time to time published cures wrought by treating the morbid nasal condition. Winckler lays stress on the fact that although it cannot be controverted that swelling of the orbital and thyroid gland can be produced by obstruction to the flow of blood through the nasal veins, and acceleration of the heart beat by obstruction of nasal respiration ; still, true morbus Basedowii does not result, and therefore he considers that intra-nasal operations are only justifiable when there is marked obstruction or other morbid conditions within the nose. Slight changes should be left alone, as the manipulations may serve to increase the disease.

Leflaire (2), in a paper on the surgery of *Basedow's Disease*, remarks that in looking at the results of surgical interference in this disease (removal of part of thyroid or ligature of the vessels of the gland) we should bear in mind the fact that a spontaneous disappearance of the trouble may result from many

forms of treatment. Particular attention is paid to suggestive treatment, and the following case is reported by Prengrueber :

A nervous woman, very susceptible to suggestion, is taken ill with the symptoms of the disease, and is determined to have her thyroid gland removed. Everything is prepared as for an operation and the woman is anæsthetised. A thick dressing is placed over the part and the woman allowed to regain consciousness. Afterwards she is told how difficult the operation has been, but that everything has gone on well. In eight days the dressing is removed and all the symptoms, including the swelling of the gland, have disappeared, and the patient is able to carry on a laborious occupation !

References : (1) *Wien Med. Woch.*, No. 40-44, 1892 ; (2) *Bulletin Medical*, 1st June, 1892.

DUDLEY WRIGHT.

GYNÆCOLOGY.

SYMPHYSIOTOMY DURING LABOUR.—The *Manchester Medical Chronicle* for March, contains an interesting summary by Dr. George Burford, of the opinions and success of a number of continental authorities on this recently revived procedure. All branches of surgery show that operations, unjustifiable under conditions of sepsis, are being adopted with brilliant results under an aseptic régime. Symphysiotomy is one of these. We give the concluding paragraphs of our colleague's summary as they stand, and have no doubt that they will be perused with interest by our readers :—

“The weight of opinion given by these authors is unanimous regarding the value and desirability of symphysiotomy as largely displacing craniotomy, induction of premature labour for narrowed pelvis, and Cæsarean section. Leopold, whose authority as a successful operator is second to none, declares that ‘symphysiotomy ought, in cases where forceps and version are not applicable, to replace both perforation of the living child and Cæsarean section, as operative procedures under proper conditions.’ And Zweifel similarly states that ‘the course of the operation and the recovery have made an unexpectedly favourable impression on me.’

“The details of the operation are similar in all the recorded cases. The skin incision is made 1 cm. over the symphysis, and extends downward to within 1 cm. of the clitoris. Vessels are seized with forceps and ligatured as usual. The attachments of the recti-abdominis muscles are next notched on each side of the symphysis, and a way made for the forefinger to be inserted over and behind the pubic joint, quite to its lower edge. A metal catheter is now inserted into the urethra and kept pressed backwards. Under the protection of

the finger a blunt-pointed curved bistoury is now made to divide the symphysis in a direction from above downward. The hands of the assistants support the trochanters and sacro-iliac joints, the pubic bones are separated, and the wound stuffed with iodoform gauze to temporarily arrest the bleeding. Forceps are now applied and the child delivered. The placenta is next in due time expelled and the ends of the symphysis apposed. They are retained in position by 8 or 4 silver or silkworm gut sutures; any bleeding not easily stayed is met by ligation with needle and catgut, and the wound is then closed in the usual manner. A girdle bandage is finally applied round the hips, of plaster of Paris, silicate, or Esmarch's indiarubber bandage. This is retained for about three weeks, at the expiration of which time it may be safely removed. During this time the patient's knees must be kept together, but there is no necessity for a permanent dorsal decubitis.

"The relative ease and the absolute efficiency of this operation, its freedom from the risks of Cæsarean section, and its immense superiority over perforation, bespeak for it a brilliant and useful future."

NOTABILIA.

"THE BATH HOMŒOPATHIC HOSPITAL."

UNDER the above title in our last issue we alluded to the addition recently made to the resources of the City of Bath in dealing with cases of sickness in its midst, by the establishment of a new medical and nursing institution of the nature of the home hospitals found elsewhere.

Owing to a misapprehension we made a statement calculated, perhaps, to give an erroneous impression respecting the older institution, the Bath Homœopathic Hospital. Our words were, "We understand that one part of the change consists in discontinuance of the use of the name homœopathic in the new hospital." The new hospital will be utilised by patients rich and poor from all sources, who will be attended by their own medical men, but it will not be in any sense a homœopathic hospital, and of course will have no such designation attached to it. The Bath Homœopathic Hospital will continue its beneficent work as before, its laws, constitution and its name will remain unchanged. In other words, the new institution (Lansdown Grove House) is not, as we at first supposed, the in-patient department of the Bath Homœo-

pathic Hospital transferred to a new site, and with paying wards attached. It is a distinct institution, open to all Bath practitioners (and hence to the medical staff of the Bath Homœopathic Hospital). The management of the new "Home" is placed by the trustees in the hands of the committee of the Bath Homœopathic Hospital.

We are glad to hear that, through the indefatigable energy of our colleague, Dr. Percy Wilde, the last named charity is in a prosperous condition. During the latter half of April a bazaar in aid of its funds was held in Bath, the management and entire financial responsibility of which were undertaken by Dr. and Mrs. Wilde. The handsome sum of £500 was received, and we congratulate the managers of the bazaar and of the hospital alike on the success of the undertaking.

EXETER HOMŒOPATHIC DISPENSARY.

FORTY-THIRD ANNUAL REPORT, 1892.

DURING the past year the total number of cases treated was 502.

Number of consultations held was 3,440; inclusive of 463 visits and consultations at patients' homes, &c.

The following are the details:—Remaining under treatment, 51; cured, 383; relieved, 38; not improved, 10; no report, 14; sent to hospital, 5; died, 1; total, 502.

The Hon. Physician is Henry Woodgates, M.D., M.R.C.S.

The financial condition of the dispensary is good, the year closing with a small balance at the bank.

THE WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

THE seventeenth annual report of this institution is before us, and we are gratified to find that it is able to record an increase in the number of patients during 1892 of the extent of 1,059, the year showing 3,968 as against 2,909 in 1891. The Committee during 1892 made provision for the visiting of patients at their own homes; during the second half of 1892 222 such visits were paid. We have been informed, privately, that nearly the same number were paid during the first quarter of 1893, showing how much this department of the work is appreciated.

Dr. Reginald Jones and Dr. Theodore Green are the medical officers.

FOUNDATION STONE OF THE NEW HOSPITAL.

THEIR Royal Highnesses the Princess Mary Adelaide, Duchess of Teck, and the Princess May have graciously consented, at an early date (not later than June, we hope), to lay the foundation stone of the new London Homœopathic Hospital. The work of pulling down is actively proceeding, and the temporary hospital is now ready for use.

BIRMINGHAM MEDICAL INSTITUTE.

A SHORT time ago (March 28rd) the annual meeting of the above institute took place, Mr. Lawson Tait, retiring president, in the chair. The meeting expressed its indebtedness to Mr. Tait for his support of the institute, and his zeal and perseverance in its cause which had resulted in freeing it from debt.

It will be remembered by those who have visited the town that the institute is one of the most liberal in our profession, and that a few years ago our annual Congress was held in its library. Mr. Tait explained that he felt bound to help the institute because, years ago, his support of its liberal principles had temporarily damaged it. We think Mr. Lawson Tait is perhaps a little too sanguine, but we gladly reproduce, if only as a wish, his closing remarks:—

“Mr. Tait, in reply, said that he had felt bound to repay to the institute the injury which he was to a very large extent instrumental in doing it on its inception. Dr. Heslop and he were then engaged for some time on one side—he would not say who were the leaders on the other side—in a warfare as bitter as any that had ever been waged in a town of the size of Birmingham. He regretted the row, but he did not regret the victory. It was a victory of liberty, and its effects were widespread; for, except in London, that most conservative of all professional centres, the word homœopath was no longer used in an antagonistic spirit, and the brotherhood then begun between the two branches of the profession had widened ever since. But that row did the institute some injury, which he was glad to have been able in some small degree to repair.” The meeting then terminated.

AMERICAN NOTES.

WE understand that the New Chicago Journal, *The Medical Century*, has, in addition to the two journals mentioned in our February number, absorbed *The Medical Era*. We hope that Dr. Fisher has secured the aid of Dr. Gatchell for his new

venture, or *The Medical Era* will be much missed. At the same time the concentration of force upon one good journal is preferable to its distribution over the pages of three or four smaller ones. Dr. Arndt, the editor of *The System of Medicine*, has taken the editorship of *The Californian Homœopath*, and has re-named it *The Pacific Coast Journal of Homœopathy*. Another new journal, *The Medical Arena*, is published in Kansas City, Mo., whence issued some time ago *The Keynote of Homœopathy*, to which it is the successor.

* * * *

The Minneapolis Homœopathic Magazine tells us that a homœopathic physician, Dr. Campbell, of Redlands, Cal., has been appointed the medical superintendent of the State Asylum for the Insane and Inebriates, at San Bernardino, California. This, we believe, is the fifth State Asylum in which the medical superintendent is a homœopath.

* * * *

Dr. Egbert Guernsey, of New York, who for the past nineteen years has been one of the trustees of the State of New York Homœopathic Insane Asylum, at Middletown, has, at the expiration of his term of office, not been re-appointed by the Governor of the State. His successor is Dr. Wetmore, of New York, medical examiner of the State Board of Regents and a member of the American Institute of Homœopathy, as well as of the various homœopathic medical societies of the State of New York. Dr. Guernsey was one of the oldest and most active members of the Board of Trustees, and has rendered invaluable service to the institution. He is one of the editors of *The New York Medical Times*. The causes of his not being re-appointed are not stated, and hence are hypothetically attributed to the influence of "a faction fight in the Homœopathic School of Medicine in New York City."

* * * *

The homœopathic hospital on Ward's Island—an institution of the type of our workhouse infirmaries—is under the control of the New York Board of Commissioners of Charities and Correction, and has accommodation for 560 patients. Dr. G. Stewart, the chief of the hospital staff, has devoted himself to the development of a training school for nurses there. The following interesting account of the dress, duties and method of instructing the nurses is taken from *The New York Medical Times* :—

"The nurses in the homœopathic hospital have such pleasant faces and are so charmingly dressed that you cannot but feel that the patients have a pleasant time of it. Every one who has seen the uniform they wear says that it is the

most attractive to be found in any of the hospitals. The frock is made of light blue gingham, with sleeves which are puffed to the elbows and fit closely from there to the wrist. These sleeves add much to the picturesqueness of the uniform.

"Instead of the ordinary bit of lace resting upon the top of the head, the nurses of the homœopathic hospital wear light frames over which snowy linen fits, making a dainty cap. They wear Byronic collars, with graceful hanging white ties. White aprons with cross belts add to the costume. At their sides they wear a chatelaine, with scissors, pincushion and other articles which are in constant use in the wards. These chatelaines will not jingle, which is an important consideration. Dr. Stewart designed the uniform, and he is very proud of the work. The Rev. C. W. de Lyon Nichols, the chaplain of Ward's Island, says that it is complete from an æsthetic point of view, and the nurses say that from a working standpoint it could not be improved upon.

"The applicants for admission to the training school are selected by Dr. Stewart himself, who recommends their appointment to the Commissioners of Charities and Correction. In order to gain admission the applicant must be over twenty-one and under thirty-five years old. She must bring a certificate from a physician, showing that she is in good health. She must be able to read aloud plainly and write legibly and accurately.

"The applicants spend a month in the hospital on probation. Then, if they are acceptable, they are enrolled as members of the training school. During the first year they receive \$10 a month. During the second year they receive \$15 a month. That is not much apparently, but it must be remembered that they have no expense except their clothing, and they are fitting themselves for a business in which they can earn \$25 a week after the two years. And they live very comfortably. They have pleasant rooms, large, light, comfortably furnished, with a view and air that people know nothing about in their New York houses.

"The nurses are on duty from seven in the morning until seven o'clock at night, with an hour for dinner, and when hospital duties permit, they have additional time for rest and study. Each year they have a vacation of two weeks.

"First the nurses are taught bed-making, changing sheets and positions of patients while in bed, cleanliness of patients and utensils. Then they are taught how to dress wounds, the best methods of friction of bodies of patients, giving of baths to helpless patients, bandaging, making reports to physician, methods in the management of the convalescents and preparing

delicacies for the sick. They are given instruction in anatomy, physiology, toxicology, &c.

"Dr. Stewart is of course the superintendent of the training school. The director is Miss Emma F. Lencke. She gives individual instruction to the nurses at all times. At night she gives lectures in the little club-room on the same floor as their sleeping-rooms. In addition there are lectures by the Medical board of the hospital.

* * * * *

Only two years training, and then £5 a week as a nursing fee afterwards, will make the mouths of all English nurses water! Nothing, we note, is said about the night nursing work, the hardest, most fatiguing and withal most depressing of any.

* * * * *

The fight which has been going on in Pennsylvania for the last three years, to prevent the allopathic party obtaining the sole control of the right to practise medicine in that State, has now terminated in the usual, and indeed, only possible way. An Act has been passed by the State Legislature, decreeing the appointment of three Boards of State Medical Examiners, with a supervising Council composed of five State officials. The members of these Boards are to be appointed by the Governor of the State from gentlemen whose names are furnished to him by the Homœopathic State Medical Society, the Medical Society of the State of Pennsylvania, and the Eclectic Medical Society of the State. After the passing of this Act, admission to practise in the State will be by the certificate of one of these Boards. This certificate will be granted after passing before one or other of these Boards an examination, to which a candidate will be admitted on presenting a degree obtained from a Medical College.

* * * * *

A most striking indication of good healthy progress comes to us from Cleveland. The *Hahnemannian Monthly* tells us that "Homœopathic and allopathic physicians will be on an equal footing with the managers of the Cleveland Women's and Children's Hospital hereafter. Prior to the annual meeting allopathic doctors were members of the staff of visiting physicians. At that time the friends of the homœopathists made a move to have physicians of that school of medicine on the hospital staff, and their efforts have been successful. At the meeting of the Board of Lady Managers in the City Hall, March 2nd, the constitution was amended by striking out the words 'regular physicians,' and inserting 'any physicians properly qualified by the laws of Ohio.' This will enable homœopathists to become members of the visiting staff."

The World's Congress of Homœopathic Physicians and Surgeons, in connection with the Columbian Exposition at Chicago, opens on the 27th of this month. *The New England Medical Gazette* assures us that "the attendance will be very great, and the Congress an event of immense significance and brilliancy. The attractions will be phenomenal. The opportunity to see, in gala dress, one of the most famous and representative cities of the west; the opportunity to glimpse at the long talked of World's Fair, with its complexity of marvellous interests; the coming together in earnest and enthusiastic council of the men who, all over the world, have made and are making the history of homœopathy. Surely these are inducements no one who can compass the journey will willingly let himself miss. Western hospitality is proverbial, western resources boundless; enjoyment and profit wait in overflowing measure the lucky pilgrim to our World's Congress." All "who can compass the journey" should start not later than the 13th inst. from Liverpool, and write at once to secure quarters at the Great Northern Hotel at Chicago, which is the appointed *rendezvous* of the members of Congress.

THEINHARDT'S FOODS.

PUBLISHED analyses corroborate our good opinion of Dr. Theinhardt's preparations. *The Lancet* (Jan. 7th, 1898) gives the following analysis of *Hygiama* :—

"*Hygiama*: moisture, 8.41 per cent.; fat, 5.01 per cent.; ash, 3.81 per cent.; nitrogen, 3.65 per cent.; carbo-hydrates (chiefly soluble), 64.77 per cent. *Infants' Food*: moisture, 8.00 per cent.; fat, 5.5 per cent.; ash, 2.76 per cent.; nitrogen, 2.2 per cent.; carbo-hydrates (mainly soluble), 74.78 per cent. Under the microscope there were indications of the foods having been partially digested, unchanged starch cells were scarce, while dextrin and sugar were present in abundance. These foods are doubtless of high dietetic value, and the ingredients of which they are composed are evidently derived from the best of materials. In addition the flavour of each is very pleasant, and calculated to stimulate even a feeble appetite. They are well suited for invalids and infants or for general use. Whilst admitting in the face of our analyses the excellence of these foods, the fact of the name of a medical man being attached to them calls, we think, for adverse criticism."

We cannot have too many of these foods when really good, for constant change is needed with capricious appetites, and half the battle often consists in suitable feeding.

Of the *Infants' Food* we extract the following analysis :—

	Natural Moisture.	Nitrogenous matter (blood and flesh- forming).		Fatty matter (Cream Substance)
		Total.	Of which easily digestible Albu- menoids.	
Dr. König's normal standard for good Infants' Food ...	6.00	15.00	13.50	5.00
Dr. Theinhardt's Infants' Food ...	4.92	14.21	13.10	6.89
Neave's Food	5.27	13.20	11.50	1.70

	Carbo-hydrates (force and heat-giving matter).		*Of which Cellu- lose.	Nourishing Salts (bone and brain-forming matter.)		Proportion of nitro- genous to non-nitro- genous matter. (N = 1) 1 in .1
	Soluble in water.	In- soluble* in water.		Total.	Of which Phosphoric Acid.	
Dr. Königs Standard ...	50.00	21.50	0.50	2.50	1.00	5.40
Dr. Theinhardt's Food ...	56.75	14.21	0.51	3.02	1.11	5.80
Neave's Food ...	4.71	74.14	0.89	1.09	0.40	6.24

Since our notice two months ago we have had several opportunities of clinically testing these new foods—the *Infants' Food* and *Hygiama*." With both we are, from the practical standpoint, thoroughly satisfied. They are readily taken, much liked, well retained and easily digested. Quite recently, when summoned to a patient in the country, where neither doctors nor chemists were within easy reach, we took down some of Theinhardt's samples. The case was one of acute diarrhœa and vomiting. For nourishment we gave the two foods, in small quantities alternately. They were liked and kept down, and agreed very well, the patient making a good recovery after a very severe attack. In another case the *Hygiama* answered well for a patient recovering from peritonitis.

CAFFYN'S MALTO-CARNIS.

MALTO-CARNIS made with all milk, as is directed, is a rich beverage of pleasant flavour like a cup of good chocolate. To

our thinking it is improved by being made with half water on account of its exceptional sweetness. The Malto-Carnis is now put up in large jars for hospital use, and is moderate in price. It is both sustaining and reviving, and might be taken with advantage after a fatiguing journey.

CORRESPONDENCE.

BELLIS PERENNIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In your April number Dr. A. C. Clifton mentions *bellis perennis* saying that he did not find it of much service in "contusions." Referring to my notes on this plant, published in the *British Journal of Homœopathy*, vol. 16, pp. 825 and 826 (where on lines 8 and 25 of page 826, the word *bellis* is printed in error for *belladonna*) the only allusion to contusions is this, "the roots and leaves were formerly used in wound drinks, and were considered efficacious in removing extravasated blood from bruises, &c." This of course was ancient history.

I have found it more rapid and satisfactory in the cure of sprains than either *rhus* or *arnica*. Dr. Burnett's article on *bellis* is in the *Homœopathic World* of April 1st, 1884, pp. 163 to 176. But *bellis* is not there mentioned in connection with contusions.

Kindly insert this correction in your next.

Yours truly,

Llandudno.

HY. THOMAS.

DR. JOHNSON'S HOMES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In a note upon the New Homœopathic Hospital, in your issue of April 1st, you mention that 54, Great Ormond Street was "once the house of Dr. Samuel Johnson." I presume that you mean the great Samuel, Doctor major.

May I point out that under the date of Friday, April 22nd, 1768, Boswell writes: "Finding him this evening in a very good humour, I prevailed on him to give me an exact list of his places of residence since he entered the metropolis as an author, which I subjoin. . . ." Here follows a list of 17

tenancies, but there is no mention of Great Ormond Street, though it takes the doctor as far as No. 8, Bolt Court, where he died.

Laurence Hutton is similarly silent in his *Literary Landmarks of London* (1892).

I would like also to remind your readers that part of the old hospital was "said to be the residence of Lord Chancellor Thurlow when the great seal was stolen from his custody," and was certainly the home of T. B. Macaulay from 1823-31.

I am, yours faithfully,

HELUS.

[We understand that it is a commonly received tradition that Dr. Johnson resided at 54, Great Ormond Street, one room of which is, or was, pointed out as his library. Helus, we believe, is in error in supposing that Lord Thurlow resided in the building at present known as the London Homœopathic Hospital. It is in an adjacent house, now used as a Working Men's Institute, that he is reported to have lived at the time of the stealing of the seal.—Ebs. *M.H.R.*]

RECOLLECTIONS OF GIBRALTAR AND MAROCCO.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN,—In your review of the above pamphlet, attention is drawn to my error of statement that the Mohammedans outnumber "the believers in Christianity by many millions." I intended to have said the believers in Protestantism. The last edition of *Cassell's Encyclopædia* puts the followers of Mahomet at 200 millions, and of "English-speaking Christians" at over 117 millions. But among the latter are included 15 millions of Roman Catholics, and 15 millions of no particular belief. Deduct these figures of 30 millions, and it would require 113 millions from other countries to balance the Mohammedan figures.

Friends who may contemplate visiting Gibraltar and Tangier would find the recent *Gibraltar Directory* a most useful guide book. The "Villa de France Hotel" is now outside the walls of Tangier, and the new "Continental Hotel" is by the bay, in a good position.

Faithfully yours,

S. MORRISON.

Clapham Common.
April 17th.

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; Diseases of the Throat, Mondays, 2.30.

We are requested to state that Dr. ANDREW NEATBY has commenced practice in Mulgrave Road, Sutton, Surrey.

Communications have been received from Dr. MORRISON, Dr. EDWARD BLAKE, Mr. DUDLEY WRIGHT, Mr. C. KNOX SHAW, Mr. GERAARD SMITH, LIQUOR CARNIS CO. (London); Dr. PERCY WILDE (Bath); Dr. HAWKES (Liverpool); Dr. THOMAS (Llandudno); Dr. C. P. WILKINSON (Bolton); Dr. CLIFTON (Northampton); Dr. ROBERTS (Harrogate); Dr. E. H. PORTER (New York City); Dr. ANDREW NEATBY (Sutton); Dr. A. H. CROUCHER (Eastbourne); Dr. A. FLEMMING (St. Petersburg).

BOOKS RECEIVED.

Verdi's Special Diagnosis and Homœopathic Treatment of Disease for Popular Use, including such Functional Disturbances as are peculiar to Girls and to Maternity. By Tullio de Suzzara-Verdi, M.D. Philadelphia: Boericke & Tafel. 1893.—*The Twelve Tissue Remedies of Schüssler, comprising the Theory, Therapeutical Application, &c., of these Remedies.* By William Boericke, M.D., and Willis A. Dewey, M.D. Third edition, re-written and enlarged. Philadelphia: Boericke & Tafel. 1893.—*A Compendium of Materia Medica, Therapeutics and Repertory of the Digestive System.* By Arkell Roger McMichael, M.D. Philadelphia: Boericke & Tafel. 1892.—*The Homœopathic World.* London. April.—*The Clinical Journal.* London. April.—*Medical Reprints.* London. April.—*The Chemist and Druggist.* London. April.—*The Magazine of Pharmacy.* London. April.—*The Vaccination Inquirer.* London. April.—*The North American Journal of Homœopathy.* New York. April.—*The New York Medical Times.* March and April.—*The Medical Record.* New York. April.—*The Chironian.* New York. March.—*The New England Medical Gazette.* Boston. April.—*The Hahnemannian Monthly.* Philadelphia. April.—*The Homœopathic Recorder.* Philadelphia. March and April.—*The Homœopathic Physician.* Philadelphia. April.—*The Clinique.* Chicago. March.—*The Journal of Orificial Surgery.* Chicago. March.—*The Medical Century.* Chicago. March.—*The Medical Advance.* Chicago. March.—*The Minneapolis Homœopathic Magazine.* March.—*Pacific Coast Journal of Homœopathy.* San Diego. March.—*The Homœopathic Envoy.* Lancaster. April.—*The Annals of Electro-Homœopathy.* Geneva. April.—*The Homœopathic Physician.* St. Petersburg. April.—*The Homœopathic Medical Record.* Calcutta. Feb.—*Revue Homœopathique Belge.* Brussels. March.—*Bull. Gén. de Thérapeutique.* Paris. April.—*Archiv. für Homœopathie.* Dresden. Jan., Feb. and March.—*Leipziger Pop. Zeitschrift. für Hom.* April.—*Rivista Omiopatica.* Rome. Feb.—*Homœopathisch Maandblad.* The Hague. April.

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.

VACCINATION :

AN OBJECT LESSON FROM LEICESTER.

IF Leicester has no other claim to distinction, it may fairly be credited with having earnestly endeavoured to make it appear that, for the purposes of preventing an attack of small-pox, vaccination is unnecessary and inefficient, and that re-vaccination is useless and pernicious. Any evidence to the contrary, however considerable, however extensive the facts upon which it may have been based, Leicester worthies regard as "cooked." Many, we doubt not, question the contagious nature of the disease. These, however, appear to be in a minority; the majority admitting that it is, as they call it, "catching," or, at any rate, are so far prepared to bow to the generally expressed belief that it is so as to acknowledge that "the life of a free people" in a town where an epidemic of small-pox prevails, may be interfered with to the extent of inducing the free people to submit to have their illness "notified," to be "quarantined," to be "isolated," to have their houses "disinfected," and their "sanitation" supervised by sanitary inspectors acting under the direction of a Medical Officer of Health. These arrangements are generally supposed to have constituted "the Leicester system" of small-pox prevention for the last sixteen years; vaccination during that time has, to a very great extent, been allowed to fall into desuetude. It has been the pride and boast of Leicester that its

inhabitants have been protected without their having had recourse to vaccination. Is this boasting justified? A leading article writer in the *Lancet* of the 8th of April, states that "As far back as 1886 we ascertained, by careful investigation on the spot, that whenever a case of small-pox occurred, and was notified in Leicester, it was taken charge of by re-vaccinated persons; and that all persons exposed to its influence, in the house in which it occurred, were not only isolated but were re-vaccinated. This has been the system before and since then." So that vaccination and re-vaccination have, during times when an epidemic was feared, been called in aid of notification, quarantine, isolation and sanitation! The boast of having protected Leicester without reliance upon vaccination is, to use a parliamentary phrase, "inaccurate"! The Medical Officers of Health of Leicester have always had too much good sense to allow those for whose health they were so far responsible to indulge in their favourite folly when "the life of a free people" was at stake. Once again the anti-vaccination proclivities of Leicester have been put to the test, and once again vaccination and re-vaccination have been called to the assistance of the "system," which, in defiance of all the teachings of experience, its supporters maintain is sufficient to hold in check and suppress an epidemic of small-pox.

The results of this experience appear in a report drawn up by Dr. JOSEPH PRIESTLEY, the Medical Officer of Health for the Borough, at the request of the Fever Hospital Sub-committee. This report has been published, and its publication has been bitterly complained of by the more zealous of the anti-vaccination faddists as being "premature." This we are not surprised at. The report is a clear statement of the facts of the recent epidemic (so far as it has gone), and these facts are utterly subversive of anti-vaccination delusions. *Hinc illæ Lachrymæ.* Dr. PRIESTLEY writes:—

"I have prepared a tabulated statement of all the small-pox cases that have occurred in the Borough of Leicester up to the present date, giving all the details as to the nature of the cases (*e.g.*, mildness or severity, recovery or death, complications or otherwise, vaccination or non-vaccination, &c); and in presenting this statement I would remark that I have tabulated

simply facts—facts which are striking, and which, I think, ought to be published.”

From these figures we learn that, up to the date of the report, 146 cases of small-pox had occurred, all of which had come under the official notice of the Medical Officer of Health. It must be remembered that it is only during recent years that anti-vaccination fanaticism had gained so strong an influence over the people of Leicester. Consequently the adult population is partially protected, either by vaccination or by a previous attack of small-pox during the epidemic of 1871-2. “In fact,” says Dr. PRIESTLEY, “Leicester, as regards its adult population, is a well-vaccinated town, by which expression I mean well primarily vaccinated, but not necessarily re-vaccinated.” On the other hand, only 2 per cent. of the children born in Leicester at the present time are vaccinated. Of the 146 cases, 89 were adults (*i.e.*, over 15 years of age). Of these, 82 had been vaccinated, as shown by the presence of vaccination scars; 7 presented no vaccination marks, and were therefore regarded as unvaccinated; the children numbered 57; of these 7 only had been vaccinated, leaving 50 unprotected.

The following table gives the course and termination of the disease in these 89 adult cases:—

Of the 82 vaccinated adult cases

64 were abortive	...	...	= 78·04 per cent.
50 were very mild	...	...	= 60·9 ,,
26 were mild	...	...	= 31·7 ,,
6 were severe	...	...	= 7·4 ,,
1 died = 1·2 per cent.			

whilst of the 7 unvaccinated cases

3 were very severe...	...	...	= 42·8 per cent.
4 were severe	...	...	= 57·2 ,,
1 died = 14·2 per cent.			

Of the 57 children lately attacked, 50 were unvaccinated, and of these

8 died = 16 per cent.

22 were severe cases	...	...	= 44 per cent.
22 were very severe cases	...	...	= 44 ,,
5 were mild cases	...	...	= 10 ,,
1 was a very mild case	...	...	= 2 ,,

24 were followed by abscesses = 48 per cent.

whilst all of the 7 vaccinated children, who caught small-pox, had very mild attacks, 5 of the attacks being abortive.

Seven cases occurred in persons who had been re-vaccinated, one two years ago, one six, one eight, one thirty and two forty years since. In each the attack was abortive—limited to about half a dozen spots in each case—and presented difficulties in determining whether the illness were small-pox or not.

Another interesting and practically useful fact is noted in the following sentence:—

“In three patients re-vaccination was performed during the incubation period of small-pox, with the result that the attacks (both of small-pox and re-vaccination) were abortive in each case; whilst in two children whom I vaccinated during the incubation stage, the attacks were also abortive.”

One patient, who was said to have been re-vaccinated six years ago—the evidence of having been so being doubtful—had a severe attack, the spots, however, aborted, and recovery was complete.

The importance and efficiency of re-vaccination during an epidemic, especially among the inmates of a building where the contagion of small-pox is concentrated, are seen in that section of the report which refers to the staff of the Fever Hospital. This consisted of 28 persons in all. Twenty-two of these were protected either by a previous attack of small-pox, or by re-vaccination, the remaining six had only been vaccinated in infancy. The protection was therefore inadequate. They refused the re-vaccination offered to them, and four subsequently contracted small-pox, while of these four one died. Since the Report was published, we have heard that a fifth has contracted small-pox, so that now only one remains to suffer!

In vaccinating, some stress has long been laid upon the extent to which the operation is performed. Forty years ago two punctures, made with an ordinary venesection lancet into which vaccine-loaded ivory points were inserted, were deemed to afford a protective vaccination. Various instruments have of late years been introduced, each supposed to be more efficient in introducing the lymph than any other, and rendering more than two punctures unnecessary. Of these the most thorough is the “rake,” of which we believe that Dr. Husband, of Glasgow, was the earliest advocate. Two marks made with it, each being liberally covered with lymph, are quite equal in thoroughness to four or

five punctures with the lancet. As indicative of the extent to which vaccination has been carried among the "mild" cases, and those returned as being "severe," Dr. PRIESTLEY gives the following account:—

"Of the mild and very mild cases, 1 had *one* mark of vaccination, 20 had *two* marks of vaccination, 26 had *three* marks of vaccination, 20 had *four* marks of vaccination, 16 had *five* marks and *upwards* of vaccination, whilst 6 were unvaccinated (*i.e.*, had no marks)."

"Of the severe and very severe cases, 1 had *one* mark of vaccination, 1 had *two* marks of vaccination, 4 had *three* marks of vaccination, 0 had *four* marks of vaccination, 0 had *five* marks and *upwards* of vaccination, whilst 51 were unvaccinated (*i.e.*, had no marks).

The number of cases is too small to admit of any generalisation being drawn from them; but they correspond very closely with all previous statistics bearing on the same point.

Before passing to a consideration of the other means necessary to prevent the extension of an epidemic among the inhabitants of a town which had been invaded by small-pox, it will be well to draw attention to the degree of influence which these facts show, that vaccination has had upon the course of the disease in more than 146 cases, and which it may be presumed that it will have on all others.

First, we notice, that with the exception of 6 out of the 82 vaccinated adult cases, all were either abortive or mild, and that only 1 died; while the 7 unvaccinated patients all presented severe instances of the disease, and that of these 1 proved fatal. The 7 vaccinated children who caught small-pox had very mild attacks. On the other hand, of the 50 unvaccinated children, 8, or 16 per cent. died, while 44, or 88 per cent. were severe or very severe cases; and, moreover, 24, or 48 per cent. were followed by abscesses.

Is it possible for any one, whose mind has not been incurably warped by prejudice, to trace the comparative immunity from severe and fatal illness in the one group of cases, and the dangerous character of the disease in so large a proportion of the other group, to any other cause than to the fact of vaccination having been performed in the former, and of its having been omitted in

the latter? This is the only point of difference between the two sets of cases under consideration. In estimating any comparative value of different therapeutic methods, we have ever laid great stress upon the importance of the comparison being drawn between groups of cases treated at the same time, in the same locality, and from among persons whose ordinary social surroundings were similar; groups between whom there was no difference, save in the presence in the one and the absence in the other, of the therapeutic measure under investigation. These conditions are precisely fulfilled in Dr. PRIESTLEY's report, and the result furnishes very striking evidence of the efficiency of vaccination in modifying an attack of small-pox.

Secondly, though the figures are small, yet, so far as they go, they point to the desirability of re-vaccination during an epidemic, and this in proportion as it is extensive, and the degree of *contagium*, which necessarily bears a relation to the number of cases in a locality, intense. The advantage of vaccination during the incubation stage of the disease is also shown by Dr. PRIESTLEY's experience.

Hence, we believe that were the inhabitants of every town efficiently protected—its infant population by vaccination and the adults by re-vaccination—the appearance of casual cases of small-pox from some other locality would need no further attention than their removal to the infectious or fever hospital, and the maintenance, by sanitation, of a degree of health which would enable the ordinary residents to resist all morbid influences. It must, however, be remembered that no town can be said to be thus efficiently protected, that in the large proportion of instances the adult population has not been re-vaccinated, and that in far too many districts the children who have been vaccinated are fewer than those who have not been thus cared for. Hence, notification of the occurrence of a case of small-pox, bringing it, that is, to the knowledge of the Medical Officer of Health, of quarantining those who have come into contact with it, of disinfecting the house where it has occurred, and removing the patient to a hospital, are, under existing circumstances, essential elements in stamping out or staying the progress of this loathsome and too often fatal form of disease. That it is to the energy and thorough-

ness with which these measures have, in addition to vaccination and re-vaccination, been carried out by Dr. PRIESTLEY and his staff of inspectors that Leicester has, in spite of its neglect and folly in the past, been so far preserved from an overwhelming epidemic, there can, we think, be no doubt.

Quarantine is performed either by removing the inmates of a house to the hospital, or keeping them at home under the surveillance of the sanitary inspectors.

"To ensure the efficient carrying out of the quarantine, whether at the hospital or in private houses, it has been found necessary to offer compensation to the bread-winners for loss of employment, as well as for loss of property (*e.g.*, clothes, bedding, etc., destroyed). Where the people are quarantined at hospital, and have all their food found, they have been allowed by the Committee sufficient money simply to cover the rent; but where they are quarantined at their own homes, the sum advanced in each case has been sufficient to cover rent and maintenance."

The quarantining arrangements are described in the following passage of the report :—

"Hitherto," writes Dr. PRIESTLEY, "quarantined people have been taken up to the hospital and watched there; but during the present outbreak the numbers were found to be too large to treat in that way, and accordingly it was arranged to quarantine and watch some of those who had come directly or indirectly into contact with small-pox cases, at their own homes; and this plan has worked apparently satisfactorily. The small-pox cases themselves are at once taken to hospital, and their houses, clothes, bedding, etc., disinfected. The inmates and others who have been exposed to the *contagium* from that source are watched—being visited by the inspectors daily for from fourteen to sixteen days, and in the event of any suspicious illness developing, examined by the Medical Officer of Health, and removed to the hospital, if necessary. This process is a very simple one, and seems to work satisfactorily, but as the number of cases increases, so does the strain put upon the sanitary authority. Vaccination or re-vaccination are performed, if desired. The quarantined people are allowed to go about, and are even encouraged to take walks into the country; but are advised not to enter anybody's house, any public institution, or meeting, under penalty of forfeiting their compensation money."

The number of people thus separated from their neighbours, up to date of the report, amounted to 968.

Of these, 44 developed small-pox, viz., 13 at the hospital and 31 at their own homes. These results show how fully warranted, in the public interest, was this interference with "the life of a free people." Had vaccination—the only interference with "the life of a free people," that Leicester people will recognise as unjustifiable—been performed, at the proper time, this infraction of "personal rights" would not have been required.

The expense of thus dealing with an epidemic is of course considerable. The cost of quarantining 510 people—173 at the hospital, and 337 at their own homes—and treating 98 patients in the wards, amounted to £1,643 4s. 5d., including £323 6s. 4d. paid for an iron structure used as a Home for Nurses. We would suggest, as an interesting study for ratepayers of the anti-vaccination persuasion, the calculation from these figures of an estimate of the "cost say of 1,000 quarantines and 500 patients—a by no means large epidemic." When the Leicester expenditure "up to date" has been published, and the 968 quarantines and 146 patients are accounted for by the borough accountant, we feel sure that they will find further material for useful reflections of this kind, and be fully disposed to agree with Dr. Priestley's conclusion "that the stamping out of a large small-pox epidemic by our Leicester system would be, though perhaps successful, an expensive affair."

But the weakest point in this method of preventing the spread of a highly contagious disease is, that the quarantining and the isolation are voluntary, and consequently are always liable to be rendered nugatory by the element ever present among masses of individuals of "natural cussedness." This has especially to be reckoned on with persons whose views of "personal rights" include that of the right to be a centre of propagating disease among their neighbours, when it suits their convenience to be so. The Leicester "System" can never be so effective as it might be until it is made compulsory in all its elements. Possibly there might be no objection raised to its being made so. The anti-vaccinationists ought not to make any; for with the exception of the merest fraction they all belong to that party in the State, who, when legislating for the advantage of individuals desirous of becoming possessed

of the property of their neighbours, argue in favour of making the sale of land to their friends by those who are unwilling to part with what belongs to them—compulsory. Surely a temporary inconvenience demanded in the interest of the health and life of a community may be rendered compulsory with even greater reason than the inflicting of a permanent loss upon individuals, for the sole benefit of individuals.

In considering this method of dealing with an epidemic, the amount of constant hard work which is thrown upon the officials of the sanitary department of a town, work which, especially in a manufacturing town, is always arduous enough, must needs be great and exhausting. In the concluding paragraphs of his report Dr. Priestley, referring to this, writes:—

“The history of our own 146 cases is certainly startling from a vaccination point of view, as also is the fact that by untiring energy on the part of your sanitary officials in isolating cases, watching suspected persons, and disinfecting houses, together with the hearty co-operation of the Leicester medical profession in promptly notifying the patients, the epidemic or outbreak has apparently been so far stemmed. The extra work, however, thrown upon your sanitary department at a time like the present is enormous, and may be realised when I state that in addition to treating the 146 cases in hospital, 968 persons have been quarantined and watched, together with 146 absentee school children, making a total of 1,114 persons who have been visited daily for a period of 14 to 16 days.

“The result of all this work and all the money expended has been to prevent *so far* an outbreak of over 100 cases from becoming an epidemic of 2,000 or 3,000 cases.”

This is, indeed, much to be thankful for; and the lessons to be learned from the work will, if taken to heart generally throughout the country, be still further cause for gratitude. The diffusion of small-pox by vagrants would seem still to be going on. On the 4th ult. it was reported to the Lancashire County Council, that whilst in December last this disease prevailed in 28 districts of the county it now exists in 48 districts. Vaccination and re-vaccination ought therefore to be earnestly advised and carefully performed by all medical men in every part of the country.

We cannot conclude this article without congratulating Dr. PRIESTLEY on the excellent piece of work he has done

in contending against the forces of small-pox *contagium* and anti-vaccination stupidity, and on the great value of the outcome of his work as a contribution to the vaccination controversy ; a controversy in which, like that on homœopathy, knowledge and experience are on the affirmative, and nothing but ignorance and prejudice on the negative side.

“ CHARACTERISTICS,” “ KEYNOTES,” AND
“ GUIDING SYMPTOMS,” TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

(CONTINUED FROM PAGE 200.)

Causticum.—This medicine is prescribed much less often by the younger members of our school than by the older men, but amongst the latter class I think it is not so frequently used as it was formerly, and this to some extent is due to the method of preparing it, and its being considered of uncertain standard. For my own part, while I admit there is some show of reason for the objection, I nevertheless have not lost faith in it, but have been eminently satisfied with its curative power in certain forms of general and local paralysis, such, for instance, as hemiplegia affecting the right side particularly, and often accompanied with loss of memory and of will power, together with vertigo, or rather a sense of dizziness in the act of rising up or of lying down, slowness of speech and stammering, constipation (and urinary troubles to be afterwards pointed out) ; paralysis, moreover, of the facial muscles, occurring in pale and debilitated subjects, occasioned by exposure to cold wind ; dysphagia also, apart from any morbid growth in the gullet, but rather due to some amount of paralysis of the muscles, for in the act of swallowing the patient has to make a sudden and forcible gulp for the passage of either liquid or solid food.

In paretic conditions of the bladder, in *old men* more especially, I have found this remedy useful ; in fact, it was for this affection that my attention was first directed to *causticum*, some forty years or so ago, prescribed at that time by Dr. John Epps, of London ; the guiding symptoms being involuntary and frequent micturition,

followed by dribbling of urine, which was worse when lying down and during the night. In some of these cases there was evidence of enlarged prostate, and while this medicine did not appear to have any marked action on that gland, it nevertheless greatly relieved the irritability of the bladder, and enabled the patient to retain his urine for a longer time. In nocturnal involuntary micturition during the early hours of the night, occurring in poorly-fed children, with irritability and nervous fears, I have in a few cases seen *causticum* do good.

In chronic rheumatism affecting the joints, accompanied with a sensation of crackling on movement, and stiffness of the parts, especially of the maxillary joint and of the knee, I have seen this medicine beneficial.

Causticum was, moreover, a favourite remedy of Dr. John Epps for epileptiform convulsions occurring in young people, when the symptoms were worse during the new moon, and, I believe, it is held in repute by some practitioners at the present time for this affection; but after watching carefully and over a long period cases of this nature where it has been prescribed from the 200th dilution down to the third dilution, I have failed to see any decided benefit accruing from its use therein.

There is very little, if anything, that is new in my presentation of this medicine, but it is rather for the purpose of confirming evidence adduced by others, and with the hope that it may not be neglected by the younger homœopaths.

Chelidonium majus.—Some thirty years or so ago I was very conversant with the practice of Dr. Charles T. Pearce, then a resident in Northampton, a man whose knowledge of the *Materia Medica* of our school and subtle analysis of it was equal to that of anyone I have known. *Chelidonium* was a favourite remedy of his in pneumonia and some other pulmonary affections, more especially where the *right lung* was affected, accompanied with very quick and short inspirations, pain on deep inspirations, and flapping of the *ala nasi*—which has been noticed by other men as a characteristic of *lycopodium*—a large amount of febrile disturbance, such as dry heat of the skin and quick pulse (at that period the clinical thermometer was not in use, so nothing can

be said as to the temperature of the patient), there was a short, dry hacking cough causing pain, and if there was expectoration it was very tenacious and difficult to raise. From seeing several cases of this nature under Dr. Pearce, I took notes at the time as above set forth, and since that period I have had reason for satisfaction in treating with this remedy many other cases with similar symptoms, and I feel that it is a medicine which will favourably compare with *bryonia*, *phosphorus*, *lycopodium*, and other remedies.

In a previous paper I have alluded to one "characteristic" as a "keynote" for *chelidonium*, viz., "icy coldness of the occiput from the nape of the neck," and I compared it with the coldness in the head under *calcarea carb.* Supra orbital neuralgia on the right side is another characteristic, and may be compared with *carbolic acid*, *kalmia*, and *sepia*. Someone has made the remark, but who has done so I have no note of, that it is especially useful for neuralgia of the right side of the head, gradually increasing in intensity, preceded by pain in the liver, and followed by bilious vomiting. Acting on this hint, I have in three cases of this nature prescribed *chelidonium*, and in two out of the three with very beneficial results. In gastric and hepatic disease there is much on record in regard to the value of this medicine, and the characteristics and keynotes are for the most part well set forth, but I would just say that in any case of gastralgia, where the pain is relieved during and immediately after a meal, especially when accompanied with hepatic symptoms, a large and flabby tongue, showing imprints of the teeth like the tongue peculiar to *hydrastis* and *mercurius*. Here I have found this remedy more efficacious than any other, especially if attended with diarrhœa in alternation with constipation of small stools. The dose of *chelidonium* from which I have seen the best results has been from one to five drops of the 1x dilution in gastric and hepatic diseases, and the third to the sixth dilution in diseases of the respiratory organs.

Cinnamon.—Although I do not consider this medicine one of large importance, I have, nevertheless, found it very useful sometimes, in doses of the 1x dilution, for arterial hæmorrhage from the uterus, in threatening

abortion of pregnant women, and in excessive menstruation, with much debility, faintness, yawning or gaping, arising from the loss of blood, and where *china* is to some extent indicated.

Cocculus indicus.—The *characteristics* of this medicine are, on the whole, so well set forth, that I have but little to say in addition to what other men have observed. On the sensorium and the head, the main *characteristics* are heavy and stupid conditions of the mental faculties—vertigo like that produced by large doses of alcohol, and occipital headache with nausea; and here it may be compared with *helleborus*. Crampy constrictive pains in the stomach and in the abdomen, with the sensation of emptiness or hollowness, while at the same time the abdomen is distended with wind, but which when passed downwards affords but little relief—here I have often found it useful. In dysmennorrhœa with profuse menses, dark in colour, crampy pains in the pelvis, and pains in the back, it is very useful. In some forms of general and local paralysis *cocculus* is an admirable remedy, particularly when the symptoms are worse after sleep; and here especially it should be compared with *lachesis*.

Conium maculatum.—My observations in relation to this medicine have been within very narrow limits, and far from commensurate with what is demanded from its well-known physiological action and its therapeutic indications. For the most part, I have prescribed *conium*, firstly, for the schirrus form of cancer, and for indurated glands of a suspiciously malignant character, when attended with shooting or stabbing pains; and here I have not seen any very marked beneficial result from its employment. Secondly, I have prescribed it for dry, irritable cough, worse when lying down, and more especially in the night—a condition very similar for which *hyoscyamus* is largely indicated, but attended with less relaxation of the uvula and the fauces than what the latter remedy points to, and if there has been any expectoration it has been with great difficulty thrown off, but rather swallowed; but the indications for each of these remedies are so much alike, that as a rule I have given one when the other has been given without relief. Thirdly, *Vertigo* is a symptom for which I have

occasionally prescribed *conium* with benefit, chiefly when occurring in elderly persons. At one time I looked upon this symptom in connexion with others as indicating incipient paralysis, but as the vertigo was worse, not only by turning the head and by looking down, but very often by reading, writing, or fixing the eyes upon an object, which conditions are characteristic of *conium*, I now am of opinion that this form of vertigo is largely due to some affection of the eyes and sight, which I previously failed to recognise; and I am more convinced of this by reason of evidence that has recently been adduced by Dr. Talbot, of Boston, U.S.A., and by other physicians, in relation to the physiological and therapeutic action of *conium* upon the eyes. For deafness, or rather *defective* hearing, I have seen *conium* do good in two cases out of four in which I have used it, and very singularly in elderly men of cancerous family history; and in addition to that indication, I was further led to choose the remedy, from what is set forth in *Hering's Condensed Materia Medica*—"Discharge from the ear like decayed paper, mixed with pus or mucus." In my cases, however, there was only the discharge "*like decayed (white) paper.*" The power of hearing varied at different times, but none that could be well defined, and there was no pain in the ear. In gastric ulcer of the pylorus, attended with great pain after food, and offensive eructations, I have tried it several times, but without marked benefit. Lastly, but here, too, for old people, partially paralysed, and who have been teased by inability to retain the fæces, or by the very opposite condition of constipation—and this, moreover, often accompanied by involuntary micturition, and dribbling of urine, or by difficult micturition, without pain in the bladder, or any abnormal condition of the urine. In cases of this nature I have been very gratified by the help afforded by *conium* in the 1x dilution. I might touch upon some other aspects of disease for which this medicine has been used by me with some benefit; but nothing more could be said at all worthy of note beyond what others have set forth.

PITFALLS IN THE TREATMENT OF EYE DISEASES.*

By C. KNOX SHAW,

Ophthalmic Surgeon to the London Homœopathic Hospital.

WHEN I was asked to deliver one of the Post Graduate lectures at the hospital during the present session, I was naturally anxious to find some subject which could be made of practical use to those who are working in the busy round of general practice.

When constantly at work upon a limited number of subjects, familiarity soon breeds contempt, and the specialist is apt to take a deeper view, and to look more into the minutiae of changes from the normal than is necessary or needful for the general practitioner. If we then specialise our Post Graduate lectures too much, we may be able to show possibly profound personal erudition, and perhaps a considerable amount of digital dexterity, without being able to add anything really serviceable to the practical knowledge of those to whom the address is delivered. Unfortunately, owing to the limited time at the disposal of the medical student, and the vast variety of the subjects he is compelled to study, the ophthalmological departments of our hospitals are not as assiduously attended as they might well be, and the recently qualified medical man plunges into practice only too ready to fall into the number of pitfalls scattered throughout medical and surgical practice, always ready to catch the unwary. It is because I have sometimes seen a brother stumble that I want to-night to place a few beacon lights in the dark places, and to write "danger" on spots where the ground is treacherous and thin. The subject I have chosen I have entitled "Pitfalls in the treatment of eye diseases," and I want you to allow me to use the word treatment in its broadest sense, as a "mode or course pursued for remedial ends." To the homœopath, treatment would seem to consist mainly in the administration of drugs selected with a due regard to a symptomatic manifestation of the disease and the pathogenetic action of the drug. But in such a study as ophthalmology, we can often rely but little upon the symptomatic indication of the disease, but must be guided in a great measure by the local pathological

* Post-Graduate Lecture, delivered February 24th, 1893.

condition. Hence in eye diseases especially, a correct diagnosis is essential to a successful "course pursued for remedial ends."

Whenever one investigates a fresh case there is an unconscious bias towards a pathological diagnosis which has its influence in the selection of the remedy or mode of cure. In avoiding pitfalls we must look to our diagnosis as well as to the more purely medical treatment of the disease. No medical man can be long in practice without having to prescribe for an eye case, and it is a grievous disappointment to be treating a patient unsuccessfully, and then to find someone has scored off you by your having omitted to notice some little thing that has been the obstacle to cure. And it is worse to have allowed a patient to become blind owing to a mistaken diagnosis from the wrong interpretation of his symptoms.

The treatment of errors of refraction is to a certain extent now so specialised that we are not likely to be caught napping, but in view of the spread of the "penny in the slot" method of choosing our glasses it is as well to bear in mind that because a patient does not see distant objects clearly and that a concave lens gives him excellent vision, he is not necessarily short sighted. There is such a condition as spasm of the accommodation due to excessive contraction of the ciliary muscle, which will produce in an emmetropic or even a hyperopic eye, an apparent myopia, and will exaggerate, too, the amount of error in an otherwise ordinary myopia. I have known oculists even fall into this pit. To give a concave lens to such a patient is disastrous, it only accentuates and increases his difficulty.

Some of your patients you will find, notwithstanding carefully chosen glasses, will still suffer from headache and severe pain in the eye after reading; you will be aiding in the selection of remedies by testing the ocular muscles. In all probability you will find an insufficiency of convergence which will need such remedies for its relief as *gelsemium*, *macrotin*, *natrum muriaticum* or *onosmodum*. As I explained at a Post-Graduate Lecture delivered last winter session this error is best detected with the rod test devised by Mr. Maddox. I was not long since at a consultation in the country when to elucidate the case (a Railway Spinal injury) I was anxious to test the ocular muscles. I manufactured an impromptu rod out of a clinical thermometer and

a visiting card. Apropos of this condition Mr. Spencer Cox, then House Surgeon and now my Ophthalmic Clinical Assistant modified a well known proverb into "Spare the Rod and spoil the Eye." I may as well recall the principle of the test: a glass rod is 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. In insufficiency of the interni the line of light is seen to the left of the candle. There is latent crossed diplopia. Children, especially those at school, are often sent to the oculist, because they are thought to be wanting spectacles, their asthenopic symptoms being credited to an error of refraction. The ophthalmoscope shows them to be emmetropic, or to have but a trifling error, the symptoms being caused by that exceedingly troublesome affection, follicular conjunctivitis. This has escaped attention, because as a rule the ocular conjunctiva is free from hyperæmia, and it is necessary to evert the lower lid to discover the mischief. The small glistening follicles about the size of a pin's head are mostly congregated on that part of the palpebral conjunctiva approaching the outer canthus. Medicinal treatment alone will not cure this affection, active local treatment is necessary, sometimes even to the extent of expressing the contents of the follicles with Knapp's forceps. Attention, too, should be directed to the ventilation of the school-room, for close foul rooms have much to do with this trouble.

It seems almost superfluous to impress upon any intelligent man the danger of a neglected ophthalmia neonatorum, with its comparatively easy cure with *argentum nit.*, internally and locally, combined with absolute local cleanliness, yet I have seen cases where sufficient importance has not been paid to early symptoms, a passing remark when the nurse has told the doctor that the eyes were discharging, "Oh, bathe them with a little warm milk and water," letting the child slide into irretrievable blindness. Every medical man should cultivate a wholesome horror of infantile blennorrhœa and instil it forcibly into the minds of the mother and nurse. A discharge from a new born infant's eye demands the close personal attention of the doctor.

Conjunctivitis would appear to be an easy disease to cure, but not when some obscure cause that is keeping

it up is overlooked, so when an obstinate case baffles you remember that a small foreign body may be buried in the conjunctiva of the upper lid, and if the patient insists that he has something under the upper lid and you cannot see it, evert the lid and pass a clean camel's hair brush beneath the retro-tassal fold. I have seen conjunctivitis keep up by a hair lodged in the punctum lachrymal (in patients who had lately had their hair cut); by the husk of a bird seed adherent to the conjunctiva for three months; and by the irritation caused by the calcification of the secretion of the meibomian glands. This condition often occurs but is easily remedied by applying *cocaine* and removing with a sharp needle the small hard concretion. It is no good treating conjunctivitis in elderly people caused by senile entropium without first seeing that the eye lashes are inverted by strapping or surgical means.

In the young and the aged we find a condition not unfrequently overlooked and often mistaken for simple conjunctivitis, namely, the indolent ulcer of the cornea. The reason being that the ulcer itself being very small, and having a clear uninfiltrated base requires oblique illumination of the cornea for its detection.

Instead of astringents the eye needs warm, soothing applications, and such specifics as *ignatia* and *silica* with the local use of *atropine*. In ulcers and wounds of the cornea many an unfortunate result would be avoided by the bold use of *atropine*. I do not know why there is such a dread of using *atropine*. I presume that the fear that it may produce glaucoma remains so primarily impressed upon the mind that it deters its being used as often as it should. I am sure that more trouble has arisen from neglecting its use than from applying it too frequently. I would say of *atropine* as of trumps, when in doubt, use *atropine*.

No perverse faith in the all powerful effects of well selected remedies should blind us to the use of *atropine* in the proper cases. Its aid is both therapeutic and mechanical, by the latter the iris is drawn out of danger of prolapse in an ulcer threatening perforation, and is prevented from being incarcerated in the edge of a wounded cornea.

Accidents to the eye are generally difficult cases to treat, sometimes a blow from the sharp point of a stick or some steel instrument so easily penetrates the cornea and

wounds the lens. If the wound of the cornea is very slight, the injury to the lens may escape notice, and before you have realised the mischief done the lens is swollen, the iris inflamed, and there are firm posterior synechiæ. In any case when you have any doubt use *atropine*, it will help to avoid a host of complications.

As it is not always easy to recognise iritis in its early stage, it is far better, in any case where there is the least suspicion of its existence, to use *atropine* at once than to wait until the formation of adhesions has led the medical attendant into a pitfall that it would have been much better for the future vision of the patient that he had avoided. We should remember, however, that there are certain patients who are peculiarly intolerant of the use of *atropine*, it produces a severe conjunctivitis and erythema of the lids and contiguous portions of the face. Should such a condition be found to exist whilst a case of iritis is under treatment, the mydriatic must be changed at once to *duboisia sulph.* (four grains to the ounce.) Do not be tempted to leave off using *atropine* too soon in iritis, wait till all ciliary injection is gone, as long as that exists the iris is prone to form adhesions to the lens, and this is the bug-bear, if I may so express it, of iritis.

I wonder how often acute inflammation of the lachrymal sac, with its swollen and tense red skin and œdematous eyelids has been mistaken for erysipelas. Enquiry as to the antecedent history of the case, will show that there has been lachrymal obstruction, and possibly swelling on the seat of the sac, known as mucocele. Pus soon forms in these cases, and though *belladonna* and *hydrargi iodatus* and later *calcium sulphide* will do much to shorten the attack, the pus will most probably have to be evacuated. It is almost useless trying to evacuate it by slitting the canaliculus, the œdema of the lid usually prevents this, so that the sac must be attacked through the skin. In doing this choose a long, narrow bladed knife, and taking a line from the tip of the nose to the outer edge of the orbit, plunge the knife vertically downwards through the inflamed area exactly in the middle of this line. By this incision you will open the sac, and at the same time the knife should pass along the nasal duct, and divide the stricture, which was probably at the root of all the trouble.

In 1881, when giving the Introductory Address at the Ophthalmological Society, Mr. Jonathan Hutchinson, speaking of the number of cases of glaucoma that are still unrecognised, said, "Some years ago, in the early days of the Keratome, I felt so strongly on the subject that I had some thoughts of engaging a full page in the *Lancet* for a big red lettered anonymous advertisement, so staring that all must read it, stating in a dozen words the symptoms and inevitable result of glaucoma, together with the certainty of its cure by operation."

A slip in acute glaucoma is so serious, there is so little time to extricate oneself from a perilous position before an irretrievable disaster overtakes the patient, that every medical man should be well versed in the symptoms of this serious disease. When they are purely ocular, and have been attended by premonitory warnings, there is not so much danger of error, but when the attack is ushered in with pains in the head, ear and teeth, as well as the eye, with sleeplessness, loss of appetite, fever, and even vomiting, then "biliousness" is thought to be the cause of the patient's suffering and he is treated accordingly, with the result that when convalescent he is found to have lost much of his sight.

It cannot be too strongly urged upon those having such cases under their care that one cannot be too prompt in their treatment. First and foremost will be the use of local applications of *sulphate of eserine* instilled into the eye every two or three hours, and the alternation of *aconite* and *bryonia*, these being in my opinion the two most useful internal medicines. But unless relief is speedy, within say 12 or 18 hours, then resort must be had to operative interference, and we must not wait until the patient is a little better. I have known it said, "I am sure you would not have operated then (meaning the time of the attack) as the eye was so very inflamed." Alas! that was the time when help was most needed. Errors are mostly made in the acute form of the disease, but I have known mistakes made in the chronic form too. As an instance I will quote the following case, as it will serve to illustrate another point as well. A patient consulted his own doctor in a small country village as his sight was failing. Taking him to the window and looking at

his eyes the doctor told the man that he had cataract and that he was to wait until he was quite blind and then be operated on. At length he came to the hospital for operation and was dismayed when told that he had no cataract at all but was absolutely blind from glaucoma. The mistake had arisen in this way: the doctor had forgotten how in old age it is easy to confuse the physiological aspect of the lens with a real opacity. The lens at that time of life often reflects a good deal of light and the nucleus assumes a yellowish tint. Of course if the ophthalmoscope had been used no error *could* have been committed, as the lens would have been seen to have been perfectly transparent. I had a capital case showing this at my out patients' only a week or two since, and was able to demonstrate the condition to those at the Clinic. It is possible that some such cases as these are credited with being cured by medicines.

Want of practice makes it difficult to expect an accurate knowledge of minute ophthalmoscopic changes of the fundus from the busy general practitioner, but everyone ought to know somewhat of the use of the ophthalmoscope, it is such a good means of avoiding such pit-falls as trying to treat persistent headache due to error of refraction or to more serious intracranial mischief, accompanied by optic neuritis, without knowing the cause.

The diagnosis of an error of refraction by the ophthalmoscope is really simplicity itself, and needs but little practice: if on looking through the central aperture of the ophthalmoscope mirror, into the illuminated pupil, an image of the vessels of the fundus can be seen whilst the observer is standing about two or three feet from the patient, this is sufficient to tell us an error exists. We ought to remember, too, that optic neuritis is not necessarily accompanied by loss of vision, a point very strongly insisted upon by Dr. Hughlings Jackson, and the knowledge of this fact should cause us systematically to use the ophthalmoscope when treating cases of persistent headache.

I have passed in review in a very fragmentary manner the main points of my subject, treating it as I indicated at the outset from a general practitioner's standpoint. I can only hope that the manner in which it has been undertaken may be thought interesting and profitable.

POST GRADUATE LECTURE ON THE COMMON
DISEASES OF THE NOSE AND THROAT.*

Delivered at the London Homœopathic Hospital, on
February 10th, 1893, by DUDLEY WRIGHT.

Surgeon for Diseases of the Throat, and Assistant-Surgeon to the
Hospital.

GENTLEMEN,—The first case I have to bring before you this evening is of exceedingly interesting nature, owing to the obscurity of the nature of the disease, and I have to thank Dr. Roberson Day, under whose care the patient is, for having enabled me to show her to you to-night.

The patient is a married woman of 43 years of age, and is suffering from a slowly progressive infiltration of the left tonsil and the parts around including the deeper tissues of the neck.

You will be able to judge of the chronicity of the process, when I tell you that the first indication of her trouble appeared so long as 16 years ago. She had just before this time given birth to a child, and during convalescence the face had swollen. About two months after this she consulted Mr. Heath, at University College Hospital, and was told that there was some tumour in her throat. She attended at that hospital for about a year, and then went to the Kentish Town hospital and attended as out-patient there for about five years, and on five occasions had pieces of the tumour removed per os but without making any great difference to the growth. Three years after ceasing attendance at the above hospital she came under Dr. Day's treatment, and has continued under him ever since.

In March, 1890, Dr. Day kindly enabled me to see the patient, and at that time I took the following notes:—

"The patient is anæmic but presents no marked cachexia. She complains of pain and difficulty in swallowing, obstruction to breathing, and almost complete loss of voice. Externally, the left side of the neck below the angle of the jaw and the parotid region is occupied by a round smooth, softish, almost painless swelling, the lobule of the ear being slightly expanded over it, but there is no adherence or redness of the over-

* The lecture was chiefly clinical, and the demonstration of cases left little time for further remarks, so that this report has been considerably added to.

lying skin. The limits of the swelling are: Forwards, as far as the *socia parotidis*; backwards, half an inch behind the ear; and downwards, an inch along the edge of the sterno-mastoid muscle, which it does not, however, involve. Neither is it adherent to the lower jaw, though it dips deeply into the submaxillary region.

By the mouth, the tumour is seen to incorporate and push forward the left tonsil, the base of the tongue, and the soft palate, the uvula being markedly deflected to the right side. There is a pennatiform scar on the most prominent part of the tumour."

The growth involves the palate to such an extent on the left side that it does not move on phonation, but the movements of the opposite side are but little interfered with. The distortion of the parts being considerable the space between the pillars of the fauces is naturally much decreased in size. By comparing her condition then with what it is now, an interval of three years having elapsed, I think you will agree with me that there is but little change. The growth has slightly increased in all its dimensions, but it has had very little effect upon the bodily health, the patient still being able to swallow and breathe without any great difficulty; indeed, deglutition has of late been decidedly less painful.

Not having a complete history of the case in its earlier stage it is difficult to decide whether we are dealing with a growth which had its origin in the tonsil or in the tissues around it. Further, the nature of the growth is somewhat uncertain, both in regard to its malignancy or otherwise, and its exact constitution. I myself, incline to the view that it is a primary growth of the tonsil of a fibrous nature.

Primary malignant growths of the tonsil are occasionally met with, and may be either sarcomatous or carcinomatous. The latter are exceedingly malignant and seldom, owing to their running a rapid course with early glandular enlargement, give much opportunity for treatment. Of the former, the round-celled and lympho-sarcoma are also very malignant, but the fibro or spindle-celled variety may remain encapsuled and only semi-malignant in nature for some considerable time, and is oftentimes remediable by operation.

Repeated, and occasionally severe hæmorrhage is a feature common to all malignant growths of the tonsil—

less so to the fibro-sarcoma—than to the others; and the fact that this patient has had no hæmorrhage during the 16 years' growth turns the scales very much in favour of the benignity of the case.

Fibrous tumours of the tonsil, though being the commonest form of benign tumours of the tonsil, are of somewhat rare occurrence, and there appear to be only some nine or ten cases recorded in medical literature, this forming probably but a small proportion of those that have been met with but of which no record has been made. It is not usual for this sort of growth to invade other tissues in its region, but still cases have occurred in which they have presented as tumours on the surface of the neck.

With regard to the operative treatment of tumours of the tonsil, it may be said that benign growths can be fairly easily dealt with. Malignant ones, on the other hand, except the fibro sarcoma, which is, as I have said, often encapsuled for a long period, are seldom very hopeful cases for operating on.

Growths in this region may be dealt with through the mouth, or by excision through an external incision, and whichever method be chosen, a preliminary tracheotomy is advisable, as the hæmorrhage may be very severe. In some cases a ligature has been placed round the carotid artery ready to be tied if necessary.

When the tumour is dealt with through the mouth, after the primary incision through the anterior arch of the fauces has been made, the tumour may often be shelled out completely with the use of the finger or handle of scalpel. If an operation by external incision be undertaken, enlarged glands may be dealt with within the area of operation with comparative ease. Deep dissection is always necessary, but this operation gives the surgeon a more complete control over the hæmorrhage, as he will have the main arteries immediately under his supervision.

In this case operation is of course out of the question. The infiltration of the external tissues is too diffuse and it would be impossible to fully remove all the invaded parts.

The next patient I have to show you, is one who has been in the Hospital under my care for the past two weeks, and is suffering from extensive ulceration of the

soft palate, pharynx and epiglottis of syphilitic nature. Her history is that some five years ago she contracted syphilis and was treated at the Lock Hospital. The present trouble began some three months ago, the right tonsil and the uvula being the first parts attacked. The latter appendage was quickly eaten away and the ulceration spread rapidly on to the pharynx, and further involved the epiglottis and right false cord.

A few days ago these parts were covered with a thick slough, but as you see them now the bases of the ulcers show signs of healing, granulations appearing in several parts.

Tertiary syphilis of the palate and pharynx, is a rather common complaint, and one meets with many cases of it amongst the out patients of the hospital. In all cases it commences as a gummatous infiltration, which may or may not form an actual tumour, this depending upon the amount of the gummatous deposit. The deposit soon breaks down if left to itself, and ulceration is then present, which extends by the deposition and breaking down of fresh deposit.

In its course areas may be left free from ulceration, but which subsequently necrose owing to the blood supply being cut off by the surrounding ulceration. In this way perforations of the soft palate—or indeed of the hard palate should the underlying bone die and exfoliate—may occur. But perforations of the soft palate may occur in another way, as you will see well illustrated in the case of this boy who has been under Dr. Moir's care for syphilitic thrombosis of the cerebral vessels subsequent to which manifestations in the mouth occurred. Here you will see that the gummatous deposit has occurred on the upper surface of the soft palate, and perforation has thus taken place from above.

When a gumma forms in the larynx it manifests itself usually upon the epiglottis, ventricular bands, or ary-epiglottic folds. In this other patient, an elderly woman, you will see a rounded swelling on the right ary-epiglottic fold, which under treatment has been very greatly reduced in size. You will see that the swelling causes some restriction in the movements of the ary-tenoid joint of that side, thus making the closure of the vocal cords imperfect and causing some aphonia. Tertiary ulceration of the larynx, if of any extent, is rather a

troublesome affection, not so much in its immediate effects as in its ultimate consequences. As healing takes place contraction of the parts follows, and serious stenosis of the larynx may occur. In the first case you have seen I fully expect that such will be the consequence, as the destruction has been wide-spread; and so soon as healing has begun to take place I shall attempt, by the use of bougies passed occasionally, to overcome this tendency to contraction. In all such cases the earlier this treatment is adopted the more hopeful is the outlook. With regard to the treatment of the ulceration stage, I depend mainly on the use of three drugs, viz.: *iodide of potassium*, which I use in the 1x dilution, *biniodide of mercury* and *nitric acid*. I am quite satisfied from my own experience that the 1x dilution of *iodide of potassium* will, in the majority of instances of syphilis, accomplish all that the drug undoubtedly does in larger doses.

With regard to these three remedies I am inclined to think that we may find the first more suitable in nasal, the second in pharyngeal and laryngeal, and the third in lingual syphilis. This requires confirmation as it is only quite recently that I have begun to believe that we can possibly localise the sphere of action of these drugs within such narrow limits. This, at any rate, has lately been my experience, but it is quite possible that extended experience will not bear out the supposition.

This little boy, who forms the subject of our next study, was brought to me for treatment of nasal obstruction. The parents stated that he snored in his sleep and always breathed through his mouth. Now these symptoms in children generally point to enlarged tonsils, or the presence of post nasal adenoids, or both, but in this little boy neither is present. On examining the nose by anterior rhinoscopy it will be found that the obstruction is caused by the presence of great enlargement of the inferior turbinated bodies which are so big as to press against the septum and thus almost close up the entrance of the nose.

You will further see that on the right side the obstruction is rendered greater by the presence of an outgrowth or spur from the septum.

Spurs growing from the septum are exceedingly

commonly met with, but they do not always cause symptoms, and in most cases we can afford to leave them alone. Even in this case we shall probably not have to interfere with it, for you will see that since I have applied a solution of *cocaine* to the swollen turbinate a retraction of that body has taken place owing to the shrinking of the carvenous tissue which is present in it, and to dilatation of which the enlargement is due. This shrinking is so considerable that the nasal channel is no longer occluded, and air passes along it fairly freely.

Unfortunately this is only temporary, for so soon as the effect of the *cocaine* has passed off the enlargement will return. Our object, then, is to bring about such shrinking as a permanent effect; and though it may be possible, by means of a long treatment of internal remedies to produce this, I need not tell you that all the time the boy will be suffering from the evil effects of mouth breathing. In order to obviate this, and to bring about the change as quickly as possible, I will burn the turbinate, now that the surface is anæsthetic from the action of the *cocaine*, with the galvano cautery. By this means an ulcerated surface will be produced, after healing of which a contraction will take place, and the desired result will be obtained. The operation, as you see, is simple and absolutely painless now that the *cocaine* has had its full action. The after-treatment consists in directing the boy to snuff up some weak *calendula* lotion into the nose night and morning, and we may expect healing to take place in a few days.

If the spur had been so great as to cause an actual obstruction even when the turbinate had been reduced in bulk, the proper treatment would have been to remove it by means of a saw or drill such as is used by dentists. The operation in adults can as a rule be performed after the local application of *cocaine*, without causing very much pain. I constantly do this in the out-patient room, and rarely find it necessary to use a general anæsthetic. The hæmorrhage, which is usually severe for a few minutes, is easily controlled by pressure with a pad of antiseptic lint.

The same rules which we follow with regard to antiseptics when operating in other parts of the body, should be as rigidly borne in mind when we are using surgical means within the nose. The lymphatics which

drain the upper and posterior part of the nasal channels are continuous with those in the meninges, and septic conditions in the former place can easily give rise to serious and fatal trouble in the latter. Such a simple procedure as plugging the posterior nares for hæmorrhage, has caused death from meningitis owing to the decomposition of the bloodclot in a plug which has been left there too long. It therefore behoves us to be as careful in the matter of cleansing of instruments and hands when dealing with the nose as we are when we operate on any other part of the body.

The last case that I will show you, is that of a female who is suffering from varicosis of the veins at the base of the tongue. This condition is commonly met with if only sought after, and I have found it usually present in anæmic women, who complain of various subjective sensations in the region of the throat. It is by no means, however, limited to such persons, but is usually I believe associated with a general want of tone.

The veins of the pharynx and uvula are often found in a similar condition, and can usually be more easily seen, as those of the tongue need the use of a laryngoscopic mirror to show them plainly.

They may be found congregated at the base of the tongue just in front of the epiglottis and surrounding that structure called the lingual tonsil, which is found in this position, and as often as not is enlarged. The subjective symptoms complained of are mostly those of a burning and pricking or tingling sensation, and are usually for some reason or other, worse in the morning or after sleep. Pains shooting forwards into the tongue and up to the ear, are often present, and all these symptoms are usually aggravated by anything that fatigues, or often by the slightest movement of the tongue.

The medicines which I have found of most use in getting rid of the subjective symptoms are *nux vom.*, *lachesis* and *pulsatilla*, each of which has its particular indications. *Alumina* is further a most useful drug when great dryness of the throat is complained of, and there is much constipation. The local use of *hydrastis* in *glycerine* is also beneficial. A few of these cases are very obstinate, the pains being a constant source of annoyance to the patients, and in such the destruction

of the enlarged veins by means of the galvano cautery is oftentimes followed by immediate cessation of the symptoms.

In order to do this effectively, the electrode should be laid flat on the vein in the direction of its length, and if the vein be a long one, this may be done at intervals along its course. Several may thus be dealt with at one sitting. In order to control the feeling of soreness after the anæsthetic action of the *cocaine* has passed off, *glycerine of calendula* or *hydrastis* may be conveniently used. Healing as a rule takes place rapidly, and the veins become obliterated.

THE ETIOLOGY OF EYE AND THROAT DISEASE IN CHILDREN.

BY EDWARD BLAKE, M.D.

I THINK it is generally admitted that disorders of the eye are common in schools and orphanages. In point of fact, wherever children are crowded together, ophthalmia is prone to occur, and it is often very intractable.

A large number of the children that attend school suffer from innutrition, either hereditary or acquired. In the case of underfed children, the amount of salt in the tear probably falls below the needful quantity requisite for sterilising purposes.

For one of the uses of the salt is no doubt to disinfect the free surface of the eyeball. If we enter an ill-ventilated class-room full of children, our olfactory nerves warn us of the presence of a great variety of volatile organic products. The eternal restlessness of infantile feet stirs up an incredible quantity of dust. The fierce metabolism of childhood, loads the air with anthropotoxine* and other animal alkaloids.

Some of the ptomaines induce tachycardia, as I have shown.† They can cause a group of neuro-vascular changes which have been demonstrated by Dr. Rayner Batten‡ to accompany progressive myopia. This at once suggests to us that defective ventilation may be an important contributory cause of the eye troubles of children.

* First isolated by Du Bois Raymond. *Lancet*, April 6, 1889, p. 710.

† *Septic Intoxication*. F. A. Davis, Lond. Pihlad., 1892 p. 40-44. Proc. Med. Soc. 1892.

‡ *Ophthalmic Review*, January, 1892.

If the lachrymal secretion be abundant, and if the tears contain the full proportion of salts, that is 0.8 per cent., the impurities thrown upon the eyeball are neutralised and removed as fast as they are precipitated. But in the sickly and the under-fed, the proportion of sodium salts may fall below 0.4 per cent.

Now the toxic elements are no longer neutralised. Bacteria, and their proteid products, enter the four kinds of gland found in the tarsal connective tissue, they set up the well-known "granular lid." The cure consists in hot salt collyria, whilst the preventive measures consist in supplying much more salt in the food, and ensuring a purer atmosphere.

Others enter the lymphatic sacs in the conjunctiva, and cause a condition erroneously styled "scrofulous" ulcer, in reality a genuine septic invasion.

It is to be remembered that there is a direct anatomical communication between the blood vessels of the conjunctiva and the juice canals of the cornea and of the sclerotic.

This explains at once why infection from specific urethritis is so rapidly fatal to vision, and why there exists a septic, as well as a specific, form of interstitial keratitis.

But the tears are salt for another reason. They are saline in order to keep the cornea transparent.

With regard to this point. It is very much more complex than might appear on the surface. The warm tear prevents the eyeball from freezing during intense cold. Latude tells us that the ill-fed and ill-clad prisoners in the Bastille, having unglazed loopholes for windows, became blind through the action of frost on the eyeball.

The difference of density between the intra-ocular fluids and the tear leads to a perpetual diosmosis, and but for this arrangement, when we traverse a desert or stare in the fire, the cornea would become opaque. The exceptional wages paid to Dr. Salviati's glass-blowers, and to the "puddlers" of Staffordshire, mean in part that the fate of blindness awaits them.

It is possible that some forms of cataract may be due to an arrest of this diosmotic process.

The passage of air in vigorous breathing is probably the mechanism by which the canaliculi are emptied. The action being like a Körting's or a Sprengel's pump,

or, to use a more familiar comparison, like an inverted spray-producer.

Dentists make use of the same kind of action to remove saliva from the mouth while stopping a tooth.

We have seen that a mixture of atmospheric air, organic and inorganic dust, and nitrogenised carbohydrates of toxic character, is perpetually precipitated on the free surface of the eyeball. But, happily for the integrity of the eye, the insensible flow of the tears over the eyeball never ceases. Automatic blinking, going on during the waking hours at the rate of from five to fifty thousand times a day, keeps the eyeball swept and clean. The larger portions of dust collect at the inner canthus, the more minute particles, including vast numbers of micro-organisms, pass through the canaliculi into the nostril.

The opening of the lachrymal duct under the inferior turbinate is guarded by a fold of mucous membrane forming an imperfect valve—the valve of Hasner.

Having employed the salt secretion in the tears to cleanse the eye, nature is too thrifty even now to throw away her solution of brine. She deposits it at about half an inch from the external opening of the nostril, in a kind of trough forming the floor of the nares.

The position should be noted as not unimportant.

Particles of soot in the inspired air are entangled by the intranasal hairs.

The sides of the lower portion of the nose are what architects call "splayed," that is to say, they are chamfered or bevelled away. Hence the air first strikes the septum, and then rebounds against the inferior turbinates; these direct the current into the trough of warm brine, which in health always stands in readiness to moisten, rarefy, and cleanse the incoming air. The erectile tissue is probably placed on the turbinals, to act as a hot-water coil to warm the inspired air; but it has other functions.

If this process does not take place, nature probably makes a second effort to save the lungs from invasion, by means of a leucocyte action on the part of the enormously active glands of the pharynx.

For a time this succeeds, but constant irritation leads to hyperplasia or else to hypertrophy, and then to abolished function.

This corresponds with the formation of so-called "adenoids," or post-nasal vegetations. They are more prone to grow in children than in adults, for two reasons. Children have more glands than adults, and these are far more active on account of the greater energy of all the metabolic processes. Again, the young breathe faster than adults, therefore more toxic elements pass through the nostrils, and besides children are more shut up indoors than grown up persons.

If adenoids block the choana, the nose is not properly dried by the passage of air from 15 to 25 times per minute; and polypi may form, especially in people with feeble heart-action, who reside in a swampy district.

When the nostrils become impervious to air, the child must of course breathe through the mouth. The usual result is that the tonsils try to perform the cleansing functions of the nose. The lacunæ soon becomes blocked by hyperplasia, by true hypertrophy, or by a combination of the two. The large, purple, soft tonsil is a type of the adenomatous state, the smaller horn-like tonsil is the representative of persistent hyperplasia.

The first essential in chronic tonsillitis is to have the teeth thoroughly overhauled, for carious teeth produce tonsillitis in a similar way by invasion; and when the tonsils will do no more leucocytic work, we may get the three forms of septic intoxication which have been fully described elsewhere.*

That is to say, we may get a skin affection, a joint disease, or a nerve disorder. I have seen epilepsy in girls follow dental amygdalitis. It is well known that girls with adenoids are prone to spinal troubles, such as wetting the bed.

We can see now what is the long sought relation between tonsillitis and rheumatism.

The dreaming associated with tonsillar hypertrophy is probably not due entirely to mere mechanical pressure on the cerebral vessels.

The anæmia and the "frog-face" resulting from adenoids are now easily understood.

I will give one final word of caution to men ambitious to operate on adenoids. The dorsal posture, with head

* *Septic Intoxication, also Sepsis and Saturnism.* 1892. Rebman, 11, Adam Street, Adelphi.

sharply extended, is the best. The finger-nail is the most convenient instrument, but it should be very carefully cleansed and sterilized first, or a false membrane may form and cause needless peril. The air of the room should be pure, and the house free from sewer emanations and from zymotic disease. A sterilizing spray should be used, if possible, to the naso-pharynx before operating. Pledgets of Ehrle's styptic wool, firmly tied to long strings, in order to prevent their being swallowed, or their being drawn into the larynx, will at once stop the hæmorrhage, which, however, unless hæmophilia or scurvy be present, is seldom very free. The ring-knife of Gottstein and Löwenberg's forceps are needful for tough growths.

Dr. Woakes' modification of the latter makes it difficult for the veriest tyro to injure the septum with it.

After the removal of adenoid growths, the art of pernasal respiration should be carefully taught by the surgeon and systematically practised by the patient. Otherwise these growths are prone to recur.

BEDSIDE RECORDS.

By ALFRED E. HAWKES, M.D.

Tubercle of Bladder.

DURING the early part of January, 1888, I was asked to see a boy, A. T., about five years old.

He had got his feet wet by walking in the snow, and when first seen he was already suffering from extreme dysuria. After a time there came to be a very large amount of mucus in the urine, of a very tenacious character, and to all appearance the boy was suffering from acute cystitis. The usual remedies, including a fair trial of *dulcamara*, *cantharis*, &c., were tried, but to no purpose. The pain was severe, the muco-purulent deposit large, and the general state of the child very unsatisfactory. Obviously something more serious than ordinary vesical catarrh or inflammation existed, and after five weeks of effort a consultation was held.

A well-known surgeon willingly came to our aid. He carefully sounded the bladder, and on finding no

calculus, pronounced the case one of tubercle. He requested me to put the child on suitable diet, including more fat than he had taken hitherto, and advised the use of small doses of *tinct. opii* to relieve the great pain.

He subsequently wrote:—"I think the case is one where it is probable the whole of the urinary apparatus, from the kidneys downward, is more or less infected with tubercle, and this, I believe, the indication for treatment."

A few doses of the *tinct. opii* were given to relieve the pain, as well as to keep faith with the surgeon who had suggested the remedy.

About the middle of February, 1888, he was put upon *calc. carb.* 6 alone, and he needed no other medicine.

I saw him nearly every day in January, five times in April, and I visited him once only in June.

The dysuria slowly disappeared as well as the deposit; he gained flesh, and has continued well since.

He was then the only child, but another was born early last year. I need not announce to those who know my practice, that I gave the mother *calc. carb.* during the second pregnancy; but I may add that the child exhibits no tubercular or other ill-health sign yet.

Chronic Bronchitis.

During November, 1891, I was asked to see an old patient, H., who, during several winters, had suffered from severe bronchitis. His age was about 70, and his frequent attacks had led to a good deal of emphysema. With the aid of *ant. tart.*, *phos.*, *ipéc.* and occasionally *lobel.*, he had survived a good many attacks of an acute character. This time all the old remedies had failed. *Ammon. carb.* did not help him to rally; the pulse still flagged in spite of *digitalis*. The dyspnoea was extreme, the expectoration muco-purulent, and the appearance cyanotic. There was no fever, but profound adynamia. Above all he desired the door to be kept wide open, as he could not get enough air. I thought of *arsenicum*, but Dr. Hughes's observations under *carbo* (*Pharmacodynamics*, p. 370) helped me to differentiate between these two powerful aids, and I gave *carbo veg.* 6, two drops of *tincture* every hour, with complete success, and my old friend has had no severe attack since.

A CASE OF GLYCOSURIA INDUCED BY BRAIN WORK.

By ALEXANDER H. CROUCHER, M.D. and C.M. Edin.

MR. M., aged about 35, single, non-smoker, of nervous temperament, and high intellectual attainments, applied to me on September 16th, 1892, under the following circumstances.

Patient was studying for a science examination, and complained of insomnia and want of energy, preventing his reading for any length of time; these symptoms had come on about one week ago.

On three or more occasions the same thing had occurred, so much so, that the patient had been compelled to give up the examination, from sleeplessness and want of energy, preventing the application to books required.

At these times London physicians had been consulted, who had given some relief to the insomnia by hypnotics, *sulphonal* having been prescribed on one occasion. The ability to work was, however, not in the least restored, and, as stated before, the examination had to be postponed *volens volens*. The urine was not examined.

An examination again impending, Mr. M. came to me on September 16th, 1892. I found him of medium stature, spare habit, slightly anæmic, and complaining that he could not sleep until just about the time he should rise in the morning; in fact he lay awake all night; he also mentioned that he suffered from rheumatic pains in the left leg.

Phosphoric acid was prescribed, and I desired that a specimen of urine should be sent for examination before his next visit. Patient stated he did not think there was anything wrong with the water, the colour being natural, amount passed as usual, and that he had no thirst. Patient was advised to take half a glass of stout on going to bed.

On September 19th the urine was examined, colour natural, sp. gr. 1.028, no albumen, sugar according to Fehling's test was, however, present unmistakably.

September 20th. Reports that he has slept rather better. Repeat *acid phosph.* Diet regulated.

September 26th. Urine, sp. gr. 1.030. Sugar about same.

September 27th. Reports sleeping better, but feels weak in the morning, and unable to do much reading during the day. One teaspoonful of cod's liver oil to be taken night and morning. *Uranium nitr.* 3x, four drops to be taken four times a day.

September 29th. Urine, sp. gr. 1,025, sugar in less amount, separate specimens of night and morning urine were similar.

September 30th. Worked well until 11 p.m. last night, and slept well. Has more energy in the day. No sugar discovered in specimen of to-day's urine. Repeat medicine.

October 26th. Patient left Eastbourne three weeks ago, but reports that he is working hard, and sleeps well. He continues to be careful in his diet. A specimen of urine sent on same date, shows sp. gr. 1,022, and doubtful presence of sugar. *Strych. nit.* 3x, three drops three times a day.

Patient informed me later that he had passed his examination successfully, and with no difficulty. It may be open to question whether the glycosuria caused the sleeplessness and malaise, or the sleeplessness the glycosuria; be that as it may, marked improvement followed the prescription of the *nitrate of uranium*. This case emphasizes the importance of examining the urine.

In Hale's *New Remedies*, *uran. nit.* is stated to cause and cure general malaise, and to have cured obstinate sleeplessness in diabetes.

Eastbourne, April, 1893.

REVIEWS.

Organon of Medicine. By SAMUEL HAHNEMANN. Translated from the fifth edition, with an appendix, by R. E. DUDGEON, M.D. Hahnemann Publishing Society. 1893.

For this volume there was a needs-be of more than one kind. It could not be said that there was available a satisfactory English version of Hahnemann's epoch-making work. Those previously made* were either out of print, or from their imperfections failed in inspiring confidence. We were threatened with a literal German-English rendering from the pen of

* An account and estimate of these may be read in the *British Journal of Homœopathy*, vol. xxxiv. (1876), p. 560.

Dr. Fincke, who would probably make his author speak after the manner of the old Prussian General in Marion Crawford's *Roman Singer*. From the dread of this, and from the lack which would have been its sole excuse, Dr. Dudgeon has delivered us. His qualifications as a translator are known and recognised by all; he understands German, and he writes English. No one can pretend, no one need doubt that British and American homœopathsists now truly possess the *Organon* in their mother tongue.

But, at the present day, something more than a version was required here. Editorial as well as translating work had to be done, if the historical method—so fruitful otherwise—was to be applied to Hahnemann's essay; and we were to learn, not merely what he wrote in its fifth edition, but how this had grown out of its predecessors. Such work was needed; and the materials for it were at hand. The four previous editions had been obtained and collated with the last,† so that illumination from this source was possible. Dr. Dudgeon's "Appendix" mainly consists of an exhibition of the "more important variations" of these. Comparison is also made with the "Essay on a New Principle" (1796) and the "Medicine of Experience" (1805); and with Hahnemann's latest views as contained in the second edition of the *Chronic Diseases* (1885-9). "Thus," he writes, "while the body of this work contains the *Organon* precisely as it appears in the last edition, the Appendix gives a detailed history of the origin, growth and process of the homœopathic system of medicine in the mind of its author." It is obvious how indispensable such an edition must be to the teachers of the *Organon*, and to every thorough student of the treatise. The Hahnemann Publishing Society has bestowed a boon on its members, and on the whole body of homœopathsists of the English speech, by undertaking the publication of this volume; and we trust that their outlay will be recouped by an extensive demand for it.

And what shall we say of the translator? It is not granted to every man to issue, after forty-four years, a revised and augmented edition of a work of his early manhood; and to have such health and vigour spared to him that he can accomplish the task as thoroughly as we see it done here. Dr. Dudgeon's first translation of the *Organon*—that which most of us in this country have had in our hands—dates from 1849. Since then he has given us the "Lesser Writings" and the *Materia Medica Pura* of the master in our language; and has done an amount of work for homœopathy in editing,

† See *Ibid.*, xxxv-vi., xxxix., xl.

repertorising and original composition to which no other living man can pretend. For this, and for the present latest fruit of his self-denying devotion, we give him our grateful thanks. He accepts no other reward; but this he has in fullest measure. May he long flourish even yet to strengthen and enrich our cause, and to receive our appreciation!

What, finally, shall we say of the author and his work? This is not the place to enter into an examination of the *Organon*.* We are not of those who treat its utterances as inspired and beyond criticism. But we do say that its existence, and history, and present status, are facts unique in medical story. That a German practitioner, of no official or professorial rank, should publish a work in name and form recalling Aristotle and Bacon and Hippocrates; that this should go through five editions in his life-time, and be translated then or subsequently into well-nigh every language of the civilised world; that fifty years after his death its English version should be re-issued, sedulously revised and annotated, for the benefit of followers of that speech twelve thousand or more in number—surely such facts should make his despisers pause and consider. Can any parallel be found in the literature of traditional medicine? Does it not look as if this was a real corner-stone, and of a solid edifice? Must it not be that a *methodus medendi* is propounded here which—whatever its limitations—is genuine, reasonable, fruitful, worthy of study and fair trial? This is the moral we would draw from the present publication. If its force can be felt outside our own ranks, the re-issue of the English *Organon* will do more than supply ourselves with a text-book: it will do something towards hastening the day when *similia similibus* shall take its legitimate place in practical medicine, and Hahnemann shall be given his niche among the leaders of the healing art.

Bacteriological Diagnosis. By JAMES EISENBERG. Translated from the German by Norval H. Pierce, M.D., Philadelphia and London. F. A. Davis, 1892.

THE present volume consists of tabular enumerations of the characteristics of the various micro-organisms to aid in practical bacteriological work.

There are three divisions in the work, the first dealing with non-pathogenic bacteria, the second with pathogenic bacteria, and the third with the fungi. A further division of the first

* The general mind of liberal homœopathists about it is fairly expressed in Dr. Hughes' Hahnemannian Lecture (*Hahnemann as a Medical Philosopher—The Organon*. Gould & Son, 1882).

two subjects in the matter of culture, viz., as to whether cultivated outside the animal body or if not cultivated outside the animal body.

A page is devoted to each organism, and its characteristics are noted down in tabular form under separate heads. For instance, if we turn to the *Bacillus Sutilis*—the organism of ordinary hay infusion—we find set down the place in which it is found; form and arrangement of the bacilli; their motivity; their mode of growth in gelatin, Agar-agar, potatoes, and blood serum; the temperature most suitable to the development; the rapidity of growth; spore formation; aerobiosis; gas production; effects on gelatin; colour production; and, lastly, their pathogenic effects.

It will be seen that we have here at once both a clear and full account of the attributes of each organism. For the pathogenic organism an additional note is added on their aniline reactions, and under this head are given hints as to the best method of colouring and detecting them in the various tissues of the body. For the fungi, a slightly different arrangement has, of course, to be adopted, and the following are the headings under which each is considered:—Place found; colour of growth; mycelium arrangement; fructification organs; growth; temperature; examination methods; and pathogenesis.

Finally, there is a full appendix in which full directions are given how to prepare and use the various nourishing media, stains and reagents, as well as instructions on the microscopic examination of bacteria.

The book is essentially a practical one, and containing, as it does, such a very clear and concise account of the subject of which it treats, it cannot fail to be of use to all those who have dealings with this branch of pathology.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the Session was held on Thursday, May 4th, at the London Homœopathic Hospital.

Drs. Andrew Mossforth Neatby (Sutton), Carl Fischer (London), and Samuel Brewer Brooks (Nottingham) were elected members of the Society.

Dr. SPEIRS ALEXANDER (Plymouth) read a paper on *Thuja in Relation to Aural Polypus and Allied Growths*. In the paper he advanced the claim of homœopathy to obviate surgical operations, and quoted Hahnemann, that as "affections of the external part proceed from an internal morbid state" we

should treat the patient and not the disease. The paper was illustrated by cases under the author's care, the first one being an aural polypus associated with exostosis of the meatus. In discussing the selection of the drug, Dr. Alexander mentioned that in no cases, as far as he was aware, had any of the drugs credited with the cure of polypus been found to produce polypus. Such drugs were *calc. carb.*, *lycopodium*, *mercurius*, *phosphorus*, *sanguinaria*, *thuja* and *teucrium*. In the first and second cases the polypus disappeared under the use of *thuja* 80. In the third case, in a man aged 83, the symptoms appeared aggravated whilst taking the 80th dilution, but disappeared on his being given a few pellets of the 1,000th. The fourth case was one reported by Dr. Hughes in the *Review* for September, 1869, where a cure was obtained by the use of *thuja* 12.

The two next cases, one of polypus of the ear and the other of the umbilicus in a child, were reported by Dr. Black, of Torquay. Dr. Alexander raised the question whether, in the absence of the production of polypus in any of the provers, the cure can be regarded as homœopathic.

He, however, pointed out the analogy between the effects produced by *thuja* on the urethra and that on the nasal and aural mucous membrane, and that there had been produced warty and condylomatous growths on the genitals and skin, and concluded that from these to polypus there was but a step. *Thuja* cures whilst the ligature or snare only removed. In the former case the cause is got rid of, but in the latter the general morbid condition and local hyperæmia being unaffected the polypus may be expected to reappear. He gave as another explanation of the action of *thuja* its reputed relation to the syctic diathesis. As further evidence of the curative effect of *thuja*, Dr. Alexander reported a case of papilloma of the conjunctiva in a young lady, which was removed after the use of the drug in the 80th dilution. In conclusion he suggested the use of *thuja* in the treatment of papilloma of the bladder.

Dr. JAGIELSKI had not used *thuja* in aural polypus, but had used it with benefit, both internally and locally, in thickening, with polypoid growths, in the nose, and he narrated a case where a small polypus protruding from the cervix uteri had shrivelled up after taking *thuja* in the 80th dilution.

Mr. DUDLEY WRIGHT had applied *thuja* in several cases, but had never been satisfied that it was not the action of the spirit which caused the polypus to shrivel. So, when *boracic acid* was used it was probably this that cured. If the drug was used it should be used alone. Where the polypus was associated with diseased bone *silica* was useful. He

had treated a case of papilloma of the larynx for seven months with *thuja* 30 to 12 without effect.

Dr. MOIR related a personal experience of the cure of an aural polypus by a snuff of *sanguinaria*.

Dr. DUDGEON mentioned that Hahnemann had recommended the pure juice of *thuja*, and he thought that it would be as well to do in the cases under discussion so as to avoid the action of the spirit.

Dr. DYCE BROWN said that the surgical treatment of polypus was not successful, and was disposed to agree with Dr. Alexander.

Dr. COOK had seen little good from internal remedies in nasal polypus. He thought that Dr. Alexander should have recorded his failures as well as his successes.

Dr. PINCOTT had cured a case of polypus of the umbilicus in two days with *boracic powder* and no *thuja*.

Mr. GERARD SMITH said that nearly all cases of umbilical polypus in children get well if Fuller's earth is applied.

Mr. KNOX SHAW regarded polypus not as a primary disease but as the final development of a pre-existing malady. Hence surgical interference by promptly removing the latest development allowed the pre-existing disease to be better treated.

Dr. BURFORD thought, too, that we should distinguish between the prevention of the causes culminating in polypus and the absorption of the polypus. He thought that possibly the remedies had but little effect upon the polypus itself, but that Dr. Alexander was right in referring to the action of the inflamed condition of the base surrounding the tumour.

The PRESIDENT (Dr. Blackley) had not used *thuja* in aural polypus. With reference to the prophylactic treatment of these cases, he was afraid that the facts were not brought early enough before them, or probably much more good might be done and surgical means avoided.

Dr. ALEXANDER, in reply, said that nasal polypus was not the subject of his paper. He did not see how prophylactics could be used. He had known a dyscrasia cured by *thuja*, which was homœopathic to it.

Mr. DUDLEY WRIGHT then read a communication on "Roaring in Infants," a name he used as the cause of the disease is not yet sufficiently clearly defined to justify one in adopting a nomenclature on pathological grounds. The symptoms are assumed to be due to paresis of the posterior crico-arytenoideus. In roaring horses there is more or less complete paralysis of the left vocal cord, this being caused by pressure upon the left recurrent laryngeal nerve. In infants, however, the paralysis is probably bilateral, and limited to

the posterior crico-arytenoideus muscles, the stridor only accompanying the act of inspiration. Three cases had been under observation in the London Homœopathic Hospital, two under Dr. Byres Moir and one under his own care. In none of the cases was a laryngoscopic examination possible, and in the one on which a post-mortem examination was made no gross lesion was discoverable.

In the other two improvement was observed under the use of the *bin-iodide of mercury*. By the process of exclusion he attempted to arrive at a conclusion as to the nature of the affection. He showed that it could not be *croup*, *spasm of the larynx* or *laryngismus stridulus*, *growths of the larynx*, nor *growths pressing on the trachea*, but argued that it must be due to an unnatural position of the vocal cords brought about by paralysis.

Dr. MOIR thought congenital syphilis played a considerable part in the cases.

Mr. COX had seen two of the cases, and thought that paralysis did not explain the symptoms.

Mr. KNOX SHAW had seen one case in which a post-mortem had revealed enlarged bronchial glands.

Dr. ALEXANDER inquired whether these cases were allied to those of chronic hoarseness in children.

THE WESTERN COUNTIES THERAPEUTICAL SOCIETY.*

PRESENT :—Drs. Eubulus Williams, Samuel Morgan, R. W. Barrow, F. H. Bodman and T. D. Nicholson, of Clifton ; Drs. MacKechnie and Norman, of Bath ; Dr. W. Cash Reed, of Plymouth ; Dr. John Wilde, of Weston-Super-Mare, Dr. Ashley Bird, of Penarth.

Dr. NICHOLSON showed a rhinolith weighing 10 grains (a small piece having been broken) which was removed from the nose of an elderly lady by douching. She suffered from severe arthritis and chronic *ozæna*. The process of growth was probably due to hardened mucus collecting in the nasal fossæ, and gradually becoming encrusted with calcareous matter. These concretions are comparatively rare, especially of this size, but Dr. Haviland Hall was lately reported to have shown a specimen weighing 92 grs. Dr. Hake made an analysis, and found the composition of this one to be, organic matter 26 per cent., and calcic phosphate 74 per cent.

Dr. BODMAN read a paper,† "Notes on the Treatment of Diseases of Women by Electricity," after which there was a short discussion.

* Meeting held at Clifton, February 17th, 1893.

† We hope to print this paper in our next.

Dr. WILLIAMS proposed a vote of thanks to the author, and remarked, in reference to the cure of sterility by electricity, the introduction of the sound itself into the uterus would enlarge the canal and thus remove obstruction.

Dr. REED thought electricity most useful in cases of hæmorrhage, where *serale* also benefited, and where there were large vessels which contracted under pressure. He had found *hydrastine* 8 (Keith's *muriate*) valuable in one case of uterine fibroid with hæmorrhage. He was chary about using the curette.

Dr. WILDE considered the homœopathic treatment the best where the case was curable. He recommended *ext. bursa pastoris fl.* (Ferris) in uterine hæmorrhage when severe.

Dr. BIRD mentioned a case, menorrhagia, cured by *calc.* c. 5 and 10.

Dr. NICHOLSON thought members generally had not sufficient experience of electricity to decide exactly its place in uterine therapeutics. He knew one of the cases mentioned, and which he had put under Dr. Bodman's care—a case of chronic congestion with adhesion and misplacement, sacral pain, and loss of walking power, where the treatment had a decidedly beneficial result. Here a strong current was applied to the interior of the uterus.

Dr. BODMAN replied, giving some further details of the necessary apparatus.

PERISCOPE.

MATERIA MEDICA.

ANTIPYRIN.—The following case of poisoning by this drug is recorded by Campellatti (*Riv. Sper. di Freniatria, e di Med. leg.*, March 31, 1893, and *British Medical Journal*, May 6):

“A somewhat hysterical girl, of 28, two years before the present history, began to suffer from headache, for which she was recommended to take small doses of *antipyrin*. These at first proved efficient, but after a time, contrary to the advice of her doctor, she steadily increased the amount, till at last she took as much as eight grammes daily. At this time her health began to suffer seriously; the least provocation or contradiction brought on a violent hysterical convulsion; she lost appetite and all interest in domestic matters; her headaches increased, and to them was added a buzzing in the ears; she appeared like a person half asleep. The large doses of *antipyrin* which she was taking afforded only very transient relief, but she would not brook either the least reduction in amount, or even any delay in administration,

complaining of great pain and becoming greatly excited if the dose were delayed even for an hour. At this time she entered an asylum with the desire of being cured. Here an attempt was first of all made suddenly to reduce considerably the amount given, but this gave rise to such prostration that it was found necessary to treat the case like one of morphinomania, there being a great similarity between the two conditions. But every reduction, whether made with or without the patient's knowledge, produced much constitutional disturbance, and it was found necessary to have recourse first of all to large doses of *potassium bromide*, and later on to *caffèine*. The two main troubles were the insomnia and the loss of appetite, but these were gradually overcome, and the patient at length left the asylum completely cured, both of the headaches and also of her craving for *antipyrin*."

ARSENIC.—Osler (*Montreal Med. Journ.*, April, 1898) relates a case to show that long continuance of full therapeutic doses of *arsenic* may lead to the development of peripheral neuritis. The patient was a Pole, suffering from Hodgkin's disease, affecting the cervical, axillary, and inguinal glands. During a period of seventy-five days he took 3 iv, 3 j, m xviii of the liquor *potassæ arsenitis*, equivalent to 16½ grains of *arsenious acid*. The dose, for the greater part of the time, with some intermissions owing to diarrhœa, was m xv. thrice a day. Increased pigmentation of the skin was noticed at an early period of the treatment, and, after about seven weeks, it was noticed that the muscles of the upper and lower limbs were tender to the touch, and that he walked stiffly. The kneejerks which were then present had disappeared in another fortnight, and he was scarcely able to walk at all. The muscular power of the arms was diminished. The excitability of the muscles of the legs to both currents was diminished, and A.C.C was equal to, if not greater than, K.O.C. Osler observes that idiosyncrasy must play a part in the production of arsenical neuritis, which is very rarely produced by therapeutic doses. He had only once before met with a case which raised the suspicion of neuritis, though he has been in the habit of treating pernicious anæmia, Hodgkin's disease, and chorea minor with *arsenic*, pushing the drug until its physiological effects were produced—itching of the skin, slight œdema, vomiting, or diarrhœa.

DUBOISIN.—C. Crouzet (*Rec. d'Ophtal.*, February, 1898) publishes a case of iritis plastica with adhesion of the whole pupillary margin to the lens, in which he used 5 drops daily of the following solution :—*Dub. sulph.* 5 c. ; *aq. dest.* 10 g. Four days later the patient began to complain of dryness of

the throat ; but the synechiæ beginning to yield, the treatment was persevered with until, a few days later, other general symptoms having appeared, the *duboisin* had to be discontinued. The symptoms were frequent pulse, great weakness, rise of temperature, and disturbances of speech, similar to those present in aphasia. Crouzet has not been able to find any mention of such disturbances of speech as a symptom produced by the use of *duboisin* in medical literature.

DOVER'S POWDER IN THE TREATMENT OF COLLIQUATIVE SWEATING.—Dr. G. Frank Lydston, of Chicago, stated in a recent clinical lecture that, while an interne in the New York Charity Hospital, he experimented quite extensively upon the abundant clinical material in the medical wards to determine the relative value of the various remedies recommended for night sweats, particularly in pulmonary consumption. He found *atropine* not only unreliable, but productive of certain disagreeable effects that more than counterbalanced its possible advantages. The mineral acids and other tonic remedies and astringent baths were not much more efficacious than the *atropine*. He established, to his own satisfaction, that there are but two remedies which can be relied upon to check night sweats. These are Dover's powders and the active principle of *cocculus indicus* or *picrotoxin*, the former being by far the more valuable of the two.—*New York Medical Times*.

CALENDULA OFFICINALIS.—Dr. H. M. Michener, in the pages of the *Californian Medical Journal*, calls attention to the value of this remedy, not alone for cuts and lacerated wounds, to which it has mainly been confined, but as a local remedy in gangrenous ulcers, in otorrhœa, eczema, vaginitis, endocervicitis, gonorrhœa and non-specific urethritis. In each and all of these morbid conditions Dr. M. states that he has had most happy results from its use applied as a wash, or on cotton tampons, or used in a dry state by mixing it with sugar of milk, the parts having been previously cleansed with warm water. The preparation that Dr. M. employs, and which he recommends, is the *succus calendulae*, to which has been added a very small quantity of spirit to make it keep.

CARDUUS MARIANUS.—In the *Homœopathic Recorder* for March, 1893, there is a valuable article translated from a Berlin Medical Journal on the treatment of varicose ulcers by this remedy. After alluding to the unsatisfactory results of treatment among the labouring classes by means of bandaging and astringent lotions, which under their conditions of home life cannot be properly carried out, and after noticing the medicines which he has employed with only limited success—such, for instance, as *belladonna*, *carbo. veg.*, *graphites*,

hamamelis, pulsatilla, sulphur, &c.—he then relates his experience with *carduus marianus*. The cases which usually were presented for treatment were fully developed ulcers of a brownish red colour, with serous discoloured granulations, surrounded with mis-shapen varicose veins, with pointed and callous borders, easily bleeding, the ulcers having been brought on by a blow or bursting of a varix, and generally preceded by eczema and itching of the skin. The pain in the ulcers was very moderate, and there was but little burning in them or their vicinity. The writer then touches on the sphere of the action of this remedy; we learn from its known provings that it produces hyperæmia of the liver and the gall ducts, as well as the whole of the intestinal tract, and that it has a specific connection with the veins and the whole vascular system. He then alludes to what Lobacher claims for the remedy as more useful than any other in menorrhagia, chronic uterine hæmorrhages, pointing to the influence of *carduus* on the venous vascular system of the uterus, which he has verified by numerous personal observations. He goes on to remark in relation to this point that in nearly all his cases of varicose ulcers the patients were women over 30 to 40 years of age, troubled with uterine catarrh, chronic endometritis, displacement of the uterus, and inclination to profuse perspirations. Dr. Windelband, the author of the paper, claims to have cured 145 out of 196 cases of this nature, occurring mostly among the labouring classes, but among the remaining number decided benefit ensued. The doses never exceed 5 drops of the tincture three times a day, but he thinks it well to commence with quite small doses, and if any aggravations are caused not to increase the dose till the same has ceased.

COLOCYNTH.—Dr. Hobart, writing in the *Medical Era* (January), gives the following example of the types of sciatica in which the provings of *colocynth* indicate it as the remedy.

“Mrs. A., aged about forty, consulted me two years ago for the relief of a severe form of sciatic neuralgia of the left leg. She had been well up to about four years before, when she was taken with a very severe pain in the stomach and left ovarian region, the cause of which she could not explain. The pain was so severe at times that she would become delirious and vomit with great difficulty. Treatment met with but partial success, when suddenly the pain appeared in the left sciatic nerve, and continued periodically in that locality for one year. When I saw her first, she had intense drawing, aching pains, ending in twitching in the calf of the leg. Cramping pains would run from the hip to the foot and *vice versa*. Occasionally there would be a throbbing which

would invariably end in a drawing pain along the whole length of the limb. *Colocynth* 3x was prescribed to be taken every one or two hours in water. She was discharged cured in four days, and when I saw her one year afterwards she said that she had had no more pain."

In some remarks upon this case, Dr. Hobart points out that it verifies the proving which shows "that it acts oftentimes as profoundly upon the nerve trunks and peripheral nerves as upon the abdominal plexus. The trigeminus is often affected, causing hemicrania and toothache. The nerves of the extremities, and especially those about the hip-joints, are often profoundly affected. In a word, there is abundant proof that the great sphere of *colocynth* lies among the neuroses, where the pain is especially of a crampy and drawing nature, as found in its provings."

NOTABILIA.

COMPULSORY VACCINATION DEBATE IN THE HOUSE OF COMMONS.

On going into Committee of Supply, on the 12th ult., Mr. HORWOOD (Middleton Division, Lancashire) moved that the law compelling the vaccination of infants and young persons was unjustifiable, and ought to be repealed. This proposal was seconded by Mr. ARTHUR O'CONNOR (East Donegal). The speeches of these two gentlemen consisted chiefly of abuse of the members of the medical profession, and of misrepresentation of the facts upon which the supporters of vaccination rely in advocating it, and of the motives which animate them in doing so. Sir WALTER FOSTER (Ilkeston Division, Derbyshire), the Secretary to the Local Government Board, replied to them in an admirable speech occupying an hour and 20 minutes; a speech bristling with facts and most conclusive in arguments; one in which all who are called upon to defend vaccination in the future will find abundant material to sustain them. It is published *in extenso* in the *British Medical Journal* of the 20th ult. The same journal gives the following analysis of the minority voting—the motion being rejected by 188, including tellers, against 72, including tellers: Radicals, 62; Nationalists, 7; Conservatives, 8. Mr. T. P. O'Connor, who voted with the majority, commenting upon the division in his newspaper—*The Sun*—said that he had "no idea that there were so many lunatics in the House." And yet he has sat there since 1880, constantly acting with 69 of this minority!

COMPULSORY VACCINATION.

BEFORE vaccination was introduced the old rate of mortality in London from small pox was about 3,000 in a million yearly. This rate has now been reduced to a bare 178. This is one fact out of many all pointing to the same conclusion, and all borne out by sound and indisputable proof. But is it right, even so, that vaccination should be made compulsory? On this point some evidence will be found in the tabular statements handed in to the Royal Commission by Dr. William Ogle, the superintendent of statistics in the Registrar-General's office. Dr. Ogle's evidence is important all through. As regards compulsory vaccination, he shows that when vaccination was optional, the deaths from smallpox in England and Wales were 805 per million of inhabitants. In 1853 the obligation was imposed, but it was not efficiently enforced. The deaths, even so, fell from 805 to 223. The more efficient enforcement he dates from 1872, and it was attended by a further reduction to 114 per million, and it was especially infants and young children who were most beneficially affected by the change. It may be argued, with some show of justice, that in such a matter as this grown up persons may be left to take care of themselves. Children and infants are at the mercy of others. If their natural protectors will not look after them, if from carelessness or ignorance they leave them without protection against the ravages of small pox, it becomes the duty of the State to interpose, and to insist that what is necessary shall be done. But we are living in a day of compromises. Carelessness and ignorance have their admitted claims on our respect. The Royal Commission itself recognizes them, and the Home Secretary's Bill has been drafted to give effect to the recommendations in the Commission's fifth report. These are that parents who refuse to have a child vaccinated shall not be proceeded against more than once in each case for their breach of the law, and that, if they are sent to prison in default of paying a fine, they shall be treated as first-class misdemeanants and not as ordinary criminals. These are in the nature of concessions to weak consciences, and their defence is that there are persons to be found—Peculiar People and others—who have *bona fide* conscientious objections to having their children vaccinated, and whose high sense of duty impels them to leave all matters of health and sickness under the care of Providence or of chance. It is impossible in such a case as this to be quite fair to all parties. Either the parent's conscience or the child's body must suffer. The law as it stands favours the child. The amended law will be kind to the parent, but obviously at the child's expense.—*The Times*, May 13.

HOMŒOPATHY IN ANTWERP.

The success which has followed the establishment of a Homœopathic Dispensary by the Town Council of Antwerp has led to the presentation of the following petition, by Drs. Lembreghts *jils* and Dr. B. Schmitz, to the Administration of the City Hospital :—

“ To the President and Members of the Administration of the hospitals of Antwerp.

“ Gentlemen,—We take the liberty of respectfully drawing your attention to a want which exists in the hospital service of our city. We would draw your attention to the exclusion of homœopathic treatment therein.

“ The Town Council, in order to secure the benefit of this treatment to the poor, has not hesitated to establish a special dispensary, where the sick can be treated homœopathically.

“ This dispensary, which was opened in January, 1892, has shown remarkable results, after only a year's existence, as you can convince yourselves by the following figures:—

“ Consultations at the hospital	...	...	2,313
“ Visits (at home)	...	...	609
“ Deaths	...	...	17
“ Patients sent to the hospital	...	...	26

“ The consultations at the dispensary, which were eight on each occasion during the first three months, have risen to 20 at each reception during the last quarter. The number of visits has increased still more. From 39, during the first quarter, it has increased during the last three months to 280.

“ These results prove conclusively that a very considerable proportion of the poorer classes prefer the treatment provided through homœopathy; further, we are persuaded that a preference for this mode of treatment is likely to extend considerably amongst them.

“ As you will remark from the figures given above, we have sent only a relatively small number of patients to the hospital. We have been obliged to treat all acute and chronic affections which presented themselves at the patients' homes; because, homœopathy being excluded from the hospitals, we have not wished to expose our patients to the always injurious consequences of a sudden change of therapeutics—still more so for the reason that if the poor had recourse to us, it was because they had confidence in homœopathic treatment, and wished to be treated by this mode.

“ But in many instances treating the patients at home is impossible, owing to the bad hygienic conditions under which they live. In cases of contagious diseases, doing so would present a serious danger to the public health.

“ The poor, therefore, whom we send to the hospital find

themselves in an exceptionally unfavourable situation, for after having followed a course of homœopathic treatment, they are submitted to a therapeutic method, based on entirely different principles, and even opposed to those on which we practice. Such a system can only act injuriously on the patient's condition.

"In times of an epidemic it would entail very grave consequences, for it is to be feared that the patients from our dispensary, thus subjected to two methods of treatment quite incompatible with each other, would pay a larger tribute to mortality.

"It is thus in the name of humanity, in the name of the health of our patients, that we come to you, praying that you will devote to homœopathic treatment some of the wards of one of the hospitals of this town.

"The introduction of homœopathy into the public service is no longer an innovation in Antwerp, since the Town Council has taken the initiative by founding a dispensary, where the poor have the power of resorting to this therapeutic method. You will not forget that this measure of liberty and justice has been greeted with the greatest sympathy in our town. It has been approved of by a large majority of the Communal Council, and, with the exception of a few newspapers, it has had the approbation of the whole political Press of the country. Besides which, the most evident proof of the opportuneness of such a reform is shown in the success which it has had amongst those principally interested—the poor—since during the first year we have given nearly 8,000 homœopathic prescriptions.

"In introducing homœopathy into its medical service, the Town Council has desired to preserve the great principle of liberty in the treatment of the poor.

"In imitating this example, gentlemen, you will have an interest in view, even plainer and more sacred, namely, the health of the patients; for from the foregoing arguments you will be able to understand all that is anomalous, illogical, nay, even to see the lack of humanity, in the present situation.

"The homœopathic system is admitted at the present time into a large number of establishments, public and private. From a report presented at the Homœopathic Congress at Basle, in 1886, it appeared that the United States possessed 51 homœopathic hospitals. Further, numerous and authentic statistics showed that the mortality in these is less than in the hospitals directed by the doctors of the old school. We quote several facts:—

"At the Hôpital St. Roch, in Buda-Pesth, several wards have been devoted to homœopathic treatment. There the

mortality has been 18.5 under allopathic treatment, and 15.7 per cent. among cases treated by homœopathy.”—(*Statistik der Klinischen Lehranstalt im St. Rochus Spital zu Buda-Pesth.*)

“One of the largest hospitals in New York—the hospital of Ward’s Island—is exclusively homœopathic. The mortality there is about 6 per cent., whilst it attains 12 per cent. in the allopathic hospitals of the same town. (These figures are extracted from the Report of the Board of Charities of New York.)

“In 1854 London was ravaged by a terrible epidemic of cholera. The English Government caused a large number of hospitals to be vacated (amongst the number the Homœopathic Hospital), in order to place in them patients attacked by the epidemic. It also named a medical commission, composed exclusively of allopathic doctors, to inquire into the results obtained by the help of the various therapeutic methods put in practice in these hospitals. The Commission presented its report, but omitted to mention the results obtained at the Homœopathic Hospital. This omission was made the occasion of a question in the House of Commons, and the Commission was obliged to confess that, whilst the mortality had been 51 per cent. in the allopathic hospitals, it had only reached 16.4 per cent. at the Homœopathic Hospital. This fact has been again noticed recently by the *Times*, on the occasion of the memorable controversy which broke out in 1887 between the English homœopathic and allopathic doctors.

“In conclusion, we would wish to point out that the introduction of homœopathy into the hospitals would not have the effect of sensibly increasing the expenses of the administration, since the homœopathic medicines are less expensive than are the allopathic prescriptions, and it has been proved that the average duration of residence in hospital for the same disease is shorter under homœopathic than under allopathic treatment. Confident in the interest which you have always shown in the welfare of the poorer classes, we dare to hope that you will take the necessary steps for the patients continuing at the hospital the treatment which they have chosen by applying to the Homœopathic Dispensary of the Town Council.

“DR. LEMBREGHTS FILS.

“DR. B. SCHMITZ.

“Antwerp, Feb. 23rd, 1893.”

To this petition the following reply has been sent :—

“Antwerp, 25th February, 1893.

“Gentlemen,—We are in receipt of your letter of the 23rd inst.

relative to the establishing of a homœopathic service in our hospitals, and beg to inform you that the matter will be submitted to the consideration of our Council.

"By Order

"Ferd. de Wael, President.

"E. Bonwens, Secretary."

HOMŒOPATHY IN ST. PETERSBURG.

WE are informed by the *British Medical Journal* of the 13th ult., that "a large gathering of people of the higher classes of St. Petersburg, on the 5th of April, assembled to hear a public debate between champions of homœopathy and of orthodox medicine. In the Russian capital, as elsewhere, the upper classes have a natural leaning towards heresy in medicine, and, at the commencement of the discussion, their sympathies were almost entirely with the disciples of Hahnemann. The 'allopathic' side of the question was upheld, not by a medical man, but by Professor Goldstein, a pharmacist, against whom, therefore, no allegations of professional jealousy could be made. Homœopathy was defended by Dr. Brasol, the leader of the sect in St. Petersburg. Professor Goldstein's criticism of his adversary's statements made a profound impression on the audience." The editor then goes on to describe the points of Professor Goldstein's statements which created this "profound impression." They are, that homœopathy consists in giving as medicines "single drops of water." "Besides water, the chief remedies of the homœopaths are grains of salt, carbon, silica, and minute quantities of pounded sugar and spirits." Then the Professor is said to have "exposed the absurdity of the well-known theory of the 'dynamic power'"—whatever this may be. In explanation of this so-called "well-known theory," he said: "Take a few pinches of salt, and throw it into the middle of the sea of Ladoga, and then travel to St. Petersburg and take a tumbler of water from the Neva, which draws its waters from that sea, and then you will drink a homœopathic medicine"! If this is the sort of stuff that can create any "profound impression"—other than unfavourable—upon "a large gathering of people of the higher classes of St. Petersburg," they must be much more easily hoodwinked than we should have supposed it possible for them or any other persons of average information, to have been. Professor Goldstein's statements do not touch homœopathy, neither do they present the remotest resemblance to the practice of homœopathy. This one thing they do. They show that though the Russian laws are generally supposed to be repressive of freedom of speech and freedom of action, nevertheless, the lamentation we once heard uttered by an American citizen:—"The trouble is, sir,

that there is no law in the United States which prevents a man making a darn fool of himself"—applies with equal force to the state of legislation in Russia. That it is so, Professor Goldstein is a conspicuous illustration.

AMERICAN NOTES.

THE assembling at Chicago, three or four days ago, of the World's Homœopathic Congress, is the one event upon which the thoughts of all homœopaths in the United States have been centred for some time past. Every arrangement has been made to secure "the largest assemblage of homœopathic physicians in the world's history." Dr. Bojanus, of Samara, Russia, Dr. Oscar Hansen, of Copenhagen, Dr. Majundar and Dr. Banerjee, of Calcutta, Dr. Day, of Honolulu, Dr. Piaz, of Bogota, Columbia, and Dr. A. C. Eastman, an educated Sioux Indian, are among the distinguished foreigners who were reported by the journals received last month to be on their way to Chicago. Seven of the large halls in the magnificent Art Building on the lake front have been assigned by President Bonney, of the World's Congress Auxiliary, for the exclusive use of the Congress, and will afford ample facilities for the meetings.

* * *

We have, so far, heard only of Dr. Molson and Dr. Karl Fischer from this country having expressed an intention to be present. Dr. Molson goes charged with a message for the Congress from the British Homœopathic Society. He left this country about the middle of last month. The period of the year at which the Congress is held makes attendance at it impossible to most of us. Nevertheless, though largely absent in the body we shall be represented by literary contributions. Dr. Hughes has sent a paper entitled *The Further Improvement of the Materia Medica*; Dr. Pope one on *The Value of Efforts to Enlighten the Public on Homœopathy*; Dr. J. H. Clarke one on *The Curative Action of Homœopathic Remedies in Cases of Organic Disease of the Heart*; Dr. Edward Blake one on *Some Important Clinical Aspects of Passive Septic Invasion*, and Mr. Gerard Smith one on *Headache in Children*.

* * *

Not only will British homœopathy be represented by papers to be read at the Congress, but also by an exhibit at the General Exposition—the World's Fair. This has been sent by the London Homœopathic Hospital, and is thus described in the *Hahnemannian Monthly*:—"It is a collection of dolls to illustrate nursing and the advantages of various surgical appliances. One doll wears the uniform of a nurse, and looks

very natty in a dark-blue dress and a white apron, cuffs, and collar. A collection of little doll invalids is exhibited in tiny beds. They are suffering from broken thighs and other injuries, and are fitted with splints and placed in such attitudes as the living patient would be made to assume. It is a novel idea, but a very practical and useful one, and the collection will, no doubt, attract the attention of the medical fraternity."

* * * *

A *de die in diem* record of the proceedings of the Congress is to appear in a daily edition of the *Medical Century*, lately established by Dr. Fisher, each number to contain from 12 to 20 pages of matter. This energetic purveyor of medical literature and news has, we learn from one of the journals, secured all the addresses in advance! We may be assured that the *Medical Century* will contain, therefore, not only an early but a very full report of the papers and discussions.

* * * *

Brilliant as are the anticipations of the success of the meeting, the death, on the 4th of April, of Dr. George A. Hall, the Professor of Surgery in Hahnemann Medical College, the organiser of the World's Fair Homœopathic Hospital, a fine building just within the entrance to the Exposition grounds, constitutes a cloud, the existence of which Chicago men, at any rate, will find it hard to avoid feeling the influence of. Dr. Hall was a surgeon of far more than average ability, and a teacher of the highest excellence. As a man, he was genial, hospitable, and generous; popular alike with his professional colleagues at the college and the hospital and throughout the city, with his students and, very especially so, among his very large circle of patients. His last appearance in public was at a meeting of the board of the World's Fair Homœopathic Hospital, of which he was President. His loss to the College is indeed a very heavy one, and greatly do we sympathise with his sorrowing colleagues.

* * * *

It will be remembered that some months ago we noticed the offer of Dr. G. M. Gould, of Philadelphia, to give a prize of \$100 for the best essay showing the ridiculous pretensions of homœopathy! The successful essay, he proposed, should be used for circulation among the laity, and homœopathy was to be killed off at last! Thirteen essays were sent in, that of Dr. W. W. Browning, of Brooklyn, securing the dollars. "And then," writes the *Hahnemannian Monthly*, "there was silence. What had become of the essay? Eagerly we scanned the

pages of *The Medical News*, and other allopathic journals, week after week. We had almost feared that the essay had been suppressed, when, lo, and behold, a firm of homœopathic pharmacists rescues it from oblivion by putting it on sale over their counters. Nowhere do we hear of any old-school doctors using it as a campaign document; no allopathic journals announce it with flourishes of trumpets or shouts of approval. It is simply purchased by the homœopaths as a means of innocent amusement, as they would buy *Puck*, *Judge*, *Life*, or any other comic papers. This sounds strange, but truth is often stranger than fiction."

* * * *

"The Microbe Killer" is the name of a much advertised quack medicine. It is an attractive name. People have read so much about microbes, and all their terrors, that they have naturally felt desirous to have them slaughtered. If the knowledge, that there is a race of microbes known as phagocytes, who maintain a precarious existence by devouring other microbes, had been more generally diffused, the chances are that there would have been less demand for the aid in destroying them offered, at so much a bottle, by Mr. Radam than, greatly to his advantage, at any rate, was found to exist. Of all the horrors that a quack medicine-vendor has to endure none is so repulsive as an analytical chemist of an inquiring turn of mind, and possessing the courage of his opinions. Some years ago, it fell to the lot of Mr. Radam to come into contact with one of these inquisitors, a Dr. Eccles. Dr. Eccles analysed the Microbe Killer, showing it to be principally dilute sulphuric acid. This analysis was published in the *Druggists' Circular* at the time, and led to quite a controversy, during which Mr. Radam printed an article in a daily newspaper, where he took the opportunity of calling Dr. Eccles a quack and a charlatan. An action for libel followed, and the jury has recently decided that Mr. Radam shall pay the sum of six thousand dollars and costs for the privilege of calling Dr. Eccles a charlatan and a quack. On the other hand, Mr. Radam also instituted a suit against the *Druggists' Circular* for two hundred thousand dollars damages, for having printed the analysis of his Microbe Killer. This case has not yet been tried.

THE REPORT OF THE LEPROSY COMMISSION.

This report is too important to pass over without notice. The Commission executed their work in a most careful and painstaking manner, free from all prejudice, and occupied a year in their investigations of the disease as it is found in

India. They visited the leper centres and asylums, and personally examined over 2,000 lepers, in order to ascertain all points in connection with the disease. The result of the report will be the correction of many generally received opinions in regard to causation, heredity and contagion. They insist, to begin with, on the essential identity of the tuberculous and anæsthetic forms of the disease. As to the geographical distribution, they find that there is no special tract of country or geological conformation, in which leprosy exists more than in any other. Next, as to the alleged increase of the disease, the Commission find that the reverse is actually the fact, and they believe that with proper hygienic surroundings, the disease may, and will, die out. Dampness of climate seems to have certain relations to the frequency of the disease, and, as a general rule, when the insanitary conditions which favour the existence of cholera endemically are present, there leprosy is most prevalent, the two generally co-existing. So, likewise, poverty, with its consequences, seems to favour the prevalence of the disease. The Commission lay great stress therefore on the improvement of the sanitary and social surroundings, in order to prevent the spread of leprosy. In the same way, they find that though the native races are more susceptible than Europeans, yet the more highly educated, and the more materially prosperous races or castes are less obnoxious to the disease than are others. Next, the Commission find that in spite of the anti-vaccination outcry, there is no evidence to show that vaccination has anything to do with the propagation of the disease, nor did they even meet a single case where the natives attributed the spread of the disease to vaccination. Then follows the very important question of hereditary transmission and predisposition, and the conclusion at which they arrive is thus stated :—" That leprosy in India cannot be considered a hereditary disease, and they would even venture to say that the evidence which exists is hardly sufficient to establish an inherited specific predisposition to the disease by the offspring of leprosy parents to any appreciable degree." They state that a congenital case of leprosy was never met by them, that a possible true family taint in the direct line could only be traced in 5 per cent. or 6 per cent. of over 2,000 cases enquired into, that the disease could be traced through at least two generations in less than 1 per cent., that only 4 per cent. to 7 per cent. of the children born of parents who were both leprosy, and were so before marriage, became lepers, that, with one exception, all the children at the Almora Orphanage, born of leper parents, but separated from them

and carefully tended, remained free from the disease, that not more than 6 to 8 per cent. of all the children born after the development of the disease in either parent, became leprous, and that, lastly, in cases where a family taint in the direct line could be made out, individuals born of leprous parents are no more pre-disposed to the disease than those whose parents became lepers some time after the birth of their children. The Commission also adduce arguments to show that a true specific hereditary predisposition causally related to the leprosy in the parent does not exist. The Commission further argue that, if they assume the disease to spread by heredity alone, statistics show that the probability is rather a decrease than increase of leprosy. For of 2,915 cases, the offspring of 1,564 marriages, the latter representing 1,635 lepers, only 78 of the offspring were affected, and, in accordance with other statistics, it is improbable that more than 150 will be affected by heredity alone, and that thus, in place of 1,635 lepers, there would remain only 150. Another very important point in connection with this question of increase or decrease, is the high mortality in leper offspring, and at the same time, diminished reproductive power of lepers; 65 per cent. of the leper couples are sterile, while in the case of the leprosy of the husband 60 per cent. of the couples are sterile, and in that of the wife 70 per cent. are so. The Commission therefore comes to the important conclusion that marriages among lepers, or with lepers, do not tend to increase the spread of the disease by means of the offspring.

The next important question discussed by the Commission is that of *Contagiousness*. The current view of leprosy is that it is an infectious disease—that is, one caused by a specific microbe, the bacillus lepræ, but as such not necessarily contagious. In fact, even up to date, views differ on this point, as the conflicting opinions expressed by Hansen and Leloir on the one hand, and Virchow and Flügge on the other, clearly show. A succinct abstract on the essence and import of contagion follows, which may briefly be summarised thus—(Here we quote an entire passage from the able abstract of the *British Medical Journal*, April 29, and from which, as the full report is not yet published, we have taken our information):—

“1. The scientific and practical meaning of contagion should always be kept separate. Although a given disease in a scientific classification of diseases may have to be placed amongst the contagious ones, it may yet be practically non-contagious under ordinary conditions and surroundings. 2. Infection and contagion are by no means synonymous terms,

as shown by malaria and pneumonia. 3. Animal experiments and bacteriology are altogether inadequate to establish the contagiousness of a disease in human surroundings. 4. The disposition of the individual is an important factor in the acquisition of many infective diseases; and, from a practical and legislative point of view, as the importance of this disposition increases the stress laid on contagion necessarily decreases. Thus, in tuberculosis, it is an old-established rule to counteract the special predisposition rather than the *contagium vivum*.

The Commissioners have arrived at the conclusion that, though leprosy must be classed amongst the contagious diseases, yet the risk of contagion is so small that it may practically be disregarded, and the attention of the reformer or legislator should, therefore, be directed towards the removal of predisposing factors. They base their conclusion on the following reasons:—

1. With one questionable exception, all the instances of a possible contagion which they personally met with have broken down.

2. In no case could contagion, or the possibility of it, be demonstrated free from objection.

3. The disease does not spread sufficiently amongst members of a family.

4. Leprosy very seldom spreads from husband to wife, or *vice versa*.

5. There is no risk of a diffusion of leprosy by means of vaccination. Under this heading a short summary is given of the lengthy exposition in Chapter III., to which we must refer.

6. Leper communities in India have never acted as centres around which and from which leprosy has been diffused amongst the population. Segregation or partial isolation cannot explain this, as in places like Amritsar the lepers are not restricted in any way.

7. The belief that people who go barefoot are liable to be inoculated through wounds on their feet is unfounded, for the cases shown in evidence of this assumption were very doubtful and problematic; bacilli were never found in the dust removed from leper huts, though doubtful bacilli were obtained on examining earth from the footwalks of the Almora Asylum.

8. All the persons who had lived many years in close contact with lepers, either as their attendants or being retained in asylums on the suspicion of being lepers, and who were seen and examined by the Commissioners, have remained untainted, with one, or perhaps two, exceptions.

In an Appendix these arguments are still further elaborated, and full statistical evidence is given. A short statement, with critical notes, is given of the cases brought forward as proof of the contagiousness of leprosy, and it is at once evident that none of these can be considered authentic evidence of a possible or true contagion. While inquiring in how many instances the disease might be said to have spread from one member of a family to another, they found that, of 1,691 people who confessed to have lived in close family intercourse with lepers, 95 (or, excluding all cases of doubtful diagnosis, 78) contracted the affection, that is, about 5 per cent. This percentage might have been reduced, if all children who died as infants had been included. This has not been done, as leprosy seldom shows itself at an infantile age. This, they claim, is a weak point in the theory of contagion, as is also the assumption of a long incubation period; 5 per cent. cannot, however, represent the actually existing chances of infection, as the 1,691 persons are only a selected few of all those who have come into contact with the same lepers, and as all other possible causes of acquiring the disease have been disregarded. But even assuming 5 per cent. to indicate the true incidence of contagion, and this to be the only cause of diffusion, it is maintained that the disease would die out after a few generations.

They next inquire whether the fact of leprosy having a predilection for certain families is explicable on a theory of contagion, as it was shown not to depend on heredity, and demonstrate that amongst all the families of which one member at least was a leper, in only from 5 to 8 per cent. at the most the disease can be said to have spread amongst the offspring, and that this diffusion amongst the children is very slight, and that the ratio would become still less if husbands and wives were included as well as the offspring.

Again, a possible contagion from husband and wife, or *vice versa*, could be made out in comparatively few cases, for of 881 individuals having conjugal intercourse with an equal number of lepers, only 5 per cent. became affected, choosing those cases only where couples had lived together for at least five years. Counting all cases, a possible contagion could be traced in only 3.6 per cent.

Taking the evidence afforded by hospital or asylum officials, it was found that of 69 persons only one, or 1.5 per cent., became tainted, while of 85 cases voluntarily or otherwise exposed to the danger of contagion by living, sleeping, and eating with lepers in the asylums, often for many years, none were affected.

The question of contagion being affected by persons eating

and drinking out of the same vessels with lepers was also gone into, with the result that of 205 persons who indulged in this practice from 5 to 7 per cent. subsequently suffered."

IV.—SANITATION, DIET, AND DISEASES IN RELATION TO LEPROSY.

The Commissioners believe that insanitary surroundings, defective hygiene, want of personal cleanliness, and bad food, may predispose to, and aggravate the disease, but will not originate it, but at the same time they agree that it is possible that really unwholesome food may produce general disease. They find that there is no proof of the disease being carried or propagated by mosquitoes or other insects. The Commissioners likewise reject as quite unproven the old theory, revived by Mr. Hutchinson, that fish is a cause of leprosy. Many castes, where leprosy is found, are forbidden to touch flesh or fish. Nor can they find any evidence to show that a scarcity of salt from high prices has anything to do with the spread of the disease. And on this question they point out that a few pence will obtain the annual amount of salt any individual requires. They further reject the view that water, for drinking or bathing has any connection with the spread of leprosy, the disease is not sufficiently diffused to warrant such a belief, while the bacterioscopic examination of water from tanks greatly frequented by lepers was negative. As to the theory that leprosy is "a phase of inherited syphilis," as Sir William Moore maintains, the Commission adduce arguments which completely negative the possibility of such being the case.

Finally, as to the treatment, the Commission consider leprosy an incurable disease. But, nevertheless, great amelioration may be obtained by removal to proper hygienic surroundings, and this they considered the chief good to be obtained by separation in asylums. As to drugs, those that seemed of greatest benefit were *arsenic* given internally, and *chaulmoogra* oil rubbed on the skin. They found that Unna's treatment by *ichthyol* and *resorcin*, lately recommended by the Indian Government, as also Dr. Lutz's treatment with *salol* were complete failures.

Surgical treatment may be required in certain cases, and as safely as for an ordinary patient in a general hospital. *Tuberculin* was likewise a complete failure.

The bacteriological investigations elicited nothing new.

The report is, on the whole, most interesting and instructive, and greatly adds to our knowledge of the disease.

SALE OF WORK AT GREAT ORMOND STREET.

A VERY successful sale of work was held by the sisters and nurses of the London Homœopathic Hospital on May 16th and 17th and realised £55. When it is stated that no special announcement of its taking place was made, and only a few friends of the hospital invited, and that the articles consisted chiefly of clothing for the poor and small articles left over from the last bazaar, Sister Marian (who organised the sale) is to be congratulated on the very handsome amount collected for the purpose of providing those little comforts for the patients which are so necessary during their occupation of the temporary hospital to which they have been removed pending the rebuilding of this well known institution. Among the attractions was a "Post Office" which, for the amount of one penny, presented you with a letter containing a quotation appropriate or inappropriate as fortune befel. Another novelty consisted of a "Fairy Well" attended by living fairies, who, for a trifle, showed themselves to be ordinary mortals by dipping in the well and bringing up a useful little article, such as a paper knife, pin-cushion, &c. This and the "Post Office" were very successful, and largely contributed to the success of the bazaar. The site of the old hospital is being rapidly cleared for the erection of the new hospital at a cost of £85,000 with accommodation for 125 patients.

CONSULTATIONS WITH ALLOPATHS.

DEAR SIR,—I send you copy of a correspondence which has taken place between myself and a well-known London specialist.

The facts of the case are these: I am attending a young lady for a slight but very troublesome ailment. She went to town on a visit, and her parents, old homœopaths, asked, as she would be in town, if I had any objection to her seeing Dr. —, and if I did not object, would I write to the doctor giving a short history of her case? I said, let her see him by all means. I wrote a civil letter to the doctor, giving him particulars, but saying nothing as to treatment.

In the course of a day or two, I received the following reply:—

"London, Feb. —.

"DEAR SIR,—I thank you for your letter respecting Miss——. Mrs.——, who brought her to me, tells me that you are a homœopath. May I ask if you are? In asking this question you will, I am sure, fully understand that I do not wish in any way to be offensive, for you are doubtless aware that I could not meet a member of the profession who professed to be such.

"Yours truly,
J. W——."

“ Exeter, Feb. —.

“ DEAR SIR,—In reply to your enquiry respecting my medical belief, I am, like yourself, a duly qualified practitioner, plus a knowledge of homœopathy. I have studied both systems of medicine, and honestly believing homœopathic treatment to be far in advance of allopathic, I practise it.

“ The suggestion that the patient in question should consult you came from her mother, she asking me if I would send a short history of her case to you.

“ I never throw any obstacle in the way to prevent a patient consulting one of the ‘old school,’ as I know that in taking this retrograde step they will return to me sooner or later. You are the first allopathic specialist who has gone out of his way to make the enquiry you do, and it is evident from your saying that you do not wish to be offensive (discourteous, I think, would have been a happier term) that you had some doubt as to the way I should interpret your letter. May I remind you that I did not ask you to *meet* me in consultation.

“ I am, Dear Sir,

“ Yours sincerely,

“ HENRY WOODGATES.

A few days afterwards the patient returned, and I was asked to see her. I was also shown the prescription, which was based on the law of similars.

I have shown the correspondence to two allopathic medical friends of mine, both of whom are personal friends of the doctor. They both consider him decidedly wrong, and each said, it is just like him, but we do not think there are many others, if any, who would have so acted.

Yours faithfully,
HENRY WOODGATES, M.D.

SALEP.

The tuberous roots of some varieties of orchis yield a nutritious substance, consisting chiefly of bassorin, some soluble gum and a little starch. This constitutes what is known as salep. It is employed in India, and, to some extent, in France, as a nutrient of an easily assimilable character. Medicinally it has been used as “a restorative, emollient and demulcent” (*Percivall*, 1773). A century earlier it occurs, in the dispensaries of the period, as an aphrodisiac and a preventive of miscarriages—properties to which, as Pereira remarks, “it has no claim.” There is, however, a considerable amount of testimony to its power as a food of a singularly nutritious character and to its emollient properties.

Mr. Pottage, of Edinburgh, has for some months been engaged in studying the orchis family with the view of utilising the dietetic and therapeutic qualities it has been found to possess. The variety of orchis which has proved to be the richest in salep is that found in Persia. From the Persian variety, Mr. Pottage has prepared a lozenge, as a restorative, and an ointment as an emollient.

to the skin. The former is pleasant to the taste, and a convenient form in which to present nourishment to invalids. The latter is of excellent consistence, and a good base for medication. When spread on the skin, and allowed to dry, it forms a smooth, homogeneous, dry surface, which does not peel off, and requires no covering of lint or linen, while it is easily removed with a wet sponge. It should be remembered that preparations of alum and iron are incompatible with it.

THE BEST NUTRITIVE ENEMA.

Ewald, as a result of experiments, found that eggs, even though not peptonised, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercredi Medical* for April 1st, Huber, of Zurich, has recently repeated Ewald's experiments in Professor Eichorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of 15 grs. to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and 30 to 45 grs. of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowel as possible. Three such enemata are given daily. An hour before each enema the rectum is cleaned out by means of a large injection of warm water. Any nutritive enema will be better absorbed by being peptonised, which may be readily done by the addition of from 5 to 10 grs. of Lactopeptide powder.—*Medical Reprints.*

CORRESPONDENCE.

"THE HOMŒOPATHIC MEDICAL DIRECTORY."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—We are going to press with a new edition of the above, and shall be much obliged if you will give publicity to this letter. We find it a difficult task to get a correct list, and we would take this opportunity of asking all those interested in homœopathy to send us any information they may have that will further the work now in hand, as we have every desire to make the *Directory* as correct as possible.

We are, Gentlemen,

Your obedient servants,

KEENE & ASHWELL.

74, New Bond Street, London.

P.S.—We are anxious also to give a correct list of homœopathic chemists.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. J. R. DAY, Dr. EDWARD BLAKE, Mr. KNOX SHAW, Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. NICHOLSON (Clifton); Dr. PURDOM (Croydon); Dr. ROBERTS (Harrogate).

BOOKS RECEIVED.

Curability of Tumours by Medicines. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. 1893.—*Notes on Medicinal Remedies.* By J. B. Stephenson, Member of the Pharmaceutical Society. London: Baillière, Tindall & Cox. 1893.—*The Homœopathic World.* London. May.—*Medical Reprints.* London. May.—*The Chemist and Druggist.* London. May.—*The Monthly Magazine of Pharmacy.* London. May.—*The North American Journal of Homœopathy.* New York. May.—*The New York Medical Record.* April and May.—*The New York Medical Times.* May.—*Childhood.* New York. May.—*The Chironian.* New York. April and May.—*The New England Medical Gazette.* Boston. May.—*The Hahnemannian Monthly.* Philadelphia. May.—*The Homœopathic Recorder.* Philadelphia. May.—*The Clinique.* Chicago. April.—*The Medical Century.* Chicago. April.—*The Minneapolis Homœopathic Magazine.* April.—*The Homœopathic Physician.* Philadelphia. May.—*The Medical Argus.* Minneapolis. April.—*The Homœopathic Envoy.* Lancaster, Pa. May.—*Pacific Coast Journal of Homœopathy.* San Diego, California. April.—*The Homœopathic Medical Record.* Calcutta. March.—*Annals of Electro-Homœopathy.* Geneva. May.—*Revue Homœopathique Belge.* Brussels. April.—*Rivista Omiopatica.* Rome. March.—*Homœopathisch Maandblad.* The Hague. May.—*Leipziger Pop. Zeitschrift. für Hom.* May.—*Bull. Gén. de Thérap.* Paris. 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 & SON, 56, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

SCEPTICISM IN THERAPEUTICS.

Of late years editorial writers in the non-homœopathic medical journals have not infrequently called upon their readers to admire the great strides that have been made during modern times in the accumulation of therapeutic knowledge. The establishment of a Pharmacological Section, at the annual meetings of the British Medical Association, has been welcomed, as many years ago the publication of *The Practitioner* was welcomed, in the hope that, at last, a real source of therapeutic investigation had been secured, one which would enable the general practitioner to prescribe drugs for the healing of his patients with a measure of success and a degree of safety unknown in the old days. Scepticism as to the utility of drugs was to become without excuse. Researches into the effects produced by drugs upon dogs and cats, mice and frogs, were to solve all the difficulties surrounding the utilisation of drugs in curing disease. Dr. LAUDER BRUNTON's *magnum opus* on *Pharmacology, Therapeutics, and Materia Medica*, constructed largely upon these lines, rapidly passed through two editions. A third appeared some years ago, and now we hear no more of it. This book, built upon foundations laid in the physiological and chemical laboratories, was found to give but little assistance to the busy practitioner.

It indeed contained an *Index of Diseases and Remedies*; but here, too, the long list of drugs appended to each nosological definition, without the least attempt being made in the text to differentiate between them, rendered the *Index* of comparatively little value to anyone. Notwithstanding the apparently scientifically ascertained quality of its observations, the general practitioner found them to be of a sort from which little or no clinical fruit could be derived. Hence, at the present time, we hear little or nothing of this ponderous collection of facts, interesting indeed as a contribution to general knowledge, but of little or no service at the bedside. The more empirical *Handbook of Therapeutics* by Dr. SIDNEY RINGER, with its collection of therapeutic generalisations, derived from the writings of homœopathic physicians, dressed up to meet the anti-homœopathic prejudices of the majority of the profession, still holds its own as the most useful therapeutic-reference book available for the non-homœopathic general practitioner.

The so-called scientific—what an abuse of the word!—therapeutics which followed the long period of scepticism that succeeded the irrational empiricism of forty years ago is already, short as has been its existence, found to be inadequate to fulfil the objects of the physician's mission, and therapeutic scepticism is again in the ascendant. To it, at the opening of the recent session of the Medical Council, the President, SIR RICHARD QUAIN, drew attention in his address; and, having done so, sought to trace its cause and to suggest a remedy. In reviewing the report of the Education Committee, and expressing his gratification at the evidence it afforded of a desire on the part of the educational bodies to advance medical education, he said:—

“At the present time, we see great earnestness everywhere in the pursuit of scientific medical knowledge. We see men of ability devoting themselves to the recondite investigation of the nature of disease and of morbid processes. These researches are receiving their reward in the light which is daily being thrown on the process of morbid action. Great zeal is likewise devoted to the promotion and extension of the means of diagnosis, and, within recent times, to measures for the prevention of disease. Would that I could speak with equal gratification on another subject—namely of therapeutics, the means adopted for the treatment of disease. In this department of our science it is, alas, too true that much

scepticism exists; remedies are undervalued, and doubts are thrown on their usefulness. I have a strong conviction, which I would wish here to emphasise, that this failure of remedies to determine success is due not so much to a deficiency in the agent itself, as to the fact that it is not the right remedy, or that it is not applied at the right time or in the right way."

Such is the indictment drawn by SIR RICHARD QUAIN against the present state of therapeutics. The way in which he accounts for such a condition of things having arisen is singular, to say the least of it; this is how he explains the existence of the scepticism and of the doubts thrown on the usefulness of remedies which he so much deploras:—

"Can we wonder at this," he continues, "when we daily see announcements of ready made physic in every form, which is too frequently administered to patients because it is convenient and ready at hand? This system should be combated both in the hospital wards and in the examination halls, for it threatens to render the method of prescribing an obsolete art."

To restore confidence in the value of remedies and remove existing doubts as to their value, the PRESIDENT of the Medical Council makes the following recommendation:—

"Students should be more fully instructed in the use of medicinal agents and in the value of remedies, and their knowledge of the subject should be fully and carefully tested when they are under examination."

This we entirely endorse. Students do indeed require to be "more fully instructed in the use of medicinal agents." But where is the teacher to be found who has sufficient confidence in the worth of the knowledge he has to impart regarding the "use of medicinal agents" and "the value of remedies?" Only a few years ago one of Guy's most brilliant lecturers told his *materia medica* class that "the drugs that a good doctor gives are often only, as it were, signs and symbols in the plan he is carrying out for the patient's benefit—symbols vitally important in the practical world; without the dose three times a day the service would not go on; . . . that potion every three or four times is like a set of stepping stones to faith in the weary time." If such constitutes the "value of remedies" what real

difference does it make to a sick person whether the "potion" is prepared in a wholesale drug house, in a medical man's surgery, or from a prescription dispensed in a druggist's pharmacy? The chances of purity, accuracy and neatness are all in favour of the first.

Again, we ask, where can we find men to teach the use of medicinal agents and the value of remedies, "when," as SIR ANDREW CLARK said at the Cork meeting of the British Medical Association, "when we hear that the leaders of medicine both here and abroad are sceptical of the curative influence of drugs upon disease; and when we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines?" There cannot be faith in the healing virtues of drugs without knowledge of their action; the absence of faith in the leaders of medicine and experienced practitioners is proof positive that their knowledge of the action of drugs is valueless. Neither is there any room for our being astonished that it is so, for one of these "leaders of medicine," the President of the Section of Medicine at the Belfast meeting of the British Medical Association, described therapeutics as "that department of medicine of which we know least." And those who pin their faith to "leaders in medicine" when they remember that SIR WILLIAM GULL once said "People do not get well by drugs. The duty of the physician is not to give drugs, but to see that Nature's powers are not interfered with," may well ask "What is the use of knowing anything of drug action?" And has not DR. WILKS—the chief oracle of Guy's—emphatically declared that "so far from the medical man depending upon physic for his success, he never takes so high a position as when he gives none and makes the friends of the patient stand aloof and rely upon his superior knowledge?"

Can the therapeutic scepticism of men of this type be fairly traced to the popularity of "ready-made physic?" Can it be explained by referring it to the success which has followed the commercial enterprise of Messrs. BURROUGHS & WELLCOME and other firms in the same business? Most assuredly it cannot. To seek for the causes of the scepticism SIR RICHARD QUAIN is so anxious to remove, we may well look back some five-and-twenty years, and read once more the words of wisdom, now

probably forgotten, which fell from the late SIR THOMAS WATSON, when he opened the first meeting of the Clinical Society. Having recognised "therapeutics" as "the greatest gap in the science of medicine," he went on presently to say that "we want to learn distinctly what is the action of drugs and other outward influences upon bodily organs and functions." To acquire this knowledge, SIR THOMAS relied chiefly upon clinical experience, upon "faithful descriptions of competent and accurate observers of the symptoms, circumstances and progress of disease in the living body, and of its behaviour under treatment by medicines prescribed with singleness and simplicity, and a definite aim or object, or sometimes it may be under no treatment at all." To this method of enquiry he also added, "authentic reports of trials with medicinal substances upon the healthy human body." (A *Cyclopædia of Drug Pathogenesis* is tersely described in this sentence). "Contributions of this order," he concluded, "multiplied in number, compared together, contrasted, sifted, and discussed by a variety of keen and instructed minds, of minds sceptical, in the best and true sense of that word, must lead at length, tardily, perhaps, but surely, to a better ascertainment of the rules—peradventure, to the discovery even of the law by which our practice should be guided—and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this."

Herein SIR THOMAS WATSON dug down to the very roots of the therapeutic "scepticism" of the day, and laid bare the causes of the diminution of esteem in which drugs are commonly held. He did not, like SIR RICHARD QUAIN, endeavour to shift the burden of having occasioned this therapeutic scepticism, this depreciation of drug-remedies, from the shoulders of the physician to those of the pharmacist. It was to the quality of current knowledge regarding drug action—"very loose, imperfect and often misleading," he described it as being—that he traced the want of confidence in the utility of drugs, characterising "leaders of medicine" and "experienced practitioners." To remove this scepticism, he attached a high value to clinical experience, and to "authentic reports of trials with medicinal substances upon the

healthy human body," not, be it observed, upon dogs and cats, mice and frogs, but upon "the healthy human body."

The complaint of SIR THOMAS WATSON in 1868, remains as SIR RICHARD QUAIN has shown, true in 1893. The mode of generating of faith in the power of drugs to remedy diseases, in their positive value as therapeutic agents set forth by the former, is as sound as that of the latter is trivial. The work must be done by the physician. The pharmacist can only afford him assistance by procuring for him pure specimens of the materials he has to experiment with.

But this is not all. Enquiry into drug action is fruitless unless some substantially grounded principle connecting drug action with disease processes is recognised. Said the *British Medical Journal* a few years since, "between the pharmacologist, labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist, struggling to apply these results to the successful treatment of disease, a wide and deep gulf has always been fixed." Dr. BRISTOWE, at the Ryde meeting of the British Medical Association, when pouring, if not cold, at any rate very tepid, water on the value of "authentic reports of trials with medicinal substances upon the healthy human body," said, that "we must admit the truth of the homœopathic relation between drugs and diseases before we admit the special value of investigations conducted only on the healthy body."

For pharmacology to prove of any service to practical medicine, for clinical observation to enhance our sense of the value of remedies, there must exist some *principle*, some *rule*, "some *law* by which," to use the words of SIR THOMAS WATSON, "our practice may be guided." The gulf which has always been fixed between the work of the pharmacologist and that of the therapist must be bridged to render that of the former useful to the physician, and that of the latter advantageous to the sick.

Dr. WILKS, who attaches scant value to pharmacological research, almost passionately repudiated, at the College of Physicians, in December, 1881, the idea of there being any such thing as "doctrine in therapeutics;"

and Professor GAIRDNER, of Glasgow, at the Dublin meeting of the British Medical Association, said that he "instinctively recoiled from the idea that any exclusive or single principle or law of the healing art could be said to exist."

That we may know what drugs can do, what affinities they possess for certain organs and tissues, "authentic reports of trials with medicinal substances upon the healthy human body" are essential. We require to use these substances upon diseased human bodies, and before we can do so with either safety or success we must know "the mysteries of the subtle action of drugs upon the complicated and intricate human organism." However much, therefore, Dr. WILKS, Dr. BRISTOWE and Professor GAIRDNER may endeavour to belittle pharmacological research, pharmacological research is a *sine quâ non* of our knowledge of remedies; and a knowledge of remedies must be acquired before any hope of removing the prevailing scepticism can be indulged in. Sir RICHARD QUAIN expresses his strong conviction that "the failure of remedies to determine success is due, not so much to a deficiency in the agent itself, as to the fact that it is not the right remedy, or that it is not applied at the right time or in the right way." Quite so. Having acquired by pharmacological research a knowledge of the powers of a drug, how can we tell when it will prove a *right remedy*? How, in other words, can the gulf between the labour of the pharmacologist and the work of the physician be bridged?

This gulf has been bridged. Dr. WILKS may repudiate, with all the earnestness of "a good hater," the notion of "doctrine in therapeutics;" Professor GAIRDNER may "instinctively recoil" from the idea that any principle or law of the healing art can be said to exist, with all the energy of his nature—but there is *doctrine* in therapeutics, there is a *law* of the healing art notwithstanding. If therapeutic research and clinical medicine have proved anything during the nineteenth century of the Christian era, they have proved that such a law exists, and that it is expressed in the words *similia similibus curentur*.

Recognise the value of "authentic reports" of trials with medicinal substances upon the healthy human body," recognise the value of the law *similia similibus*

curentur in directing the use of these authentic reports in the treatment of disease, and we shall hear very little of therapeutic scepticism. Without this recognition, and until it comes about, as come about it most assuredly will, repeated therapeutic disappointment will engender ever increasing therapeutic scepticism. The refusal to acknowledge the ingenuity of the pharmacist will avail nothing to prevent it. Any attempt to boycott his productions will prove absurd. It is knowledge, knowledge of drug-action and knowledge of how to direct it in disease, it is "light, more light," that alone can dispel the dark clouds of scepticism in therapeutics.

To acquire this knowledge we turn to *The Cyclopædia of Drug Pathogenesis* in the first instance, and to homœopathy, to the practical application of the law of *similars* in the second. Among those who have done so honestly and industriously no therapeutic sceptics are to be found.

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from p. 267.)

5. Purpura.—This disease, consisting essentially of sub-cutaneous hæmorrhages, circumscribed in area, has been known, though rarely, to be transmitted from parent to child. "A pregnant woman suddenly became affected with purpura, attended with coma, and died in four days from its appearance, giving birth to a dead fœtus"—the intra-uterine age of which is not stated by the reporters, Drs. Mole, Hanot and Luzet. "This fœtus did not present traces of purpura on the skin, but the serous cavities contained a reddish fluid. There were discrete hæmorrhagic patches in the thymus gland; the visceral pericardium was covered with black ecchymosed spots; and the surface of the lung, as well as the mediastinal and costal pleura contained similar disseminated patches. *Streptococcus* was found in both mother and fœtus."

Whatever may be the ultimate pathological state giving rise to the phenomena of acute purpura, we have it here proved to be transmissible to the fœtus, through the maternal side, and by the *somatic* elements. But

this is scarcely a case of "true inheritance," seeing that it was a disease acquired by the mother during pregnancy.

6. Hæmophilia, or the hæmorrhagic diathesis, is noticeably hereditary in direct descent, and the practical hint should be taken by all dentists and operating surgeons of making some enquiry as to the patient's antecedents before any operation involving bleeding. In a "bleeder" family the disease descends to the boys through the mothers, who themselves usually remain healthy (Wickham Legg). More rarely does a hæmorrhagic father transmit the diathesis to his son. Hæmophilia is more common in males than females, in the proportion of 11 : 1. Mr. Jonathan Hutchinson is of opinion that inherited gout is the commonest cause of the hæmorrhagic diathesis, that is, of cases where the idiosyncrasy of a parent or ancestor has become definite and established in the family. He specifies, as examples in his own experience, epistaxis, cerebral hæmorrhage, blood patches in the conjunctiva, and retinitis hæmorrhagica. He also narrates three cases proving his view, on pp. 129 and 130 of his *Lectures on the Pedigree of Disease*. But the general experience of practitioners, so far as their attention has been called to this subject, does not confirm Hutchinson's theory. A thickened and brittle state of the walls of a gouty man's arteries is not likely to be transmitted to his natural heirs in the form of that peculiar thinness, or laxity, or deficiency—for the exact pathology of this hæmophilia is not yet known—which produces this morbid state.

The most likely drug to antidote this tendency to hæmorrhage would be *phosphorus* (see Allen's *Materia Medica*, s. v. *Phosphorus*, sympts. 3,193 and 3,201) from the homœopathic standpoint. But I cannot suggest any method of the extinction of hæmophilia, for I place it in the same category as albinism, absolutely beyond our foresight or prevention.

7. Diabetes.—This widely distributed malady is often hereditary, showing itself even in young children, and in certain districts, where neither the local climate, soil, diet, nor occupation can possibly cause it. Among the Jews, as noted by Seegen, diabetes is common, probably from an excess of hydrocarbons in their diet. And this error of diet, more especially an excess of sugar, may

originate a fatal diabetes in those who have any hereditary tendency to the disease. The diabetic tendency in one branch of the family where this heredity exists may be represented in another branch by various *neuroses*, especially epilepsy and imbecility. Drs. Prout and Silver, and Sir Henry Holland are among the writers who have specially noted the heredity of diabetes. As to its prevention, where we suspect heredity to exist there is not much to say. We can only advise that children should have a larger proportion than usual of lean meat and green vegetables, and be educated to *manual* rather than to mental occupations, and that their urine should be regularly tested for glucose and albumen. The pathology of this disease is extremely obscure, but, thanks to its greatly improved dietetic and medicinal treatment, we may hope for an eventual extinction of diabetes mellitus.

8. Cataract, so often a consequence or accompaniment of diabetes, is frequently hereditary. Children are born with cataract, sometimes in both eyes, and it is almost an invariable fact that one parent has the disease at the time. Haynes Walton has operated on twins, both of whom were cataractous at birth. Sometimes the lens is arrested in its intra-uterine development, and at birth shows its trifid structure, by cataractous striæ radiating to the centre, and by opaque concentric lamellæ. There is usually some other congenital defect in the globe of the eye, probably in some cases the result of pre-natal iritis or inflammation of the ciliary body. Infants affected with congenital cataract are generally liable to hydrocephalus, or other disease of the brain and its meninges. Fortunately, operation is more successful in childhood than later on in life, the operation of solution being usually chosen (J. V. Solomon). In extreme old age cataract is merely the degenerative change of senility, but the healthier the eye the slower does the cataract form. Walton goes so far as to state that "age merely never causes cataract." It would be an interesting line of research to trace in what lines of manual labour prolonged daily overstrain of the eye has produced cataract in women, and what proportion of their children have been born, or have become cataractous. I believe that cataract from this cause is becoming less frequent, because of the much greater attention bestowed on the

eyesight of children, by correcting visual deficiencies by suitable lenses. The possibility also, as proved by Burnett, of the cure of some forms of cataract by homœopathic remedies, of which he has printed thirteen cases, must not be lost sight of; prevention is best, but a cure, even a very slow cure, is a boon to mankind. There are some sufferers from cataract that will not allow an operation at all. One rule in diet, preventive of the formation of cataract it may be, in those whose parents or grandparents have thus suffered, is to take as little salt or salted food-material as possible. Burnett's twelve cases recorded in his little book *Supersalinity of the Blood, &c.*, though too small in number to substantiate his theory, have convinced me that "there is something in it."

Group C.

1. Syphilis.—The immense subject of hereditary syphilis can only be outlined here. No one doubts its hateful heredity. But there is a distinction of interest to be drawn between syphilis acquired *in utero* by a fœtus originally healthy, and a true transmission in the spermatic cells as a medium of transference to the ovum. Many children who are born syphilised are so through an infection conveyed to the mother during her pregnancy, even so late as the eighth month. And the two modes of infection of the fœtus, according to Hutchinson, produce disease of the same duration. The same great authority states that the *diathesis* of syphilis *cannot be transmitted*, but "*inherited*" syphilis arises from directly transferred germs of the virus. The period of the elimination of all syphilitic germs from the parent is so variable, some authorities putting it at two, and others at nine or ten years, that we are often at a loss to account for the fact of some children in a family showing inherited syphilides, while the others are healthy and robust, except on the rather harsh supposition that the father has repeatedly become infected. Hutchinson declines to recognise any relationship between "true lupus" and inherited syphilis, contrary to many writers; but he allows that there is a "form of destructive ulceration, which is sometimes mistaken for lupus, but which is syphilitic from beginning to end."

A healthy mother may, through the placental circulation, be infected by a syphilitic fetus, or during lactation through the nipples. Thus, the next succeeding infant may have a double infection, through both sperm-cell and germ-cell, supposing that the father's semen is still vitiated. But the commoner family history is that the earlier offspring are born dead, or live but a short time, and the later are more or less healthy. The greater number of infected children appear healthy at birth, and begin to show infection about a month afterwards. In a few instances, where the signs of disease had been overlooked at birth, a child of seven, ten, or even fourteen years of age will suddenly show syphilitic symptoms (*Brit. and Foreign Medico-Chirurg. Review*, 1875). I have no doubt that vaccine lymph is often unjustly blamed for conveying syphilis into a child's blood, whereas its powerful pathogenic action rouses the latent syphilis, which has hitherto been dormant in the feeble constitution of the little one. Pure calf lymph would doubtless have the same effect. It is fortunate for the human race that true syphilis is not propagated beyond the second generation. Its vitality of endurance is less than that of scrofula or of tuberculosis. I have also the greatest possible confidence in medicinal and hygienic treatment both of the mother-expectant, of the husband, if need be, and of the poor little infant who is born diseased. We, as homœopaths, use the mercurials and the iodides, in such a mode and in such doses as to eliminate the syphilitic virus *safely* without inducing any drug-disease or debility. But as I pointed out on p. 89, the best check to the spread of this destructive plague is a purer morality.

2. Alcoholism is also a vast subject, viewed in its hereditary possibilities and ascertained developments. Children of drunkards are liable to hydrocephalus, epilepsy, idiocy, imbecility, mental alienation of various kinds, depraved instincts and appetites; phthisis pulmonalis; deafness; and all sorts of premature or irregular neurotic and sexual disturbances. They are more liable to sink under attacks of prevailing epidemics than the children of sober parents. Alcoholic heredity is more surely transmitted by the mother than by the father; hence the *great care* which the family doctor ought to exercise in recommending stimulants to a young mother.

I have elsewhere described a deplorable instance of a precocious love of drink manifesting itself in the son of a female drunkard at five years of age (*Provincial Medical Journal*, vol. xii., No. 134). Esquirol reports a similar case, where the father and grandfather had both died of alcoholism, and the little boy of five showed a love for the *same kind* of drink. The records of practice establish two striking facts: 1st. Sexual desires, associated with an absence of moral sense, show themselves early in drunkards' children; hence the ranks of prostitution are recruited; and 2nd. Phthisis, not hereditary, is often produced by alcoholic excesses. Drs. Taquet, Huss, and Launy have described numerous examples of the latter. One of the observations (No. II.) of Taquet is worth quoting, as a type of the inherited evils of alcoholism passing over the first and attacking the second generation. The father died of cerebral softening induced by alcoholic excess. The mother died of ascites; cause unknown. Their offspring consisted of one daughter, who married a healthy man without any morbid heredity. This couple have had six children: 1st, an idiot, born blind; 2nd, an imbecile; 3rd, ditto; 4th, an imbecile, also blind; 5th, a child of normal moral and physical development; 6th, an idiot. After having descended through the scale of physical and intellectual degeneration, the families of drunkards, according to Darwin, become extinct in the fourth generation. A new mode of treating alcoholism has proved successful, especially in the case of women, and this is by suggestion during the hypnotic sleep. As women are more easily hypnotised than men, the cures of dipsomania by this method are the more numerous and permanent. We must welcome this or any other proved means of extinguishing the terrible heredity of alcoholism; but total abstinence from all intoxicants seems to be the only *effectual cure* for this disease.

ON THE MORE IMPORTANT ASPECTS OF CHILDREN'S DISEASES.*

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It has been said "The child is father to the man," but this is only to be taken as referring to certain mental and

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moral proclivities, which first declaring themselves in the child will most probably mark the man and influence his character through life. Although this may be true from a psychological standpoint, we, as physicians, shall be more concerned this evening with the points of difference which are sufficiently great to justify diseases of children being considered separately and apart from those of adults. Like antiquarians we look back—and it is not necessary to look back very far—on the time when diseases of “women and children” were considered together, and generally were allotted to the same physician for treatment. Beyond the obvious fact that, as the Spartan woman said, “Women alone bring forth children,” it is difficult to see what connection there can be between the diseases of childhood and of adult womanhood. It has been a generally expressed desire to make these post-graduate lectures as practical as possible, and as unlike the ordinary text books as possible. This it has been my desire to do, and I hope to engage your attention at the end of the lecture by demonstrating to you some cases which have especially interested me, and either show now, or have shown, abundance of physical signs. But while most fully endorsing this laudable wish of the educational committee I have felt the difficulties which exist, inasmuch as medical cases so rarely lend themselves to demonstration at fixed times; the physical signs are, as a rule, transient, continually altering and rarely remaining for any length of time; nor is it possible to preserve many of these morbid conditions; the physician does not deal with large growths, whose successful removal can be demonstrated by photography or other means, but with the more delicate and evanescent signs as elicited by the stethoscope, and which cannot be preserved for demonstration. In approaching our subject it may be said that the child is at the same time easier and more difficult to examine than the adult—easier because it can give no information as to its troubles, and has not learnt the art of deception; but owing to its passive state it is more difficult to arrive at a diagnosis, for we get no help from it, and stand to it much in the same relation as the veterinary surgeon does to his patient; the symptoms are entirely objective. Moreover, the physical signs are often equivocal, and much tact and patience may be required in eliciting

them. Our subject is, as a rule, small, and it is possible, for instance, to have a pleural effusion, which will give a fairly resonant note; and again, sounds travel much more readily, so that cardiac bruits can be heard all over the chest. Further, the important anatomical differences between children and adults must be borne in mind, and it is possible to make a more or less accurate anatomical classification of diseases of children. From this standpoint the child can be regarded as an a-sexual being, since the generative organs before puberty cannot be said to be the direct cause of any diseases, their functions not being established. The abdomen is much larger in children and the pelvis much smaller. The abdominal cavity contains a relatively much larger liver than in adults, and in addition the bladder and a considerable portion of the rectum. The force with which a boy can eject his urine is a matter of common experience, and this is owing to the high position of the bladder, so that the abdominal muscles can be made to press the bladder against the sacral promontory, thereby greatly assisting the intrinsic vesical muscles. Nor is this the only result of its different position. In speaking of the greater frequency of peritonitis after lithotripsy in children, Sir Henry Thompson says: "The bladder in children is an abdominal organ rather than a pelvic one, and has more intimate relations with the peritoneum than the bladder of the adult possesses. On examining its structure also, it is easily seen that the peritoneum is more entitled to its anatomical distinction of constituting one of the vesical coats in the child than in the adult. Hence violence in extraction tells much more readily and directly on the peritoneum in the former than in the latter. Again, the skeleton in the child is not the same firm, solid structure of the adult, but a soft and pliable framework, yielding readily to any pressure, bending rather than breaking, and like a young tree can be distorted till it may permanently assume some dwarf, mis-shapen form, which, like the stunted trees of the Japanese, remain grotesque objects through life. By no means is it possible to alter the firm, bony skeleton of the adult; when once it is fully ossified and its epiphyses firmly united it remains the same in spite of unfavourable surroundings and bad food. Not so with the growing child, which soon shows signs of rickets when

its nutrition is in any way defective, and this, though mostly seen in the earlier years of childhood, may occur later on in the child's life for the first time.

Other anatomical differences readily suggest themselves, such as the presence of the thymus in infancy, and its gradual and complete disappearance with advancing years, the immature condition of the salivary and pancreatic glands in the early months of child life, their secretions only towards the end of the normal period of lactation being of much digestive value, and this may well suggest the consideration of the child in the

PRE-SALIVARY AGE—a useful term to apply to the most important period of a child's life. This is essentially the period in a child's history when a knowledge of dietetics is essential, and which is rarely, if ever, understood by mothers, and the lower their position in the social scale the greater their ignorance in these matters, in fact infant mortality may be said to vary inversely as the income of the parents. It is not my intention to go into the question of infant feeding, which would scarcely come within the scope of my subject, but it would form a fitting sequel at some future time.

This pre-salivary age varies in duration with the individual, and depends on the appearance of the teeth, the presence or absence of which is a better guide to the real age of the child and its proper diet than the actual number of weeks or months it has been born. It is no uncommon thing to meet with children of perhaps a year old with only one tooth. The feeding of such a backward child would have to be the same as for one only seven months old, it is but one sign of general immaturity; also children born prematurely cut their teeth correspondingly later.

THE AGE OF DENTITION.—This period follows in the natural sequence of events, and the cutting of the teeth is often said to be the cause of many of the troubles of infants. There seems very little doubt that dental reflexes play a very important part in the economy of the child as well as the adult. If the parents are neurotic, convulsions may easily come on at this period. This is also the time when *chamomilla* is almost a specific for most of these symptoms, and we might not improperly call it the *chamomilla* age.

TEMPERATURE.—In respect of temperature children differ from adults considerably. They are much more unstable beings, and hence the temperature is much more easily affected, so that these alterations do not imply the same gravity that such changes would do in the adult.

For some weeks after birth the temperature of the child continues somewhat higher than in the adult and the daily variations are less. In taking the temperature of a child—and this is best taken in the rectum—it is well to bear this fact in mind. A temperature of 104° is often found, and may simply point to the eruption of a tooth, so readily is the balance in the child disturbed. This, probably, is the explanation as to why teething children are so liable to bronchitis and diarrhoea. The tooth in piercing the gum disturbs the economy causing fever, this renders the child more liable to chills, which result in either bronchitis or gastro-intestinal catarrh. From these facts it is evident that it is most essential that children, and especially young children, should be properly clad, but apparently custom has decreed otherwise, for the younger the child the more it is exposed.

THE LYMPHATIC AGE.—Glandular activity is at its height in children, observe for instance the gradual disappearance of the thymus, and the development of the functions of the salivary glands. Adenoid tissue is singularly prolific in children, as seen in the ready way in which the tonsils enlarge and post-nasal adenoids are limited to childhood and early adolescence. The lymphatic glands are much more subject to inflammatory enlargement in children than in adults, and much more trivial causes tend to inflame them, for instance, the eruption of the milk teeth, and any irritation of the scalp, such as pediculi capitis will soon cause an occipital abscess. Moreover if there is any hereditary scrofulous taint, the lymphatic glands are sure to give the first evidence of it by enlarging and suppurating. *Tabes mesenterica* also is a disease of children and young persons. In this condition the mesenteric glands are rendered constitutionally irritable and prone to take on inflammatory action, any improper feeding in a child of tuberculous stock is sufficient to cause the irritation of these glands, and to light up tuberculous inflammation. Recently it has been suggested that

even children of healthy parents may become the subjects of *tabes mesenterica* by being fed on infected milk, that is to say milk coming from cows affected with tuberculous disease. This is an additional reason for always boiling milk used for household purposes, the bacilli are thereby destroyed, although it seems that their spores require a higher temperature, and repeated boilings are required to insure absolute sterility.

There are certain diseases which are peculiar to children such as rickets, chorea, tinea tonsurans, *pediculi capitis* (which is almost confined to children and young adults although there are exceptions), *erythema nodosum* and acute anterior polio-myelitis. You observe I do not mention the acute specifics which are generally the peculiar heritage of children, but this to a large extent is accidental and due to the fact that they are unprotected, not having had a previous attack. Still this will not wholly explain why children are the chief victims, for it is not uncommon to find adults who have gone all their life without scarlet fever, and who in adult age when exposed to the germs do not take the disease. Of course we are quite at liberty to assume that these individuals were naturally insusceptible to the disease, but I still think if we can isolate a child from scarlet fever until adolescence or early adult life he will probably never take the disease. Measles, on the other hand, is not *per se* a disease of childhood. Children are attacked because they are invariably at some time or other exposed to its contagion; generally one attack is protective, and hence adults do not suffer, but when the contagion is for the first time conveyed to an adult community they immediately fall victims, as has been known to happen to some of the South Sea Islanders; the disease then as it were falling on virgin soil is very fatal.

Congenital syphilis of course is found only in children, but it is not common to find primary syphilis.

On April 3, 1890, E. B., aged 3, was brought to me with severe vaginitis, which was said to have begun 14 days before. The whole body was now covered with scaly patches the size of a three-penny piece, and smaller, where they had faded coppery marks were left. Under mercurial treatment, consisting chiefly of *merc. sol.*, there was much improvement, but much of the

hair fell out and very bad and offensive otorrhœa followed. She was finally cured in December.

On November 20th, 1890, M. B., aged 1 year and 10 months, came to me with syphilitic psoriasis all over the trunk, probably contracted from the sister. *Merc. c.* 3x every 2 hours, and dilute white precipitate ointment, was prescribed, and on Jan. 1, 1891, rash was much better, but mucous tubercles appeared at the anus. *Merc. v.* 2x, gr. 1, 3 hours, was given, and the mercurial ointment to the tubercles. On March 12th she left off coming, being practically well until May 7th, when she came with an attack of phlyctenular conjunctivitis.

On June 4th, 1891, came the third member of the family, aged 8, with a hard chancre at the angle of the jaw on the left side, and the cervical glands below the jaw hard and enlarged, under mercurial treatment he got well and left off coming on June 18th. On October 8th he came again with mucous tubercles at the anus, which in turn were cured by October 29th.

The nerve system of the child is notably unstable and this influences the diseases from which they may be suffering, and should guide us in our management and training of children. The effects of a terrifying story in producing nightmare are well known. Vivid dreams in children are much more common than in adults, and may not infrequently lead to somnambulism. Chorea is often caused by a fright and acute diseases are ushered in by convulsions which in later life give place to the less severe nerve storm known as rigor. Delirium is so very common in children when the temperature rises at all, that we attach little importance to it *per se*, but in adults it is of much graver import and more rarely met with. From the foregoing considerations we can naturally arrive at certain conclusions as regards the treatment of children which are of fundamental import. The diet of the child should never be "what the parents eat," it must be made a matter of study and vary with the age of the child, and alcohol in any form is only permissible as a medicine. Far from being a matter beneath our notice the child's diet should always be made the subject of enquiry, and in many cases it will be found to require regulating. In the case of infants who are brought up on tinned milks the absence of anti-scorbutic elements in the food frequently causes a condition of

scurvy, which is at once removed by supplying the wanting ingredients. As a rule children get too little fruit, and the constipation met with can be easily remedied by attention to this point. The constipation of infants, I generally find, yields to a teaspoonful of treacle occasionally, not golden syrup, but coarse molasses, or the juice or pounded pulp of some well stewed prunes. If the infant is at all emaciated cod liver oil serves a double purpose, it is very nutritious and also laxative. The youngest infant can take cod liver oil, and it is astonishing how often it helps our other remedies. It was our veteran Doctor Yeldham who first called my attention to the almost invariable benefit derived from cod liver oil. To infants he gave it in small quantities from the tip of the finger when it is soon liked, and the dose can then be increased. Generally it is best taken soon after food, but if it causes much nausea it may be given at bed-time only, when it is digested before morning. Occasionally the brown oil (De Jongh's) is digested better.

The mental training of the child should never be carried on to the neglect of the physical, the two should go on *pari passu*, a neurotic condition may be produced by such ill-judged anxiety to educate. Fortunately methods of education are improving, and the subject of teaching has been recognised as an art in itself. Very properly the gymnasium is now acknowledged as an essential adjunct to the school, and the Slöjd system beginning to be known and valued. The public are learning to recognise, though very tardily, that the medicinal treatment pure and simple in disease, has its limits, and an all-round condition of hygienic conditions is necessary to obtain the best results. In much the same emphatic way in which Dr. Yeldham praised cod liver oil as an adjunct to treatment, almost always permissible, so I would like to advocate the use of the brine bath. The warm bath in the evening before bed, is for cleanliness, to be used with soap. The morning bath of brine is the tonic, to be given immediately the child leaves its bed. Certain precautions are necessary, and tact required in the case of very young and nervous children. The brine bath is best obtained from the sea; where this is not possible, from Brill's Sea Salt or Tidman's Sea Salt dissolved in ordinary water, or even

ordinary common salt will do. The bath should be given in front of a fire (if in the winter) surrounded by a screen, the child standing in a shallow sponge bath with its feet in hot water. The brine from a basin is then very rapidly sponged over the child immediately it leaves the warm bed; if in winter or beginning the baths for the first time, the brine may have the chill just taken off it, the child is then rubbed briskly down with a warm rough towel, and this should leave the child in a healthy glow. In cases of rickets, general debility, infantile paralysis and many other cases, I have found it of the utmost value. Where the muscular tissue is flabby, massage may be well added after the rough towel. The few simple movements that are necessary can easily be taught to the nurse or mother, and the benefit in rickets, and after infantile paralysis is incalculable. Moreover, during this process it is possible to bend and gradually straighten rickety limbs, and by bandaging the legs together in such cases the one leg forms a splint for the other, and at the same time prevents the child from walking. I cannot help feeling that the foregoing remarks are ill arranged and ill digested, in part the result of their being written during great pressure of work, which I must urge as my plea, and it only now remains for me to thank you for the patient hearing you have given me.

* * * * *

After the lecture a clinical demonstration of cases illustrating some of the points in the lecture was given.

CASE I.—Advanced case of rickets in a child aged 3. The temporary teeth were deficient and decayed. The anterior fontanelle widely open, taking three finger tips. The spleen was enlarged, and could be readily felt below the costal margin.

CASE II.—Case of pemphigus in boy æt 9, whose mother also suffers from same disease.

CASE III.—Case of pemphigus in a child 15 months old. Evidently not syphilitic in origin, as two elder children were healthy, and mercurial treatment failed to cure.

CASE IV.—Congenital heart disease in a girl æt 12, who had the characteristic cyanotic tint, with a loud blowing systolic bruit over precordial region.

CASE V.—Mitral systolic murmur after chorea, so loud that it could be heard at the angle of the scapula on the left side, and faintly even on the right side, showing how readily sounds are conducted in children.

CASE VI.—Hemichorea with mitral disease; its frequent concomitant.

NOTES ON THE TREATMENT OF DISEASES OF WOMEN BY ELECTRICITY.*

By F. H. BODMAN, M.D.

As a society we have adopted a name which enables us to survey the whole field of therapeutics, and I consider that our duty as physicians is not only to study the actions of medicines, and their applications to disease on the principle of *similia similibus curentur*, but also to ascertain the limitations of this rule, or at least of the present possible applications of it, to any given case, or class of diseases, so that in suitable cases we may adopt any other measures which may more speedily, or more effectually, accomplish the desired result in bringing about a cure. I am aware that there is a class of practitioners who will scarcely admit that there are any limitations to the application of this rule; but if we admit that it is more than a general rule, that it is indeed a universal law of nature, that drugs which cause a certain group of symptoms will remove a similar group of symptoms caused by diseased action, or will at least act in that direction, there are, nevertheless, many reasons which may prevent its universal application. For instance, there may be such organic change in an organ that it becomes impossible to cure the disease unless we could reconstruct such organ. Or again, while in a given case medicine might eventually lead to a cure, yet the time required to accomplish this may, on account of the long duration of the disease, and of the organic changes produced in the parts affected, be so great that other measures might be adopted which will accomplish the cure more speedily, or may be useful in assisting the action of medicines; or again, our knowledge of drug action being necessarily imperfect, we may fail to cure

* Read before the Western Counties' Therapeutical Society, Feb. 17. 1893.

homœopathically, not that the principle itself fails, but that we fail in our application of it to some particular case or form of disease. Now, there can be no doubt that we possess many other means of acting on a diseased organism beside the giving of drugs, means which we can by no means afford to neglect. Among these, besides surgery, may be mentioned change of climate, hydropathy, including the Turkish bath, hygiene, diet, the inhalation of oxygen, massage, electricity, &c. This last in its various forms is capable of a wide application in the alleviation and cure of disease. Here we have a field of therapeutics in which there is room for great development, and I believe in the future it will be brought more largely into the service of physicians and surgeons, as its actions upon the living organism become better understood. Already very much may be accomplished by its use.

These considerations have induced me to bring before the members of this society some of its applications to the treatment of disease of women.

The treatment of fibroid tumours by strong galvanic currents, as introduced by Apostoli, is now pretty widely known, but scarcely appreciated as much as it deserves to be. As an instance of what may be accomplished by its means, I may mention the case of a patient of mine who had been condemned to the operation of oöphorectomy for hæmorrhage, due to fibroid tumour with enlargement of one ovary. This ovarian affection complicated the case, making the application of this kind of treatment somewhat doubtful and uncertain, as it prevented the use of so strong a current as is usually required. Yet the result must be considered as decidedly favourable. After several applications of the galvanism all the urgent symptoms were relieved; the patient has since enjoyed a fair amount of health and strength, being able to attend to her household duties, besides doing a considerable amount of visiting in her district. The ovary as well as the tumour has diminished in size; this result was no doubt partly due to the administration of *platina* for some time after the galvanic treatment. Thus the patient was saved from the serious risk which accompanies the operation for removal of the uterus or its appendages. Numerous other cases have been published with

similar results, in which even when the tumour has not been totally removed or even greatly lessened in size, the growth has, nevertheless, been checked, and the urgent symptoms have been so far relieved that the patient may be considered practically cured. Not long since I was summoned at night to attend a patient in a critical condition from repeated attacks of hæmorrhage due to a fibroid condition of the uterus. She had on several occasions suffered from excessive loss of blood at the menstrual period. Having met the present emergency by the administration of a subcutaneous injection of *ergotine*, and the hot water douche, followed by *secale* 1x. After the period was over, I commenced the treatment with galvanism, using about 50 to 60 milliampères for ten or fifteen minutes, with the positive pole passed inside the uterine cavity. This application was repeated seven times at intervals of four or five days. Since this the pains from which she previously suffered have almost disappeared, and the periods have been normal, while the general health has improved, so that she is practically cured. In cases of larger fibroids, the strength of current required will be considerably larger than those used in the foregoing case, ranging from 100 to 250 milliampères, and the number of applications will vary according to the effect produced. I believe the explanation of the action of the galvanic current on fibroid tumours is threefold. 1. It has a powerful effect in causing muscular contraction, and as the structure of a fibroid tumour is homologous with that of the walls of the uterus, that is, composed mainly of fibrous and muscular tissue, this contraction tends to reduce the size of the tumour, and by constricting the blood vessels it diminishes the blood supply and relieves congestion. 2. It stimulates the processes of nutrition, and so causes absorption of adventitious products. 3. An electro-chemical action takes place, by which are set free at the negative pole nascent alkalies, while at the positive pole certain nascent acids are liberated, by which in both cases a cauterisation of the adjacent tissues is produced, though of a different character; at the negative pole the eschar is softer, while at the positive pole it is harder, and so tends to seal up the mouth of any bleeding vessels. These different effects determine which pole is used internally in any given

case. Where the main object is the destruction of tissue we should apply the negative pole, where on, the other hand, the control of hæmorrhage is the first desideratum we should use the positive pole internally. In some cases it is well to use the internal positive application before the periods, and the internal negative after the periods.

Another disease which, under ordinary treatment, is usually very tedious and unsatisfactory, is chronic metritis and endo-metritis. Here I am convinced, from personal experience, nothing acts so surely, speedily and permanently as the galvanic current cautiously applied. In these cases milder currents must be used. The more chronic the symptoms and the greater the induration of the tissues caused by the previous inflammation, the stronger the current required, and *vice versa*. If there be symptoms of more acute inflammation these should first be relieved by the usual homœopathic remedies, and the use of the hot-water douche before beginning any treatment by galvanism. In suitable cases we may begin with a current strength of 10 to 20 milliampères, applied for five minutes, increasing the strength and the time of its application according to the effect produced and the forbearance of the patient. From 6 to 12 séances will be required, according to the chronicity of the case and the amount of induration produced.

In cases of sub-involution, nothing so quickly restores the uterus to its normal condition and size as the Faradic current if the case is comparatively recent, either by passing one pole into the uterus and placing the other pole over the abdomen, or by using a bipolar electrode, so that both poles act internally. But in chronic cases with more or less induration, the galvanic current is more effective. In some cases it may be more advantageous to combine these two forms of electricity, either at the same sitting or using them at alternate sittings. If we remember that the effect of the Faradic current is to produce muscular contraction, with contraction of the blood vessels, also to relieve pain; while that of the galvanic current is not only to cause muscular contraction, but also to produce chemical action and stimulation of the nutritive changes going on in the part, so producing absorption of adventitious products, we shall be able to

decide which of these forms, or if both combined, are required in any given case of disease.

In uterine hæmorrhage not due to polypus or fibroid tumours, nor to such a granular condition of the endometrium as would call for the use of the curette, but simply the result of a relaxed condition of the uterine walls, such as occasionally follows miscarriage or labour, or which may be due to a congested condition of the endometrium or to a state of hyperplasia, in such cases the application of electricity in the form of Faradism, or galvanism, or both combined, is often quickly and permanently curative. In those cases of relaxed fibre where *ergot* would usually be given, the Faradic current with the negative pole passed inside the uterus would be the proper treatment. If the case is complicated with thickening of the uterine tissues, the result of inflammation, the galvanic current would be more suitable, using the positive pole internally. Whenever the positive electrode is used internally it should be made of some unoxidizable metal, platinum being usually the most suitable. In such cases the strength of the galvanic current should vary from 50 to 80 milliampères, used for about five minutes at a time. In using the Faradic current, the strength should be gradually increased to as much as the patient can bear without producing too much pain. In cases of menorrhagia, one or two applications should be made before the menstrual period is due, the last about three days before.

In pelvic pain due to a hyperæsthetic condition of the endometrium, or to hysteria, or of a purely neuralgic character, or when connected with displacement or prolapse, causing a dragging on the uterine ligaments, the application of the Faradic current with rapid interruptions is often effectual in giving great relief. It may be applied either with a bi-polar electrode passed into the interior of the uterus or vagina, or by using a single positive electrode internally, and by applying the negative electrode over the abdomen.

In obstinate cases of dysmenorrhœa, in which medicine fails to effect a cure, the desired result will often be speedily obtained by the use of an intra-uterine negative galvanic current of about 20 to 50 milliampères. This will in many cases be found more satisfactory than surgical measures. In cases of sterility due to an occlusion of the cervical

canal, the same treatment will often be successful. In a case of suppression of the menses in an otherwise healthy young woman, in whom the usual remedies failed to bring on the catamenia, the use of the negative galvanic current each time before the period was due accomplished the desired result. But in many cases the benefit may be obtained by spinal or dorso-abdominal application of galvanism of 40 to 50 milliampères strength.

In old cases of misplacement the Faradic current is useful in giving tone to the muscular tissue of the uterus and ligaments, while at the same time it greatly relieves the pain accompanying such conditions. In one case, where the uterus was retroverted and bound down with adhesion, I was able to stretch these bands, and gradually, in the course of several applications, to restore the uterus to its normal position.

What has been said will serve to indicate some of the many uterine diseases in which electricity in one form or another may be used with the greatest advantage. Before closing this paper it will be necessary to mention the chief contra-indications to its use. As a matter of course it should not be used during pregnancy or the menstrual period. It is important before beginning the treatment by electricity to ascertain that there is no acute metritis, or parametritis, and should this exist it must first be subdued by the usual means. Should there be any abscess in the pelvis it would contra-indicate the treatment by electricity. Also, if there is disease of the ovaries or cysts of the broad ligament, it must be undertaken only with the greatest caution.

The apparatus necessary for the electrical treatment of diseases of women is first of all a battery composed of about 40 cells; these may be conglomerate Leclanché cells, such as used for bell work, and may be set up on shelves in a cellar or other room outside the consulting room, the wires being brought up and attached to a proper board in the room where used. This form of battery requires but little attention, except refilling occasionally on account of evaporation. Then some rheostat must be used to modify the current; in this country the water rheostat is mostly in use. The glass tube should be longer than those usually made; it should be about seven inches long. It should be filled with a mixture of equal parts lime water

and ordinary water. A galvanometer must also be used to measure the strength of the current; it should be divided so as to register from 250 to 300 milleampères. Various electrodes will be required for the internal application of the current; when using the negative pole internally with strong galvanic current, the internal electrode must be made of platinum or it would become corroded. The external electrode should be either sheet lead, covered with chamois leather, or potter's clay enclosed in tarlatan. For currents below 100 milliam-pères, the former may be used, it is more cleanly and less trouble, but for currents above this strength the clay must be substituted, with pieces of perforated tin or sheet lead with terminals attached for connecting the current. The internal electrode may be more or less isolated with shellac, according as it may be deemed desirable to apply the current to the whole of the cavity of the cervix and body of the uterus, or to the latter only. Besides these apparatus used with the galvanic current, it is also necessary to have a coil for producing the interrupted or Faradic current; Du Bois Reymond's is the best, and may be worked with two Leclanché cells. Suitable internal electrodes will be required for applying the current to the vagina or inside the uterus, these may be mona-polar or bi-polar; when the former is used, the external electrode may be of sheet lead covered with chamois leather.

APICAL PULMONARY TUBERCULOSIS IN AN INFANT.

BY HERBERT WILDE, M.B.

THE extreme rarity of pulmonary tuberculosis in an infant of nine months, and more especially of *apical* tuberculosis, makes this case worth recording. Positive proofs of the condition were afforded by the detection of the tubercle bacillus in the sputum, and by a *post-mortem* examination.

The family history shows an hereditary susceptibility. The mother, Mrs. A. (who informed me that her father died of consumption), came under my care three years ago, complaining of the ordinary symptoms of pulmonary phthisis, and on examining the lungs I

found consolidation at the left apex. Her periods had ceased for two months, and seven months later she gave birth to a healthy child. During this period of treatment a great improvement occurred in her condition, doubtless favoured by the benign influence of pregnancy upon the tubercular process. At the end of the puerperal month her health seemed completely restored, her cough and night sweats had disappeared, and an examination of the affected apex revealed no abnormal signs beyond a slight diminution of the percussion resonance.

The infant remained in fair health during the first few weeks, when the mother's milk began to fail, and weaning became necessary. Milk and water was then substituted, to which was subsequently added a small quantity of malted food. About this time the signs of general malnutrition became manifest, and were soon followed by obstinate diarrhœa, which the adoption of more assimilable forms of nourishment failed to mitigate. The progressive and intractable nature of the symptoms led me to suspect the existence of tubercle, and at the age of five months the condition was one of such marked asthenia and emaciation that all hopes of recovery were abandoned.

At this point a surprising improvement began to take place, unaccounted for by any change in the treatment (either dietetic or medicinal) beyond the more constant administration of *iodum*. The infant rapidly progressed, until in the course of a month she appeared a somewhat thin but healthy baby.

Now, unfortunately, a second change occurred; a cough commenced, soon to be followed by the gradual supervention of profuse night sweats, progressive weakness and emaciation. An examination of the chest at first revealed a generalised bronchial catarrh; and at a somewhat later period a localised percussion dullness was detected at the left apex, over which the bronchial breathing was almost concealed by coarse bubbling rales. The right apex soon exhibited these signs to a lesser degree, while both bases remained resonant throughout the whole course of the disease. Diarrhœa recommenced and vomiting became frequent. In the vomited matter purulent nummular material was discernible, which upon examining microscopically I found to consist

almost entirely of pus cells, among which a few tubercle bacilli were distinctly recognised.

The infant died at the age of nine months, when a *post-mortem* examination being made my diagnosis of apical pulmonary tuberculosis was amply confirmed. The apex of the left lung was densely studded with small yellow tubercles, and the pleura covering it was slightly thickened. Towards the base the tubercles were few and of smaller size. The right lung presented a similar but less advanced condition. The bronchial glands were greatly enlarged, hard, and caseous. Upon making a section at the left apex signs of commencing softening were seen ; and on making a section through one of the large adjacent bronchi, it was found to be choked with a thick puriform material similar to that obtained from the vomited matter during life. This was carefully examined, with the result that a few unusually well developed bacilli were detected among the masses of pus cells. On examining the mesenteric glands they were found to be more or less enlarged and partially caseous. The intestines presented a fairly healthy appearance.

At the present day it is generally admitted that tubercle of the mesenteric glands, while rare in young infants, is not an uncommon affection in childhood ; and also that by frequently terminating in recovery the true nature of the disease is often overlooked. In addition it has been shown that when tuberculosis occurs in young infants, the lymphatics and bones are in the majority of cases affected primarily,* *i.e.*, prior to the existence of lesions in other organs.

These points, together with the life history of the patient and the *post-mortem* appearances, would indicate the probability that in this case the mesenteric glands were primarily affected: the tubercular process becoming temporarily arrested about the age of five months. The pre-natal communicability of tuberculosis still remaining to be disproved there is some reason for suspecting that in this instance its unusually early appearance may have been due to intra-uterine infection. On the other hand, the symptoms pointing to mesenteric disease appearing

* *Tuberculosis in all its Relations.* Paper read at the International Congress of Hygiene and Demography. By J. Burdon Sanderson.

shortly after the infant was weaned might suggest tuberculous milk as the medium of infection.

There must also be some doubt in this case as to the origin of the pulmonary tuberculosis; whether arising from a secondary extension of the abdominal lesion, through the medium of the bronchial glands, or through a direct infection from the mother after birth.

The former hypothesis is made improbable by the fact that the lungs were principally and primarily affected at the apices; and also because it is improbable that a secondary extension would occur subsequent to the apparent arrest of the primary process. That the mother was the means of infecting the lungs of her own child seems probable from the fact that at this time her old phthisical symptoms had returned with increased severity; and she was expectorating muco-purulent sputum in which numerous tubercle bacilli were detected. Doubtless these microbes were floating in the air of the room occupied by the mother and infant; either liberated from the sputum through dried portions on the floor becoming pulverised by the feet and disseminated by the broom, or through the use of a pocket-handkerchief on which the sputum had been previously deposited.

Admitting that this was the true mode of infection, this case must emphasise the importance of the safe disposal of the sputa in phthisical cases; either by expectorating invariably into a spittoon, or still better by the use of cuspidores.

The extensive experiments of Cornet* have proved beyond doubt the highly infective nature of tuberculous sputum when reduced to the condition of fine dust.

I am not aware, however, that special emphasis has been laid upon the danger of infection from the sputum in its moist condition, but I have nevertheless been forcibly struck by the risk of enteric infection which must arise when an infant's mouth is wiped with a handkerchief on which the tuberculous sputum has been recently expectorated.

* *The Origin, Propagation, and Prevention of Phthisis.* By Professor Tyndal. *Fortnightly Review*, September, 1891.

A RAPID CASE OF ADDISON'S DISEASE.

By ROWLAND WILDE, M.B.

CATHERINE B——, aged 15, admitted May 13th (died May 20th), presented somewhat the appearance of a Mulatto.

Family history of no clinical value. Occupation indigo dye works. Patient had not menstruated for seven months.

The present illness began seven weeks previously with gradually increasing weakness. Three weeks later some patches of a dark tint were noticed upon the sides of the neck. The pigmentation then appeared upon the backs of the hands, the elbows and face successively, and thus spread over the body until there was no portion of the skin which was not of a dark olive brown. It was at this time that the girl first came under notice as an out-patient, about three weeks previous to her admission.

The pigmentation would vary in its intensity from day to day, and patches of a greyish black colour would appear in parts, and then disappear in a few days. At home she was noticed at times to be drowsy, and on being questioned as to what ailed her, she would reply, "My head aches, and I am so tired." Some pain in the back, but not great.

From the day of her admission she complained of constant nausea, and aching in the lower limbs, as well as the feeling of weariness. The nausea was her most distressing symptom. Vomiting at times as after brandy. There were bluish-black lines on the lips, and dark patches on their mucous surface. Gums pale and slightly ulcerated.

The pigmentation was increased in those parts where pressure had been applied, *e.g.*, where the garters had been. As far as physical examination could ascertain all the organs were healthy; the lungs were perfectly sound, and a spinal examination was not omitted. There was reduplication and apparent accentuation of the second sound of the heart at the base, probably indicating anæmia. Breath rather offensive. Bowels very constipated. Diminished urea in the urine.

The pigmentation became deeper, until two days before the end the forehead and backs of the hands were of a deep greyish black.

The progression of the debility was very rapid during her time in the hospital. Extreme drowsiness during the first three or four days, patient sleeping most of the time. She then became semi-comatose. Quite sensible when roused, even up to the last. Tongue dry brown; thirst slight; rapid feeble pulse. Some muttering delirium for a few nights when temperature at highest. Highest temperature 101.2° ; lowest 97° ; evening rises with morning remissions.

Patient sank lower and lower, and died comatose May 20th.

Treatment: The medicines she had before admission were *argent. nit.* and *pulsatilla*. After admission, at first *calc. arsen.*, and then *crotalus*. They did not seem to have the slightest effect.

This case is of interest on account of the youth of the patient; the rapid and fatal strides with which the disease advanced (the end being reached within two months of the insidious onset of the symptoms); and the rarity of well marked cases.

Although a post-mortem was urgently requested, it was not permitted.

NOTE ON DIPHTHERIA.

By T. E. PURDOM, M.D.

HAVING had a few cases of diphtheria during 1892, where the treatment was fairly uniform and very successful, I think a note of the remedies might be of use.

During the initial stages of the attacks, *belladonna* and *phytolacca* were given, but where there was not decided improvement in a day or two, *merc. cyan.* 6x tinct. was prescribed. This was coupled with a very frequent spraying of throat with *merc. corr.* In four or five cases this treatment did very well, and seemed to combine the specific action of the *merc. cyan.*, which is well established, with the local antiseptic action of the *corrosive sublimate*, by using the 1x dilution of this powerful drug, it is very easy to make a solution of the strength desired, say, 1-1,000 or 1-4,000. The last mentioned is strong enough, and safe to use at short intervals for a short time. The amount of *spirits of*

wine with it can also be varied. This also is powerfully antiseptic, besides being useful as adding a little alcohol to the treatment. *Glycerine* added to the spray makes it fairly pleasant, even for young children, and this also is solvent and antiseptic. I was struck with the rapid way the temperature fell and the throat cleared in more than one of the cases.

For the swelling of tonsils and cervical glands left behind, *merc. bin.* (2x and 3x trit.) was given, while for the debility and anæmia, *iron* was useful. In one case where the factor of the breath was a striking symptom, *baptisia* acted very quickly and beneficially.

The usual general treatment of full diet, &c., was carried out.

The internal treatment by *merc. cyan.*, combined with the local spray of *merc. corr.*, seems to offer a simple and successful plan for attacking this dire disease in many cases at least. Perhaps this note may lead others to give us some useful hints on the subject.

Croydon.

REVIEWS.

Alaskana, or Alaska, in Descriptive and Legendary Poems. By Prof. BUSHROD W. JAMES, A.M., M.D. Philadelphia: Porter and Coates. 1892.

ALASKA is the most northerly territory of the United States of America, and its possession, acquired from the Russian Empire in 1868, "makes," Dr. James says, "a truth of the statement that 'the sun never sets,' on the Republic of the United States." It is a district seldom resorted to for pleasure by the citizens of the Republic, and still less frequently by European tourists, save by those adventurous gentlemen, who, in the columns of *The Field*, tell of their exploits in search of game. Dr. James, who has travelled much, not only throughout the length and breadth of his native country, but also in Europe, has, he informs us, been so impressed by the beauties spread throughout the waterways of Alaska, along its coasts, and in the few towns of which it can boast, and has been so deeply interested in studying the peculiarities of the natives, their habits, customs and legends, and in investigating the natural history of the country and its resources for the production of wealth, that he resolved to perpetuate the recollections of his visit to "a people and country as yet so little known, but so well

worthy of nearer acquaintance," and to do so in verse. The result is before us in a handsomely published volume of blank verse, "in the weird rhymeless style of 'Kalevala' and 'Hiawatha,'" and illustrated with some well-executed engravings, apparently from photographs of the scenery of Alaska, its natives and their "curios."

The volume opens with an account of the voyage of the Russians, Bering and Tschericov, in search of a Western Continent; a voyage which, while ending disastrously for its commanders, enabled their survivors to supply such proof of the wealth of the new-found country as to induce others of their countrymen to repair to it, and annex it for the advantage of Russia. Following this is a general description of the grandeur and stillness of the

Hills with verdure topped and skirted,
Valleys gay with golden poppies,
Granite crags, with naked foreheads,
Guarding well the river passes—
Great volcanoes, cold and scar-seamed,
Resting from their fiery belchings,
Bearing in their rough crevasses
Ghost-like ashes of their passion—
Mountains, rearing snow-capped summits
Far unto the sun's bright kingdom—
Ranges overtopping ranges,
Darkly frowning, palely ghost-like,
Peering through the clefts once riven
By some shock that made earth tremble.

* * * *

Mighty glaciers, bound for ages
To her brow with icy fetters,
Glow in varied tints of azure
Like a crown with sapphire setting.
And the twinkling rills and streamlets
Make sweet music for her dreaming,
As they drip and run and murmur
From their coldly sparkling birthplace.
Rivers seam her glorious landscape,
Mighty rivers, broad and rapid.

* * * *

Rivers, too, whose quiet currents
Steal their way through narrow passes
Noiselessly, as if the cañons
Awed their hearts to abject silence.
Bays indent her lovely shore-lines.

* * * *

And her broad arterial channels
Lead among rich island beauties,
That bewilder with their changes;
Lead through fairy woodland wonders,
And through Arctic cold and silence—
From the quivering smiles of spring-time,
To the weird majestic stillness
That surrounds this ice-bound kingdom.

Such is Dr. James' description of Alaskan scenery, and, at the same time, a fair specimen of the style in which throughout the 300 following pages, he pictures Sitka, the chief town of the territory, tells of the natives, the algæ, flora, and birds of Alaska, describes the marriage, funeral, and other customs of the Indians, recounts their many legends, and dwells on the

Taunting mirage
Of Alaska's frost-bound tundra ;

on the

Soft splendour of the moonlight ;

on the aurora as witnessed in these far-off Arctic regions ; and finally on the glorious beauties of the Alaska sunset.

Dr. James has, in this book, drawn attention to a country but little known, and has pointed out with much force its many attractions, especially for the anthropologist, the naturalist, and the botanist, and in having done so he deserves our thanks.

PERISCOPE.

MEDICINE.

PHTHISIS.—In remarking on the importance of careful auscultation in the first stage of phthisis, in the *Clinical Journal*, Dr. Percy Kidd draws attention, in the following paragraph, to some sources of error that require to be guarded against :—

“It is always well to guard against certain errors which can be made in auscultation, for there is no disease in which it is more important to recognise without misconception the early stages than phthisis. You should always keep, so to speak, one eye on the patient. In this case—on auscultation at the supra-spinous fossa—I hear some crepitant sounds after the patient coughs, but on requesting him to cough again without swallowing afterwards, the râles are no longer to be heard ; that is to say, the râles were produced by the act of swallowing. This is a common error which it is very necessary to guard against in auscultation of the apices of the lungs. Another point to notice is the patient's method of breathing. Some persons, unintentionally, make a loud noise in their pharynx when they breathe through the mouth. In such cases the breath sounds heard at the apex of the lung acquire a harsh, bronchial quality which is apt to give a false impression. In all healthy chests, more particularly in those that are thinly covered, the expiratory sound at the apex of the lung is more prolonged than elsewhere, and may even be distinctly bronchial on the right side. Again, increased resonance of

the voice, or bronchophony, may be audible at the apex, especially on the right side, without any actual disease being present. This is due to the proximity of the large bronchi to the chest wall in the apical regions. The increased loudness of the vocal resonance, and the more bronchial quality of expiration on the right side are to be explained by the slightly larger size of the right bronchus, and the fact that the branch to the upper lobe is given off higher up, and nearer to the trachea than on the left side."

STRETCHING THE SPHINCTER ANI IN MORPHINE POISONING. (Dr. J. C. Daily, *South Jour. of Hom.*, May, 1892).—"All students of official surgery know how easy it is to control respiration by manipulation of the sphincter ani, and we can give our anæsthetic with a feeling of security if our bivalve is in easy reach. I have resuscitated several patients almost moribund with chloroform by the use of my bivalve. But a few nights since, I had, to me, a unique experience in dilatation of the sphincter ani for morphine poisoning. I was called to see a woman who had taken fifty-seven grains of morphine with suicidal intent. I found her in a stupor, with pupils contracted, and slow, stertorous breathing. The neighbours had beaten her black and blue before I had reached her, and she gradually sank into a stupor from which she could not be aroused by the most severe switching. While giving an enema of coffee, the idea occurred to me, why not stretch the sphincter as we do in chloroform narcosis? Accordingly I at once introduced both thumbs and separated them widely. The patient gave a loud shriek and took several good breaths. I sent for my bivalve and for several hours I sat by her side, and as respiration would flag I would stimulate it by pressing together the handles of the speculum. As a result of this treatment her life was saved. It has been my misfortune to see many cases of suicide, and I feel certain that several of them would now be alive had I known enough to use the speculum. It seems to me little less than a crime for the profession to neglect so simple and yet so effective a method."

THE CRY OF CHILDREN, according to Dr. E. C. Hill (*Denver Med. Times*), in pneumonia and capillary bronchitis is moderate and peevish and muffled, as if a door were shut between child and hearer. The cry of croup is hoarse, brassy and metallic, with a crowing inspiration. That of cerebral disease, especially hydrocephalus, is short, sharp, shrill and solitary. Marasmus and tubercular peritonitis are manifested by moaning and wailing. Obstinate, passionate and long-continued crying tells of earache, thirst, hunger, original meanness, or the pricking of a pin. The pleuritic is louder and shriller than the pneumonic, and is evoked by moving the child or on

coughing. The cry of intestinal ailments is often accompanied by wriggling and writhing before defæcation. Exhaustion is manifested with a whine. Crying only, or just after coughing indicates pain caused by the act. The return or inspiratory part of the cry grows weaker toward the fatal end of all diseases, and the absence of crying during disease is often of graver import than its presence, showing complete exhaustion and loss of power. Loud screaming sometimes tells of renal gravel.

NOTABILIA.

LAYING THE FOUNDATION STONE OF THE LONDON HOMŒOPATHIC HOSPITAL.

A LARGE company assembled on the afternoon of June 28rd on the premises of the London Homœopathic Hospital, Great Ormond Street, to witness the laying of the foundation stone of the new buildings by H.R.H. the Duchess of Teck. Much disappointment was felt at the absence of the Princess Victoria of Teck, who had been expected, but who was prevented by indisposition from being present. A large crowd assembled in the neighbourhood to welcome the Royal visitors, the streets being gaily decorated with flags and bunting. A large marquee, erected over the foundation stone was rendered bright with flowers and foliage, and was well filled with the friends of the Hospital. A guard of honour of the Post Office Rifles was posted outside, and a band of the same regiment played selections of music.

Her Royal Highness was received by Lord Ebury, President of the Hospital, and by the members of the Board of Management and Building Committee, headed by Mr. J. P. Stillwell, Mr. Alan E. Chambre, the Architect, Treasurer, Secretary, and the Medical and Surgical Staff of the Hospital. Among those present were the Bishop of Bedford, the Rev. Dacre Craven, Chaplain of the Hospital, the Hon. R. Grosvenor, Lady Caird, General Thompson, Colonel Attewood, Miss Durning Smith and Miss Barton.

Mr. A. E. Chambre read the following address :—

“ May it please your Royal and Serene Highnesses,

“ We, the treasurer, the chairman and board of management, the chairman and building committee, the officers and members of the medical council and medical staff of this, the London Homœopathic Hospital, beg leave to offer to your Royal and Serene Highnesses our most grateful and cordial thanks for the signal kindness shown in your presence here to-day.

"That your Royal Highness is the patron of this charity is a great support and encouragement to the board of management and its many friends.

"The hospital was inaugurated nearly half a century ago through the generous impulses of the late distinguished physician, Dr. Frederick Foster Quin, and his Royal and personal friends, for the charitable purpose of succouring the sick poor under the guidance of medical principles not only sanctioned by true science, but possessed in practice of many medical special advantages. It has ever since been the earnest effort of the medical council and staff of the hospital to foster and assist the progress of medical science by demonstrating those proved and widely-accepted principles, and also to promote that true and free union of the medical profession without which progress in knowledge is seldom possible. An unwavering adherence to these principles has been followed by the readiest and most generous support from the charitable public, very largely under the munificent example and strong administrative ability of the late lamented chairman and treasurer, Major William Vaughan Morgan; while the efficient training of a large number of nurses in the tenderness and loyal devotion to duty so requisite in the proper care of the sick, has elicited the warmest recognition from every section of the medical profession.

"The board of management—whose counsels have for forty years been guided by the distinguished nobleman, our president, the Lord Ebury, and the friends of the hospital—among whom can be happily numbered more than one member of your Royal Highness's illustrious family—not only feel some pride in a record of patients reaching nearly 800,000, and also in a yearly register of 800 patients treated in the wards, and 10,000 patients treated in the out-patient department, but can now look forward to a new building of large capacity, involving an expenditure of £40,000, of which the sum of £30,000 has been already provided—a new building possessing all those modern accessories to the effective care of the sick and suffering which the latest advancements of medical science have suggested.

"That the first stone of this new building should be laid by your Royal Highness and Her Serene Highness your Daughter we regard as a very distinguished honour; and that in conferring this honour upon an old-established charity, beginning a new phase in its history, your Royal Highness should be joined by Her Serene Highness at the present auspicious time of national congratulation and of national gladness, we feel to be the brightest augury for the future of the hospital."

The Bishop of Bedford having conducted a brief service,

during which the choir of St. George-the-Martyr chanted the 127th Psalm, the stone was raised; at the same time the architect exhibited sketches of the old and new buildings to Her Royal Highness.

The Secretary-Superintendent next deposited beneath the stone a copy of *The Times*, the 42nd Annual Report of the Hospital, homœopathic Journals, and papers relating to the ceremony. The builder having fixed the slab, and the mortar being partly spread, the Honorary Architect presented a silver gilt trowel to the Duchess of Teck.

The architect of the new building, Mr. William Pite, F.R.I.B.A., held a tray of mortar for the use of Her Royal Highness the Duchess of Teck, who proceeded to complete the spreading of the mortar in a most thorough manner.

The stone was then lowered into its place, and the Chairman of the Board presented a mallet to Her Royal Highness.

The Duchess having tapped the stone three times at each corner, the architect adjusted the level.

Her Royal Highness, with firm voice and pleasant tones, declared the stone to be "Well and truly laid."

The stone bears the following inscription:—"This stone was laid by H.R.H. Princess Mary Adelaide Duchess of Teck, and H.S.H. Princess Victoria Mary of Teck, on June 23, 1893." After the completion of the operations the choir sang a hymn, the Bishop of Bedford pronounced the benediction and the ceremony ended. Her Royal Highness afterwards inspected the wards of the temporary hospital, and as she drove away was enthusiastically cheered by the assembled crowd. Although only very short notice of the approaching ceremony could be given by the Hospital, and consequently only a limited number could be accommodated and invited, yet a cheerful and enthusiastic company had assembled to welcome their Royal Highnesses and to show their warm interest in the institution.

It is not without some feelings of regret that we have watched the rapid demolition of the old building, interesting as it was historically, and dear as it had become as the witness of so much good work for the relief of suffering humanity, and as the scene of many happy and fruitful associations. Though the material witness of the happy past disappears its memory will be cherished in the minds of many who were present at the inauguration of a still brighter future. In the cause of truth, and for the sake of the sick and sorrowing, our motto is *Excelsior*. On this foundation stone so well and truly laid there will, we trust, rise a building which shall see greater triumphs than in the past, shall do honour to the noble teachings of Hahnemann, and still shine as the official centre of a renewed, humane and successful therapeutics.

THE CHICAGO WORLD'S HOMŒOPATHIC CONGRESS.

THE Chicago Congress has come and gone. As we announced last month, the *Medical Century* issued a daily edition during the Congress week, and the six numbers are now before us. We regret that we cannot feel our anticipations regarding them to be realised. The report of the proceedings is provokingly meagre and scrappy, and the pressure of the daily issue seems to have caused the proof-reading to be slurred over—in the case of the Saturday number, indeed, to have been entirely omitted—with disastrous results to orthography. The editor expresses a trust that these six numbers of his journal will be deemed worthy of special binding and preservation as a memorial of the Congress. We venture to hope, for the credit of homœopathic journalism, that it will be quite otherwise.

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As far as numbers are concerned, the Congress has been a great success. The American Institute, under whose auspices it was held, registers 863 of its members as having been present; and doubtless among the 331 "visitors in attendance, though the majority of the names are feminine," some represent physicians outside the circle of the Institute. There was a fair foreign delegation—Drs. Hawkes, of Liverpool, and Molson, of Wimbledon, representing our own country; Dr. Bojanus attending from Russia; Dr. Majumdar from India; and Dr. Fischer from Australia; while Canada sent Drs. Fisher, Vernon and Logan. The President (we can find no account of any elections to office) was Dr. J. S. Mitchell, of Chicago, who was chairman of the committee of arrangements for the meeting; and Dr. Ludlam and Dr. Julia Holmes Smith, of the same city, were the Vice-Presidents. An Honorary Presidentship was conferred on Drs. Hughes and Talbot, in virtue of their headship of the International Congresses of 1881 and 1891 respectively; and an Honorary Vice-Presidentship on Drs. McClelland, Galley Blackley, and Rushmore as occupying a similar position at present in the American Institute of Homœopathy, the British Homœopathic Society, and the International Hahnemannian Society.

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As regards the proceedings, nothing is furnished us but a list of titles of papers read and names of those who took part in their discussion, with a few of the addresses presented at the general meetings. It is said to have been a busy and pleasant time; we trust it has been so, and that more details will be furnished hereafter by less hurried editors. The American Institute held business sessions daily, and added

notably to its roll of membership. It has determined next year to go a thousand miles yet further West, meeting at Denver, Colorado, under the shadow of the Rocky Mountains.

Among the results of the Congress is the establishment of a "Women's Provers' Union." It will do good work, and stimulate us all to look further into this now neglected portion of our work.

HOMŒOPATHIC HOSPITAL, THE WORLD'S FAIR, CHICAGO.

THE homœopathic hospital at the World's Fair grounds was dedicated May 29th, and is now ready to receive patients, either for surgical or medical treatment. This hospital is the result of public-spirited generosity and enterprise on the part of the physicians of that school who live in Chicago and vicinity. The building has already cost \$12,000, and it is estimated that \$8,000 more will be needed to maintain it during the Fair, and this amount is contributed by the way of private subscriptions from local homœopathic doctors so that their school of medicine shall be adequately represented at the Exposition.

The building, an attractive, two-story structure, is located just north of the entrance to the Midway plaisance and directly west of the main entrance to the women's building. On the lower floor there are reception rooms in front with a very complete pharmacy. Consultation and operating rooms fill the balance of the space on one side of the lower hall and dining-rooms, a kitchen, etc., on the other side to the rear of the building, where a large room the width of the building has been devoted to exhibiting various things that are said to be good for sick people. The second floor is principally given up to wards for sick and injured persons.

Two trained nurses will at all times be in attendance. They will come from the various training schools of the city for periods of two weeks, leaving at the end of that time to give place to other girls who wish to come. The service of these nurses are gratuitous, and they receive no other compensation than the practical training they will get. The hospital is in charge of Dr. R. M. Baker, of Chicago, with Dr. Lincoln S. Brown, of Pittsburg, as an assistant. Dr. Baker will pay particular attention to the surgical cases, and Dr. Brown will attend to the medical work. No ambulance service has been arranged for, and there will not be unless it is found that the administration ambulances do not answer the purpose. The intention of the men who projected the idea of this hospital was to provide a place where those who were taken sick on the grounds or were the victims of accidents

could have homœopathic treatment if they so desired. If there was no hospital of this kind on the grounds invalids would be obliged to accept allopathic treatment, as that is the kind that is given in the general hospital.—*The Weekly Inter-Ocean*, Chicago, June 6.

THE HOMŒOPATHIC MEDICAL SCHOOL OF CALCUTTA.

WE have received from our colleague, Dr. M. M. Bose, of Calcutta, a most interesting report for 1891-92 of the Homœopathic Medical School in the great capital of Bengal, and also that up to June, 1893. The School has completed its tenth year, having been founded by Dr. M. M. Bose, and carried on year by year with increasing success, owing to his untiring energy and perseverance. Before the School was founded, many of the native practitioners were quite unqualified by medical training, having simply studied books on homœopathic therapeutics, and then setting up as practitioners. Dr. Bose resolved, if possible, to put a stop to this system, which tended to bring homœopathy into disrepute with the educated classes, and he started the school. There is a three years' course, comprising all the necessary subjects of study, and they are now taught both in the vernacular and in English, the numbers attending the English course increasing yearly. Besides the three examinations at the end of each year, there are daily examinations before beginning the lectures, on the work of the previous day. The students are required to take full notes of all the lectures. For practical work, there is a "School Clinical Dispensary," where systematic clinical instruction is daily given. The students are required to keep a record of each case, its history, progress and treatment, and it is hoped that ultimately this dispensary will develop into a hospital. As yet there are not sufficient funds to carry out this project, but uphill work as Dr. Bose and his colleagues find it to be, success will be the ultimate reward. Each student who passes the final examination gets the Licentiate'ship in homœopathic medicine and surgery, and there is already a marked demand in Calcutta and the provinces for these educated men, who take an excellent position in practice. The yearly increase in the number of students is very gratifying. In 1889, there were 84; in 1890, 67; in 1891, 95; and in 1892, 125.

The work is a great and noble one, and we congratulate Dr. Bose and his colleagues on their energy and success. It is a bright example of the absence of the medical scepticism which is so prevalent in the old school, when we find men so devoted to the propagation of the great truth of the law of

similar, that not content with success in private practice, they devote their surplus energy to the teaching of the great truth, and so strive to bring about the time when homoeopathy will be the dominant practice all over the world.

It will, we are sure, interest our readers to know that fifteen years ago Dr. M. M. Bose was in London for a year, and attended regularly the courses of Lectures on *Materia Medica* and on Practice of Medicine at the London School of Homoeopathy, and also came daily to see the practice in the wards and out-patient department at the London Homoeopathic Hospital. We therefore feel a special delight and interest in hearing of the success of the noble propaganda of our distinguished student, Dr. M. M. Bose.

LEEDS HOMŒOPATHIC DISPENSARY.

AFTER a time of suspended animation, reaching the prolonged period of 35 years, this institution is again entering on an active, and it is to be hoped useful existence. Formerly a dispensary flourished in Leeds under the fostering care of Dr. Irvine. In 1858 it was found impossible to fill the office of Resident Medical Officer, vacant by the resignation of Dr. Craig, and the subscribers assembled in public meeting declared the Institution "suspended and closed, but not dissolved," and a sum of £200, the surplus profit of its working, was placed in the hands of trustees, to accumulate, for the purpose of re-organising the present or establishing another dispensary in Leeds. This fund has until lately remained unclaimed. Dr. Craig established a private dispensary in connection with his own professional residence, and Dr. J. H. Ramsbotham did the same. These dispensaries have been carried on quietly and unostentatiously by their successors, and would probably have been continued for the present on the same lines had not an effort been made in February last on behalf of the Leeds General Infirmary to obtain possession of this money. By the terms of the trust, the trustees are allowed, in the event of no public homoeopathic dispensary being carried on in Leeds, to allot the money to some other "similar" charity in that place. Accordingly the General Infirmary put in a plea of similarity, a plea at once traversed by Drs. Ramsbotham and Stacey, two of the present representatives of homoeopathy in Leeds, on the ground that the doctrine of similars was excluded from all consideration at that institution, however useful and beneficial its work might otherwise be. What seemed likely to result in a very pretty quarrel, will now apparently result in benefit to the public and advance the cause of homoeopathy,

for the public dispensary re-opened lately. Central premises have been obtained, a goodly subscription list has been opened, and though our colleagues above named have decided to proceed tentatively with the development of the Institution, and will open it for the present on three days of the week only, they hope ere long to be in a position to secure the services of a Resident Medical Officer, provide daily consultations at the dispensary, and arrange for the visiting of dispensary patients at their own homes.

The President of the revived institution is J. B. G. Tottie, Esq., of Coniston Hall. The trustees are Messrs. Tottie and J. W. Williams, J.P., and Dr. S. H. Ramsbotham. The list of patronesses and the members of the committee are sufficient to show the interest taken in the dispensary, and to give an assurance that it will be earnestly and efficiently conducted. Donations, including one of £100 "in memory of the late Dr. J. H. Ramsbotham," amounting to £240 8s. have been received, and annual subscriptions promised, of £81; this, with £12 10s. derived from investments, and £12 10s. from the rent of rooms sub-let, produces an income of over £100 per annum, so that our colleagues will renew the public work under very promising auspices and with ample means for carrying it on efficiently.

We congratulate the City of Leeds on this awakening of the consciences of the adherents of homœopathy there, and that they recognise not only their duty to themselves and their immediate surroundings, but their responsibility to the profession at large and to the public. We wish success to this effort to establish a public dispensary, success to the medical officers in the results of their treatment, and success to the cause of homœopathy in Leeds, which we believe may be greatly advanced by means of institutions such as this.

NOTTING HILL HOMŒOPATHIC DISPENSARY.

We have received with much pleasure the first annual report of this youthful institution, which is situated in the High Street, Notting Hill. It is conducted by Messrs. Dudley Wright and W. Spencer Cox, while Dr. Byres Moir acts as consulting physician. The dispensary paid its expenses the first year, and the results of the treatment of the 86 patients were good. We are glad to note that the attendances, which were naturally few at first, have been gradually increasing in number, and during the last three months have shown a more rapid augmentation. We wish every success to this enterprise, with which we heartily sympathise.

THE DRYSDALE BED.

THE resolution, arrived at some months ago by friends of the late Dr. DRYSDALE, of Liverpool, to keep his memory green by the endowment of a free bed in the Hahnemann Hospital of the city which was the scene of his long, honourable and useful career, is, we are glad to learn, within measurable distance of being carried out. Of the £1,000 needed for the endowment, £823 18s. 0d. have been promised. In obtaining such an amount for a definite object, it is ever the case that the final hundred or two is the most difficult to secure. From the list of subscribers circulated a week or so back, we noticed the absence of the names of many who, we know, held Dr. Drysdale in the highest esteem, of many who have derived the greatest advantage from the work he accomplished for practical medicine. We have no doubt at all that, in many of these instances, the proposal that was made has been forgotten; some, we have heard, did not subscribe because they objected to the form of the memorial as being too insignificant. The recently circulated appeal will remind such of the existence of an opportunity still to take a part in commemorating the work of one who held so high a place in their regard, of one to whom they stand so largely indebted. While those who looked upon an endowed bed in the Hahnemann Hospital as being too slight a memorial, we would remind that this hospital, built and furnished by the munificence of Mr. Henry Tate, was, from a scientific point of view, due to the work of Dr. Drysdale—it represents “the full fruition of hopes” entertained by him nearly fifty years ago, for the realisation of which he laboured during those years. A thousand pounds represents a considerable sum of money; and it is hoped that, in addition to this, sufficient may be obtained to place a portrait of our departed friend in the board room of the hospital. But one thing must be done first of all—the bed must be endowed. Let this be accomplished at any rate; £175 are alone needed, and we hope that ere the current month has slipped away, “The Drysdale Bed” may be established. Subscriptions will be received by the Secretary of the Hahnemann Hospital, Hope Street, Liverpool; and any sent to either of the editors of the *Monthly Homœopathic Review* will be remitted to him.

“SHALL HAHNEMANN'S ‘CHRONIC DISEASES’
BE REPRINTED?”

THIS is the heading of a circular sent to us by Messrs. Bœricke & Tafel, with request for a notice. Finding from the body of the document, that the work intended is not the original, but Hempel's translation of 1845, we answer the

question very decidedly in the negative. Messrs. Bœricke & Tafel, being publishers and not physicians, are doubtless unaware that the version in question has long ago been shown to be utterly untrustworthy. The close examination of it instituted by the late Dr. David Wilson, and published in the *Review* for 1862-8, revealed such wholesale omissions in the symptom lists and so many mis-translations, that the work has naturally and deservedly fallen out of print. In the face of these investigations, to re-issue it as it originally stood would show little desire to give the English reader the genuine thoughts and observations of the master. Moreover, such a work needs editing as well as translating. Comparison with its former editions (one only in this case), information as to the sources drawn upon for the symptoms, and illumination of these cases cited from authors by reference to their original record, such annotation, in fact, as characterises the version of the *Materia Medica Pura* issued by the Hahnemann Publishing Society, must be supplied here if the English *Chronic Diseases* is to be a worthy pendant to its predecessor. To dispense with all this and to perpetuate Hempel's errors, would surely be dishonouring to Hahnemann and discreditable to his disciples of our speech. We trust that Messrs. Bœricke & Tafel will abandon their present project, and in its place will seek to provide a new translation, duly edited, of this great work of the founder of the homœopathic school.

"BICHROMATE OF POTASSIUM AS AN EXPECTORANT."

IN its "Reports on Therapeutic Progress," *The Therapeutic Gazette* (March) contains a reference under the above title to an article elsewhere by a Dr. Hunt. This reference "smells" so strongly of "heresy" that it certainly ought to have been "scented" by Dr. Hare, the learned editor of *The Therapeutic Gazette*. It would, perhaps, be captious to criticise the title, for doubtless the word "expectorant" has a meaning in the mind of the writer much wider than its etymology suggests. Probably he did not succeed in making the children of one year old, for whom he recommends the drug, expectorate, though he admits that some of his doses caused them to vomit. Dr. Hunt also alludes to the action of the *bichromate* on the periosteum, but does not affirm, though he leaves us to infer, that here also it is an expectorant!

Dr. Hunt has used *bichromate of potassium* for nearly 20 years, with "extraordinary" results. At first sight it is a little "extraordinary" that he has kept to himself all this time the knowledge he has constantly found so valuable.

Some of the "extra-ordinariness" however disappears

when we learn further on that the source of his information—so far as written testimony goes—was one Dr. Drysdale, “of Cannes, France.” We are well aware that the energy and devotion of the lamented Dr. Drysdale, “of Liverpool, England,” as long ago as 1846, gave us the *bichromate* as a remedy. But it is news to us that his son, the late Dr. Alfred Drysdale, for a short time “of Cannes, France,” ever published anything on this subject. We suspect that Dr. Hunt knows more of the Drysdales than he cares to confess, though what is the precise object of mixing up Cannes with Liverpool is not perfectly clear. In passing we will furnish Dr. Hunt with the full title of the work in which Dr. Drysdale’s article may be found: *Materia Medica, Physiological and Applied*, vol. i. London: Trübner & Co. 1884. In two or three years time, after further study, he will be able to give us an extended “report” of his “therapeutic progress.”

There are yet other “extraordinary” features in this extract. One of these is that Dr. Hunt “has not been able to find” any article on the drug in question (thus implying that he has searched) except that of Dr. Drysdale, while in all probability, on the shelves of ten thousand of his confrères in the States and all over the world, treatises on *materia medica* are to be found containing an account of the effect of *bichromate of potash* far more complete than Dr. Hunt supplies us with. It is certainly odd, if not “extraordinary,” that, although Dr. Hunt’s sources of information are so limited, he should happen in his brief reference to the tissues and organs affected by the drug, to mention them in precisely the same order as does a certain much-borrowed-from work on Pharmacodynamics, by Richard Hughes, M.D., with which, of course, Dr. Hunt has not the good fortune to be acquainted! This is not the first curious coincidence of the kind which the *Therapeutic Gazette* has been able to place before its readers, and we are glad to find that these coincidences also invariably coincide in “extraordinary” fruitfulness of results. Perhaps some day the *Gazette* will be able to discover the happy hunting ground in which its contributors capture so many new ideas and new remedies with extraordinary effects, and enable its readers to explore its resources for themselves. We notice too that most of these new remedies are given in doses “extraordinarily” small for such large results, and that some of them are even prescribed to be triturated with sugar of milk. Both of these circumstances are suggestive of methods used by Hahnemann. But we think we should be safe in saying that Hahnemann never used “*bichromate of potash* as an expectorant.” It may be however that Dr. Hunt is practising homœopathy, and his paper looks as if he knew it.

In short, we have here another example of the plagiarism for which the *Therapeutic Gazette* is so famed. We cannot in this instance congratulate it on a clever robbery, for it is clumsily done, and as a penalty will remain useless, so few instructions are given as to how to employ the stolen goods. The standard of ethics is different in America and in England—sometimes. There they steal unblushingly and without fear of punishment. Here they may not steal for fear of conviction, and they will not buy the truth, except in licensed markets. Rather must patients suffer or die than relief be obtained from sources which the prejudice of the profession has “tabooed.” After all we almost prefer the American style as being more humane.

HOP-PICKERS' OPHTHALMIA.

In the *British Medical Journal* for May 18, Dr. Percy T. Adams writes on a form of ophthalmia to which hop-pickers are liable. In its milder forms it is a simple conjunctivitis of severe type, but it frequently involves deeper structures, and keratitis and hypopyon result. It is found that it does not especially invade those exposed to unsanitary conditions like the foreign pickers who sleep in barns or tents, but is fairly equally distributed amongst all the pickers, but affecting women and children more than men. The patient frequently states that the acute smarting ushering in the attack came on immediately after rubbing the eyes with the hop-stained hands. It is evidently something in the hops that causes the ophthalmia. Experiments were made with a solution of *lupuline*, but it was found that this produced no effect when applied to the conjunctival sac. An alcoholic extract of hops was evaporated to dryness and some of the residue introduced into the eye, but beyond a little smarting nothing occurred. It seemed certain that the ophthalmia was due to a mechanical cause, viz., to the thorn-like hairy processes which cover the tracts of the hop-catkins, and which are very sharp.

The hop plant (*humulus lupulus*), it is interesting to observe, belongs to the same family as the *urtica urens* and the order *urticaceæ*.

OBITUARY.

HENRY BLUMBERG, M.D., J.P.

With very great regret do we inform our readers of the death, on the 5th ult., of Dr. Blumberg, of Southport, whose geniality and hospitality contributed so largely to the pleasure of all who attended the British Homœopathic Congress last September.

HENRY BLUMBERG, a member of an old and distinguished Hungarian family, was born in 1829 at Kaschau, the native place of our old friend the late Dr. Roth, to whom, on his mother's side, he was related. He received his education at the College of Kaschau, where his father was the professor of Oriental languages. From the College he proceeded to the University of Vienna, which he entered as a student of medicine. The political upheaval of the period enlisted his sympathies from a very early age. While at Kaschau, he wrote numerous political articles and verses for the newspapers, the authorship of which was not discovered until long after their publication. When at length the Hungarian struggle for political freedom broke out in 1848, he, and many of his fellow students, enlisted under the banner of Kossuth. When only 19 years of age, he commanded a company of the reserve force under General Bem at the siege of Vienna. After the defeat of Kossuth's army by the combined forces of Austria and Russia, Captain Blumberg, with many others, was ordered to leave the country. On his arrival at the frontier, cholera was found to be prevailing, and he was detained there to officiate as a cholera doctor. So satisfactorily did he perform his duties, that the Government of Austria presented him with a testimonial in recognition of his services. He then proceeded to Prague, where he renewed his medical studies, and graduated as Doctor of Medicine of the University in 1855. During the ensuing year, he followed many of his exiled countrymen to England. Here his first introduction to practical medicine was as *locum tenens* for the late Mr. Decimus Hands, then practising in Dorset Square, London. After spending a few months in Macclesfield, he settled in practice at Southport, then a small seaside resort with a rapidly growing reputation for the possession of a singularly genial climate. Two years later, he was admitted as an *extra-urbem* licentiate of the Royal College of Physicians—a diploma which, since the College entered into competition with the Apothecaries Society for the licensing of general practitioners, has been changed to that of "Member." In Southport, the fact of his practising homœopathy exposed him to a serious amount of opposition, in some instances of a peculiarly offensive and insolent character. This, his success in practice, his energy and determination, together with his extensive literary culture and many social gifts, enabled him most completely to live down. At Southport was an institution known then as the Stranger's Charity, and still flourishing as the Southport Convalescent Home. Knowing well how great an advantage homœopathy would prove to many of the cases received there, he applied

to the governors to set apart a ward for the homœopathic treatment of children. His application was not entertained. This refusal, however, did but stimulate Dr. Blumberg to independent action, and, with the support of his now increasing circle of friends, he took a cottage for the reception of sick children. From this has sprung the Southport Children's Sanatorium, the first institution of the kind in England, and one from which hundreds of children have received invaluable benefits. How considerable has been the success which has attended the work of this institution, and how greatly it has been appreciated in Southport and throughout Lancashire, were fully recognised by all who, during the afternoon of the meeting of Congress at Southport last year, looked upon the extensive and handsome range of buildings devoted to its operations, inspected its wards, and interviewed the numerous band of happy little invalids, amongst whom were instances of well nigh every form of strumous disease.

In 1862 Dr. Blumberg exchanged practices with Dr. Stokes of Liverpool, but his health failing, he accepted the post of travelling physician to the well-known Polish nobleman, Prince Czartoryski. On his return to England he resided for about a year in Bournemouth, when he again went abroad as travelling physician to Lady Prosser. Returning to England, he ultimately settled in Cheltenham. After remaining there three years, he again went abroad, visiting Bonn for a while, and afterwards Kreuznach, where he had some property. At the end of 1877, Dr. Stokes, wishing to retire from his practice, gave Dr. Blumberg the first offer of the succession to it. This he accepted, and once more threw all his energies into the work which was ready for him, into the development of the Sanatorium, and also into much of the public life of Southport, promoting the interest of the town in every way that lay in his power. For two or three years he was also the medical officer of the Wigan Homœopathic Dispensary, where his services were so highly appreciated by those interested in the Institution that, on his retirement, he was presented with a testimonial, which took the form of an illuminated address, a handsome clock and an elegant pair of vases.

In 1880, he was placed on the Commission of the Peace and rendered very efficient service to the Borough Bench. During the remainder of his life he also took a warm interest in the Southport Literary and Philosophical Society, of which he was one of the originators, one of its earliest Presidents, and before which he delivered several addresses eminently characteristic of the philosophical and yet practical bent of his mind. Of these, one delivered in 1880, *On the Connection*

Between National Wealth and National Health, appears in this *Review* for 1891. In it he points out and elucidates the connection which necessarily exists between the wealth of nations and the health of the individual citizen. His object, he said, was "not to prove that national health promotes national wealth—that is too obvious; but *vice versa*, that national wealth is one of the great—nay, the greatest element of national health." This proposition he worked out by means of many interesting facts and statistics, deducing from them some practical conclusions, the adoption of which would be for the advantage of rulers of nations. Another, in 1882, and published in this *Review* during the same year, was on *The Medicine of the Future*. In this, he, in a very interesting and instructive manner, traced the history of medicine from early times down to the period when Hahnemann commenced his great therapeutic reform. Pointing to his doctrines as those which must have the chief influence upon the medicine of the future, he graphically described the characteristics of a successful physician, and anticipated the time when common sense, a general knowledge of hygiene, a popular acquaintance with physiological axioms and reliance upon the doctrines of Hahnemann in the treatment of disease will prevail.

Two other papers read by him at Southport—*The History of Philosophy*, and *Is Life Worth Living? Emerson and Schopenhauer; or Optimism and Pessimism*, are especially characteristic of his devotion to philosophising, and equally demonstrative of the extensive range of his reading.

In 1888, Dr. Blumberg was requested to deliver the annual Hahnemann Oration. He selected as his subject *Hippocrates and Hahnemann*. This essay, which was published in our *Review* shortly after its delivery, describes with much animation the high qualities of his two heroes, pointing out how far above their contemporaries each was; giving a graphic account of Hahnemann both from a physical and an intellectual point of view, and showing how his doctrines had passed through the ordeal which all new truths have to endure, that of enthusiasm with persecution, followed by a languid reaction of ease, and this by the period, in which homœopathy is at present, that of carrying conviction into the minds of its opponents.

Dr. Blumberg's health has for many years been indifferent. A serious attack of illness a year and a half ago greatly added to his previous feebleness. In spite of his impaired vigour he struggled on, until three months ago he was obliged to confine himself to bed. Then it was that the gravity of his condition became only too apparent to those about him, and when the nature and extent of the pathological changes that had taken place were fully realised, the possibility of his restoration to

any degree of health was felt to be beyond hope. During the last few weeks of his life he was devotedly attended by his son, Dr. H. D. Blumberg, supported by his old friend Dr. Baidon, and assisted in consultation by Dr. Dudgeon, Dr. Hawkes, and Dr. Barron, of Liverpool.

He leaves a widow, three sons and two daughters, the eldest son, Dr. H. D. Blumberg, succeeding to his practice.

The esteem in which he was held by those amongst whom he lived, and to promote whose welfare he devoted himself, the affection felt for him by his large circle of patients, and the widely spread feeling of sympathy for his family existing among the people of Southport, received very full expression at his funeral, which took place on the 9th ult.

JOHN POTTS, Esq., J.P.

We announce, with much regret, the death of a most active and useful member of our profession in the person of Mr. Alderman Potts, of Sunderland, who has practised homœopathically in that town for more than forty years.

JOHN POTTS was born in Sunderland, where his father was a wealthy shipbuilder and shipowner, in 1818. After leaving school he was apprenticed to Mr. Charles Ferguson, of Sunderland, and from him passed on to Edinburgh, and there studied under the well-known anatomist Mr. Knox, whose pupil he was at the time of the Burke and Hare disclosures. In 1836 Mr. Potts was admitted a member of the Royal College of Surgeons, when he also obtained the licence of the Apothecaries' Society. He at once commenced practice in Darlington, whence he removed to his native town in 1843. About the year 1850 his attention was drawn to homœopathy by the late Dr. Hayle, of Rochdale, at that time practising in Newcastle-upon-Tyne. Investigation followed, and afterwards, possessing in an eminent degree the courage of his opinions, he openly announced his conviction that disease was more successfully treated in accordance with the principle of homœopathy than when the methods then commonly in use were employed; thenceforward his mode of treatment was homœopathic. His practice was large for many years, and, together with public duties of a local character, fully absorbed his whole time, so that he was little if at all known as a contributor to medical literature.

He took a part in some of the earlier congresses, when the thoroughly practical character of his observations in discussion, his beaming countenance, genial and hearty manner made many regret that opportunities of meeting him were so rare.

When the Crimean War broke out Mr. Potts was appointed

Surgeon to the 1st Durham Militia, under the Duke of Cleveland, then Colonel of the Regiment. At the conclusion of the War he returned to his practice in Sunderland, but remained connected with the regiment, and attended its annual training for several years before resigning his commission.

In describing his career in Sunderland, *The Sunderland Union* says of him :—

“ He was elected a member of the Sunderland Town Council for West Ward in 1854, and served in that capacity until 1857. Then he was out for a year, but was re-elected to represent Bridge Ward in 1858. He retained his seat for this ward until 1874, and on the 6th of June of that year he was elected an alderman, and in the November he was chosen Mayor. He occupied the civic chair for one year, but on returning to the aldermanic benches he still continued to take a lively interest in all that he considered was for the good of the town. He was a vigorous speaker, and acted with great independence, never allowing himself to be tied to the leading strings of authority. In 1870 Mr. Potts was appointed a Justice of the Peace for the Borough, an honour which he highly appreciated. He exercised his judicial functions with great impartiality, and it may be truly said of him that his desire was to temper justice with mercy. He served his neighbours as a magistrate as late as three months ago. He was a strict Churchman, and a Conservative to the backbone. He held tenaciously to his principles, and whilst differing from his opponents did not willingly differ with them. He aided the Conservative cause with his pocket, and was always accorded some honoured task whenever there was a large gathering of the members of the party in the borough. He was a man much liked by his Conservative friends, as well as by his Radical opponents, and he felt himself honoured when, as chief magistrate, he was called upon to assist in the inauguration of the statue of the late Mr. John Candlish, which now adorns the Mowbray Park. He was a prominent member of the Masonic craft, and was three times Master of the Phoenix Lodge. During his Mayoralty he was present at the installation of H.R.H. the Prince of Wales as Grandmaster of the Masons of England. The deceased gentleman also took a great interest in Friendly Societies, and was medical officer for several lodges and courts. He often took the chair at their annual feasts. He was a jocular president, and invariably kept the board in good humour. Many will be indebted to him for happy nights spent in that brotherly reunion which is so essential to success. Ald. Potts was one of the originators and shareholders of the first *Daily Post* Company, and he held offices of importance in connection

with the Sunderland Conservative Association, of which he was a vice-president. He encouraged all that tended to make a man noble. He lent his countenance to all branches of athletics, and in the early days of the Sunderland Association Football Club frequently presided at its meetings. Mr. Potts had a large circle of friends, and they will deeply mourn the loss of one to whom they were much attached, and for whom in his later days they entertained a feeling of veneration. The deceased gentleman was twice married. He has left a widow but no family."

His death occurred on the 8th ult. as the result of a severe attack of nephritis, which, it was hoped, had been subdued, when inflammation of the bladder set in and terminated fatally. Mr. Potts had a serious attack of influenza last year, that made an impression upon him, from which he never fully recovered, and rendered the acute illness, which commenced ten weeks before his death, all the more difficult to rally from. He was anxiously and carefully attended by Dr. Call Weddell of Sunderland, who, we have heard, succeeds to his practice.

CARL FISCHER, M.D.

WE were sorry to notice in the *Times* of the 24th ult., the death, at Chicago, on the 22nd, of Dr. Carl Fischer, late of Sydney, Australia, and formerly of Auckland, New Zealand.

Dr. FISCHER was, we believe, a native of Berlin. He was a graduate in medicine of the university of Wurzburg, a licentiate of the London College of Physicians, and a member of the College of Surgeons.

He emigrated many years ago to Auckland, where he rapidly acquired an extensive practice. After residing there a few years, he passed over to Australia, where he settled in Sydney. He was a man of great natural ability, genial and hearty in his manner, and possessing a singular capacity for inspiring confidence in all who consulted him. With such gifts his success and popularity in Sydney, great as they were, are in no way surprising. Several years ago he retired from practice and came to reside in London. He was on a visit to Chicago for the purpose of attending the World's Homoeopathic Congress, in which he had taken a part, when the illness occurred which terminated fatally on the 22nd of June, at the age of 69.

CORRESPONDENCE.

VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The articles which have lately appeared in the *Review* on vaccination are full of interest, the principal interest being in the illustration which they afford of what is called, in legal phraseology, "special pleading." Statistics of various kinds are given, but these are not quite complete, and it is to be hoped that the writer will supply the deficiency at the first opportunity.

For instance, we are told that at Leicester, a town remarkable for the intelligence of its population, no less than 50 unvaccinated children were attacked by small-pox, whilst only seven were attacked who had been vaccinated. *Prima facie* this looks like an ominous indictment; but, unfortunately for the argument, it appears that nearly all the children in Leicester remain unvaccinated, for "only two per cent. of the children born in Leicester at the present time are vaccinated." This fact affords quite a new basis for statistics, which it is to be hoped the writer in the *Review* will avail himself of.

One other point: We are not told how many children have died from the effects of vaccination, nor how many have been transformed from healthy infants to diseased ones, often permanently so. This is a very important consideration. In fact my own experience has convinced me that the reputed remedy is far worse than the disease. Moreover, I would at any time prefer treating the natural disease rather than the spurious and artificial one caused by vaccination. Yes, gentlemen, the people of Leicester have very good reasons for refusing to have their children vaccinated. That is certain enough, and, for my part, I heartily sympathise with them.

Faithfully yours,

June 9, 1898.

GEORGE HERRING.

[The fact, that so comparatively few of the seriously large number of unvaccinated children in Leicester contracted small-pox during the last few months is traceable to two causes. 1st. The energy of the Medical Officer of Health and his assistants in isolating, and where the parents had sense enough to accept the boon offered them, vaccinating all living in places which had become centres of infection. 2nd. To the large number of children who were vaccinated during the panic created by a fear of the epidemic spreading.

The number of children who have died from the effects of vaccination, or of infants who have been transformed from

healthy to diseased ones, either temporarily or permanently, we have no means of ascertaining. We have no reason to believe that either death or injury has ever resulted from vaccination in Leicester.

Mr. Herring's experience in vaccination seems to have been unfortunate; we are glad, however, to be able to feel sure that it is exceptional.

That it is "certain enough" that "the people of Leicester have very good reasons for refusing to have their children vaccinated," there is no evidence. On the contrary, they have had ample proof that vaccination is necessary.—
EDS. *M.H.R.*]

THE HOMŒOPATHIC MEDICAL DIRECTORY.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN,—It is encouraging to learn from your current number that there is some likelihood of a fresh issue of the *Homœopathic Directory*. I venture to think that the importance of that work has been greatly under-rated. It is difficult to believe that the list of members of the British Homœopathic Society will be an adequate substitute, as there are still several homœopathic practitioners who do not belong to that society. And a more serious consideration is that that list is not likely to find its way very readily into the hands of the public. I may be told that it is much more "ethical" for the public not to have a list of homœopathic practitioners. There is, however, a story much to the point, told of the well known Scottish preacher, Chalmers. A brother minister had remarked to him that the clergy ought to stand on their dignity. Chalmers replied, "Sir, if we don't take care, we may die of dignity." In like manner, if homœopaths do not take care, they may die of "ethics." And they may be pardoned for asking what ethics have done for them. Ethical rules may be useful to hinder a homœopath running away with some one else's patient, but they will never be applied to protect the homœopath himself from injury and insult. The *British Medical Journal* has repeatedly drawn attention in connection with medical ethics to what it rightly calls the great rule in all ethics, viz., to do as we would be done by. Yet consultants have frequently been known to use to homœopaths such language as, "I cannot consult with you, but I do not object to your standing in the room." Is this graceful and gracious concession to be taken as indicating the way in which the consultant wishes to be treated himself? A few years ago the *Lancet* published a communication or paragraph headed "Nits and Homœopaths." Could anything

be more coarsely insulting? But ethical rules count for nothing when the orthodox wish to insult the heretical.

Moreover, the enmity of consultants will wax greater. It is probable that in the past they have frequently "looked another way" when they suspected heresy, for the sake of large fees. But now that homœopaths have several operating consultants of their own, it would be abject folly on their part to sue humbly for the privilege of standing in the same room with some "great man." And as this gets more widely known consultants will wax more bitter. And can anyone suppose that the editors of the journals devoted to "scientific" medicine will be propitiated by the suppression of the *Homœopathic Directory*. If they notice its disappearance at all it will only have the effect of convincing them that it is not without reason that they have been asserting for so many years past that homœopathy is dead. Homœopathy has not been killed by these countless reports of its demise. Nor will it ever be murdered by abuse. But it may commit suicide, and no policy would be more suicidal than one that would lead the public to suppose that there was no longer anything distinctive about homœopathic practice. For it is to the public that homœopathy must look. What has come of all these years of ethical arguing with the dominant party in the profession? It is worse than idle to argue with people who will not use reasons themselves, and will not trouble to answer the reasons of their opponents by anything more convincing than coarse abuse. I will defy the upholders of ethics to point to any great reform, political, social, scientific, religious, to free constitutions, to valuable inventions or discoveries, to any of our greatest privileges, for which we are indebted to men who were in bondage to arbitrary codes of ethics and etiquette. The matter is a serious one for the following reason. Homœopaths have frequently put forth statistics to show that under their treatment diseases last a shorter time, and are less likely to prove fatal than if treated "scientifically." If this means anything, it means that for the last 80 years, or thereabouts, there has been an immense amount of suffering, sorrow, bereavement and want in the world, that might have been prevented by the intelligent use of the law of similars. And all this is to go on indefinitely out of deference to a narrow and arbitrary standard of ethics. We had better be content with the eternal ethical rules of upright and honourable conduct, which, in this instance, will compel us to ignore all sentimental considerations that may be urged against appealing freely to the public.

It is not beside the mark to observe that the authorities of

the London Hospital have printed a local list of practitioners who received their professional education at that hospital. If that be "ethical" (and I can conceive of no rational objection to it) why may we not have a homœopathic directory?

Yours faithfully,

Mulgrave Road,
Sutton, Surrey.
14th June, 1893.

ANDREW M. NEATBY.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—A mischievous circular is being issued, requesting practitioners to refrain from inserting their names in the forthcoming *Directory* of Messrs. Keene & Ashwell. And why? "As a matter of policy, and for the sake of the advancement of homœopathy on the truest ethical lines." In other words, in order that we may pander to those who force upon us a sectarian position.

Two interests are involved in a special *Directory*: first, those of the practitioners whose names appear therein; and, second, those of the public. A *Directory* helps in making the practitioners known beyond their own neighbourhood. I have frequently found this of service for patients going away, and chemists would probably say the same. And the second point is, that patients desiring homœopathic treatment will consult a special *Directory*. Therefore in this direction also the spread of our system is encouraged. If our doctrines are worth all that we claim for them, let them be spread abroad by all legitimate means—even by the aid of a shilling *Directory*.

Faithfully yours,

S. M.

June 19th.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I write in my private capacity, and not editorially, to protest against the action taken by the Hon. Secretary of the British Homœopathic Society in sending out a circular, signed by a number of names, to all our colleagues requesting them not to send their names to Messrs. Keene and Ashwell for insertion in their *Directory*, and enclosing a post-card to be sent to Messrs. Keene & Ashwell embodying this request. In writing as I do, I should like it to be clearly understood that I have no *personal* difference with my friend Mr. Knox Shaw, a friend for whom I have a warm regard,

nor do I doubt in the least that he is acting for what he considers the best interests of homœopathy. We all work to this end. But it is as a piece of policy or tactics that I object to his present course of action, and this policy I believe to be entirely mistaken. It is a piece of so-called "ethics" that he and some others are desirous of getting rid of the *Homœopathic Directory*. The old school use the existence of this *Directory* as a convenient excuse for their boycotting action towards us, and Mr. Shaw, and others of his way of thinking, wish to remove this bug-bear, and so take away excuse from "our friends, the enemy." But I am firmly convinced that the *Directory* is a mere cat's paw in their hands, and if this is "closed," some other similar excuse will be found, as that we are members of a sectarian society, or are attached to the staff of a sectarian hospital. Thus our efforts at removing stumbling blocks will be utterly futile, we shall lose a very valuable list of homœopathic practitioners and chemists, to say nothing of the list of our foreign colleagues, and so have no reference book to which the chemists or the public can apply to find out who are homœopathic practitioners in any given city or town or country. Nor, in return for this, will the old school respect us one bit more, but rather the reverse. They will look on it as evidence of a desire to curry favour with them, and consider it a virtual lowering of our flag. As a substitute for Keene and Ashwell's *Directory*, Mr. Knox Shaw prints a list of members of the British Homœopathic Society once a year, and a copy of this is enclosed in one of the numbers of the *Transactions of the Society*. Now if this list were synonymous with a list of homœopathic practitioners, a good deal might be said, but it is not. It is a pity it is not, as it is the duty of all homœopaths to support the metropolitan society with their membership. But the fact remains that it is not. Hence this list is incomplete and inaccurate as a list of practitioners who practise homœopathy. Messrs. Keene & Ashwell's *Directory* is not perfect, but that is not their fault, but that of men who will not take the trouble to return them a corrected slip for publication. But I venture to say that Keene & Ashwell's *Directory* is much more complete than a list of members of the British Homœopathic Society for practical purposes. The latter is not accessible to the public, and so cannot supply the want. This is the practical view of the matter—the "ethical" view I consider to be quite a mistake and delusive. But the main point of my letter is not to discuss this question, as it has already been often discussed, but to protest against what I consider an unfair piece of tactics. Mr. Knox Shaw and others are quite at liberty to hold to

their own opinions, and to see whether their substitute for the *Directory* will succeed, and so oust the *Directory*, by fair competition, from its present position. But it is quite a different thing to adopt such aggressive, and, as I consider it, unfair tactics as to send out this circular and post-card. It seems to me to be rather like "hitting below the belt." Far be it from me to suggest for one moment that Mr. Knox Shaw would do anything of this kind wittingly. I am certain he would not, but all the same, my opinion of these tactics is what I have stated. And I would appeal to my colleagues to think twice before they agree to put the "closure" on Messrs. Keene and Ashwell. They have done valuable service, at a personal pecuniary loss, to the cause of homœopathy, by publishing for years a *Directory* as perfect as they can possibly make it. And I feel sure that if the *Directory* is allowed to go down, as it must do if men keep out their names in any number, we shall regret this mistaken step when it is too late.

Mr. Knox Shaw has done a great deal for homœopathy and for the Society, and I repeat that, while grateful to him for what he has done, it is only because, having each of us the good of homœopathy at heart, I feel obliged to object to the tactical method he adopts to carry out his views.

D. DYCE BROWN.

June 23rd.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Through the kindness and courtesy of Dr. Dyce Brown I have been enabled to see a letter he has written to you, so that both sides of the "*Directory Question*" may be represented in the present issue of the *Review*. In order to avoid any misconception, I should like it to be clearly understood that any action I, along with others, may have taken in the matter, is quite apart and distinct from the British Homœopathic Society. That I have acted in no official capacity, but merely as one of the section of the medical profession openly acknowledging the value of homœopathic therapeutics.

The appeal, in your last issue, from Messrs. Keene & Ashwell for information for the compilation of the *Homœopathic Directory* was the first intimation, to many of us, that preparations were being made for its re-issue. We learnt, on enquiry, that time was pressing: in fact Mr. Ashwell very kindly delayed sending out the *Directory* circulars in order that we might lay our views before our colleagues. Otherwise we should have appealed to them through your columns. I desire to protest warmly against the suggestion that we have been guilty of unfair fighting or "hitting below the belt."

After careful reconsideration of all the steps we have taken I fail utterly to see where we have laid ourselves open to so grave a charge. We believe the issue of the *Directory* to be wrong in principle, and surely we have a perfect right to advocate our views and to urge our colleagues to refrain from committing what, rightly or wrongly, we consider an error.

At once let me say that the motives that actuate Messrs. Keene and Ashwell are most honourable, and that they have but one desire, to do the best they can for homœopathy. There is happily no personal element in the matter, the difference between us lies in the choice of policy that should guide us.

And here we are brought face to face with the question, Is the issue of a special medical directory the best thing for homœopathy? To this many will answer, unhesitatingly, No! As one of the co-signatories to a letter sent to most of the practitioners of homœopathy in this country, emphasising this fact, and seeking to influence public opinion on this question, I have been in the receipt of several communications on the subject. I presume that I am singled out for attack by Dr. Dyce Brown, because a year ago I publicly proclaimed that the existence of a directory was an ethical and tactical error on our part. Still I only expressed a view that I believe is held by very many, and it is only the exigencies of the case that have allowed a special medical directory to exist for so long a time. Unfortunately, a need did exist for this *Directory*, but a more enlightened policy on the part of Messrs. Churchill, and a great increase in the membership of the British Homœopathic Society, have removed the necessity for its publication.

A definite and pronounced revival has lately stirred the homœopathic world; mark the development of our leading hospitals, the issue of the London Homœopathic Hospital Reports, the tone of our journals, and the growth and activity of our Society. All this indicates an enthusiasm and an awakened interest in homœopathy within our ranks, and shows, what is essential to the success of this therapeutic truth, a growth of the spirit of scientific investigation and observation, and an intellectual capacity for good work amongst its exponents. The future development of homœopathy must come from within, it must, if we are to attract the best men to our ranks, eliminate from its methods anything derogatory to the best and most sensitive professional instincts.

An uncontrolled and irresponsible separation of ourselves from the general body of the medical profession in the form of a directory, if meant for the benefit of the public, is a

distinct method of advertising, to which a body boasting to be guided by a truly scientific spirit should not condescend ; and if it is intended for professional use, should be superseded by membership of a learned society, such as the British Homœopathic Society. Zeal for the public convenience must not lead us to the commission of an error in ethics. And there is, to an ethically developed nature, a considerable difference between being associated with a special medical directory and being a member of a learned, though sectarian, medical society.

The public in this matter would be wiser to consult their ordinary medical attendant as to the choice of a physician in a town they may be visiting, than to make their selection from scanning the pages of a directory.

The correctness or incorrectness of a directory does not enter into the question of the ethics of its issue, but it may interest Dr. Dyce Brown to know that if he removes from the *Directory* the names of those who have died since its issue, those who have retired from practice, and those who have no address, and compares it with the present roll of the British Homœopathic Society (also removing the names of those not in active practice), he will find the number is only twelve more than the roll of the Society. Further, if as we believe, a considerable number of men withdraw their names from the *Directory*, the roll of the Society will be by far the most reliable, trustworthy and correct guide to the practitioners of homœopathy in this country. It is a pity, as Dr. Dyce Brown says, that this roll is not complete ; it merely needs that the few men who are not included in it should take the opportunity next session—the jubilee of the foundation of the Society—of avowing their adhesion to the principles of scientific therapeutics, by applying for membership of the British Homœopathic Society.

I am not desirous of hauling down the flag, I am keenly alive to the necessity of an effective organization of the supporters of our great medical doctrine, but I am desirous of evacuating an out-post which, in my opinion, is a source of weakness rather than of strength, in the development of our cause in a truly scientific spirit.

Calumny, misrepresentation, abuse (such as, alas, we too often meet with) may tend to foster a spirit of resentment against our calumniators, but it should not deaden the emotions of the professional conscience, and make us less sensitive to condemn actions in ourselves that we certainly should not acquiesce in were they committed by any other section of the medical profession.

I am, yours faithfully,

C. KNOX SHAW.

June 26th, 1893.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Mr. HERRING, Mr. KNOX SHAW, Mr. DUDLY WRIGHT, Mr. CROSS, Dr. DYCE BROWN, Dr. MORRISON (London); Dr. MOLSON (Wimbledon); Dr. ANDREW NEATBY (Sutton, Surrey); Dr. HUGHES (Brighton); Dr. MURRAY MOORE (Liverpool); Dr. THEOPHILUS ORD (Bournemouth); Dr. MIDGLEY CASH (Torquay); Mrs. POTTS (Sunderland); Messrs. BÖERICKE & TAFEL (New York); Dr. M. M. BOSE (Calcutta).

BOOKS RECEIVED.

Rules and Reports of the Calcutta Homœopathic Medical School.—*Hahnemann on Cholera.* Homœopathic League Tracts. London.—*Psychopathia Sexualis, a Medico-Legal Study.* By Dr. A. Van Keaft Ebing. Translated by Chas. Gilbert Chaddock, M.D. Philadelphia and London: F. A. Davis & Co. 1893.—*Diseases of the Nose and Throat.* A Text book for Students and Practitioners. By Horace F. Ivins, M.D. With 129 illustrations, including 18 coloured plates. Philadelphia and London: F. A. Davis. 1893.—*A Practical Treatise of Materia Medica and Therapeutics.* By John V. Shoemaker, M.D. Second edition, 2 vols. Philadelphia & London: F. A. Davis & Co. 1893.—*Transactions of the Forty-Fifth Session of the American Institute of Homœopathy.* Edited by Pemberton Dudley, M.D. Philadelphia. Sherman & Co. 1892.—*When may Syphilitics Marry?* By Dr. Schuster. Translated by C. Renner. London: F. J. Rebman. 1893.—*The Harrogate Mineral Waters and Homœopathy.* By Arthur Roberts, M.D. E. Gould & Son. London. 1893.—*Newcastle Daily Journal.* June 9th, 1893.—*Bath Chronicle,* June 1st, 1893.—*Sunderland Daily Echo.* June 13th, 1893.—*The Homœopathic World.* London. June.—*Therapist.* London. June.—*Nurses' Journal.* London. May.—*Medical Reprints.* London. June.—*The Chemist and Druggist.* London. June.—*The Monthly Magazine of Pharmacy.* London. June.—*The North American Journal of Homœopathy.* New York. June.—*The New York Medical Record.* May and June.—*The New York Medical Times.* June.—*Childhood.* New York. June.—*The Chironian.* New York. May and June.—*The Hahnemannian Monthly.* Philadelphia. June.—*The Homœopathic Recorder.* Philadelphia. June.—*Medical Advance.* Chicago. May and June.—*The Minneapolis Homœopathic Magazine.* May.—*The Homœopathic Physician.* Philadelphia. June.—*The Medical Argus.* Minneapolis. May.—*The Homœopathic Envoy.* Lancaster, Pa. June.—*Pacific Coast Journal of Homœopathy.* San Diego, California. May.—*Annals of Electro-Homœopathy.* Geneva. June.—*Revue Homœopathique Belge.* Brussels. April.—*Rivista Omiopatica.* Rome. March.—*Homœopathisch Maandblad.* The Hague. June.—*Leipziger Pop. Zeitschrift, für Hom.* June.—*Archiv. für Homœopathie.* Dresden. May.—*Bull. Gén. de Thérap.* Paris. June.

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, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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THE PROGRESS AND PROSPECTS OF HOMŒOPATHY.

THE World's Congress of Homœopathic Physicians and Surgeons has come and gone, and although the actual work of the sections is not before us, and consequently we cannot judge, except by report, of its quality, there can be no doubt that such a gathering as mustered this year at Chicago affords ground for pride to the homœopathic body, primarily of the United States, and secondarily of the whole world. Our brethren across the Atlantic have realised this, and we gladly add our congratulations to their own feelings of satisfaction. Twenty years ago such a meeting, numbering some 1,200, would have been impossible, and that it should have taken place at all not 50 years after the foundation of the American Institute is most encouraging. In 1876 it was estimated that the adherents of homœopathy numbered only some 5,000; in that year the first International Homœopathic Congress was held. At the present time that number is more than doubled—12,000 men now adopting Hahnemann's rule of drug selection, by far the larger portion of whom are Americans.

One of the most interesting of the opening addresses was delivered by Dr. J. P. DAKE, one of the editors of the

Cyclopædia of Drug Pathogenesis, on the past, present and future of homœopathy. With pardonable pride he alludes to the prosperous condition of homœopathic institutions and to the medical journals, over twenty in number, issued in the United States. Respecting the relationship of homœo-therapeutics "to other principles that have to do with the art of healing," our own views are well expressed by the lecturer, when he says that with these "homœopathy has no antagonism whatever."

"What surgery can and should do, or chemistry, or mechanics, to remove useless or burdensome tissues and products, or destructive parasites or poisons—and what palliatives should do to save life or mitigate useless suffering, we are agreed that they shall do. We are prepared to hail with pleasure every discovery and improvement in the ways and means of preventing or removing disease. If we hesitate and take time to consider, when the inventions of Brown-Séquard and Koch are heralded over the world, it is for the want of more affirmative proofs of their value."

Concerning the future of homœopathy, Dr. DAKÉ advances four propositions:—

First: "*The true field or sphere of the homœopathic law will be more clearly defined.*" The first care must be to ascertain from what department of the healing art help may be expected. "Diseases, according to the help required, very readily fall into classes; and the homœopathic class is made up of all such as are similar to those producible by pathogenic means, existing in organisms having the integrity of tissue and re-active power necessary to recovery, the essential cause having been removed or having ceased to be operative in the case. For this class the homœopathic law is supreme and universal, while for all others it has no application and no meaning."

Second: "*The basis and governing principle (of homœopathy) will survive all changes that may come, only*" they will be "*more clearly defined and strongly established.*" "The whole order of man's physical nature must be reversed, so that re-action does not follow action and so that the continuing or lasting functional condition is not opposite to that directly induced by pathogenic agencies, if a time ever comes when the homœopathic method fails. Terms may be changed and explanatory theories

may be different, but the essential relationship between the disease and the remedy will ever be homœopathic; and I may add, that such must be the case, however the curative impression is made, whether by a single drug or a combination of drugs, by cold or heat, by electricity or massage."

Third: "*The pathogenesis, or drug symptomatology, constituting the homœopathic materia medica, will be more thoroughly obtained and carefully displayed.*" Beginning with Hahnemann's first efforts to obtain a reliable *Materia Medica* and coming down to the *Cyclopædia*, the address shows how the effort has been to purify and increase our knowledge. That further separation of chaff from wheat will have yet to take place most people will agree with Dr. DAKE. He specially presses the importance of the formation of "a college of drug provers," in order to avoid the "defects in provings made here, there and everywhere, by busy, wearied and worried physicians, exposed to the vicissitudes of weather and sick-room influences, with little if any critical observation of their symptoms. Again and again I have urged the profession to take hold of the work and make our *Materia Medica* more in keeping with our matchless therapeutic law." "The great University that shall lead the way by devoting its entire medical department to *original research in physiology and pathogenics*, will cover its name with glory, and bring to its regents and faculty and student experimenters the gratitude of the world during all time."

Fourthly: "*Some changes are to come in matters of pharmacy and posology.*" "The unmerited odium that our peerless law of cure has been obliged to bear, these many years, by reason of the unwillingness of some of its adherents to employ the sensible doses with which the law itself was demonstrated and with which its most striking victories were won, will be wiped away."

Very likely. But in avoiding Scylla let us not make shipwreck on Charybdis. It is at once unscientific and idle to shut our eyes to a set of facts because too much has been made of them, or because they have been unfairly interpreted in the past. That "sensible doses" do act beneficially and even better than less material quantities the observations of many unprejudiced

minds have demonstrated, both in the new school and in the old. This is no reason, however, for denying the fact, equally well established, that with some drugs and in some cases doses quite "insensible," except to hypersensitive diseased tissues, have obtained unexpected if not unexampled triumphs. Let us retain an unbiassed mind and accept well-proved facts as such, seeking not to discredit them, but by patient study to elucidate and explain them.

* * * * *

The question presents itself readily enough to the mind—"have the adherents of homœopathy outside America any reason to be encouraged in the present position of the system?" We are, we believe, fully justified in answering in the affirmative. At present we cannot attempt to compete in numbers with the Americans. But nowhere is homœopathy dead. We last month reported the good work of the Homœopathic Medical School of Calcutta. From Dr. MAJUMDAR'S account at the World's Congress we learn there are two dispensaries, one hospital, several journals, and a considerable number of practitioners in that city. We recall with satisfaction the chair of homœopathy at Buda-Pesth, the Municipal Homœopathic Dispensary at Antwerp, and the Hospital recognised by the Government in Paris. In this country, too, so conservative and so slow, homœopathy is more widely represented than ever before; in all parts of England institutions, large or small, where patients may be treated *cito tuto et jucunde* are to be found, new ones springing up or old ones being resuscitated; the national Society is more flourishing than ever, and its new quarterly journal gives us again three homœopathic periodicals published in London; finally the work done by the societies, hospitals, and private members of the fraternity are more in quantity and of better quality than before. We have enough to encourage us, not indeed to allow us to rest on our oars, but to stimulate us to fresh and persevering effort.

If all we have said be true of the conditions of homœopathy in this country, how is it, it may be asked, that it does not gain ground in the profession and with the public more rapidly? That it does gain ground what we have said shows, for it must either advance or recede—there can be no standing still.

Mr. A. J. BALFOUR, M.P.,* reminds us that while in a fabric, an organism or a community much depends upon the raw material to be worked upon, yet the results of manufacture and the environment will largely influence the kind and degree of development and progress of each. Even supposing the quality of the stuff to be at its best, we have no ground for supposing "that the possible results of manufacture are insignificant." These statements are as true of the growth of knowledge or the spread of a particular truth as of a fabric or an organism. And it is also true both of an organism and of the maintainers of a truth that they may possibly in course of time be able "to provide themselves with a much more commodious 'environment.'" The "environment" of homœopathy has truly been most adverse, and the opposition which prejudice and official despotism have shown it, has, doubtless, greatly hindered its progress. And yet these very forces have, as if by natural selection, served to demonstrate its "fitness," seeing that it has "survived" their destructive power. The time will come when the homœopathic organism will modify, if it is not already perceptibly doing so, its environment. At present, however, its chief efforts are directed to the improvement of the organism itself, and rightly so. To abandon the metaphor, we feel with our American brethren that for the success of the individual practitioner, or of the corporate representatives of the doctrine of similars, the highest possible educational level must be maintained. It is not enough now-a-days that a man be a good "symptom-coverer." He must bring to his aid skill in diagnosis, judgment in prognosis, and a large-minded knowledge and use of the best therapeutic measures outside drug administration. This is our aim in this country, and a fresh evidence of this sentiment in America is given by the proposal laid before the World's Congress by Dr. TALBOT to extend the curriculum in the Homœopathic Colleges to five years. In this respect the new school in America have shown themselves leaders in medical progress. Another and final question presents itself:

* *Essays and Addresses.* Edinburgh, 1893. Second Edition.
("A Fragment on Progress.")

"What ideal have we in view as homœopaths and medical men?" Do we aim at establishing a rival school, which shall remain always opposed to our *confrères* of the so-called orthodox persuasion, which shall, gradually increasing in strength, duplicate, as in America, the medical institutions of the country, both for charitable purposes and for teaching? Or have we, supposing it to be necessary that these stages be gone through, have we a further aim before us?—the ultimate unity of the profession, when the teaching of HAHNEMANN, perhaps narrowed in application, but rendered more clear and definite and hence more successful in practice, shall have become universally accepted? Our attitude towards our "environment" in the present, and our ultimate attainment in the future, depend upon the goal we set before us.

"CHARACTERISTICS," "KEY-NOTES," AND
"GUIDING SYMPTOMS," TOGETHER WITH
CLINICAL OBSERVATIONS.

By A. C. CLIFTON, M.D.

(Continued from page 334.)

CROTON TIGLIUM.—The employment of this medicine, by homœopathic practitioners, has hitherto been mainly directed towards meeting, on the one hand, a distinctive type of enteritis, attended with a characteristic form of diarrhœa, and on the other hand, a special kind of skin disease. In each of these conditions, fairly well defined pathologically, *croton* is of great value, and the indications for its use in those relations are so manifest, that nothing more need be said on that line.

By surveying and analysing the *pathogenesis of croton*, it will be seen that it has not only an intense, but a wide action upon mucous membrane, causing both irritation and inflammation, with the formation of vesicles and mucous discharge; hence as a therapeutic agent, it may, with great benefit, be used far more widely than for the most part it has been.

Some of its *characteristic symptoms* in this relation, beyond what have been generally recognized, I have

repeatedly verified clinically, and they now serve me as "key-notes" for its use. Such for instance as burning, pricking, smarting pains on the eyes and eyelids, the nasal passages, the mouth, throat, and œsophagus, generally accompanied with slight swelling of the mucous membrane and with vesicular eruption, photophobia, supra-orbital neuralgia, pustular eruption on the face, enlargement of the tonsils, and constriction of the throat, making deglutition painful and difficult. On the mucous membrane of the stomach, *croton* has a similar action, and here I have found it act very beneficially in gastritis, attended with great tenderness in the epigastric region, sinking sensation in that locality, desire for food, but which, when taken, causes an aggravation of pain, not relieved until the food is passed downwards or is vomited; in these cases the tongue is generally dry, red and sensitive. So, moreover, on the intestinal mucous tract it has a similar action, and I have found it occasionally very serviceable in abdominal colic, with a sensation of emptiness and coldness, borborygmus and spasmodic, watery diarrhœa.

In vesicular erysipelas, *croton* should be remembered, and be compared with *apis*, *cantharis* and *rhus*.

Herpes zoster.—Here too I have sometimes found *croton* afford much relief for the stinging smarting pains of the eruption.

As a rule I have employed the 3x. dilution of this medicine with great benefit.

Digitalis.—More than a very cursory notice of some of the "characteristics" of this medicine, would be beyond my power, in fact all that I attempt will be to set forth several well marked pathogenetic symptoms of the drug, and clinical observations by different men which I have occasionally verified.

First the mental condition. Whatever the general or particular morbid state of the individual has been for whom I have prescribed *digitalis*, depression of spirits, anxiety, fear and dulness of the senses, have nearly always been very manifest, and bearing in mind that this medicine is so often called for in certain affections of the heart and liver, the mental depression is what might be expected.

Vertigo, when walking and in the act of rising, is a "characteristic" of *digitalis*, although it is common to many other medicines, but when attended with a slow pulse, it is a good "key-note." Heaviness of the head, with a sensation as if it would fall backwards, confusion and fulness with noise in the head, and often accompanied with vertigo and slow pulse, are symptoms indicating *digitalis*, and may well be compared with symptoms peculiar to *tabacum*.

On the eyes and the sense of vision, *digitalis* has a very marked action. In some cases of amblyopia and diplopia, attended with very slow contraction or dilation of the pupils, I have found this remedy do great good, more especially in patients who have largely indulged in smoking the fragrant weed, tobacco; also for the cardiac debility due to excessive smoking, *digitalis* is valuable. While *nux vomica* or *strychnia* will often meet the cerebral and eye affections produced by tobacco, I have sometimes found *digitalis* more curative.

In cases of jaundice from induration and hypertrophy of the liver, and with cardiac debility, a clean tongue, sinking sensation at the epigastrium, slow pulse, white stools, the urine loaded with bile pigment, together with other symptoms previously mentioned, *digitalis* is a grand remedy.

On the bladder, its action is not very pronounced, but when the urine can be retained better in the prone position, and there is frequent desire for micturition when standing or walking, I have occasionally found *digitalis* do good. Involuntary seminal emissions during sleep, without erections of the penis. *Digitalin* in the form of granules, of one millegramme, three or four times a day, has been of marked benefit in many cases.

I never use the *tincture* prepared from this plant, but the *succus digitalis*, in doses of from two to five drops.

Gamboge.—This medicine is but seldom prescribed by homœopathic practitioners, nor have I used it to a great extent, but some thirty years or so ago, Dr. Pearce, who was then a resident in Northampton, occasionally prescribed it with manifest advantage in cases attended with a particular form of diarrhœa, very

similar to that which is set forth in the pathogenesis of *croton tiglium*, but in some respects dissimilar to that form of diarrhoea. From even a cursory survey of its pathogenesis, there is evidence that it has a very intense and definite action, more especially upon the gastro-enteric mucous tract, shewing that it may be used more frequently and with greater benefit than it has hitherto been.

The few cases in which I have prescribed *gamboge*, using the 6x and 12x, dilution, have been characterised by great irritability of the stomach, burning, smarting and dryness of the tongue and throat, pain in stomach after food, tenderness of the epigastrium, pain and distention of the abdomen from flatulence, borborygmus, and diarrhoea, with sudden and forcible ejection of bilious stools, tenesmus after stool and burning at the anus, relief of the abdominal pain after stool. In some cases of this nature I have found *gamboge* efficacious when other remedies have failed.

Argentum Metallicum.—At this period of time, I go back in the order of the alphabet, to notice this medicine, from the fact that I have very recently had the confirmation of one symptom peculiar to the drug, viz., *neuralgia over the left side of the head, occurring in paroxysms daily, at irregular times, and without any apparent cause, the pain beginning and increasing gradually to a pitch of violent intensity, and then quite suddenly ceasing, but leaving the scalp very tender to the touch.* For a patient who had been suffering in this way for six weeks, I prescribed in April last, *argentum*, one tablet of one grain of the 6x strength, three times a day, and I have just learned that in the course of a week a cure was effected. On two other occasions some years ago I prescribed the same remedy for a similar affection, and with satisfactory results—hence I think the symptoms in question may fairly be deemed *characteristic* of the medicine. *Sulphuric acid* is credited with curative action for the same symptom, and I believe that I once prescribed it with advantage when *argentum* had been given without good result—but this I have no note of.

Northampton.

THE NEUROSES OF CHILDHOOD.*

By EDWIN A. NEATBY, M.D.

Assistant Physician to the London Homœopathic Hospital.

In thinking over how I might best respond to the wishes of those who were the originators of efforts at regular teaching in connection with this hospital, I decided to abandon the subject at first announced, interesting and fruitful from a student's point of view though diseases of the spinal cord always are. To meet the responsibility placed upon me by the kindness of my colleagues, I felt that I ought to choose a subject where medicinal treatment—and of course homœo-therapeutics—play an important and useful part. It seemed to me that both on this ground and on that of one's familiarity with the subject, owing to their constant presence in our midst, "The Neuroses of Childhood" might profitably occupy our attention for an hour to-night.

Under this heading I propose to ask your kind consideration of a few conditions most of which we are all liable to be called upon every day to treat. They are CONVULSIONS, CHOREA, TETANY and HEAD-NODDING.

And first as to

CONVULSIONS.

I propose to make my discourse a therapeutical one throughout. Any allusion to etiology or to symptoms and course of diseases will only be made in order to facilitate the study of the treatment. One of the first questions which presents itself to a beginner in the study of homœopathy is "can the new system do anything, with its small doses for cases requiring prompt measures and quick decided results?" Such measures and such results are imperatively demanded in a case of convulsions. What can we do? Here more than in most cases we should bear in mind that injunction of first importance, *tolle causam*. Let us briefly ask "what are these causes?" Firstly, the predisposing causes may be enumerated as, rickets, anæmia, weakening conditions and hereditary tendencies. Next the exciting causes:—

* A Post-Graduate Lecture delivered at the London Homœopathic Hospital, May 6th, 1893.

these are mainly reflex. In infancy and early childhood reflex action is much more prompt and complete than in later years, and, owing to the absence of the controlling influence of the highest centres (then largely undeveloped) the afferent impulse spreads readily to adjacent cells, producing widespread and violent reflex response—in other words, convulsions. The afferent or exciting impulses vary indefinitely; a loud sound, a painful operation, unsuitable food or foreign bodies in the intestinal canal, or disease affecting the same part, teething, respiratory troubles, high temperature due to the above named or other causes, a poison in the blood, inflammatory irritation of almost any peripheral part or tissue. Some of these causes may gradually or at once permit of removal by means with which you all are or may become familiar.

Our enquiry deals rather with the treatment of fully established eclampsia where the cause is either no longer operating or not at once capable of removal. Baths, aperients and sedatives, such as bromides, chloral and chloroform, constitute the chief armamentarium of the old school. Can we add to or improve upon these? The baths, in suitable cases we of course agree with, occasionally also where we believe a mechanical irritant to exist in the bowels we might also use a purgative. The sedatives we should postpone until more specific medicines had either failed or rendered their use unnecessary. The most frequent exciting cause of infantile convulsions is dentition, attended or not with pyrexia and the most frequently used remedy is *belladonna*. The flushed face, elevated temperature, rapid bounding pulse, dry, hot skin, excited, frightened manner, starting or twitching of muscles preceding general convulsions are exactly paralleled in *belladonna* poisoning; not less so are the fully developed convulsions. In such cases the rapidly soothing effect of frequently repeated doses of *belladonna*, in almost any dilution is most gratifying, and leaves nothing to be desired.

In other cases pyrexia is absent or is only developed during the progress of the fits. This may happen in intestinal irritation, especially if the child is reduced by diarrhœa or ill-feeding. Here the well-known convulsive action of *hydrocyanic acid* comes in. In small frequent doses it rapidly acts "substitutively" as Trousseau calls

it, neutralising the fits by occupying their own area with a *similar* but different influence.

If gastro-intestinal irritation—not mechanical but inflammatory—exists, and painful tonic and clonic spasms are wearing out the child, *copper*, either the triturated metal or the acetate, will give prompt and lasting relief. For fits associated with whooping cough too this remedy is without equal.

Another remedy for convulsions, especially if the cause of them is not apparent, is *cicuta*, or its alkaloid *cicutine*, which I prefer. For the description of a case of poisoning by this substance I refer you to a report by Dr. Stonham in the *Monthly Homœopathic Review*, and I cannot do better than read to you, in illustration of its action, a cure published by the same writer (see pages 225-7, April, 1893).

Of the value and homœopathicity of *cina* in cases of convulsions there is abundant testimony. It is usually thought of where worms are present, and although the medical profession nowadays attaches less importance to the presence of these parasites than it formerly did and than the laity now attaches to them, there should be little doubt that either their presence or the existence of a condition favouring their growth, does act prejudicially on the health, and may even excite convulsions. Dr. Hughes gives the following statement of the effects of the drug, which will serve as indications for our administration of it. "There are the dilated pupils, with dimness of the sight and twitching of the eye-lids, the ravenous appetite, the pinchings in the abdomen, the itching at the nose and anus, the frequent micturition, the spasmodic cough with vomiting, the restless sleep, the fever and the twitchings in various parts of the body."

Gelsemium is a remedy which is extremely useful in the condition of semi-stupor which frequently follows an attack of convulsions. The patient cries when roused, as if in pain, soon relapses into drowsiness, avoids the light and keeps its head pressed against its mother, readily starts at a slight noise or movement. There are either cramps or twitchings of the limbs.

For the convulsions due to pneumonia or the exanthemata, we shall do more good by taking into consider-

ation the whole condition, and not treating the convulsions only, though it must be remembered that even here *belladonna* may be of great use. The same is true of convulsions due to meningitis, though if the disease be of the tuberculous variety, we may not delude ourselves with ungrounded hopes.

CHOREA.

It is unnecessary for me to detain you upon the varieties, symptoms, course and prognosis of chorea. To facilitate the study from a therapeutic point of view, I shall ask you to divide up cases of the St. Vitus' dance into the following classes.

1. The first I shall call *simple* cases. The purposeless movements common to all classes are, of course, present. They are not peculiar either in their severity or in their localization, being of moderate degree and more or less general in distribution.

- 2 and 3. The second and third classes own either fright or traumatism as an exciting cause.

4. The fourth may be called rheumatic from their more or less definite association with that disorder.

5. The fifth may be styled mental cases on account of the presence of some peculiarity, more or less pronounced of the state of the mind. The patient may be "hysterical," or may be suffering with mental hebetude or even with insanity, maniacal or idiotic.

Now I readily grant that this classification is rough and imperfect and that the different classes may either overlap or merge into one another. Nevertheless, I believe that imperfect as it is, it will materially help us in making suggestions as to the treatment, unless indeed I am to content myself with Hahnemann's laconic, but comprehensive advice "study the *materia medica*." It is so easy and so brief a command, and would refer equally well to the drug treatment of any and every disease, that it would render, were nothing more required, a course of post-graduate lectures such as I bring to a close to-night entirely unnecessary. What we wish to know, if I am not mistaken, is, "what has the study of the *materia medica* already yielded, which will be of practical value to us in the treatment of a given disease?" We require the results of experience, even at the risk of a certain amount of empiricism.

Before entering upon the discussion of the drugs commonly used in chorea, let me remind you that up to the present, the pathology of this disorder is involved in obscurity. English authorities rejecting the spinal theory, mostly regard it as of cerebral origin, due to a lesion either of the corpora striata or of the motor area of the cortex—a “discharging lesion.” This uncertainty makes it impracticable to select medicinal remedies on a pathological basis, and affords an excellent illustration of the applicability of the rule of similars to cases the nature of which is still imperfectly understood.

Let us now turn to the drugs themselves.

Our first division we termed *simple* cases. To these we confidently oppose *arsenic*, and in this, as you know, we are at one with empirical medicine. If there are loss of appetite and flesh, coldness or feeble circulation, and vomiting with clean tongue and anæmia, *arsenic* will be additionally indicated. With the use and the utility of this drug you are all familiar. It only remains for us to see if there are any grounds for claiming this practice as homœopathic. It should be remembered that we are unacquainted with *any* drug which produces an illness entirely similar in character, distribution and course to chorea. Indeed as no two cases of chorea resemble each other in all these points, were such a similarity necessary, we should require a different drug for almost every case of chorea. It is sufficient that the drug be working on the same tracts or lines so to speak, and in a manner similar if not precisely alike. The chorea producing agent “lowers and disturbs” some parts of the nervous system—so does *arsenic*. They both alike produce nervousness, fidgetting and restlessness, they both produce muscular movements of more or less irregular type and amounting sometimes (often in the case of chorea, seldom in the case of *arsenic*) to clonic spasms. Lessened muscular power also is produced by both. Acting in the same area, these two forces neutralise each other when opposed. Experience has shown that neither the attenuated doses of some of the followers of Hahnemann, nor the substantial doses of other practitioners are necessary to ensure neutralisation. In cases of long standing of almost any variety, *ars.* or *ars. iod.* forms a valuable intercurrent.

The second and third classes, where fright or injury are clearly marked, call respectively for *aconite*, *ignatia*, *argent. nit.* or *calcareæ carbonica* and *hypericum* or *arnica*. The *aconite* is suitable only for immediate use; *ignatia* is required also in recent cases if the movements are pronounced and active, if the changeable or sighing and weeping disposition with love of solitude are present, and especially if the symptoms are left-sided. The *calcareæ* patient is weary and phlegmatic. The muscular movements have a tendency to be one-sided, and *calcareæ* affords an example of the symptoms being present on opposite sides in the upper and lower extremities. Here chiefly the left upper and right lower limbs present muscular movements. With respect to this symptom clinically, I am bound to confess that in my experience this peculiar grouping is quite exceptional. Still with a malady so varied and multiform as chorea, in its manifestations, it is impossible to state that such opposite-sided involvement may not occur. When present, *calcareæ*, if the condition of the patient corresponded in other respects, would be additionally indicated.

Weariness and exhaustion, associated with melancholia, dislike for solitude, flatulent dyspepsia, with aggravation of the whole condition after eating, call for *argent. nit.* In the pathogenesis of this drug, chorea-like movements are included, and its power to produce convulsive movements is well-known.

The relationship of *hypericum* to cases of chorea induced by injury, is mainly an empirical one. That of *arnica* is strictly homœopathic. Muscular movements, feeling of fatigue, aching or bruised sensation, common in severe cases of chorea, are all represented in the *arnica* pathogenesis.

The fourth form—the rheumatic variety—consisting of by far the largest number of cases, may be related to that condition either as a sequel of a rheumatic attack of more or less severe character, or as presenting joint or muscle pains at the same time as the movements of the limbs. In either case one leading medicine is at our disposal; I refer to *actæa racemosa* otherwise called *cimicifuga*. As a remedy it needs no commendation from me, and it is only necessary that I should point out its homœo-

pathicity to the condition before us. The power of the drug to irritate the nervous and muscular systems, and to cause muscular spasms and tremor, at once brings it into relationship more or less accurate with chorea. The drawing, aching, bruised or rheumatoid pain in upper or lower extremities, in back and in the eyeballs, palpitation, excited cardiac action, or the presence of a murmur—such pronounced features in the provings and poisonings with this drug furnish an admirable picture of the rheumatic element. To these we must add the restlessness and nervousness on the one hand and the dejection and muscular weakness on the other, and its applicability to a large class of cases becomes evident. Not infrequently the drug symptoms are more marked on the left side. Left-sided hemichorea will thus be a condition for which we should consider the suitability of *actea*. *Actea* corresponds both with a depressed anxious mental state, and with one in which irritability is prominent. In severe cases mild delirium with illusions may be present, *i.e.*, both in the natural disease and the drug. Finally, the interference with articulation may be matched in this drug. That it should be widely used on the principle of similars is therefore in nowise surprising.

Fifth. The cases I have styled mental cases, where disturbances of mind are conspicuous may, as already hinted, require *actea*; restlessness, nervousness, fear of death, delirium suggestive of delirium tremens, apprehensiveness with sighing, alternation of depression of spirits with exhilaration would indicate that drug. For hysterical symptoms *ignatia* is specially and quickly helpful. For cases more pronouncedly mental, with much delirium, amounting even to a maniacal condition in addition to *belladonna* and *hyoscyamus*, I wish to commend specially *stramonium*. The excitability and irritability amounting even to violence are very great; fear and *suspicion* are conspicuous, the nights are much disturbed, food is refused and speedy exhaustion from loss of nerve and physical force ensue. The movements in this case also may occur crosswise, one leg and the opposite arm being affected while the rest of the body is comparatively unaffected.

For cases where mental heaviness, difficult or slow comprehension, forgetfulness of messages, dulness, general backwardness, bashfulness, difficult or thick

articulation—where these form the chief symptoms and the movements are slight and confined perhaps to the hands and face, I have learned to have much confidence in *calc. phosph.* The patients are pale, thin, badly-nourished children, such as we commonly meet in the out-patient departments of our hospitals.

You will expect to hear something of *agaricus*, which perhaps deserved mention earlier. Its pathogenesis presents—as far as the muscular movements are concerned—one of the most perfect pictures of chorea we have in any drug. In idiopathic cases where the movements are well marked, where no other features are prominent, we may use *agaricus*. Though I have often used this drug, I have not met with any very convincing results, and I try to place my case under one of the afore-named classes or seek for symptoms other than the movements as guides. If I am unable to do either of these *agaricus* comes in usefully.

In contrast to *agaricus*, which I consider an over-lauded remedy, allow me to draw attention to *belladonna*, of which I entertain a high opinion in this disease. It is only necessary to observe a few cases of *bell.* or *atropine* poisoning to be struck with the resemblance some of their features have to chorea. Flushing of face, full headache, and restless, dreamy, wakeful sleep call for this remedy. It may occasionally be advantageous to arrest the more specific treatment of the movements, and to pay attention to the digestion, which is apt to be deranged, here *nux v.* or *sulphur* may be beneficial.

Another group of remedies probably deserve attention and certainly require to be mentioned here, for the sake of completeness, although I cannot commend them to you from personal experience. I allude to the poisons of several of the spiders, specially the *Mygales* and the *Tarantulas*. Analogous in their origin and effects to the serpent poisons, they have an effect all their own on the nervous system, which persists when the local conditions due to the bite have passed off. Excitability, muscular twitchings, hands constantly in motion, aggravation from lively music, and from observation, inability to sleep, these are symptoms produced by the spider poisons and likely to be relieved by the same agents. These poisons will probably repay study, as will also the last medicine I shall mention, viz., *cuprum*, useful especially with

spasmodic movements and anæmia. This drug is being used in the old school.

Though in considering the management of chorea I have hitherto alluded only to the medicinal treatment, it is not because we of the homœopathic school consider drugs as the only important—or even the most important—agents to be used. When carefully selected their usefulness is unquestionable. General hygienic measures are common ground to all careful practitioners of medicine, and I only refer to them to remind you that while placing more confidence in drugs than do our old school friends, we value very highly general measures. Of these I will only mention complete rest at first, combined with a very nourishing but easily digested diet. At a later stage efforts of will, regulated gymnastics, rhythmical movements, especially when accompanied by music, are of the highest importance. Massage also is useful.

Chorea is a disease of depression ; everything must be done to lessen and repair tissue waste. Sleep must be obtained by some means, and high feeding is one of the most important means for this purpose.

In anæmic cases we should give *iron* as a tissue-food, as do all schools. This in no way prevents or interferes with medicinal treatment.

One important point I may mention before leaving the subject—that sedatives and narcotics are but seldom needed during the treatment of chorea on homœopathic principles. In one case only of those I have already referred to as treated in this hospital did I find that a sedative had been used. I must here express my indebtedness to my colleagues for very kindly allowing me to consult their case-books.

Lest it should be said that the many drugs I have mentioned serve to confuse rather than to give a practical idea of the most successful treatment of chorea I will briefly state my own experience and that of others. I should rank together *actæa* and *belladonna* as the two most useful medicines ; after these I should put together *arsenic* and *copper*. Finally, though I have no experience with those agents, I should speak very favourably of the spider poisons. In this hospital the favourite medicines—which rank far above all the others—are

arsenic and *actæa*. Of sixty prescriptions which I examined sixteen were of *actæa* and seventeen of *arsenic*. More recently *mygale* and *tarantula* has been occasionally given with decidedly good results.

I need scarcely remind you that there is really no question of rival remedies for chorea but of what remedy is most suitable for any given case. This can only be determined by the symptoms present, especially by those relating for example to the mental state or the digestion, &c., rather than by the movements present. Every drug useful in chorea should show a power of disturbing the balance of the motor centres to a greater or less extent. Hence it is to symptoms or signs outside strictly choreic manifestations that we must look as guides in the selection of our remedies.

TETANY.

Arising as it does from a variety of causes this condition is in many ways analogous to convulsions, and many of the remarks regarding them are true of tetany. The spasms are, however, tonic rather than clonic. So obvious is the relation of *strychnine* to this condition that it seems superfluous to dwell upon it. Where anything is required beyond the constitutional measures used for combatting the disease at the bottom of this state, *strychnine* will do all that is required. Where exposure to cold has been the exciting cause rapid resolution will be brought about by the use of *aconite*.

HEAD-NODDING.

This curious and unexplained neurosis, on which I wrote a paper in the 1st volume of the *London Homoeopathic Hospital Reports* (1891) has, unfortunately, not proved very amenable to treatment hitherto. In addition to the suggestions made in that paper, I draw attention to *agaricus* as likely to be useful for the shaking variety (movement of dissent).

Respecting the treatment of this interesting condition I cannot do better than quote my remarks in the paper alluded to. Since that was written there is little or nothing to add. "The treatment hitherto pursued has been either by means of general sedatives or by tonics so-called. Of the first, *bromide of potassium* has appeared

to be of use, and in my own patient and that of Mr. Knox Shaw, *belladonna* was given, with possible benefit. The *belladonna* may have a more specific relationship with the condition than that of a general sedative. Allen's *Hand-book* gives 'Head thrown hither and thither even to shaking, then again convulsive bending forward of head and trunk' (Salaam convulsion?) According to the same authority the spasmodic eye symptoms are limited to 'squinting' and 'spasms.' Other general anti-spasmodic remedies would readily suggest themselves—*ignatia*, *strychnia*, etc.

"In connection with teething, *chamomilla*, our sheet anchor, may probably be of service. Besides its general convulsive action, the symptoms, 'wagging backwards and forwards' of head, points to its employment.

"The symptoms of both head and eye are perhaps better portrayed in the pathogenesis of *agaricus* than of any other drug. 'Swaying back and forth' of head; 'convulsions of muscles of head and neck' (Allen). No matter whether they are fixed upon an object or not, 'the two eyeballs revolved to the right and left with a velocity of half a second, and this continued all day.' 'Reads with difficulty, type seems to move.' 'Trembling and jerking of eyelids' (Hering). In several of the cases of poisoning recorded in the *Cyclopædia of Drug Pathogenesis*, amongst the convulsive symptoms, the eyeballs are said to have 'rolled' about. A condition apparently resembling 'hippus' (produced by *muscarin*) is described under the term 'accommodation convulsions.' Although in none of these cases an exact imitation of nystagmus is produced, yet it is evident that considerable disturbances to the ocular motor centres took place. Two cases of nystagmus are recorded in the January number (1891) of the *Jnl. of Ophthalmol. Otol. and Laryngol.*, in which the continued use of tincture of *agaricus* appeared to act curatively. Under *cicuta* 'head jerking' and 'objects seen to move from side to side' and 'in a circle.'

"Rachitis is not frequently associated with 'head nodding and nystagmus,' but such association to be present would suggest *silica*, and the usefulness of that drug in some excitable conditions of the nervous system would confirm the choice."

ON THE PREMATURE INDUCTION OF THE MENOPAUSE IN CERTAIN CASES OF CHRONIC INVALIDISM.

A STUDY IN COMPARATIVE REMEDIAL VALUES.

By GEORGE BURFORD, M.B.

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Hospital.

A definite percentage of women collapse under the stress of the functions of the reproductive life. A well-marked cycle of symptoms is produced, determining a condition of chronic invalidism which in its severer forms is arrested only by the advent of the menopause.

Of late years I have accumulated many observations on an increasingly frequent symptom-series, whose initiation is invariably after puberty, and whose *final* arrest is effected only by the cessation of the reproductive life.

Varying time of appearance.—This hitherto undescribed group of phenomena may commence so soon as the incubus of puberty is laid upon an organism with limited capacity for development. Or by zealous watchfulness the earlier years of puberty may be skilfully directed, only for the bodily vigour to succumb at a later date, often without any reason more potent than moderate mental effort. Or a time of anxiety may culminate in the same result at any period of reproductive life, after bodily nutrition has been neglected and mental stress increased.

Varying grades of severity.—Besides variation in the time of appearance, the grade of severity attained varies as the evolution of the symptom-series is checked or uncontrolled. In the early stages a clear conception of the drift and tendency of the symptoms will cause such a re-modelling of routine and environment that much benefit is to be expected. If time has lapsed and the condition has made headway, remedial measures will still be more or less effective—at least, for a time; but the tendency for symptoms once well established to recur is the most distressing feature of this disease. When, however, the diseased condition

has become well developed, nothing short of the complete cessation of the functions of the reproductive life, *i.e.*, the induction of the menopause, can bring either notable relief or permanent cure. And in an unfortunate remnant, who show the lesion in its most developed and protracted form, the menopause is indefinitely delayed, and even surgical measures are inoperative to hasten its advent. This type of case is the bane of physician and surgeon alike; and "not poppy, nor mandragora, nor all the drowsy syrups of the East" are potent to bring more than halting palliation or temporary ease to the wearied sufferer.

History of development of the morbid phenomena.—What are the distinguishing features of this fateful condition? What are the natural history and clinical course by which the stream of morbid tendency can be diagnosed?

Primus inter pares is a form of defective circulation, so marked and so constant that its presence always connotes some other of its morbid congeners. The hands are attenuated, damp and chill, the nails bluish, the skin an unhealthy dusky red. The feet and ankles and knees are stonily cold; prolonged massage will induce a temporary thrill of warmth, but artificial heat usually brings no sense of grateful glow. The veins are turgid, the arterial pulse small and of low tension. A trivial emotion, an unexpected visit will evoke a sudden clammy perspiration over the whole body, and any exertion of an unusual or protracted kind induces a distressing sense of faintness, or of acute exhaustion.

More important than defective vigour in circulation is a defective quality of the circulating fluid itself, and the whole congeries of symptoms is largely conditioned by the anæmic and toxæmic condition of the nutritive fluids of the body.

Very marked is the woeful disorganisation of the nervous system, and the brunt of the attack is borne by the various ganglia of the sympathetic. At a period anterior to puberty the nervous forces are fairly equal to the maintenance of the vegetative functions. So soon as the reproductive life commences the divided allegiance of the vital forces ebbs, dwindles, and finally collapses under both burdens. A halting, irregular and

painful period, sufficiently attests the difficulty of the organism in meeting the strain imperiously thrust upon it. A persistent pain in either flank is developed, to which in time is superadded a backache, and these pains persisting during the interval are markedly accentuated during the period.

As time wears on the spinal pain creeps up, involving the whole column, and curiously the parts of maximum intensity are at the level of the last dorsal and first lumbar, and over the seventh cervical vertebræ. Pain in the latter area is usually associated with an advanced case, and sometimes it is so marked as to prevent the patient reclining in a low chair or high-backed sofa.

This condition of "spinal neurasthenia" is but the prelude to a protean series of secondary symptoms, which undergo an aggravation to an intolerable degree at each menstrual crisis. Headaches, occipital and vertical, are of routine daily occurrence. Asthenopia, with contingent ocular defects, prohibits any attempt at reading or fine work. All the horrors of confirmed atonic dyspepsia add themselves to the pre-existing trouble. A loss of appetite, rising to a positive repugnance to food, flatulent spasms, or sickness, or prolonged discomfort and pain attend each meal. Constipation invariably accompanies the dyspepsia, and the pelvic tenderness being aggravated by intestinal movement, the tendency to postpone a frequently painful effort increases the atony of gut.

As if to intensify the tedium of a sedentary life, a persistent insomnia accentuates the chronic invalidism which now settles upon the patient as a cloud. Unable to endure the vibration of exercise, yet consumed by the monotony of indoor confinement, the unhappy patient struggles on from month to month, any temporary improvement being remorselessly swept away by a menstrual crisis more acute than its immediate predecessors.

Underlying changes in Ganglionic Nutrition.—In all this we see chronic changes in the sympathetic writ large; and as the precursor of such chronic changes in sympathetic ganglia we have of late been taught to infer some defect in the nutritive pabulum with which the protoplasm of the nerve cells is charged. The most erudite transcendental pathology of recent years dispenses with the cumbrous mechanism of reflexes, or overflow, or radiation of nerve impulses, in explaining chronic

persisting conditions of disease. It attributes their permanence to deviations from the normal in the nutritive pabulum with which bodily tissues are supplied; and however the defective elaboration may primarily be induced, if not soon rectified the protean results are manifest in every nerve cell in every nerve ganglion in the body. A state of nutritive fluid, now semi-poisonous from arrested metabolism, and now semi-starved from defective elaboration, alternately irritates and famishes the nerve centres that control assimilation. Thus, with a vitiated pabulum on the one hand, and an unhealthy nervous control on the other, each and all of the organs and tissues of the body participate in the general deterioration until just such a series of symptoms is produced as is seen in an aggravated case of the condition we have described.

A Tropho-neurosis the cause of the Protean Symptoms.—The disease we are dealing with, then, is a Tropho-neurosis; and its initiation is due to the diversion of energies to the maintenance of the reproductive life, when the whole of such energies is required at the commencement of puberty, or at some later period of stress, for the maintenance of the routine vegetative functions of the body. A girl of limited bodily vigour is trained at a high school, with its accessories of prolonged mental tension and limited open air life, when nature remorselessly thrusts the further burden of puberty upon her. In a favoured few cases the recurrence of the period is suspended; the cycle of events in the organs of reproduction is arrested, and the bodily energies are still free to pursue for the present their former wont. Hard is the fate of those—and they are the larger moiety—in whom an irritable weakness of nerves prevents the salutary postponement of reproductive changes! We have the sad spectacle of vital forces used up in quicker ratio than their recuperation; and ere long exhausted nature demands the slackening of the stress of daily effort hitherto continuously made. If now a correct view of the *tout ensemble* be taken, the condition is remediable; but if the situation be not grasped, and unwise directions be given, the condition goes from bad to worse until a climax is ultimately reached when art is powerless to effect a *restitutio in integrum*.

(To be continued.)

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

BY J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from p. 397.)

3. Morphinism or the morphia habit, a very modern, insidious and fatal disease, is in some cases hereditary. A child may inherit from either parent a nervous system of unusual instability, and it is upon this favouring soil that morbid cravings, like ill weeds, may be planted and grow. Mental ability of a high order may co-exist with diseased tastes for drugs of even nauseous taste and odour. In the present day "chloralism" and "cocainism" are not rarely known to physicians, especially in the United States. In his efforts to obtain sleep, a drunkard flies to chloral, and becomes so dependent upon its hypnotic power, as to like it and eventually crave for it. Thus also with the tender, delicate woman who is "a martyr to neuralgia" and "finds salvation" in cocaine. More and more often are its anæsthetic effects sought—and as Shakespeare says "this way madness lies." We ought to inquire into the family peculiarities of any patient before *morphia*, *cocaine* or *chloral* is ordered—a contingency which is rare indeed in homœopathic practice. Immediate relief from pain is the urgent cry of sufferers, but we must be firm enough to our therapeutic principles to insist upon carrying out the "more excellent way" of removing the cause of pain by the *simile* or *simillimum*. Dr. Dörnberger in the *Wochenschrift* (Munich) for July 7th, 1891, reports a curious case of a neurotic girl of 11 years old, whose mother was extremely nervous, and addicted to the morphia-injection habit. At the age of two the child had been greatly terrified by a carriage accident, and had been affected with brain fever. After this illness, her disposition became excitable and violent, and she became subject to visual hallucination and sleeplessness. Most unwisely and recklessly her parents commenced injecting *morphia* at night, and pushed it to such an extent that six or seven hypodermic injections were given in a day. Yet such was the "tolerance" inherited from the mother's chronic morphinism that no real

sedative effect was produced. When placed under Dr. Dörnberger's charge, she was "emaciated, weak and languid, excitable, nervous and vicious, her memory and power of learning were impaired, the pupils were contracted and sluggish." After three months of treatment the symptoms of morphinism subsided, but headaches, almost daily, remained. After a few months the fanatical mother recommenced the hypodermic injections to relieve these pains, and the child relapsed into a hopeless *morphinomaniac*. It is time, it seems to me, that the sale of hypodermic syringes and solutions to the public should be stopped, except where positively prescribed by a medical man. I suppose this is utopian, but we can each do something towards the diminution of the evil by resolutely refusing to prescribe any of the above three anodynes, unless in a case of organic or malignant disease in the last stage when all our homœopathic remedies fail to relieve. Again, as in the case of alcoholism in females, I think that we have perhaps the best resource in treatment by suggestion, when in the hypnotic state, of a patient who has become morally weakened by the long and habitual use of any of these three drugs. Although there are therapeutic antidotes to all three poisons, and the process of rapid elimination can by a skilful physician be effected, once the patient is really under his control and guidance, yet the will-power is for a long time so diminished that a speedy relapse will follow (especially in females, and in those whose family history reveals insane tendencies) as soon as the individual has regained his or her usual diet and mode of life. Now I deprecate the giving up of the will to the operator in every case *where there is any other cure* for a disease or ailment. But the perverted will-power of the victim to *opium, chloral* or *cocaine* or other brain-destroying poison, is so depraved from its normal standard, that to subject it voluntarily to the authority of an honest, upright, pure-minded hypnotist, for the express and sole purpose of cure, is to restore it to some, at least, of its pristine usefulness. Many well-attested facts, recently recorded, prove that hypnotic treatment, carried out for a considerable period, has relieved the morbid cravings of chronic alcoholism and of morphinomania, and has re-established self-control in the patient, when it had seemed impossible by any other means. But the will of

the operator must be strongly fixed upon the one object of *curing the patient*, without producing any further stage of hypnotism (such as entire unconsciousness or somnambulism) than is absolutely necessary. And this treatment should *follow, not precede*, the remedial course of medicines, diet and exercise. The temptation so common in this over-driven, over-crammed, competitive, nervous generation, to the excessive use of anodynes and hypnotics, may thus be greatly diminished, and the next generation saved from this baneful inheritance.

4. Hereditary criminality and abnormal sexuality may be considered together. It is a sad fact that the perverted sexual craving which induces masturbation is often inherited, and has been exhibited by boys at even so early an age as five, according to Dr. Bernheim. Dr. Bernheim cured this patient at the age of eight by hypnotic suggestion. Another boy who had inherited this tendency (and not acquired it by example) Dr. Bernheim failed to cure by the same method. Doubtless the inherited cause is as often physical—a too long prepuce generally—as moral. A more prevalent custom of early circumcision than prevails among nations who are not Jews, would save many boys from acquiring this bad habit, which in later life leads to insanity. Let parents who fear any transmission of this vice to their offspring, observe chastity and self-respect in thought, word and reading during their married life, and train their sons and daughters when they are approaching puberty into this virtue, while delicately conveying to them the necessary physiological knowledge now generally withheld, from a mistaken prudery. Public *boarding* schools are not an unmixed blessing, and the symptoms of pallor, sallowness, lassitude, headaches, and constipation with restlessness during sleep in a boy at school should awake our inquiry and be appropriately treated. The mind must be occupied fully with worthy studies and reading, while the body is exercised in pure bracing air. It must be remembered that in a large family there are usually one or two children born with deficient mentality or morality, or perhaps with both below the standard. These need separate study on the part of both parent and teacher, and carefully adapted education. In such cases *cunning* is the first symptom of moral depravity shown and falsehood or theft the next. Punishment is necessary,

but must be accompanied by reasoning, by the explanation of the moral law, and by appeal to the natural love of the child for its parents. Could all parents be persuaded thus to act, in addition to setting a good example themselves, we should soon hear no more of that shame of our civilized nations "the criminal classes." The principal object of education should be, first to cultivate the morals of each individual of the nation, secondly his physical vigour, thirdly his intellect. And the nation is victorious or is vanquished in the struggle for natural existence, just as its citizens have enriched or have impoverished their treasure of hereditary morality. We have a notable instance of this in the dominant position of the Anglo-Saxon race. But, alas! we have ever before us the problem of the habitual and occasional criminal. As a certain old book says "Sin is lawlessness" (1 John III, 4, R.V.), and in spite of all our reforming agencies we have children born in our large cities trained to lawlessness from the earliest dawn of their intelligence. Prof. Cesare Lombroso has ably sketched for us the "criminal type" in his book "*L'Anthropologie Criminelle*." I condense his principal statements. The physical organisation of the habitual criminal shows him to belong to a degraded type of humanity, the product of hereditary degeneration. The stature is low; left-handedness is commoner than in honest men; in some cases the left hand being also longer than the right, and the stride of the left leg being greater. The head is small, the ears placed low down, and showing irregularities in shape; teeth irregular, and lower jaw larger than usual. The sensibility to pain and the acuteness of taste and smell is below the normal. Asymmetry of the thorax, and deficiency in the number of the vertebræ have been noticed. The brain on *post-mortem* examination, weighs less than the average. The cerebellum is larger in proportion to the cerebrum than in the normal type. Professor Benedikt of Vienna, an eminent criminal anthropologist, finds various anomalies of the cerebral convolutions in the brains of criminals. Among other peculiarities in the brain of Hugo Schenk, a notorious murderer of women (described in highly technical language by the learned *savant*) were: "the separation of the gyrus hippocampi from the lingual lobe by a fissure, instead of conjunction

by a wide bridge. This is abnormal, and points to a great disturbance in the balance of the constructive force. There is arrested development of the frontal lobe of the left hemisphere, with high development of the two central gyri. The parietal lobe is markedly hypoplastic, in contrast to the bulky development of the occipital lobe and adjacent parts of the second temporal gyrus. This unequal development of the various brain segments indicates defective cerebral equilibrium." Bearing in mind the abnormal sexuality of this murderer, and connecting it with the brain segments showing a preponderance of growth, Professor Benedikt concludes that "the most important seat of the cortical sexual instinct is in the *left occipito-temporal lobe*. The cranium was also asymmetrical, the occipital bone bulged downwards and the cranial sutures were almost obliterated."

There can be no doubt that children of criminals are born with a deficient physical, mental, and moral organization. Their intelligence takes the form of low cunning, evasion of law, decency, and duty; and they cannot resist temptation. Their heredity is bad, and their environment worse. These "gutter-children" are not educated, except in crime. But far be it from us to regard them, as the Italian School of Criminal Anthropologists do, as hopelessly irreclaimable. The statistics of Rescue and Prisoners' Aid Societies, and of the Salvation Army, show many undoubted reclamations of these unfortunates. To extinguish this terrible scourge of society—the habitual criminal—we must *catch the children young*, and, as Dr. Barnardo and Mrs. Birt and others (human saviours of society, the value of whose work is not yet recognised by us as a nation) are doing, train, educate lovingly, discipline, and remove them far away from their natal surroundings and influences. Bring out the good and repress the bad, in other words, in each nature. "They who trust us, educate us," says George Eliot, very finely, and the *trust* and *hope* given to the boys and girls trained by these Christian philanthropists are, next to religion, the most powerful levers in their elevation from a condition of semi-civilised savagery to that of self-respect and good conduct. Even the present adult criminals might be considerably diminished in numbers if the law permitted each one, after a certain

number of convictions, to be secluded for the rest of his natural life, and made to work for the benefit of the State. There is something defective in our classification of prisoners, for the criminal classes are continually being recruited by those who, in a first or second imprisonment, have been corrupted and hardened by older "gaol-birds."

(To be concluded in our next.)

NOTE ON PRIMARY CARCINOMA OF KIDNEY.

BY A. MIDGLEY CASH, M.D.

A. M., æt. 70, a tall, big-boned man, came under my care in October, 1891. He was a retired lay preacher, considered to be of gouty constitution, and had a depressed manner. He proved somewhat hypochondriacal, very closely watching his symptoms. At that time he complained of dyspeptic troubles, for which I prescribed *nux vom.*, by a course of which he was benefited. In December I saw him again. He complained of irregularity of the bowels, with flatulent distension, sometimes being relaxed, sometimes constipated, and again *nux* helped him. At the end of this month (December) he had his first attack of pain in the region of the spleen.

In February, 1892, he began to complain of a certain sense of fulness in the back of the neck, with a soreness and aching which was supposed to be of gouty or rheumatic origin; the pain under the left ribs was still occasionally felt, and he got an attack of hæmaturia just at the end of the month, when, besides the blood, which was not in very large quantity, some pus was also passed in the urine but no crystals. This was accompanied by an aching pain across the kidneys.

On March 11th he was seen, and still complained of various indefinite pains, and apparent dyspeptic symptoms. He attributed most of these to a chill he got while staying at Morthoe.

Another attack of hæmaturia shortly followed; the blood was intimately mixed with the urine. There was seen under the microscope tube casts, and large nucleated cells. Careful palpation at intervals, alone and in consultation, failed to find any tumour. No decided

symptoms of renal calculus, and no gravel up till now. A diagnosis of cancer of the left kidney was made.

Terebinth was given, and a non-nitrogenous diet prescribed. In two days the urine was clear of blood, and all the renal symptoms were easier. There was, however, a good deal of aching pain principally referred to the nape of the neck, the stomach and the spleen. For these pains he got *ceanothus americanus*, and in two days he was able to report himself much better.

Again on the 23rd a beef-tea like precipitate in the urine, and increase of renal pain marked a somewhat slighter attack of hæmaturia, for which *terebinth* was given.

On April 2nd, for the first time, uric acid crystals were found. The urine, which was exceedingly acid, was crowded with them.

Patient shortly began to get crises of gastric distress with gastrorrhœa of ropy mucous, provoking a violent spasmodic cough. Persisting rachialgia, with stiffness on bending in the nucha and great depression continued to be felt.

For a time the flow of gastric mucous and the cough were checked by the use of *kali bich.*, enabling patient to take and retain a little solid food. By the end of April some indistinctness in articulation was observed, due apparently to a partial paresis of the tongue, for which *caustic 3x* was given. Insomnia being troublesome from the pain in the spine, massage was tried. Its first effect was to give patient a good night's rest, but afterwards it seemed to aggravate the pain and was not continued. Through May he gradually lost flesh and strength, and the urine continued at intervals to contain uric acid crystals and albumin.

On June 17th he got his final attack of hæmaturia, the fourth within four months. A pint or more of dark grumous blood was rather rapidly passed, intimately mixed with the urine; the colour shortly changing from port wine to brown, and so fading back to natural. *Arnica* and *hamamelis* were given, and iced milk as food. By the 20th June the attack was quite over, but it left him pallid and sinking.

Numerous crystals as usual were found under the microscope. Death took place on the 22nd.

Section on the 23rd, twenty-two hours after death.

Putrefactive changes had begun; over the abdomen a green discoloration; the rigor mortis was passing off.

On opening the abdomen and turning aside the intestines, the spleen came into view. It was large, and its structure was soft and friable; in some parts almost diffuent.

Searching for the left kidney, a large hard tumour was felt, firmly attached to the spine, involving also the great abdominal blood vessels. This was firmly adherent to the bones and deep structures, and was only detached with considerable difficulty by cutting and tearing.

The tumour, when removed, was found to be the left kidney, which had become a carcinomatous mass, the size of two large clenched fists pressed together, weighing probably about 5 lbs. (I was unable exactly to ascertain this.) It cut up in dense solid sections, in some parts showing patches of fatty degeneration; here some cysts were visible, but little or no normal kidney tissue remained.

Some similar infiltration had begun in the right kidney, and also in the liver, when a large patch of the disease was found invading the normal structure. The tumour had become firmly adherent to all surrounding structures and glands; bones and blood-vessels were all matted together in the hard lobulated mass. There was no dropsy or jaundice. The gall bladder was moderately distended with bile. For some time past all work must have been done by the right kidney. This organ was enlarged and congested. Its capsule readily stripped off.

REMARKS.—The main interest of this case turns upon the question of the diagnosis. Before the advent of the hæmaturia, the symptoms were of a vague and undefined character, and were fairly interpreted by the constitutional dyscrasia of the patient. When, however, with the pain in the back and loins, blood intimately mixed with the urine, and casts of renal tubes were passed, the kidney fell under suspicion, and in the absence of gravel, &c., carcinomatous disease was probable. But later on the passing of abundant uric acid crystals chiefly corresponding with the attacks of hæmaturia, together with the lumbar pain, seemed decidedly to make for a renal calculus, fixed somewhere in the calyx of left kidney.

The pain in the back was noteworthy. Instead of being at the point of the special pressure, where the

tumour bore heavily upon the spine, it was up in the cervical region, where he always complained of stiffness and pain. Here there was probably set up some reflected meningitis of the cord. The lingual paresis had probably this for its origin. Niemeyer refers to the latency and gradual advance of this disease; also saying that there may be no lumbar pain during its course, and that pain, if it does exist, is not characteristic.

The absence of obvious swelling was accounted for by the depth of the abdominal cavity, and by the fact that the growth had increased upward, and was protected by the ribs.

Its presence accounted for the early left-sided pain, and no doubt largely also for the gastric and intestinal disorders, which more or less in some form accompanied its entire course.

Even though the cause was irremediable, it is satisfactory to reflect how much relief it was still possible to obtain by the use of the indicated remedies; *nux*, *ceanothus*, and *kali bichromicum* having been specially useful in treating the pain and gastro-intestinal disturbances, which the disease had set up.

Torquay.

BEDSIDE RECORDS.

By ALFRED E. HAWKES, M.D.

On Feb. 13th 1890, I was asked to see M. W., aged 26, a married woman who had received a kick. The story was that she had fallen downstairs as a result of the kick, and that she had begun to swell in consequence. She was thought to be three months advanced in pregnancy, and the swelling alluded to was not unnaturally set down by her attendant as associated with that condition. She suffered a good deal of abdominal pain, of a spasmodic character.

On vaginal examination the os was found to be far back nearly out of reach. *Arnica* 1.

Feb. 14th. It having been reported that there was considerable dysuria, a catheter was used and 132 oza. of urine were drawn off. It contained no albumen. The pulse was about 80, and the temperature sub-normal. She admitted that she had passed hardly

any urine since the 10th. On examination the enlarged uterus was much more easily felt, but the os was still high up. The posterior wall of vagina was much swollen.

Feb. 15th. To-day 125 ozs. of urine were withdrawn with the aid of a catheter.

Feb. 16th. Two quantities of urine amounting to 113 ozs. were withdrawn to-day, but the frequent use of the catheter was found to have caused some hæmorrhage.

Feb. 18th. No blood, no albumen, the urine reduced to 82 ozs.

Feb. 19th. Some cystitis exists, quantity of urine 34 ozs. *Canth.* 3.

The urine was not again excessive in quantity, the catheter was not needed after the 19th, and no albumen or pus existed after the 21st, and on March 1st she left the hospital to which she had been admitted three days after the accident.

These brief notes may serve to show how retention of urine may simulate graver conditions, and also to demonstrate the capacity of at least the bladder under consideration, for which the ward sister as well as the writer can vouch.

Liverpool.

July 13th, 1893.

UNDESCENDED TESTICLE—HERNIA— STRANGULATION—SPONTANEOUS REDUCTION— OPERATION.

By C. J. WILKINSON, M.R.C.S., Bolton-le-Moors.

I FIRST saw J. B. on July 8th, 1891, at the age of nine. He had on the right side a small undescended testicle, occupying the middle of the inguinal canal, irreducible either into the abdomen or scrotum. I ordered a horse-shoe truss with a protecting cover for the testicle, and afterwards tested it and found it efficient. The boy, however, outgrew this appliance, and it was replaced by another of different construction, which the event proved untrustworthy.

On January 24th, 1893, I was hurriedly sent for to

see him, and found that immediately upon suddenly stopping after a quick run down a steep grass slope, he had experienced great pain in the right groin, and had been found rolling on the floor of a water-closet and vomiting. Two and a-half hours after this accident I found him much collapsed, with a large hernia, in the body of which the testicle was lost. The hernia was tense, exquisitely painful, received no impulse from coughing, and was irreducible by such taxis as was allowable without an anæsthetic. The patient had already a dry tongue, a clammy skin, and a thready pulse. As children collapse rapidly under strangulated hernia, and as there was considerable certainty of a return even if reduction were possible, I telegraphed for a consultant, applied an ice-bag (full of cold water until ice could be obtained), and gave *arnica* in drop doses hourly.

About an hour after this treatment had been begun the pain rapidly diminished ; the patient fell asleep, and woke to find that the hernia had completely disappeared, the testicle remaining *in statu quo, ante bellum*. I wish that I could believe that the *propter* and the *post* between the treatment and the improvement were equally certain. Spontaneous reduction of strangulated herniæ is very rare, and certainly should not be waited upon.

The surgeon who saw this case with me on the day of the accident, taking the reduction of the hernia into consideration as well as the excellent condition of the patient, postponed operation for four days, in order to allow time for the disturbance to which the intestine had been exposed to abate. On the 24th the patient was anæsthetised, the pubes shaved, and the whole region carefully cleansed. An incision from the lower point of the testicle along the canal was made, the testicle isolated by ligature and removed, and all the tissues entering into the formation of the cord, including the vaginal process of the peritoneum, twisted several times upon themselves so as to make a twisted block lying in the canal and effectually preventing the descent of any abdominal contents at the internal ring. The wound was closed by six silk sutures, and a horse-hair drainage left. The dressing was of perchloride gauze, wood wool and pink mackintosh.

All went well till February 4, when the nurse sent me word late at night that the temperature had suddenly reached 102°, with a slight rigor. I found that the dressings had been accidentally soaked with urine up to the incision, and that there was tension from suppuration inside the wound. I therefore removed two stitches and the temperature at once fell to normal. Healing by first intention was now impossible, and perfect closure of the wound was delayed by the separation of two ligatures which long refused to come away with the discharge. Perhaps a cicatrix which has to support pressure is the better for being formed from healthy foundations if they can be allowed time for full consolidation.

The boy is now perfectly well, and there is not the slightest impulse transmitted from the internal ring on his coughing. He is, moreover, free from a misplaced organ peculiarly exposed to injury and specially susceptible to malignant disease in later life.

REVIEWS.

The Curability of Tumours by Medicines. By J. COMPTON BURNETT, M.D. 1893. London: The Homœopathic Publishing Company.

THIS is the latest of those interesting autobiographical fragments with which Dr. Burnett enriches our literature from time to time. When the last fasciculus has been issued, the whole series bound together may be fitly labelled *Apologia pro vita mea*, and will constitute a not unhandsome monument to the genius and originality of the author.

The present volume has all the virtues and all the defects of isolated work. Dr. Burnett's modes of treatment are blessed in their parent's eyes with ample and phenomenal powers; but it requires the accumulated criticism of independent tests, of widespread practice, and of varied instances during a certain lapse of time, ere the essential elements can be sifted from the merely contingent. Only that which can be repeatedly verified by others is permanently valuable in any scheme of practice; and we regret to note in this volume the absence of any contributory or confirmatory observation from other workers, which would indicate that, in however moderate a degree, Dr. Burnett had gathered round him a band of disciples as enthusiastic as himself.

In his well-known vivid and trenchant style, the author here

relates a large number of cases in which tumours have disappeared in course of time during internal therapeutic treatment. But, beyond the citation of a mass of details, we find no luminous exposition of any new method in the selection of the fittest therapeutic force, nor any potent means for effecting an insight into the mental processes by which, in each case, the drug was adjusted to the phases of the disease. The free dilution of the law of similars by "happy thoughts" is scarcely removed from the empiricism of the multitude. Unless the teachings of experience can be crystallized into abstract forms for the benefit of others, the results of work, however excellent, are transitory and ephemeral.

The slender character of the data assigned for differential diagnosis leaves very much to be desired, for, *pace* Dr. Burnett, the natural history of different types of tumours gives us most important facts for the forecast of the patient's future, and to ignore the fundamental differences between a rapidly growing round-celled sarcoma, a slow growing hard fibroid, a practically stationary dermoid cyst, and an oftentimes physiologically vanishing adenoma, is neither scientific nor helpful to the really valuable part of Dr. Burnett's therapeutic work. We require the determination of what types and stages of neoplasm, under what circumstances of bodily constitution, are likely to resist or to yield to appropriate therapeutic measures. Without this generalisation, much of our colleague's work, though very valuable to him as personal mental drill, is to others without form and void.

A more serious criticism of the author's methods is that in this volume no means are given for determining the proportion of successes to failures. The adjustment of this proportion is essential in the correct valuation of Dr. Burnett's methods. For it must be remembered that the absorption of time by therapeutic treatment often renders alternative measures more difficult or impossible. And this element of average probability is of prime value in advising that section of patients to whom time is of importance, who cannot afford to lead a life of chronic invalidism, and with whom those measures are most advisable that are most speedy. To many women the disfigurement of a large tumour is a bar to employment, and in such cases it is essential to know the relative chances of cure by drug treatment as against radical surgical measures. For the solution of this problem Dr. Burnett's statistics as published are of absolutely no avail, unless in all cases a cure has been effected—a consummation devoutly to be wished.

The author states that this is the *Magnum opus*, whose advent in the fulness of time was indicated in an earlier work.

We are loth to allow such a reflection upon the originality and mental grasp of our colleague. We might have had reason to expect, as the outcome of prolonged clinical study, some vitalising principle, some inspired generalisation which would amplify and develop the law of similars. But in the present work, with many evidences of immature construction, we find only a rehabilitation of crude conceptions, a re-statement of opinions not fully worked out, a vast array of facts without cohesion or sequence, and not the finished product of fact and induction which would have given the author an enduring title to fame. There is still very much to be set forth from a due study and digest of the author's material, and none so competent to do this as Dr. Burnett himself.

Apart from these considerations, we must cordially congratulate our colleague on the wealth of therapeutic result he has achieved in the treatment of tumours and tumour diseases. To many practitioners this will come with all the force of a new revelation, and the quietude of latter-day homœopathy needs to be stimulated by the bold initiative and ample result of original workers like Dr. Burnett. Only, let us not be content with the incomplete, nor subside into mutual admiration whilst our weapons are imperfect and our spurs still to be won.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Session was held on Thursday, June 1st, Dr. Galley Blackley (President) in the chair.

Dr. John Christopher Staley, of The Mount, St. Anne's-on-Sea, having been duly nominated, was elected a member by ballot.

Dr. E. A. Cook, of Richmond, read a paper entitled "Antiseptics, with Especial Reference to the Use of Ozone." Dr. Cook having referred to the antiquity of the subject and the various views expressed at different times as to the nature and action of antiseptics, combatted the view that it is necessary to kill all the germs. He said that it was now fully recognised that the white amœboid corpuscles of the blood were microbe destroyers, and they can only act best when individually in the best state of health. Every medicament which debilitates them acts in favour of the microbe, and no matter how deadly it may itself be to the microbe, cannot be a proper antiseptic on account of its debilitating influence on the phagocytes.

He would insist that there was a *vis antiseptis naturæ* as well as a *vis medicatrix naturæ*. Septic material was attacked (1) in the air, (2) in the body, (3) on the surface of the body. Dr. Cook showed from experimental research the futility of expecting *chloride of lime* or *carbolic acid* to act as an efficient disinfectant in the case of a London urinal in the quantities used. Having referred to the influence of various climates on wounds, he showed that wounds did best where the air was dry, and where every movement generated electricity and the electricity ozone. The ozonised air, besides being a disinfectant, was breathed, and invigorated the phagocytes, and made them more destructive to the microbes. He believed ozone to be Nature's own antiseptic. He next referred to the old ozonisers, and showed the advantage of those invented by Mr. Andrioli, and exhibited to the meeting by Messrs. Allen and Hanbury, and urged that they should be used in the wards of our hospitals. Mr. Andrioli's ozoniser consists of a glass plate, on one side of which is a sheet of tinfoil, on the other, a plate studded with numerous points. One side of the plate is connected with one pole from an induction coil or transformer, the other with the opposite pole. When the current passes the discharge takes place by glow (not sparks) from every point, and the air, or oxygen, passing over the points produces a quantity of ozone.

Some interesting additional information having been given by Mr. HANBURY,

Dr. BYRES MOIR said that a paper on almost similar lines was read before the Society, and Dr. Scott had written a paper in 1874, and published it in the *British Journal of Homœopathy*.

Dr. DUDGEON thought an important question was whether ozone could be generated in such quantities as to be employed as a disinfectant.

Mr. KNOX SHAW alluded to the practical difficulty of its application to the treatment of wounds.

Dr. HUGHES thought it would be a great thing to substitute Nature's own antiseptic for the poisonous germicides now in use. He was not sure that ozone was a true germicide, but a mere checker of putrefaction.

Dr. GOLDSBROUGH felt information was needed as to the quantity of ozone needed to produce an effect without producing pathological changes.

Dr. BURFORD thought the theory required as its correlative a more developed basis of experiment. He considered that to prevent bacteria from increasing was far better than the use of any antiseptic ever discovered.

The PRESIDENT (Dr. Blackley) agreed that it would be advantageous to do away with some of the very powerful antiseptics now in use. He had used with success *per-oxide of hydrogen*. He was interested in the mode of application of ozone. *Permanganate of potash* gave off nascent oxygen, but to be used in effective quantities was too expensive. It should be remembered that ozone was something more than pure air.

THE ANNUAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of the governors, donors, and subscribers of the hospital was held in the board room at the office, 35, Queen Square, on the 13th ult. In the unavoidable absence of Lord Ebury, the president of the hospital, the chair was taken by Mr. J. Pakenham Stilwell, the chairman of the Board, among those present being:—General Beynon, Mr. Sydney Gedge, Mr. W. H. Trapmann (acting treasurer), Dr. Dyce Brown, Captain Cundy, Dr. Byres Moir, Mr. Herman W. Tinné, Dr. Galley Blackley, Miss J. Durning-Smith, Dr. Richard Hughes, Miss Notcutt, Dr. Cooper, Miss Barton, Miss Isabella Barton, Mr. Laurie and Mrs. Willis.

After the meeting had been opened by prayer, the Secretary (Mr. G. A. Cross) read the forty-third annual report, which included a statement of the current financial position of the hospital and a report of the new building fund account. The Board have the gratification to report that the in- and out-patient work of the hospital will suffer no interruption, and the temporary hospital offers every promise of maintaining the most important in- and out-patient work of the hospital during the construction of the new building.

The chairman, in moving the adoption of the report, referred to the laying of the foundation stone of the new hospital, and then said: "With regard to the deficiency of £550, it really is £650—£100 having been taken from the reserve fund to supply a portion of that deficiency. I am sorry to say that £750 less was taken from the Nursing Institution last year than the year before. I should hope that this is only a temporary falling-off, and I must appeal to the medical profession generally to support us in our efforts to obtain funds from this nursing institution for the work of the hospital. Their recommendations of our Nursing Institute are very valuable.

We gladly second this appeal of the chairman. The nurses of the London Homœopathic Hospital have in the past been inferior to none in skill and character. We believe we can

say for our fellow practitioners that as long as the quality of the nursing and the character of the nurses is maintained the demand for their services will not seriously or permanently fall off. We believe and hope that our readers feel it a duty and a pleasure to support this branch of the hospital, as it is certainly to their advantage to do.

PERISCOPE.

MATERIA MEDICA.

APIS VIRUS.—"A bee stung me on the helix of my left ear one hot June day. I give the symptoms in the order of their sequence, as far as the brain remained clear enough to note them. 1. Sensation as though a large stick like a broom handle were thrust through my head from left to right. 2. Swelling of the entire person. 3. Eruption like a nettle-rash covering the entire surface, even the palms of the hands and the soles of the feet. 4. Severe nervous chill, with chattering of teeth and shivering, but without sensation of cold. 5. Complete suppression of urine with pain in the kidneys and bladder. 6. Dull pain in the entire head, with sensation of weariness of the brain, and a stupid condition with inability to note symptoms further. (At this juncture my husband administered a gill of Holland gin. I had taken a sponge bath of ammonia and water. Was placed in bed.) Secondary symptoms: After a restless sleep noted the following conditions: 1. Retention of urine, followed after a few hours by a scanty discharge of red, hot urine. Pain and soreness in the region of the kidneys, bladder and ovaries. 2. Eruption disappeared, leaving the skin white, waxy, and a condition of general cedema. 3. Extreme sensitiveness to touch and soreness on deep pressure. 4. Brain symptoms slowly relieved. 5. Soreness of muscles and stiffness of joints, like rheumatism. At the end of a week was restored to normal condition."—Julia C. Jump, M.D., *North American Journal of Homoeopathy*, May, 1898.

CARBOLIC ACID.—An Italian tailor swallowed by mistake 80 grammes of carbolic acid. Dr. Moreit, of Ancona, using a rubber catheter, immediately introduced by slow degrees into the patient's stomach a strong solution of sulphate of soda, which forms with carbolic acid a harmless mixture. In an hour's time, the patient, who had been in a most critical condition, began to revive. Inhalations of ammonia were then used to hasten up the process, and little by little the poisoned man rallied so that an emetic, followed by a dose of lime water, finished the cure.—*New York Medical Times*.

FLUORIDE OF SODIUM.—Pitotti (*Bull. delle Sci. Med.*, January, 1898) has made a study of this question, and finds that animals can be prepared by gradual dosing to tolerate without any difficulty doses of sodium fluoride in neutral solution which would be decidedly toxic at first, and this without any sensible alteration in either their tissues or blood. After a time, however, they become wasted, and their blood is diminished in corpuscular richness. In acute poisoning there is observed to be degeneration of the renal epithelium, especially of the convoluted tubules and Henle's loops, the tubes sometimes being blocked with *debris* of cells, There is, besides, diffuse fatty degeneration of the liver, and a granular appearance in the cells generally. The nervous system shows no histological changes, although the altered function during life might have led one to anticipate the occurrence of some change. The gastro-intestinal tract is also free from change save for a dilatation of its blood vessels. Injected under the skin, a 1 per cent. solution produces great irritation and hæmorrhage into the deep layers of the dermis. In acid solution sodium fluoride is more toxic than in neutral solution, and if the poisoning is subacute there is an enlargement of all the lymphatic glands of the body.—*British Medical Journal*.

MERCURY.—Sior (*Berl. klin. Woch.*, December 26th, 1892) relates some quite unexpected results of the calomel treatment in hypertrophic cirrhosis of the liver. A man, aged 30, began to suffer nine months previously from jaundice, which steadily increased and was accompanied by much loss of strength. On admission he was deeply jaundiced. The liver was much enlarged; the hepatic dulness began at the fourth rib, and the liver could be felt three finger-breadths below the costal margin in the nipple line. The surface was regular, somewhat hard, and not tender. The spleen was enlarged. There was no ascites or œdema. The urine was deeply bile stained, but the stools were not completely colourless. The temperature rose slightly in the evening. There was no history of alcohol. Various forms of treatment, including *potassic iodide*, were tried for a month, but without the slightest benefit. The patient was then given *calomel*, in doses of 0.05 g. six times a day for three days, the drug being then omitted for the three following days. From this time the patient's condition commenced to improve in a remarkable fashion. The jaundice soon began to diminish, and the appetite was better. Eventually even the liver became less in size, as well as the spleen. At the time of his discharge, after three months of such treatment, the jaundice had disappeared, there was no bile pigment in the urine, and the stools were pale-yellow in

colour. The liver only extended one finger's breadth below the ribs in the nipple line, the upper limit of the dulness beginning at the sixth rib. The nutrition was excellent, and the strength good. The treatment was to be continued at home. The author then establishes the correctness of the diagnosis, and shows that the hepatic affection was not the result either of obstruction of the common bile duct, or of syphilis, or of hydatid disease. He refers to the view of this form of cirrhosis being due to catarrh of the bile channels, with polycholia.—*British Medical Journal*.

SUBLIMATE POISONING.—The over-addiction of German surgeons to the use of corrosive sublimate is beginning to show results in unexpected places. Professor Albert, of Vienna, after suffering acutely for a long time from dyspepsia, for which he could assign no cause, was suddenly struck with the thought that an explanation of his complaint might be sought in the corrosive sublimate which he was in the habit of using freely. This surmise proved to be quite accurate. The urine was found to contain a comparatively large proportion of mercurial salts, and the fact that the professor lost three teeth, previously all perfectly sound, within a short time added further proof to his suspicion that he was suffering from mercurial poisoning. The death of another prominent German surgeon is attributed to nephritis caused by the habitual application, in the deceased's practice, of the sublimate antiseptic treatment.—*Magazine of Pharmacy*.

GNAPHALIUM.—Dr. Clarke, in his little brochure on *Rheumatism*, refers to this remedy, giving as the symptom which differentiates it from other medicines indicated in sciatica "a feeling of numbness in the limbs during the intervals of pain." In *The Hahnemannian Monthly* (April), Dr. Macdonald records a case of sciatica successfully treated with it occurring in a lady 65 years of age, who, as he says, "had received, as nearly all such patients do, a very thorough course of medication, all the way from athlophorous (*sic*), until she was temporarily deaf, to quinine in twenty grain doses, until the church and fire bells were ringing all the time." The attack had lasted for three months, commencing in the hip, it settled in the calf of the leg where, with an occasional return to its original position, it remained, and seemed to be of the nature of cramp. Either heat or cold increased it. There was occasional pain between the tuber ischii and the anus which specular examination of the rectum failed to account for. Profuse sweating was frequent during the intermissions of pain, and the patient was nervous almost to the degree of hysteria. Ten drops of *gnaphalium* were given in water every four hours. After the first day there was no return of pain. Half this dose was

given for a week, when it was discontinued. A month later the pain returned two or three times in a modified form, and on each occasion ceased entirely after a single dose of ten drops. Another case is mentioned by Dr. Macdonald, where, as a result of an injury and subsequent exposure in a man 85 years of age, intense pain was felt along the sciatic nerve. *Phenacetine* and *salol* had been taken for two days before Dr. Macdonald saw him. *Gnaphalium* was then given, and the relief was prompt and permanent.

Dr. W. E. Leonard, of Minneapolis, writing in the *Medical* mentions *xanthoxylum* as especially useful in pain in the anterior crural nerve which becomes "worse in hot weather."

COCAINE.—Guénel (*Gaz. Méd. de Nantes*, February 12th) reports the following observation: In treating a case of cracked nipple with a 1 in 50 solution of *hydrochlorate of cocaine*, he found that the secretion of milk was stopped by the application. The breasts became flaccid, and the nipples lost their erectility. The functional activity of the breast was restored on discontinuing the use of *cocaine*.

POISONING BY METHYL-BLUE.—Dr. Dryewicki reports a case of poisoning by *methyl-blue*, in which the stress of the symptoms appeared in the urinary system. The patient took for an enlarged spleen and attacks of fever three or four powders daily, each containing 0.20 grain of *methyl-blue*. The urine gradually became more and more coloured till from being green it became quite blue; the stools also were of a greenish colour. Pain in the abdomen and strangury ensued; also diarrhœa. On the third day of taking the powders the desire to urinate was urgent and uncontrollable, there was great cutting pain, and the last drops passed were pure blood. The pain was especially marked at the end of the penis. Stools several times daily with tenesmus without pain. The desire to micturate was accompanied with the desire to defæcate, but this latter symptom disappeared after micturition.—*Medical Record*, Feb., 1893.

MEDICINE.

ON THE VALUE OF INTERNAL MEDICATION IN TREATMENT OF MALIGNANT DISEASE.—Dr. Jarvis S. Wight, of Brooklyn, discusses in the *Annals of Surgery* (April, 1893) the question whether medicine, administered internally, can be of any use in preventing and curing cancer and sarcoma. He regards cancer and sarcoma as "local affections at their outset," and inclines to the theory that "these diseases are caused by the presence and the action of some, as yet, unknown micro-organism." He further expresses the opinion that "in

the early stage of cancer infection, a complete and thorough exsection of the implicated part or structure will, as a rule, give, or tend to give, immunity. This will be so if we can find any medicine that will destroy the outlying colonies of infection." It is interesting to find an old school Professor of operative and clinical surgery working on these lines and a *resumé* of his paper will be an instructive supplement to the Bayes lectures, lately delivered at the London Homœopathic Hospital by Dr. Burford. Dr. Wight has been working in this direction; he has medicated in conjunction with operative procedures; and in those cases where operation was impossible he has administered various drugs. *Bichloride of mercury* he used largely in both sarcoma and cancer apparently without any benefit. He found the *iodide of iron* negative in its action, and obtained no results in sarcoma by the use of the *muriated tincture of iron*. He combined the *muriated tincture of iron* and the *mercuric chloride*, and thought that sarcoma was sometimes mitigated in the severity of its course. The readers of the *Review* will be more interested to hear what Dr. Wight's experience has been of remedies more closely connected with the therapeutics of our school. Of *iodide of arsenic* he says: "I have given the *iodide of arsenic* extensively, alone and in combination with the *iodide of iron* and the *iodide of potassium*. The following prescription is one that I can recommend:—

R

Arsen. iod.	...	...	...	gr. i.
Potass. iod.	...	...	...	3 ij.
Syr. fer. iod.	...	...	...	3 iv.
Tr. calumb.	...	...	...	3 xxiv.

M. *Sig.* Take a teaspoonful after meals in a wineglass of water*.

The *iodide of arsenic* alone has not acted as well as the above combination. Yet it is just to say that no very marked control has been obtained over cancer and sarcoma by the *iodide of arsenic*. This remedy, in some cases, has appeared to be useful. Combined, as above indicated, it has cured enlargements of apparently doubtful nature, and so I have called them syphilitic." One author here appears to be anxious to explain away, by questioning his diagnosis, what appear to have been definite curative or ameliorative results. Having had some years' satisfactory practical experience of the efficacy of *carbonate of lime* and *bromide of arsenic* in the treatment of boils and carbuncles, and believing that they have the power

* The dose of arsen. iod. would therefore be about $\frac{1}{16}$ th gr.

to destroy the micro-organisms that were the irritants in these cases, Dr. Wight was led to prescribe these drugs in the treatment of cancer and sarcoma. Not only in cases he had operated on, but in inoperable cases he gave the *bromide of arsenic* and the *carbonate of lime*; the former in $\frac{1}{10}$ th to $\frac{1}{10}$ th gr. doses after meals; the latter in 5 to 10 gr. doses in *tincture of calumba* before meals. He says, "In many cases coming under the head of sarcoma, there was quite a rapid tendency towards a cure, and this was generally permanent. Large deposits as a rule would not yield, but excision of the enlargement was often followed by a sure cure. As to cases affecting bone, osteo-sarcoma, the treatment was not so favourable, yet, even then, the disease was more or less retarded in its progress, and it would seem as if these remedies were competent to remove small deposits or small points of infection in the vicinity of the neoplasm which had been excised." "I have seen some cases yield at once to the treatment I have brought forward, and I have seen other cases also that would yield only slowly and under large doses of the *bromide of arsenic*, and there are other cases still that defy the action of all drugs." Dr. Wight has obtained good results with other preparations of *arsenic*, but the best with the *bromide*. His point is this: "Give the *bromide of arsenic* to all patients as soon as they come under your care, and continue the use of this remedy for a long time after the operation." He gives his results in the following words: "A considerable number of cases of cancer operated upon by me then, four or five years ago, and then treated for a time, say from six to twelve months, have been completely restored to health, and the scar of the operation is now in every way just as normal as it would be if we had union of a wound of perfectly healthy tissue. In none of these cases, so far as I now remember, did the microscope fail to confirm the diagnosis."

In these inoperable cases in which *bromide of arsenic* was given he is reasonably certain that the progress of the disease has been modified and its severity mitigated. In one case, for several months the patient was so relieved of her pain after she began to take the *bromide of arsenic* that she left off the use of *morphine* internally and *cocaine* externally. In other cases of cancer of internal organs the remedy brought relief and prolongation of life.

Dr. Wight judges the internal treatment of sarcoma to be more successful than that of cancer, and that in the treatment of sarcoma he finds the addition of the *carbonate of lime* helpful, but is not so sure of this in cancer. Though not in

this paper under notice, it will be of interest to record, as additional evidence of the influence of *arsenic* in cancer, that Professor Lassar presented before the Berlin Medical Society two cases of cutaneous cancer, where *arsenic* (Fowler's solution), either internally or subcutaneously, produced a complete cure. No surgical measures were taken, hence the whole credit is to be ascribed to *arsenic* alone. He also refers to a third case where a similar result was obtained.—*Annals of Surgery*.

LARYNGOLOGY, &c.

THE TREATMENT OF ULCERATIVE LESIONS IN LARYNGEAL TUBERCULOSIS (*Lancet*, March 11, 1893).—Felix Semon. The author strongly recommends the local treatment with *lactic acid*, and the internal treatment by large doses of *creasote*. The latter must be pure, and is administered in m i doses, in pills or capsules, thrice daily after meals, the number of capsules being increased until the patient takes as many as twelve or even fifteen daily. The *lactic acid* is applied by means of absorbent wool wrapped round rectangular forceps, and rubbed with a fair amount of force into the floor of the ulcers. All granulation tissues are scraped away with the curette.

PETROLEUM IN DIPHTHERIA (*Lancet*, March 25th, 1893).—Out of 80 cases treated by Dr. Flahaut in the better-known ways (*carbolic acid*, *sublimat*e, *salicylic acid*, &c.), nine died. In the next 40 cases he adopted local applications of *petroleum*, by means of throat brushes, every hour or two, according to the severity of the case, and all recovered. The application is said not to be painful, but the smell and taste is unpleasant.

NEW AND SAFE METHOD OF CUTTING ŒSOPHAGEAL STRICTURES. Abbe, R. (*New York Medical Record*, February 25th, 1893).—By means of a gastrotomy opening a bougie is passed up the œsophagus (often possible from below, when, because of pouching, it is impossible from above). The bougie is made to emerge from the mouth, where it is withdrawn, bringing with it the end of a string of heavily-braided ligature silk previously fastened to its lower extremity. The two ends of the string are drawn tightly upwards and downwards so as to press and cut through the dense tissue forming the stricture, while a large bougie is passed up at the same time. A very striking case is narrated in which things went on so well that the gastric fistula was closed by operation eight weeks after gastrotomy, the patient being able to pass large bougies and to swallow naturally.

NOTABILIA.

FOLKESTONE HOMŒOPATHIC DISPENSARY.

THE third annual report of this institution shows gratifying progress. The increase of patients during the year has been 88, and the subscription list has extended from £11 16s. in 1891 to £28 16s. 2d. in 1892. The total number of patients under treatment, 432. Thirty-eight of these were attended in their own homes, to whom a total of 160 visits were paid; the remaining 394 attended at the dispensary, showing consultations amounting to 1,958. There has been only one death during the year. There was, however, also a case of cancer of the liver, which on becoming worse had to seek admission to a hospital, where he died.

This illustrates the need which the committee has always felt of having a bed or beds for the reception of such cases, and they hope that at some time not far distant a cottage hospital may be added to the dispensary.

Physician, Dr. MURRAY.

SUTTON HOMŒOPATHIC DISPENSARY.

WE have pleasure in announcing the opening of a Homœopathic Dispensary at 92, High Street, Sutton, Surrey. Dr. Moir is consulting physician, Mr. Knox Shaw consulting surgeon, and Dr. Andrew M. Neatby medical officer to the new institution, to which we wish every success.

JUBILEE OF THE BRITISH HOMŒOPATHIC
SOCIETY.

THE election of the officers of the British Homœopathic Society had a peculiar significance this year, owing to the fact that the session 1893-1894 represents the jubilee of the Society. Founded in 1844, by Quin, on the anniversary of Hahnemann's birth, the Society will, next April, have completed its fiftieth year. After the lapse of half a century it enters upon its jubilee session with a largely increased membership, and with the life and vigour that actuates so many of the veteran exponents of homœopathy. Grey hairs and advancing years do not seem in the least to dull the earnestness and enthusiasm of some of the trusted and valued workers in the homœopathic cause, and the British Homœopathic Society vies with them in endeavouring to learn the secret of perpetual youth. Though we can still count several men who have given half a century of their labour to the advancement of the doctrine of the law of similars, there

remains but one living of those who, with Quin, were the original founders of the British Homœopathic Society. Mr. Hugh Cameron has rendered one more service to homœopathy by acceding to the unanimously expressed wish of those present at the annual assembly of the Society to become its president for the ensuing session. Mr. Cameron has unostentatiously done much good work for homœopathy, and owing to his retirement from active practice may not be so well-known to the younger members of the Society. But his courteous and sympathetic manner, and the charm of his continued interest in all that concerns homœopathy, endears him to all who have the privilege of his acquaintance.

Dr. Madden and Dr. Goldsbrough were at the same meeting elected vice-presidents of the Society, and Dr. Galley Blackley treasurer.

AMERICAN NOTES.

The journals received this month contain abstracts of a portion of the proceedings of the World's Homœopathic Medical Congress, to which we referred last month. The *North American Journal of Homœopathy* says that "the importance of this gathering to homœopathy was perhaps greater than that of any other international meeting for years." This is as it should be, and demonstrates healthy progress. "The spirit of the Congress," writes the same journal, "was marked. It was liberal, tolerant, and progressive, but held firmly to homœopathic therapeutic truths, and evinced no disposition to seek any surreptitious or entangling alliances with the old school. The Congress, representative in composition, judicial in deliberation, calm and temperate in expression, tolerant in opinion, firm in its beliefs, brilliant in debate, dignified in action, was a credit to the great homœopathic school, and will go on record as the most successful medical gathering of the year." This is gratifying.

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At the opening meeting, on the 29th of May, several addresses were delivered. Dr. J. H. McClelland, the President of the American Institute of Homœopathy, in the course of that he delivered, said, "This Congress, let me suggest, stands for more than a report upon the medical sciences in general, great and as important as they are; it stands for a reformation in the science of therapeutics, more far-reaching and important than any of modern or ancient times. While this great exhibit represents the advance in every branch of human knowledge since Columbus touched these shores, 400 years ago, this Congress will set forth, in some measure, the advance

of medicine since Hahnemann, a veritable Columbus in medicine, made his discoveries a single century since ; and I am not overstating when I say our changes are equally great. Not only in the interest of this great principle alluded to, however, are we assembled here this evening, but for the advancement of each and every branch of our beloved art ; and we commit this great task to the Congress now assembled."

* * * * *

Dr. Mitchell, the active and energetic chairman of the committee which took in hand the arrangement of the Congress, was its president, and, in that capacity, delivered an introductory address, in the course of which he thus described the progress that homœopathy has made : " Steadily, almost imperceptibly, homœopathy has forced its way into all forms of medical belief. It has modified the practice of the old school, compelling it to make its drug-form more minute and palatable, and even to admit in a guarded way its cardinal virtues. Homœopathy has stood the fiercest of all tests—time. Medical liberty is as sacred as political or religious liberty ; every encroachment on it must be faithfully and zealously resisted by those who are entrusted with its preservation. The profession of medicine has but one stigma upon her, and that is her persecution of homœopathy. Most of this opposition is based upon misunderstanding. Hahnemann was a full century in advance of his time ; had homœopathy been sprung upon the medical profession of to-day, it would have eagerly seized it, and investigated it with a calm judicial spirit never yet manifested. Hahnemann was the first and greatest artist medicine has yet seen. He recognised the eternal fitness of everything human. In his abstraction from the crude and everything coarse, he was far in advance of his age, hence medicine must yet come to him for inspiration. Homœopathy stands pre-eminently fitted to adapt itself to the finer adjustments that are coming in all directions. It will blend with all valuable developments that the medicine of the future will evolve for its basis of truth."

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Other addresses were delivered by Dr. Hawkes, of Liverpool, who referred chiefly to the condition of homœopathy in England. On a subsequent occasion Dr. Molson—with whose name the compositor of one journal takes a ludicrous liberty, representing him as Dr. Malstrom—spoke on the same topic. Dr. Bojanus (from Russia), Dr. Majumdar (of Calcutta), and Dr. Julia Smith also addressed the opening meeting. The lady, among other good things, said that "in

the eyes of the men who cherish us our only duty is to be sweet." And we may add, a very important duty it is; and, moreover, when well and thoroughly performed its results are very influential! We trust that our girl graduates will always retain that sweetness which is theirs by nature.

* * * *

One of the most important of the addresses was that prepared by Dr. Hughes on "The Further Improvement of our Materia Medica." This was read on the second day. After pointing out what we have gained in materia medica by the *Cyclopedia of Drug Pathogenesis* and Dr. Dudgeon's translation of the *Materia Medica Pura*, he turned to what remained to be done for materia medica, first of all dwelling upon what ought not to be done. He protested against the schema, arguing that for readiness of reference an index alone was needed, and that symptoms divorced from their sequence and concomitants often conveyed a false idea as to the pathogenetic action of drugs, rendering the schema misleading as well as unnecessary. He also criticised adversely the plans of constructing our materia medica advocated by Boston and Baltimore. He further denounced the intermingling of clinical symptoms with such as are purely pathogenetic. The latter, he concluded, should be kept untainted with matter of clinical kind. Not that he undervalued the *usus in morbis* or despised therapeutic suggestions, but that they should be kept separate from pure pathogenesis. Symptomatology should stand alone, and be supplemented by commentaries elucidating its text, a work to which he earnestly and specially invited the neurologists, aurists, oculists, and gynæcologists. The address was, in the absence of Dr. Hughes, read by Dr. Runnels, of Indianapolis. An animated discussion followed, during which, we are told by the *North American Journal of Homæopathy* (where the paper appears *in extenso*) the author's views were vigorously attacked by Drs. J. P. Dake, Conrad Wesselhoft, T. F. Allen, and A. C. Hawkes, of Liverpool. We regret that we have no record of this onslaught, but having none, we are unable to gauge its value and effectiveness.

* * * *

Dr. Helmuth displayed his earnestness in, and enthusiasm for, surgery in an address on *Surgery in the Homœopathic School*, Dr. Dake discoursed on *The Future of Homœopathy*, Dr. Talbot on *Medical Education*, Dr. Phillips, of Boston, on *Homœopathy in Gynæcology*, and Dr. T. F. Allen on *The Selection of Homœopathic Remedies*, in which he urged the great importance of materia medica, and in closing the discussion, said, "I want to ask a question. What are you doing for our

materia medica? Do you work or do you play billiards? If you would all work half an hour a day, I think not one of you realises the amount of work you would do. For heaven's sake do something. It seems to me that most of you would have a few of us cut up your meat and put it in your mouths. Wake up and do something."

It would do us all good here in England if we would regard this emphatic call to duty as addressed to ourselves.

* * * *

It will be within the recollection of our readers that last year a committee was appointed at the meeting of the Medical Institute to arrange for the erection of a statue of Hahnemann in Washington, as a memorial of the Columbian year. A model of the proposed statue was placed on the platform of the meeting of Congress. It is to be erected as soon as the funds come in. These funds seem to hang fire very much; considering that America is the land of dollars and of homœopaths, we may say very much indeed. A hundred thousand are asked for, and, so far, hardly five thousand have been promised.

* * * *

Mr. Ernest Hart has been in Chicago stirring up the people on the impure nature of their water supply. In an address before the Chicago Medical Society he demonstrated the dangerously unwholesome character of the water supplied to the grounds of the World's Fair, that derived from fountains labelled "Sterilised Water" being as full of bacteria as any other. Four times as much water was, he said, passed through the sewers into the town as was being pumped out of the Chicago river, and all this polluted sewage was therefore being poured into the lake whence Chicago draws its water supply. At the same time Mr. Hart said that Lake Michigan, unfouled by sewage, presented a very pure source of water supply. Thereupon the *Chicago Herald* gives as "head lines" to the report of Mr. Hart's paper such as the following: "The Best Fluid on Earth," "Ernest Hart concludes that the Supply from Lake Michigan is the Purest in the World." Some of the Chicago newspaper men are beyond question the "finest blowers" in the universe!

* * * *

The *Chicago Inter Ocean* has the following interesting and instructive story in a recent number:—Last autumn certain Chicago physicians urged all old school physicians to vote against Governor Fifer because he had appointed a homœopath, against whose qualifications no fault could be found, as surgeon-general of the National Guard, and pledged Judge

Altgeld to a higher appreciation of their school if he were elected Governor. He was elected, and now Dr. Vincent, the father of the surgeon-general, has been appointed by Governor Altgeld and the State Board of Health a member of that board, while his fellow members have chosen him as their President! Anti-homœopathy wire pulling doesn't seem to pay in Chicago, but rather the reverse.

* * * *

During the month of May the Ladies' Aid Association of the Rhode Island Homœopathic Hospital honoured themselves by recognising the untiring devotion of Dr. Talbot, of Boston, to hospital work and hospital extension in holding a reception in his honour at the Trocadero Hotel, Providence. Addresses were delivered on "Hospital Work as a Typical Philanthropic Work"; on "The Origin and Growth of Hospital Work"; on "The Citizen and the Hospital," and, finally, by Dr. Talbot, on "The Needs and Helps in Hospital Work." As a practical result of the gathering \$4,000 were raised in aid of the hospital

ANNUAL HOMŒOPATHIC CONGRESS.

THE Congress will this year be held in Northampton on Thursday, the 28th of September. Papers are to be read by Dr. Pope, Dr. Edwin A. Neatby and Dr. Cash Reed. The circular will be in the hands of our colleagues by this time. In it full particulars are given, with the reason for the unavoidable change of day from the 21st to the 28th.

DR. ROBERTS BARTHOLOW.

WE learn with much pleasure, from the *New York Medical Times*, that this distinguished Professor of Materia Medica, whose serious mental breakdown, early in 1892, occasioned such genuine sorrow to all earnest cultivators of therapeutics, is now perfectly restored to health, both in mind and body, and is again practising his profession.

MEDICAL INCOMES.

THE *New York Medical Times* (July) informs us that "from the official returns of the Director-General of Direct Taxes it appears that the medical profession occupies the lowest position of all the professions in point of income. The notaries come first, advocates next, engineers and architects are a good third, and last of all come the doctors, with an average of professional earnings of little more than half that of notaries." A similar inquiry in England would reveal

some startling truths, amply sufficient to make many a young man hesitate before entering at a medical school. Some time ago the yearly report of the medical officer of one of the new-fangled arrangements, known as medical institutes, for sweating members of the medical profession for the benefit of the so-called "working classes," appeared in a provincial newspaper. The income given to the doctor was £200 in cash—£50 of which represented 100 midwifery fees and £30 for the use of a part of an ill-drained and inconvenient house in a back street. During the year, his professional engagements, on behalf of the 4,000 members of this medical institute, numbered 19,500! Of these, 100 were obstetric; 6,500 visits at the patients' dwellings; 80 surgical operations; the remainder were consultations at the surgery, examination of candidates, tooth drawing, and so on. Being worked out, this gives a professional payment of 2½d. for the performance of each professional duty!

OBITUARY.

J. KAFKA, M.D.

THE *Revue Homœopathique Belge* (June) informs us of the recent death at Prague of Dr. Kafka, who had resided there since 1846, and had been known as practising medicine homœopathically since 1850 or 1851.

Dr. Kafka graduated at the University of Vienna in 1836. He commenced the active exercise of his profession at Metnik, a small town in Austria, removing in 1846 to Prague. An epidemic of croup occurred in that city in 1850, and baffled all the resources of the therapeutic methods of the time. During its course, Kafka was visited by an old fellow-student who had studied homœopathy, and who now induced him to test the value of the remedies it suggested in meeting the disease which was causing so much consternation. Doing so successfully, he was persuaded by the same friend to make a systematic and experimental study of Hahnemann's doctrine. From this time he practised homœopathically, and constantly exerted himself to promote the further knowledge of the great truths he had thus been led to adopt as the basis of his therapeutics.

His earliest contributions to medical literature, which were ever of a practical character, were made to a monthly journal published at Prague by Dr. Altschul, afterwards to Hirschel's *Neue Zeitschrift für Homöopathische Klinik*, which was pub-

lished at Dresden, and then to the *Allgemeine Homöopathische Zeitung*, of Leipsic, of which he was from 1871 to 1876 the editor.

The work by which Dr. Kafka will be best remembered by Continental physicians, he published in two volumes, between 1865 and 1869, entitled *Die Homöopathische Therapie auf Grundlage der Physiologischen Schule; ein Practischen Handbuch für Aertze, welche die homöopathische Heilmethode kennen lernen und am Krankbette versuchen wollen*. From a pathological and clinical point of view this important contribution to medical literature was thoroughly up to date in its scientific details; while therapeutically, the indications for remedies are given with great completeness, and he is no less careful and thorough when treating of the diet and regimen needed in each form of disease, and in pointing out the conditions in which the different kinds of mineral waters have been found useful. "It is," says Dr. Marting, in the *Revue Homœopathique Belge*, "a work which was prepared not by a theorising physician in his study, but by a skilful practitioner at the bedside."

For a long series of years his practice at Prague was most extensive, and his *clientèle* one of the most influential character. His death occurred on April 30th, in the 85th year of his age.

His son, Dr. Theodore Kafka, is a physician practising homœopathy at Carlsbad, where he has resided for many years.

CORRESPONDENCE.

THE DATA OF "MEDICAL ETHICS."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Now that Mr. Knox Shaw has accepted the chief responsibility for the circular-and-post-card expedient (which, in my opinion, Dr. Dyce Brown has very fitly characterised), and has sought to defend it on the lofty ground of "ethics," it may be not unprofitable to enquire just what "ethics" is. "Ethics" is the science of right conduct, but Mr. Shaw, when he speaks of "ethics," evidently refers to "medical ethics," and thus confounds two entirely different things: "Medical ethics" is no science at all; it is merely another name for "medical etiquette," or something even less dignified than that. "Medical ethics" is the voice of the medical "Mrs. Grundy,"

as represented mainly by the *British Medical Journal*, if that periodical may not even claim to have invented it. It has nothing whatever to do with the essential right and wrong in conduct, but only indicates the prevailing sentiment of the dominant sect in the profession as to what is expedient from the standpoint of its own interests. To judge by the "medico-ethical" column of the *British Medical Journal*, the first object of "medical ethics" appears to be to prevent allopaths from cribbing one another's patients (which they would seem to be always endeavouring to do); and the second, to prevent members of the British Medical Association from having professional relations with honest homœopaths, though it has no objection to their associating with dishonest ones, who traduce Hahnemann, whilst they are making their reputations by appropriating the fruits of his labours. In the name of "medical ethics," homœopaths have been turned out of societies and denied all the civilities of professional life; and now we are gravely asked to shape our conduct according to the bidding of the eminent authority, which has inspired every species of injustice to which homœopaths have been subjected! I have heard of turning the cheek to the smiter, but this is something very different—it is blacking the boots of the kicker—and no previous ethical authority that I ever heard of was so "ethically developed" as to recommend this.

Whilst fully allowing the goodness of Mr. Shaw's intentions, I must enter my protest, along with that of Dr. Dyce Brown and others, against both his policy and his methods. In homœopathy we have a public trust. We owe nothing of it to the profession, which has done its best to prevent our learning anything about it, and which slanders it day by day. All we have to consider is how we can best counteract the misrepresentation of the dominant sect. This is only to be done by taking the public into our confidence and defying the medical Mrs. Grundy. The laws of our country as they refer to medicine I will respect; the unwritten law of the allopathic sect is nothing to homœopaths. To my thinking, the stratagem adopted to crush that most useful and necessary work, the *Homœopathic Directory*, is as bad in ethics (the larger kind) as it is in homœopathic politics. If Messrs. Keene & Ashwell do not see their way to publish the new edition they have prepared in the face of the opposition, perhaps others may undertake to issue it, with the names of our medico-ethically developed colleagues omitted.

Your obedient servant,

JOHN H. CLARKE.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of "*The Monthly Homœopathic Review*."

GENTLEMEN,—On receiving the circular from our ethical friends I at once wrote to Mr. Knox Shaw, as the representative of the party, expressing my objections to the movement for destroying the completeness, and to that extent the utility, of the *Directory*. But after reading the letters on the subject in your last issue I feel constrained to ask you to allow me to express those objections in your pages.

It will be noticed that no question is raised in the circular as to the utility of the *Directory*, which has been found so great that one has been called for at intervals for over the last 20 years, and now it is proposed to discard it on newly discovered ethical grounds. If these grounds could be shown to be substantial I think our junior colleagues would find they were not alone in their desire to act rightly, but that the homœopaths as a body were equally desirous with themselves to conform to ethical rules.

In the circular it is not stated where ethical propriety is violated, but in Mr. Knox Shaw's letter to the *Review*, he writes that "a separation of ourselves from the general body of the medical profession in the form of a directory, if meant for the benefit of the public, is a distinct method of advertising, to which a body boasting to be guided by a truly scientific spirit should not condescend; and if it is intended for professional use should be superseded by membership of a learned society, such as the British Homœopathic Society."

This I take to be a succinct statement of the position.

To the first count in the charge (though qualified by an "if") that it is a distinct method of advertising—I give a decided denial. It is no more a method of advertising than *Churchill's Directory* or the *Medical Register* is. To speak of a dull little book containing dry lists of doctors and chemists at home and abroad with nothing *ad captandum* about it, and that has withal to be bought of the publishers for 2s.—to speak of this as advertising is really too absurd. Think of the writer of a new book confining his announcement to the pages of the *Directory* with a view to spreading his fame abroad! One would suppose that our dissentient colleagues were living out of the world and did not know what advertising meant. They have only to look at the newspapers and journals and other agencies for attracting attention, to recognise the difference between spreading one's wings abroad to flutter and catch the public eye, and shutting oneself up in a book that offers no inducement for anyone to look inside it unless for the specific purpose of finding a

doctor's address, or what chemists there are in a town to which a patient may be going.

But there is the second count in the charge, and perhaps Mr. Knox Shaw and his co-signatories attach more value to this, viz., "if it is intended for professional use it should be superseded by membership of a learned society."

Now, the greater includes the lesser, and the fact that the *Directory* in former years used to give a list of the members of the British Homœopathic Society along with the lists of foreign practitioners, of practitioners and chemists at home, and the public hospitals and dispensaries—all this shows that a list of the members of a learned society is not in any way or in any sense an equivalent for the *Directory* and cannot take its place. We require more information than any list of members of the British Homœopathic Society will furnish. But underlying this objection of Mr. Knox Shaw there is the implied condemnation of a separate list of homœopathic practitioners for any purposes whatever on the ground of its being "a separation of ourselves from the general body of the profession." Now this separation, unless it be done for objectionable purposes, can hardly be considered a question of ethics at all, as no moral right or wrong is involved; it is simply a question of etiquette, a question of manners and usage.

Now, let us see how we stand with regard to this point.

The publication of the *Register* and of *Churchill* being accepted, and their pages being open to the profession and the public alike, how far is a sectional list from them in accord with modern custom? We must all admit that as medical science advances it becomes too extensive to be completely covered by the body of general practitioners. Specialism in practice is unavoidable—along with this inevitably goes specialism of mention. One section of the profession entitled to registration is already in possession of a separate list. We have a "*Dentists' Register*, printed and published under the direction of the General Council of Medical Education and Registration of the United Kingdom." Here the principle of sectional publication is sanctioned by authority. Then as to usage. There is a useful *Medical and Surgical Emergency Reference Book*, published by Silverlock, Blackfriars Road, in which, amongst much other useful information, we find lists of practitioners in London and the provinces who have written on special diseases, and who are classified under the different headings, with their professional titles and addresses. I should not be surprised in future, to find Mr.

Knox Shaw, and some others, appearing there in their own division, along with other names of note. If our circular signatories will look over this list, it will probably open their eyes to what is recognised as professional usage. Further, would any one object to the lady practitioners of medicine having a list of their own, and, too, the midwives if they obtain registration? So we see that our supposed breach of professional etiquette is no breach at all, it is common, and what is more, it is necessary, and will become more and more necessary as time goes on, and the intricacies of professional work increase. Our own claim to a separate list is that we are specialists in treatment, in so far as we recognise and act upon the law of similars.

In conclusion, I would say that if this little *Directory* stood in the way of a reconciliation, and its removal would unite the two sections of the profession, we should all be willing to forego what advantages it offers. But can anyone suppose its suppression would accomplish that desirable result? Is it not clear that, as Dr. Dyce Brown says, it would be but the first concession we were called upon to make, to be followed by a demand for others of infinitely greater importance?

As no good is therefore to be gained by suppressing the *Directory*, and as it is clearly not advertising, and as it is quite in accordance with modern usage, I hope the objections to it will fall through, and that the few signatories to the circular will withdraw their opposition, and in a spirit of loyalty to the body of homœopaths, and in maintenance of the desirable *esprit de corps*, refrain from any action of the kind that does not accord with the sentiment of the majority, and that can only result in spoiling the usefulness of a work on which we are dependent for a variety of important and, indeed, necessary information.

Yours &c.,

P. PROCTOR.

Birkenhead, July 15, 1893.

SHALL WE HAVE A DIRECTORY?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The circular sent to members of the British Homœopathic Society by its honorary secretary, has had the effect of deterring Messrs. Keene and Ashwell from publishing an up-to-date edition of their *Homœopathic Directory*, as a large number of the members have refused to allow their names to appear in that directory.

It is supposed and alleged that the *Annual Supplement* of the British Homœopathic Society's *Journal* is a sufficient directory for the homœopathic practitioners of this country, and obviates the necessity of any other directory. But is that so?

What is the use of a homœopathic directory? Is it not chiefly to enable patients to see where they can obtain homœopathic treatment in any place where they may be taken ill?

Does the *Annual Supplement* fulfil this requisite of a directory? This question must be answered in the negative, for the *Annual Supplement* does not contain the names and addresses of any practitioners who do not belong to the British Homœopathic Society. Then the *Annual Supplement* is not an independent publication that can be purchased over the chemists' counter, but can only be had by buying the first number for the year of the *Journal* of the Society at the price of 2s. 6d., which may be a very reasonable price to the medical man who wants the *Journal* and does not want the *Supplement*, but is an excessive price for the non-medical patient who wants the *Supplement* but does not want the *Journal*. Again, the *Supplement* only gives the names, titles and addresses of the practitioners entitled to admission to its pages. But the possible patient who requires a directory wishes to know at what hours he can see the doctor, and he might probably desire to know what works the doctors have written in order that he may apply to the one who has made a speciality of his own disease. Moreover, the patient may be about to travel on the Continent, and he would naturally like to know the names of homœopathic practitioners in the places he may visit. But he will find no information of this sort in the *Supplement*.

So that on the whole, the *Supplement* is almost useless as a directory, and a real directory is of immense importance to the numerous patients who are in need of a doctor.

Keene and Ashwell's is a most useful publication, and quite fulfils all the requisites of a directory. It contains, or might contain, if practitioners would consent, the names of all qualified men who practise the homœopathic system. It gives their consulting hours, their qualifications, their appointments and their published works. In addition to this, it gives as perfect a list as can be obtained of the homœopathic practitioners on the Continent and in many of our colonies.

I have heard it objected to Keene and Ashwell's directory, that it is not always correct, especially as regards the addresses of our continental brethren. There may be some defects here ;

but as a rule I have found it wonderfully correct and consequently extremely useful to our travelling patients. I have heard it said that the information conveyed in the *Supplement* is quite correct, but recent experience has taught me that this is too flattering an estimate of the work. I was wired for one Sunday morning lately to come to a patient in a popular suburb. I found her very seriously ill, and sought to obtain the assistance of the local homœopathic practitioner, whose address I had taken the precaution to ascertain from the *Supplement* issued this year. I drove to this address, but was unable to discover my colleague. I interrogated everyone I met in the locality indicated in the *Supplement*—inhabitants, milkmaids, nursery-maids, &c.—but none could give me the slightest information as to his whereabouts. I had to tell my patient that I could not find the doctor, and recommended her to call in an allopath if necessary. Fortunately, some one in the hotel she was at knew the homœopath's address, and he was sent for, but no thanks were due to the *Supplement* for his discovery. He afterwards wrote to me that he had removed from his old residence, and that if I had only asked a policeman I should have been told his address at once. But as a policeman is never to be found when wanted, I had no opportunity of questioning one, and my reliance on the accuracy of the *Supplement* proved illusory.

As we are now practically without a real directory, I would advise my colleagues in their own interests, and still more in the interests of actual and potential patients, to assist with their co-operation, or at all events not to oppose, the publication by Messrs. Keene and Ashwell, or any others who may undertake the task, of a real useful directory of the homœopathic practitioners at home and abroad.

Yours, &c.,

R. E. DUDGEON.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN.—When I was asked by my colleagues to sign the memorandum recently circulated relative to the *Homœopathic Directory*, I did so with an expressed reservation. As I understand from various sources that my name, together with others, has been influential in determining signatures, I should like to briefly indicate my attitude on this question.

I do not see my way to concur with my good friends who desire the abolition of the *Directory* purely on the ground of an infringement of professional ethics. Ethics in this co-relation, is a borrowed and misleading term; it is conditioned

by a fluctuating standard of professional use and wont, which is always undergoing expansion and alteration to meet the needs of medical men in their professional intercourse. Our "ethics," to carry with it moral obligation, requires that our conduct be conditioned by an abiding conception of what homœopathy requires from us, as its stewards, as well as by the current limitations that professional usage imposes. We have thus, in our ethics, a wider purview than that of the profession at large. I am awaiting with interest a clear demonstration that our policy, as the administrators of homœopathic interests, requires the suppression of such agencies as directories.

But it is very clear that no progress will be made by homœopaths as a body without a well-planned organisation of forces. The recent rejuvenescence of the British Homœopathic Society has therefore my heartiest sympathy and aid: and on the ground of the support given by the great majority of British homœopaths to the aims of the Society, I signed the circular in question as tending to further consolidate its influence. I hold it to be a cardinal defect in the working of small organisations to have energies wasted in competition: and as the Society now issues an annual printed list of its members, with accessory information, I would prefer to use as my *Directory* the Society's category. As a *Directory* issued by private enterprise contains exactly what names the irresponsible editor chooses to insert, we have no kind of control over the inclusion in a heterogeneous list of men whose connection with homœopathy is merely a *nominis umbra*. The immense advantage of the Society's list is that every man whose name therein appears has the *imprimatur* of the Society as a homœopath in theory and in practice; and if Messrs. Keene & Ashwell content themselves with adopting the roll of members of the British Homœopathic Society as their British list, I for one should have no manner of objection. An authorised version such as this would command the confidence of all.

The present controversy has clearly proved that British homœopaths as a body are by no means prepared for the omission of a professional list of somewhat wider circulation than merely among the members of the British Homœopathic Society. A decided majority appears to find use in and help from such a fully issued list; and our business is not only to educate the party, but to conserve the professional interests of the individuals. This question generally indicates a well marked line of cleavage in the forward policy of our homœopathic organisation; and it is desirable to have every shade of view clearly represented that injustice be done to none. I

have no sympathy with machine politics, or with the tyranny of majorities; and it would be an unjustifiable error in tactics to impose the views, however strongly held, of a section of men upon the remainder, on a non-essential point.

Free speech will far better solve this difficulty than free writing; and I have accordingly suggested, and the suggestion has been received with favour by Dr. Dyce Brown, that opportunity be given at the ensuing Congress meeting to talk over the matter from all sides. Amicable discussion will be much more serviceable than pen and ink deliverances; and a Congress, in which our provincial brethren are well represented, may present us with points for consideration which London men are apt to overlook.

Yours faithfully,

GEORGE BURFORD.

20, Queen Anne Street,
Cavendish Square, W.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As one whose name is appended to the circular asking our colleagues not to allow their names to be published in the *Homœopathic Directory*, I shall be glad to state briefly (1) that I take no exception to the manner in which Messrs. Keene & Ashwell have published this volume; (2) that I have no particle of hope that the withdrawal of the *Directory* will do anything to check the persecution of those who openly acknowledge their belief in the value of the homœopathic principle, but (3) it is a fact that so long as a *Homœopathic Directory* is published it is open to any practitioner who thinks it may serve his interest to do so, to put his name into it, the names of medical practitioners, who have a proper regard for the dignity of their profession, as well as for the truth of the homœopathic principle, will be found side by side with those whose names also appear appended to advertisements in the daily papers. The British Homœopathic Society has some control over the ethical conduct of its members, the publishers of the *Homœopathic Directory* have none, therefore I think the majority of homœopathic physicians have a direct interest in discountenancing its further issue.

I am, Gentlemen,

Yours respectfully,

PERCY WILDE, M.D.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the Homœopathic Review.

Gentlemen,—Will you kindly allow me space in your pages for a few remarks on the above subject?

The advocates of a special directory for homœopathic practitioners urge that its issue is a part fulfilment of a duty they, as practitioners, owe to the public. They contend that that portion of the general public who wish to be treated homœopathically, should have a readily accessible opportunity of ascertaining who are the medical men who can and will so treat them. No sincere and honest homœopath denies the practical necessity of affording this information; but among others who have signed the protest against the issue of the directory, I am one of those who think such a way of affording the information derogatory to the character of homœopathy, and to our position as medical men. The question is a very important and delicate one when it is raised and urged as a part of professional duty. The position is a peculiar one, and has no parallel by comparison with the prospective issue of any other directory. The information desired to be conveyed is peculiar. Who are the believers in a particular scientific truth, by comparison with those who do not believe in it? Who are the practitioners of medicine who carry on their practice in accordance with this belief, by comparison with those who do not? This is the information a directory must give. Here are implied assumptions on the part of a section of the profession, of a certain standard of truth, and a certain ideal of practice not reached by the general body of the profession. Are these warranted? Do they permit of dogmatic assertions, and if so, by comparison, is the doctrine relatively or absolutely true, and is the mode of practice the only reliable one, or simply a "more excellent way"? All these questions are implied, and stand waiting their answers when any corporate action is taken in view of the spread of information relating to homœopathy. And the very fact of these questions having to be brought under consideration demands an extreme delicateness of treatment when any proposal is made to impart information on the subject. It would not do for those who are firmly persuaded of the truth of homœopathy to adopt a pharisaical attitude to the general body of the profession, or for homœopaths to borrow any of the trades union tactics which have been so freely used against them by the profession at large. To my mind, the issue of the directory lays us open to both these charges, although there may be no truth in them when made. In the interests of the truth we have to safeguard and develop, let us purge ourselves from the very appearance

of such things, and pursue our faith and practice consistently and humbly. I use the word humbly advisedly, because, as yet, homœopathy has only received a partial development, and achieved a partial success in practice. Or, whence all the existing incurable diseases? *Our* estimate of what it already done by homœopathy should be made, not by comparison with what those who will not believe in it have not done, but by what those who believe in it may do.

If this is a true attitude for the professors of a new truth to take up, the only way they can consistently appeal to the public and afford information concerning their practice, is by voluntary association in the pursuit of the truth they have to safeguard, and let their position and work as scientific workers by comparison with the general body of the profession tell its own tale. This homœopaths do in the British Homœopathic Society in their hospitals and dispensaries throughout the country, and in their distinctive literature. It appears to me to be inconsistent with the delicateness of treatment this subject demands, that medical men, homœopaths, should allow their names to appear as such in a special directory issued by a private firm of chemists. In doing so it seems to me we lower the dignity of homœopathy as a scientific truth, and of ourselves by contact in a public manner with business enterprise and professional advertisement. It is quite beside the mark to say that advertising is practised "under the rose" in the higher ranks of the profession. If it is, each man is responsible for his own acts, and two blacks do not make a white. In the special nature of the designation "homœopathic" a directory cannot be divested of its corporate element.

It is also beside the mark, and not true, to say that the directory is the only way of affording the necessary information. The membership of the Homœopathic Society is a nearly complete representation of homœopathic faith and practice in the country, and the names of the members are accessible to the public. But even if this were not the case the information should be voluntarily withheld until some corporate plan free from objection could be devised.

When the present "forward movement" of the Society has attained its complete development, which, thanks to the hon. secretary, it bids fair shortly to do, all objections to the claim of its being fully representative will have disappeared.

These, gentlemen, are the private opinions of

Yours very faithfully,

GILES F. GOLDSBROUGH.

July 18.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. CLARKE, Dr. DUDGEON, Dr. GOLDSBROUGH, Mr. KNOX SHAW, Mr. CROSS (London); Dr. ORD (Bournemouth); Dr. MURRAY MOORE, Dr. HAWKES (Liverpool); Dr. CLIFTON (Northampton); Dr. MASON (Leicester); Dr. PERCY WILDE (Bath); Dr. J. WILDE (Weston-Super-Mare); Dr. WILKINSON (Bolton-le-Moors); Dr. CASH (Plymouth); Dr. ANDREW NEATBY (Sutton); Dr. THEODORE GREEN (Birkenhead); Lieut.-General S. PHELPS (Birmingham).

Dr. A. C. CLIFTON, of 65, Abington Street, Northampton, has taken into partnership Dr. WM. ROSS, who is practising at that address. Dr. CLIFTON and Mr. WILKINSON are no longer in partnership.

BOOKS RECEIVED.

- Homœopathic World.* London. July.
The Clinical Journal. London. July 18.
The Medical Pioneer. London. July.
Medical Reprints. London. July.
The Chemist and Druggist. London. July.
Report Birkbeck Building Society.
New York Medical Record. June and July.
The North American Journal of Homœopathy. New York. July.
The Medical Times. New York. July.
Childhood. New York. July.
The New England Medical Gazette. Boston. July.
The Hahnemannian Monthly. Philadelphia. July.
Homœopathic Physician. Philadelphia. July.
Medical Century. Chicago. July.
Daily Medical Century. May and June.
The Clinique. Chicago. June.
The Minneapolis Homœopathic Magazine. June.
Medical Argus. Minneapolis. June and July.
Pacific Coast Journal of Homœopathy. San Diego. June.
Homœopathic Envoy. Lancaster. July.
Bulletin Général de Thérapeutique. Paris. July.
Revue Homœopathique Belge. Brussels. June.
Archiv. für Homœopathie. Dresden. June and July.
Leipziger Pop. Zeitschrift. für Hom. July.
Homœopathisch Maandblad. The Hague. July.
The Annals of Electro-Homœopathy. Geneva. July.

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, 181, 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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THE HOMŒOPATHIC CONGRESS.

IN our issue of this month will be found full particulars of the proceedings of the Congress, as planned for the present year. We have no doubt it will be a very successful meeting, and we trust that all homœopathic practitioners, who have it in their power to come, will do so. It is the more important to urge this, as the annual Congress is unlike ordinary meetings of societies. At local society meetings, only the members within a comparatively small circle meet, and even at the British Homœopathic Society in London, comparatively few from any distance are able to be present, and this only occasionally. But the Congress, being a meeting of homœopaths from all parts of the Kingdom, is unique in its aim. There, men who otherwise would never or rarely meet one another, make and renew acquaintances in a most pleasant manner. Thoughts are exchanged, friendships cemented and pleasant associations revived in a way that no other means attain. After a well attended Congress meeting, the general feeling of pleasure and gratification arising from meeting old friends, and gaining pleasant acquaintance with new men, is always most evident, while the combination of business with pleasure gives a zest to the day that would not or

could not result from a mere reunion at a dinner. We trust therefore that, as we have already said, all who can possibly be present will make a point of doing so.

The Address of the President, Dr. HAWKES, of Liverpool, is sure to be interesting and racy, while the papers are so varied that, in the hands of those who read them, they will be full of interest, and afford excellent material for discussion. We understand that a general desire exists that some opportunity should be given for a round-table talk on the matter of the *Homœopathic Directory*, and, in fact, we hear that a numerous signed requisition to the PRESIDENT is proposed, requesting that some time should be allotted to this subject. The time of the Congress is already pretty well filled up, and we fear that if this new subject is brought up for discussion, the time in the afternoon which has been arranged for seeing the places of interest in Northampton will be much curtailed. But the decision on this point must be left to the President, in accordance with what he finds to be the wishes of the Congress.

Northampton is a most interesting town in which to meet. Not only has it been for many years a stronghold of homœopathy, for which it is largely indebted to the energy, hard work and professional skill of Dr. A. C. CLIFTON, to say nothing of those personal qualities, which have endeared him to all who know him, professionally or otherwise, but, in itself, Northampton is intimately associated with many of the most interesting historical events of the Kingdom. A few of the places of interest are named in the circular, which appears in this number of the *Review*, while the short sketch of the history of Northampton, which we append to these remarks, and for which we are indebted to the pen of our President, Dr. HAWKES, will be read with much pleasure, and will add to the interest of the meeting. Those who can remain over the following day, will be well repaid by the pleasures kindly arranged for them by Dr. CLIFTON. The following is the sketch kindly sent to us by Dr. HAWKES:—

NORTHAMPTON.

The early history of this town is not well known, but it is supposed to have been successively occupied by the Ancient Britons, and the Romans.

For the purposes of this short sketch, it will be supposed that visitors will approach from the south by way of Bletchley, and from the north by way of Rugby. Those arriving from the south, on nearing the town, will be on the site of interesting historical scenes. They will pass through the battle-field on which was fought, in July, 1460, the important engagement between the Confederate Earls, March, afterwards Edward the Fourth, who married Elizabeth, the daughter of Sir Richard Woodville, of Grafton, Northamptonshire, and the Earl of Warwick; and Henry the Sixth. It is said that ten thousand of the King's soldiers were either slain or drowned in the Nene. Shortly after his defeat, the king was led as a prisoner to Northampton.

Beyond the battle-field lies Delapre Abbey, which was originally founded by Simon de St. Liz, the younger, Earl of Northampton; but little of the older structure remains incorporated with the present mansion.

A little beyond Delapre, about a mile from the town, stands Queen's Cross. It will be remembered that many crosses were erected, one at each of the places where Queen Eleanor's hearse rested on its way from Harby to Westminster. Only three of these remain, but of course the connection between these ancient crosses and the new erection at Charing Cross is well known. The architect employed to carry out the pious wish of Edward was John de Bello. "The whole structure is a composition of peculiar elegance and beauty, and is in the early English style of architecture in transition to the decorative."

Close to, in the same parish, is an early encampment occupying a commanding position, called Dane's Camp. Excavations have rewarded the labours of antiquarians, and have helped to throw much light on the early frequenters of this spot (in 920).

Passengers from the North, after passing Rugby, will leave Ashby St. Ledgers on their right, where Robert Catesby assisted to project the Gunpowder Plot; Fawsley, famous for its association with the mar-prelate tracts; and Daventry, near which the famous Roman and British fortification of Borrough Hill, the Beneventa of the Britons, and the Isannavaria of the Romans. The whole district is rich in Roman remains. The deep railway cutting here

afforded many beautiful fossils from the oolite formation. But the train speeds on, and passes Althorpe, lying between Holdenby House, the former prison of Charles I., with its beautiful arches, which stood in Charles's time, and Brington, where is the last resting place of Laurence Washington, a direct ancestor of George Washington.

"Glorious Althorpe"—for while the well-planned avenues of trees, the beautiful pictures, and above all the model agricultural landlord who can boast a family relationship with the author of the *Faerie Queen* remain, the word *Ichabod*—where is the glory?—need not be inscribed above the portals, although the library has gone.

And now the train passes Kingsthorpe, where Charles I. used to play bowls, and it, like the one from the south, stops at Castle Station and the two contingents, like the two converging streams of the Nene, can proceed together. "*Castello fortior concordia*" says the town's motto; may its visitors find it so. The Castle, the last vestige of which was removed to enable the railway company to complete their designs, was built by St. Liz soon after the Norman conquest. Some houses near are built with stones from the Castle. Here Shakespeare locates the pathetic scene of Prince Arthur and Hubert

"The wall is high, and yet will I leap down,
Good ground, be pitiful and hurt me not."

Had he done so he would have fallen near to the place where Carey, cobbler, missionary, and oriental scholar—was publicly baptised in October, 1785.

Hard by is Dr. Doddridge's Chapel. As the journey towards the centre of the town is continued, St. Peter's Church, which must be critically examined, is passed, and some old houses where Cromwell slept, it is said before the battle of Naseby, June, 1645, where

" . . . hapless Charles beheld his fortunes cross'd,
His forces vanquished, and his kingdom lost."

A short walk brings the pedestrian to All Saints Church. A former structure was consumed by fire in 1675. It was begun to be rebuilt in Charles II.'s reign. He gave a thousand tons of timber towards its reconstruction, hence his statue above the ionic pilasters. Beneath this shelter John Clare, the Northamptonshire peasant poet, used to sit and watch the children at play,

until a safer asylum was of necessity provided for him. It saddens one to think that he who loved the fields so well, wrote the following lines while under the restraint his mental affliction demanded :—

My Early Home.

The old house stooped just like a cave,
Thatched o'er with mosses green ;
Winter around the walls would rave,
But all was calm within ;
The trees are here all green agen,
Here bees the flowers still kiss,
But flowers and trees seemed sweeter then ;
My early home was this.

St. Sepulchre's Church ; Becket's well ; for Thomas a Becket was summoned to Northampton a little before he was assassinated ; Abington Abbey, where Susannah Hall, Shakspeare's daughter, spent some of her time ; and, if possible, Naseby field should be visited.

Much more might be written, but the writer must refer the inquirer to the works of Bridges, Baker, Whellan, De Wilde, Story, Cherry, and to reprints from the *Northampton Mercury*.

ON SOME FUNCTIONAL DISEASES OF THE
DIGESTIVE ORGANS, WITH THEIR HOMŒO-
PATHIC TREATMENT.*

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

Consulting Physician to the Hospital.

IN delivering a post-graduate lecture, one feels the difficulty of avoiding what is well-known to you all, when at the same time one has no original investigations to report, or new discoveries to announce. But it is possible to place in a fresh light what is not new, and perhaps to add to the knowledge of gentlemen of the old school who may favour me with their attendance. I have chosen the subject of some functional diseases of the digestive organs, as one which comes to the front in practice every day, but which demands

* Being the first "Quin" lecture, delivered January 6th, 1893, at the London Homœopathic Hospital.

careful and minute study, in order to be successful in practice.

In taking up this topic, I shall avoid, as a work of supererogation, the description of the diseases, such as one can find in any book, and which you all are familiar with. There is nothing new to be said here. But it is the therapeutics of these disorders which distinguish the new school from the old school, and in a post-graduate lecture delivered at the Homœopathic Hospital, it is only in harmony with the fitness of things that our chief attention should be directed to treatment. And I hope that what I have to say will add to the knowledge, and throw new light on the practice of gentlemen of the old school.

The disorders of the digestive organs which I propose to treat of in this and the following lectures, are dyspepsia, and gastric catarrh of the chronic type. It is almost impossible to separate these two complaints pathologically. The one merges into the other, so that the same case might be styled one or the other, according to the views of the observer. In gastric catarrh, difficulty of digestion is an essential feature, while in dyspepsia, there is almost always present more or less of the catarrhal element. And, in fact, all functional disorders of the stomach go in a sliding scale, merging insensibly into one another, from acute gastritis, and acute gastric catarrh, to chronic gastric catarrh and dyspepsia. When one speaks of functional disorders, it is to distinguish them from those dependent on organic, or permanent, or incurable alterations of structure. But it is admitted now by all pathologists that no organ can be working abnormally without there being present for the time a pathological alteration of the normal tissue. Even in pure neuralgia, which used to be looked on as the type, *facile princeps*, of functional disorder, it is now known that there is a minute alteration of the relation of the nerve tissues involved.

In treating of dyspepsia and gastric catarrh, it is practically useless, from a therapeutic point of view, to discuss them and their treatment on theoretical grounds. If we do, we are sure to be led off the proper tack in treatment. We may believe that it is a case of "acid dyspepsia" for example, when the gastric juice is excessive, or altered in composition; or that the gastric juice is deficient in quantity or abnormal in

quality, or that the peristaltic action of the stomach is enfeebled, allowing of the food to lie too long in the stomach, without being passed on to the duodenum in a normal way; or that it is arising from excess of flatulence, or from disordered innervation. It is all very well to have such a theoretical view of the case, but this does not lead us nearer to the appropriate treatment in administering drugs. We do not know in any given case, why the gastric juice is excessive, or how much in excess it is, or in what way it is altered in character. We do not know why it is deficient in another case, or how much deficient it is, or why in another case the stomach has lost its peristaltic power, and allows itself to remain distended with flatus and food. We do not know these points in such a way as to guide us to drug selection. And when we look at the symptoms, we cannot tell why one patient's tongue should differ so much in appearance from that of another, why pain of one kind should exist in one case, and a different pain in another; why there should be headache in one case, and not in another, and so on with all the symptoms. The only safe guide to treatment is to put aside theory, and analyse *all* the symptoms. The objective ones observed by ourselves, the appearance, complexion and temperament of the patient, the state of the tongue, the state of the stomach and heart, and bowels, as elicited by physical examination, and, very specially, the subjective symptoms, in minute detail, that we elicit from the patient himself by questions. Nor is it enough to observe the symptoms of the disordered organs alone. We must go fully into every possible detail of the general health, and the state of every organ in the body other than the specially affected parts. For as we are told in Scripture that if one member suffers all the other members suffer with it, so in practice we can do much towards selecting the right remedy by noticing what we might call the outside symptoms, which vary remarkably in each individual case. We thus form in our minds a picture of the entire disease as it presents itself to our view. Having done so, or while in the act of doing so, we call to mind the drug which causes on the healthy body an exactly similar picture of disorder. We know that a medicine which produces a picture of symptoms closely resembling those of our patient, must act on the

diseased organ, and in the same way as the cause of the disease as we see it, and the more minutely the drug and the disease so correspond, the more sure are we that the drug acts not only on the organ but in the most intimate manner on the structures involved, and in an exactly similar manner. We thus make the one fit into the other, and by our law of similars, that will be the remedy for the individual case. It is therefore absolutely necessary for success that we individualise each case, and that we do not treat a name, or by a theory, else the result will be failure.

With these preliminary remarks, which are necessary when others than those of our own school are present, I propose to take up the consideration of the treatment of cases of gastric catarrh and dyspepsia. The most graphic way of doing this, and the one I think most likely to impress itself on our minds is, not to describe various cases, and mention the drugs which are indicated, but rather to take up the individual drugs we chiefly use, and draw a picture of their action. In this way the corresponding case will occur to everyone's mind, from experience. And it is remarkable, and I would beg our friends of the old school to note how remarkably the different remedies *do* correspond to actual cases of frequent occurrence in practice. Such a relation, or correspondence cannot be a mere accident, but it is evidently part of the great "reign of law" as indicating the true remedy in different cases of disease. This relation is that of "similars," and those of the old school, who now-a-days have learned to use some of our drugs, must know that their virtue can be explained in no other way than the "similar" relation, or in other words, the homœopathic.

The first drug I shall sketch for you is *nux vomica*, a medicine which is now largely used by the old school as a so-called "tonic," but was first introduced, and its place in treatment pointed out, by the great Samuel Hahnemann. If used simply as a "tonic," it will in many cases fail, and because its true and accurate sphere of action is not known out of our school, it is combined with other so-called "adjuvants," which are often anything but adjuvants.

In the first place, there is a particular type of patient that is especially benefited by *nux*, and that is a person

of active, vigorous, quick and irascible temperament, or one of a cautious, phlegmatic disposition. Such persons are generally thin, or spare, and wiry. The complexion is brunette, or pale, not at all of the fair blonde type. This observation was made by Hahnemann, and has been amply confirmed by all homœopaths since his day. It corresponds more to the male than to the female sex, and it is found practically that it is specially a man's medicine, and it suits women whose type approaches the character I have just noticed, rather than those of the blonde type, with fair hair, blue eyes, and an easy, gentle, good-natured disposition. These are important points to keep in view, as they may lead to a selection of *nux* in preference to another remedy, when both seem to a certain extent to be indicated. But I need hardly add that this is not to be made a rule for the selection or rejection of *nux*. It is only one of the whole group of symptoms which form the picture of the drug disease. The *nux* patient will come complaining of pain in the stomach after food. Not only this pain, but the whole disordered state is aggravated by eating. The pain does not usually begin immediately after food, but some little time after, from half-an-hour to one or even two hours after. This pain is not of the burning, raw feeling which corresponds, as we shall see to *arsenic*, but grades from the mildest form of heaviness or weight in the epigastrium, as if he had eaten too much, to the sensation of heavy weight or dead pressure, or to a pain of a pressive, cramping character. The stomach invariably feels distended from flatulence, and to relieve this the patient unbuttons the clothes. With this state there is more or less tenderness, making pressure with the hand or from a tight dress very uncomfortable. A sense of nausea after food is frequently felt, going on, it may be, to actual vomiting. Flatulent eructations are a constant symptom, which may even have a foul taste, but by no means always so, and eructations of sour fluid are common, giving rise to heartburn. There is little or no appetite—often a positive distaste for food. There is a frequent or constant bad taste in the mouth, especially in the morning, the breath is offensive, and often certain articles of food taste bitter. The tongue is important to notice, as *nux* shows a most characteristic tongue. It is clean, or fairly so, in the front half, but at the back it

is covered with a thick, yellowish-white slimy coat. Whenever this tongue is present *nux* is almost certain to be indicated. Headache is an almost constant element in the *nux* disease. It is worse in the morning, as well as after meals. And here let me request you to note that all the *nux* symptoms are worse in the morning as well as after food. The aggravation in the morning is very characteristic of *nux*. The sufferer wakes unrefreshed, with a foul tongue, bad taste, sense of nausea, headache, and often foul-tasting mucus is vomited. The kind of headache which *nux* presents is important to note. It is felt in the forehead, from temple to temple, or often at the back of the head. The sensation is one of fulness, a hot, congested, heavy aching, or throbbing, and the eyes feel heavy and full. There is a marked disinclination for work, especially for mental exertion. With this condition, constipation is invariably present, you rarely find diarrhoea, or even regularity of the bowels. There is a particular form of constipation characteristic of *nux*. It is not complete inaction, with absence of desire for stool, but on the contrary, the patient feels the desire and a sense of uneasiness from want of relief, but is unable to get a motion, or perhaps has a small unsatisfactory one, and has to go again after a time to find the same result. It would seem, in fact, that the peristaltic action of the bowels was spasmodic, or irregular, producing a sense of uneasy desire, with unsatisfactory result. The urine is usually more or less cloudy on standing.

The *nux* patient sleeps badly, and the form of sleeplessness is characteristic. He goes to sleep in the early part of the night, perhaps heavily, wakes at 2 or 3 a.m., lies wide-a-woke for a long time, while thoughts crowd into his mind, and prevent his getting off to sleep again. Towards morning he again sleeps, and heavily towards the usual waking time. When he is called he is sleepy, unrefreshed and disinclined to get up. He feels heavy and sleepy also in the evening between dinner and bed-time. The temper of the *nux* patient is irritable and cross, and he worries about trifles.

This picture will at once call to your minds cases that are constantly occurring in practice, in those who lead sedentary lives, take little exercise, and at the same time eat too well or too much, and drink too much

alcoholic stimulants; and in fact, when one finds that such are the habits of life of his patient, it is an additional reason for the selection of *nux*, and in selecting it one will be amply satisfied with the results.

Nor do we require to use large doses, such as are employed by the old school. In fact, minute, or so-called "infinitesimal" doses often answer best. The dose must be determined by the individual case, the more or less susceptibility to medicines, and the prominence, or otherwise, of certain of the *nux* features over others. My own experience leads me to give a rough rule, as follows: When the gastric symptoms are the prominent ones, and the constipation less marked or less troublesome; when the patient tells you all about his stomach, and does not mention the constipation till asked about it, then the lower dilutions, the 2nd or 1st decimal, answer perfectly, rectifying the constipation, as well as the other condition. But if, on the other hand, the constipation is the chief trouble, the one the patient specially complains of, and where you only ascertain the gastric state and the other symptoms by questions, then the 3rd centesimal, or even higher dilutions, answer far best. In such a case you may do no good at all to the constipation by giving low dilutions. This is perhaps a rough rule, but I have found it a very practical one.

I shall now speak of *sulphur*, as in many cases especially those of long standing, it greatly assists the action of *nux vomica*, although, *per se*, it is not so special a remedy in gastric catarrh and dyspepsia.

I think I am not wrong in stating that the majority of our old school brethren do not understand the action or value of *sulphur*. It is generally known only as a purgative in large doses, and as a remedy in chronic rheumatism. But its value in the shape of natural waters should lead to a more thorough study and understanding of it.

Sir Alfred Garrod, in a recent lecture on *sulphur*, has contributed more to the old school information regarding *sulphur*, than any one else in his school, and his lecture might almost read as a homœopathic one. The source from which he gets his information is not difficult to suspect, as in no other than homœopathic works will you find similar information.

Sulphur is essentially a remedy for chronic diseases. It is hardly ever used or called for in acute illness. It is the type of certain remedies which show in their provings the elements of chronicity, and its action is specially seen in the venous system, and complaints in connection with venous engorgements. As the late Dr. Bayes termed it, it has the characteristic of "venosity." There is hardly an organ of the body, or a tissue of the body which is not affected by *sulphur*, and its action is also of the chronic or venous type. It produces catarrh of mucous membrane generally, from nasal catarrh to that of the whole respiratory mucous membrane, causing chronic pharyngeal and laryngeal catarrh, chronic bronchial catarrh, and engorgement of the lungs of a passive type. In the stomach and bowels, the provings show most of the symptoms of chronic catarrh and dyspepsia, and the same sluggish catarrhal state of the bowels. The liver becomes engorged, with the portal circulation, and constipation and hæmorrhoids follow. In chronic skin affections, and rheumatism, its power is well known from the action of waters containing more or less *sulphur*. So, in practice, there is hardly a single chronic disorder in which *sulphur* is not indicated at some time or other. In fact it is, with us, a remedy of daily use. Another feature of it was observed by Hahnemann, and the observation is amply borne out by all practitioners since his time, viz., that it has the power of rousing up a sluggish state of the system to reparative action. Cases of a chronic type frequently occur where the system does not respond, as we expect, to the indicated remedy, but stands still in progress. Here if a few doses of *sulphur* are given, the system is roused to action, and the indicated medicines at once show their beneficial effect.

In the cases we are now considering—gastric catarrh and dyspepsia—if of any standing, the use of *sulphur* in conjunction with *nux vomica* is attended with the very best results—results such as are not so fully, or so quickly obtained by the *nux* alone. Thus if one dose of *sulphur* is given in the morning (the morning is the preferable time, though it will often answer well at bedtime) and *nux* during the day, two or three times, the effects are excellent, and as I have said, in chronic cases, better than if *nux* is given alone. It seems to give a

fillip to the whole organism. This is especially the case when constipation is troublesome; *sulphur* given alone for constipation is often quite enough to produce regular action.

And you will observe, that in curing constipation, either alone, or as a part of general gastro-intestinal disorder, it is a cure, and not a mere palliation. There is no purging—nothing approaching to it. Purging, however mild, can only be obtained by irritating the bowel more or less, and hence a purgative never cures. The dose has to be constantly repeated to the manifest detriment of the digestive apparatus. But in our treatment the medicines simply stimulate the bowels, the mucous membrane, the nervous supply, and the muscular coat, to normal, healthy action. Hence, when once the normal action is obtained, regularity ensues, and the case is cured, unless, of course, the patient from careless treatment of his digestive organs, allows himself to relapse into his former state. The dose of *sulphur* for curative purposes is of wide range. The crude doses of the old school are never required, and are only injurious. But in the range of minute doses almost any dilution will answer. The *tinctura sulph. fort.* is a saturated solution in alcohol, and dissolves about 1 in 1,000. Drop doses of this once a day often answer well, but still better results are got from more infinitesimal dilutions. Thus the 3rd centesimal is a very generally used and successful one. But beautiful results are obtained from the 6th, 12th and 30th dilutions. The latter—the 30th—will sometimes act at once, when lower dilutions do not touch the case, and as a general rule, the more chronic the case is the more likely will the high dilution act best.

The next drug of which I shall sketch a picture is one that till lately was unheard of, except in the homœopathic school, viz., *pulsatilla*, or meadow anemone. Recently some of the leading wholesale chemists have been advertising it as a uterine remedy, the source of their information being very evident, as in the first circular issued quotations as to its action were taken from four writers, and these four were all homœopaths.

But though a great remedy in the uterine sphere, this is by no means its only action. In the first place, it has

like *nux vomica*, a special type of body and temperament, which, as Hahnemann pointed out, was pre-eminently suited for it. That type is the blonde. The complexion is fair and delicate and transparent, the eyes blue, the hair fair and soft; the disposition is soft, gentle, and easy-going, but emotional, and easily giving way to tears. This you will at once see is the description of the female contrasted with the male. And so we find that *pulsatilla* is characteristically the female medicine as *nux vom.* is that of the male. One has to prescribe *pulsatilla* almost daily for women, while it is not commonly indicated in males; but, on the other hand, in men who approach this feminine type it answers beautifully. When this type of body and temperament is present, provided the other symptoms indicate *pulsatilla*, you may be sure that that is the right medicine. Besides its action on the ovario-uterine sphere, in which it causes and cures amenorrhœa, ovarian congestion and neuralgia, and pelvic pains of uterine origin, at or before the period, the great sphere of action of *pulsatilla* is on the mucous membranes. It causes there a catarrhal irritation of a sub-acute and chronic type, associated with free secretion of mucus. Thus, beginning at the head, the *pulsatilla* case shows tendency to blepharitis, with free meibomian secretion, conjunctival redness, with free secretion; in the nose, the type of catarrh is that after the acute stage is over and when there is very free secretion of mucus or muco-pus, not thick, but requiring constant blowing of the nose. In the respiratory mucous membrane, the cough is attended by the same very free expectoration of mucus or muco-pus, which comes away easily and profusely. There may be some tracheal or bronchial catarrh, or actual bronchitis, characterised by this free, easy and rather profuse expectoration. The same type of catarrh appears in the uterus and vagina. The cervix secretes mucus or muco-pus freely, a certain amount of redness being visible at the os, and from the vagina there is a free flow of leucorrhœa, generally of a bland type, and of a whitish-yellow appearance. There may be some catarrh of the bladder, causing frequent desire, some uneasiness in passing urine, and on examining the urine, a marked quantity of mucus is found. You thus see what a marked power it has in producing in mucous

membranes all through the body, the type of catarrh which I have described, viz., that associated with a marked amount of bland free secretion of mucus or muco-pus.

Coming now to the stomach, and associated organs, we find the same or a similar condition of matters, a marked state of mucous catarrh. The *pulsatilla* patient has little appetite, sometimes there is a feeling of hunger, or rather craving for food present, but this vanishes when food is placed before her. After partaking of food, there is a sense of uneasiness or discomfort, not so much of actual pain, although the food may feel as if it lay undigested. But a sense of general uneasiness in the stomach, with feeling of distension, and a desire or necessity for loosening the clothes is more characteristic of *pulsatilla*. Then follow acid or sour risings, with eructations of sour flatulence, the gulping up of a taste of the food previously swallowed, and a sense of nausea. Heartburn from the acidity, is a very frequent, or almost constant accompaniment. The sense of nausea may exist simply as nausea, with the presence of the taste of the food in the mouth, or actual vomiting may ensue; the vomited matters being sour or acid, and with a marked quantity of mucus mingled therewith. Especially is this condition of matters caused by rich or fatty food, or by such indigestible foods as pork. The special relation of *pulsatilla* to disorders produced by fatty, rich food and pork was noticed by Hahnemann, and universal experience corroborates this observation in finding *pulsatilla* the remedy for dyspepsia produced by such food, particularly in women. The mucous membrane of the stomach is evidently in a catarrhal state of irritation, with much mucus secreted; the food ferments and decomposes, forming lactic and butyric acids. The tongue of the *pulsatilla* patient is a very characteristic one, quite different to the *nux vomica* tongue. It is a white tongue, not covered all over with a uniform smooth creamy coat, which is characteristic of *antimony*, but it is coated thickly with a rough white fur, or in other cases, the white rough fur coats only the posterior half. There is an absence of thirst, but a dry feeling in the mouth. These two conditions, if we observe closely, are quite distinct. There may be dry mouth and marked thirst along with it, but in the *pulsatilla* patient

the dryness is marked, but with no thirst or desire for drink—only a desire to moisten the mouth. For this distinction we are again indebted to Hahnemann's acute-observing powers. With the dryness there is a bad taste, rarely bitter, but a foul, sour, or even sometimes a salt taste. The *pulsatilla* patient is always worse in the evening, contrasting in this with *nux vomica*, in which, as I before stated, the patient is worse in the morning. The bowels are usually inclined to be loose, not always amounting to diarrhoea, but a tendency to looseness rather than the reverse. The stool is soft and markedly mucous, and the action usually takes place in the evening, while, if there is actual diarrhoea, it is in the evening or at night. The *pulsatilla* patient has almost invariably headache. The pain is of a heavy, aching, or occasionally throbbing pain. It is located in the forehead and over the eyes, or in the temples, and very often on one side only, and that the left. She is easily upset in emotions, and gives way to tears for trivial causes, or, as she will tell us, for no reason at all.

Such a condition is the frequent concomitant of disturbed uterine health, as amenorrhœa with leucorrhœa.

This picture which I have endeavoured to sketch will recall to your mind many a case in practice. The details of the sketch are most important to keep in view, for in selecting our remedy, we must try to find a drug which not merely corresponds to the gastric conditions, but to the *totality* of *all* the symptoms, and the more closely we do this, the more sure are we to hit the mark. Besides, then, the gastric symptoms which I have described, if the patient is fair, gentle, soft, emotional, and easily given to tears if she has the headaches I have noticed, if her tongue is the one sketched, if the bowels are inclined to be relaxed, if she is worse in the evening, if she is liable to catarrhs, or has one present, in the nose, or trachea with free secretion of mucus, if especially the menstrual functions are disordered, in the way of amenorrhœa, more or less pronounced, with a marked amount of leucorrhœa, and with more or less pain or uneasiness at the period, and with corresponding malaise at that time, your choice of the remedy will be easy. Of course, all these symptoms may not be present, but the type is there. *Pulsatilla* is a unique remedy. No-

medicine in the old school corresponds to it in the least, and those who remain wilfully in ignorance of it, deprive themselves of one of the greatest medicines that God has given to suffering humanity. I am not sure if Ringer introduces it in his later editions, but in Dr. C. D. F. Phillips' work (of Westminster Hospital) on *Therapeutics*, in which he ignores Hahnemann and homœopathy, though he practised as a homœopath for years before coming to London, we find *pulsatilla* named, and the indications for it on precisely the lines I have drawn. The dose of *pulsatilla*, like most of the important remedies of our school, varies in the hands of different practitioners. Usually the lower dilutions are prescribed, from the 3x to the 1x, and this is my own practice. But very often, in sensitive patients, the 3rd centesimal, the 6th or the 30th acts most satisfactorily.

The further drug treatment of the disorders we have been considering I must reserve for my next lecture, as time precludes my going further at present. But, in conclusion, you will notice that I have devoted my remarks entirely to the drug treatment, and have said nothing of diet. This is not because I place little importance on dietary directions, quite the reverse. It is useless, and opposed to common-sense, to treat a disease, such as those of the stomach, we have been talking of, with medicines alone, while we allow the patient to take any food he or she likes. As long as the stomach is incapable of digesting ordinary food, it is simply worse than useless to "stoke" and fill the organs with what must only keep up the irritation already existing. But dieting and what are called *general* directions belong to no school, and the rules are the same whether the patient is treated homœopathically or otherwise. I know many men are very careless in giving full dietary directions, and those who are so neglect an important part of their duty as physicians. The rôle of the physician is to cure his patient as quickly and thoroughly as possible and he must advise his patient as carefully and minutely as to diet and general rules as he does in the choice of the medicine. Such careful directions help the action of the drug by giving it fair play, and the results of those who are careless on these points contrast

markedly with those of men who think nothing too trivial to notice and advise upon. I do not, therefore, go further into this point, as the dieting, &c., must depend on each individual case, and the *savoir faire* and accurate observation of the physician must be called into play, not by giving cut and dried printed rules, as many doctors do, but by individualising each patient and directing what is to be taken and what to be avoided in each case. The use or non-use of alcoholic stimulants comes under the category of dieting. What is good for one is bad for another, and must be left to individual observation and judgment.

One *adjuvant* I may here notice, as its use is almost confined to the homœopathic school, and they learnt it from hydropathic practitioners. That is, the *wet compress*. A couple of folds of soft calico, wet with tepid water squeezed as dry as possible, and covered with oil silk, and this again kept *in situ* by a flannel bandage, when placed on the stomach, or over the whole abdomen at night, is of immense service. It should be thus worn every night, till recovery takes place, unless it causes redness and irritation of the skin. It has a remarkably soothing effect on the nervous system, promoting sleep, and removing restlessness, while it, in a most marked manner, soothes the irritation of the mucous membrane of the stomach and bowels, promoting digestion, preventing or relieving flatulence, and also regulating the action of the bowels.

A PROPOSED HANDY REFERENCE BOOK OF PROVINGS.

By W. THEOPHILUS ORD, M.R.C.S., Eng., & L.R.C.P., Lond.
In the treatment of a difficult case, when unusual symptoms develop, or where an unfamiliar combination of symptoms presents itself, a busy practitioner is often tempted to resort to empiricism in his choice of a drug, rather than sit down to a study of provings. This procedure, illogical as it is in those who are usually guided in their practice by the law of similars, has a very practical origin. The fact is that searching for the *simillimum* to a train of symptoms is a laborious task, and makes a far greater demand on the time at one's disposal than many of us can afford to devote to it. The

more conscientiously the attempt is carried out the more tedious does it become. This, too, in spite of the success which has attended the efforts of the able editors of the *Cyclopædia of Drug Pathogenesis* in bringing carefully collated and sifted provings within reach of all. A striking example of the labour occasionally involved is given in last January's *Review*, p. 4, where "two solid hours" are spoken of as the time that was required to determine the selection of the remedy in one instance.

A careful consideration of these facts has brought me to the conclusion that it is quite possible to condense (without detracting from their value) all the symptoms known to have been produced by the drugs in common use within the capacity of one convenient volume, and this in a manner which makes every symptom not only immediately accessible, but traceable to its source for further reference if required. In fact the desideratum to produce a reliable and handy reference book of provings for the consulting-room table, a glance at which would tell us whether the action of the drug in our mind corresponded with the totality of the symptoms of the case before us; and which should they not correspond, would suggest analogous remedies for our consideration.

The annexed condensation of the provings of *arnica* is a specimen of the method adopted. In this, all the symptoms from the *Cyclopædia* are incorporated in schema form, omitting only those which are obvious repetitions of previous symptoms in the same prover. To these are added from Hahnemann's *Materia Medica Pura*: (1) leading symptoms; (2) any symptoms which accentuate or exemplify those from the *Cyclopædia*; (3) special symptoms, corresponding with the general action of the drug, which are not found in the *Cyclopædia*, but may be of value. To economise space a careful compression of language has been permitted where necessary. It would be impossible, I found, to combine all the symptoms of the Hahnemannian medicines in anything like the space at our command, hence a selection was inevitable, the object being to produce a useful and reliable handy book, not a mere collection of every recorded symptom.

All the materials so obtained are combined in a schema which embodies three important departures from

the usual form. These will, I think, redeem it from the stigma attached to other arrangements of symptoms. They are briefly: (1) that every symptom can be readily traced to its source; (2) that every symptom has its relative value attached; (3) that the identity of each prover is maintained throughout.

Following each symptom are one or more small letters above the line, like algebraical symbols. Each of these letters corresponds to a certain prover, and is attached to every symptom experienced by him throughout the proving. The "Index to Provers" heading the schema gives the number in the *Cyclopædia* belonging to each prover, which corresponds to each of the letters I have used. Symptoms obtained from Hahnemann are denoted by the capital letter H. Thus, for example, the letters ^{apx}H after a symptom indicate, on reference to the index, that it is recorded in each of the provings numbered 14, 7, and 16 respectively in the *Cyclopædia*, and also that it occurs in the *Materia Medica Pura*.

Several varieties of type are used to suggest the relative importance of symptoms. The most characteristic are printed in thicker letters to more readily catch the eye. Those that are recorded by practically all the provers have no letters following them, and are indicated by the largest type. The minor symptoms are in small type. Following the schema is a list of the leading symptoms in their usual order of sequence in the provings. With this as a guide the symptoms of any prover culled from the schema may be arranged approximately in their order of occurrence, and thus each proving may be made to exhibit its totality of symptoms in perspective. I have also added details of additional symptoms noticed in cases of poisoning, of observations derived from *post-mortem* examinations, and made from experiments on animals, when any are recorded.

I have added, for the convenience of the busy practitioner, a Clinical Guide side by side with the symptoms, and also a list of analogues, or drugs which produce similar symptoms, corresponding with the clinical guide on the other side of each page. I have to thank Dr. Nankivell for these two valuable suggestions. They will, I believe, prove specially of use in refuting that form of scepticism which, whilst availing itself of our methods, refuses credit to the fact that the successful use of a drug is invariably borne out by the provings.

From six to a dozen proofs of Hahnemann's dictum will appear on an average in every page of my schema.

Abbreviations have been avoided as tending to confuse, the only ones permitted being P. for "pain," R. for "right side," and L. for "left side." The brackets are used to enclose conditions and concomitants of the symptoms they adjoin.

Several of the polychrests are completed, and I hope to have all the usual drugs ready for publication as a *Handy Reference Book of Proving*s in a few months' time. Meanwhile any suggestions and advice from brother practitioners will be gratefully received and carefully considered.

Bournemouth.

ARNICA.

Arnica Montana, L. Leopard's bane. *Nat. Ord., Compositæ.*

PROVINGS: Numbers are those in the *Cyclopædia*; Hahnemannian provers are denoted by "H." "A" is No. 12, a summary of effects on 8 provers; others are:—a=14, b=9, c=8, d=6 (Kneschke), e=5, f=3, g=4, m=6 (Seyffert), n=6 (Ströfer), p=7, q=10, x=16, y=17.

CLINICAL GUIDE.

MIND:—Hypochondriacal anxiety,"

ANALOGUES

Depression and anxiety from over-fatigue, or after injuries. *over-sensitiveness*^H — *depression*,^r — *disinclined fore exertion*^{db} *or work*.^f — cannot fix thoughts,ⁿ Nux V. — want of memory,^H — faculties impaired,^d — waking dreams,^H — cheerful^{an} [unusually,^a Ignat. gayⁿ].

Fulness and heat with chills in body.

HEAD:—CONFUSION [and fulness,^A — anxiety.ⁿ] **VERTIGO**^{Wpyh} [during dinner,ⁿ — whilst walking,ⁿ — in forehead,ⁿ — on raising head.ⁿ] **PRESSURE**^{aba} [slight,^A — on R.^a] *Rush of blood*^{an} [to foreheadⁿ]. **Heaviness.**ⁿ **HEAT**ⁿ [and chilliness in bodyⁿ], — burning in brain.ⁿ Lachesis.

Burning in head, as if brain was sore. Worse by lying, walking, noise and talking.

Aching P.^{apah} [severe,^r — slight on R.,^a — stupifying,ⁿ — worse lying downⁿ]. One-sided rheumatic aching.^b Bellad. Spigelia.

Frontal P. according to symptoms.

FRONTAL REGION:⁽⁵⁾ **PRESSIVE** Aconito. **ACHING PS.**^{anpqh} [in orbits,^f — in orbits and temple,^a — in L. half and eye, with nausea,^a — over eyes towards temples as if skin spas-

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ANALOGUES.

Various Ps. especially after blows, concussions, etc., according to symptoms, usually worse by warmth and movement, and of a sharp stabbing or lancinating character.

modically contractedⁿ. Shooting P.^{du} [with Verat. *stabbing*,^{du}—with jerking worse by raising Bellad. eyesⁿ]. Dull P.^c *Heaviness*.ⁿ Constant L. Cicuta.

sided headache.^a

TEMPLES:⁽³⁾ P.^{adu} [*stabbing*,^a—*throbbing* Merc. *aching, increased by warmth*,ⁿ—*pressive*^a]. Stitches towards forehead.ⁿ P. in L.^{yn} [*jerk- Cham. ing, shooting or tearing*]ⁿ. Contraction of.^x

PARIETES:⁽²⁾ Pressive aching under, and in lachrymal fossæ,^f—aching P. in L.^v Rhus. Pulsat.

OCCIPUT: Stabbing P.^d Drawing P. Sulph. Bar. Carb. towards temples.ⁿ

(1) Immediate effects of blows—swelling, P.—pallor of shock, etc.; (2) remote constitutional effects, subsequent debility, etc.

FACE:⁽¹⁾—Flushed and swollen,^{yn}—itching,^{yn}—contractions of maxillary muscles,^a—heat,ⁿ—cheeks swollen and painful as if bruised,ⁿ—pale,^c—fallen in.ⁿ Rhus. China. Hypericum.

EARS:⁽³⁾ Noises,^{an}—itching,^{yn}—stitches and aching,ⁿ—singing in R.^a P. as from a blow in L. cartilage.ⁿ Gels. Quin Sulph. Sod. Sal.

Deafness and vertigo from falls.

EYES:⁽³⁾ Burning,ⁿ—stitches,ⁿ—contracted pupilsⁿ [afterwards dilated and staringⁿ]. Sparks before eyes,^a R.⁽²⁾:—prominence of ball,^a—drawing P.ⁿ—pressive^a P. [of inner half relieved by walking out,^a—and in orbitⁿ]. L.⁽²⁾:—itching,^a—aching P. extending to L. half of forehead.^a Aconite. Euphras. Gels. Bellad.

Ophthalmia from mechanical injuries with disturbance of sight.

Epistaxis from blows.

NOSE: EPISTAXIS^{acan} [frequentⁿ traces of blood^a]. Occasional sneezing,^{yn}—severe coryza.ⁿ Hamam. Bellad. Millef.

Swelling and ulceration of lips with enlarged glands of neck

LIPS: Burning and swelling,ⁿ—angles ulcerate and burn,ⁿ—chapped,ⁿ—pimples,ⁿ—in middle of lower lip vesicles of clear fluid drying into scabs, which burn.^{Al *} Nat. Mur. Rhus. Baryt. Carb.

MOUTH:⁽¹⁰⁾—SCRAPING sensation^{du} [and burning^f]. DRYNESS,^{an}—burning^{yn} [severelyⁿ—of palate^a],—acid feeling lasts 3 days after proving,^q—increase of saliva.^{bcn} Bellad.

TASTE: BITTER^{Aln}—of rotten eggs.ⁿ Dislikes milk and soup,ⁿ—desires vinegar.ⁿ Mer. Sol.

TONGUE:—Burning,^a—smarting,ⁿ—furred white or yellow,ⁿ—dryness of tip.ⁿ Bryon.

* ^{Al} signifies that the symptom was experienced by one only of the provers of the A group.

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ANALOGUES.

- Throbbing tooth-ache with P. and swelling of gums.** **TEETH: ACHING** in a sound L. molar.^a *Aching as if roots were being scraped,* "**tearing** Bryon. **P. in L. upper molar,**"—painless elongation and loosening." Merc. Sol.
- Heartburn, with taste of rotten eggs, fulness and hunger.** **THROAT:—SCRAPING** in gullet [and burning,^{bln}—with nausea,^{nu}—biting,^b—heart-burn]^{bri}. **BURNING P.**^{apari} [severe, descending into stomach,ⁿ—posteriorlyⁿ]. **Soreness.**ⁿ On L. of œsophagus strong pressure upwards and severe stabbing.⁴ **Swallowing difficult**^{an} [as if from swelling of pharynx,^b—from nauseaⁿ]. **COUGH**^{an} [from obstruction in larynx and expectoration of thick phlegm without relief,^a—irritative dry,ⁿ—in mornings dry as from tickling in trachea,ⁿ—at night whilst asleepⁿ,—with itching irritation in larynx, causing vomiting,ⁿ—bloody expectorationⁿ]. **Hæmoptysis.**ⁿ Cough with bruised P. of ribs.ⁿ Arg. Nit. Merc. Cor. Capsic. Aconite. Alumin. Arsen. Ipecac. Phos. Milleff. Bryon. Hep. Sulph. Drosera. Ac. Hydrocy. Caps.
- Whooping cough.** **NECK:—P. and stiffness of muscles**ⁿ [as if bruisedⁿ]. Aching P.ⁿ [as if collar constrictedⁿ]. Crampy P. muscles of napeⁿ. P. at edge of sterno-mastoid as if in a swollen gland.^a Swelling and P. of cervical and submaxillary glands.ⁿ Act. Rac. Bryon.
- Ps. and stitches after falls, over-exertion, blows, etc., with soreness and tenderness.** **CHEST:—Stified oppression as from a weight,**ⁿ—twitching of muscles on L.,^a—stitchesⁿ [in middle of L. side,ⁿ—near sternumⁿ]. Shooting P. on sidesⁿ [on one side with short coughⁿ]. Aching P. lower end of sternum on breathing.ⁿ **Soreness**ⁿ [and itching in wallsⁿ]. **Rawness,**ⁿ blood spat with saliva in walking,ⁿ—joints and cartilages ache as if bruised.ⁿ Bryon. Ranunc. Aconite. Rhus. Act. Rac. Chelid.
- Cardiac Ps. from over-exertion, muscular strain, etc. Ventricular hypertrophy of athletes, with angina and anxiety.** **CARDIAC REGION: PRÆCORDIAL ANGUISH**^{an} [intolerable, as if heart stoppedⁿ]. Spigelia. Spasm in præcordia.ⁿ P. as if compressed, or from a blow.ⁿ Constriction with anxiety impedes respiration.ⁿ **Stabbing under sternum.**ⁿ Cact. Gel. Bellad. Phos. Ars. Iod.
- Palpitation from exertion.** **CIRCULATION**⁽³⁾: Stronger heart beats [afterwards very slowⁿ]. **PALPITATION.**^{fn} P. as if heart were compressed.ⁿ Aconite. Veratr.
- Shock.** **PULSE**⁽⁶⁾: Quickened,^{fn}—stronger.ⁿ Cact. Gel. Bellad. Phos. Ars. Iod.
- Dyspnoea of fatty heart.** Slower and irregular.ⁿ Thready, almost imperceptible.^x

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ANALOGUES.

Myalgia :

EXTREMITIES, IN GENERAL ⁽⁷⁾ :—Aching Ps. in
muscles with
inclination to
stretch and
stiffness.**ACHING AS IF CONTUSED** ⁽⁷⁾ —
inclination to stretch, ^a — *weariness*, ^b — *trem-
bling*, ^c — **incapable of exertion**. ^d *Paralytic*
Ps. in all joints as if bruised on moving, ^e —
tingling P. when shaken or on stepping, ^f —
tearing Ps. ^g

Acon.

Act. Rac.

Bryon.

Gels.

Lassitude,
trembling and
weariness
from over-
straining.**UPPER EXTREMITIES** ⁽³⁾ :—Ps. in joints
from sprains,
contusions or
over-fatigue,
often with
swelling and
tenderness.**Sharp twitches towards axillæ**, ^a **P. and
stiffness of shoulders** [rheumatic]. **Sore-
ness under shoulders**. **Stitches in arms**.
Arms ache as if beaten. **Tearing** ^b **P. [in arms**
and hands], ^c *in wrists as if dislocated*, ^d — *worse*
in L. ^e **Sharp stitches in wrists and**
middle fingers. **HANDS** ⁽³⁾ : **Drawing Ps.** ^a —
feel swollen AND tender ^b — **distended**
veins. ^c **P. in balls of thumb as if struck**. ^d

Rhus.

Veratr.

Caust.

Ruta.

Bellis.

RIGHT ⁽¹⁾ : **Tearing P.** ^a [drawing back of
hand, ulna side, ^b — violent, on inner side ex-
tending to little finger and ulna side of fore-
arm]. **Pressive P.** in joints of ring and little
fingers. ^c **P. as if bruised in tip of ring finger**
on pressure [afterwards tearing P. in arm].
Sprained feeling and cracking in wrist. ^d

Rhus.

Gels.

Merc.

Twitching from
muscular ex-
haustion.Ps. in bones
from bruises
or blows.Cramp after vio-
lent exercise.**LEFT** ⁽³⁾ : **Violent twitching** ^a [shoulder
joint to middle finger, ^b — as if nerve was
pulled]. **Aching P.** ^c [tearing as if in bone
of arm to elbow, ^d — in wrist and palm with itch-
ing, ^e — in 1st phalanges of three last fingers].
Stitches in forearm as if broken. **Drawing P.**
skin of back of little finger. **Cramp in fingers**.
P. in wrist as if sprained. ^f

Merc.

Ruta.

Mezer. Merc. sol.

Cupr.

Bellis.

Ps. after dis-
locations or
fractures.Muscular
spasms after
amputation or
operations.**LOWER EXTREMITIES** ⁽⁴⁾ :—**P. in hips as if dislocated**, ^a — *in thighs as*
from a blow. **Legs and feet ache**, ^b — **sore**
on walking. **Knees give way**. ^c **Twitching**
muscles of thigh. ^d **Drawing tension in**
muscles of calf on standing, ^e — **dislocation**
P. in ankles, ^f — **burning in feet**, ^g — **numb P.**
and redness in joint of big toe. ^h

Symphytum.

Hypericum.

Hyosc.

Merc.

Rhus.

Pulsat.

Contusions.

Sprained ankles.

RIGHT ⁽²⁾ : **Tearing P.** ^a [in hips, ankle
and dorsum of foot, ^b — *in knee as if struck*, ^c —
in calf as if bruised]. **Aching in calf**. ^d **Rhus.**
Drawing P. ^e **Shooting P. in tendo Achilles**
on extension. ^f **Stitch in big toe**. ^g

Ruta.

Rhus.

Bellis.

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ANALOGUES.

LEFT: ⁽³⁾ — *Aching* P.^{yn} [*on stretching* Colchic.
leg after sitting, " — with itching," — below
kneeⁿ]. Pressive P. muscles of thigh.ⁿ Rhus.
Transient tension buttock and knee.^a *Tear-*
ing P.^{an} [*ankle*, " — heel," — *outer leader of foot* Puls.
with burning on moving, at same time daily, Iodum
preceded by creeping^a].

BACK:—I. IN GENERAL: BACK. Act. Rac.
ACHES,^{yn} — burning," — P. as if bruised.ⁿ Ignat.
Aching P. as if after continued stooping over Rhus.
hard work,^{yn} — *crampy* P. as if after stooping,^b Dulcam.
— P. in anterior of spine as if from pressure
of stomach.^b Rheumatic P.ⁿ Ruta.
II. CERVICAL REGION: *Aching* P. in China.
vertebræ on bending forwards.ⁿ Tensive
pressure in spines of last cervical and first Phosph.
two dorsal.^a

III. DORSAL AND SCAPULAR Aconite.
REGION: Dull Ps.^{ayyn} *Aching*^{yn} [between
scapulae," — in L. scapula^{yn}]. Pressive^{ayyn} P. Coffea.
[*superficial between shoulders*,^{yn} — in R. sub-
scapular," — deep as if from pressure of back of Phos. Ac.
stomach,^{yn} — lower angle of L. scapula^a]. P.
as if ribs were dislocated from spine.ⁿ P. in R.
scapula as if after a blow.ⁿ Sore P. in spine
above and below stomach as if back of stomach
pressed against spine, becoming worst between
shoulders.^b Cutting P. into chest.ⁿ On
pressure, a sharp P. in muscles of nucha and
in spines, causing stifling in chest, worst at
last dorsal with constrictive P. like girdle to
epigastrium.^x

IV.—SACRAL REGION: P. as if from a blow,ⁿ Berberis.
— as if lacerated.ⁿ P. shoots on coughing.ⁿ Æs. hip.

STOMACH:—ERUCTIONS [re- Ant. Tart.
peated,^{yn} — empty,^{an} — foul smelling,^f — like
rotten eggs," — *tasting of drug*^{ab}]. Ac. Carb.
AND FULNESS [tension,^a — after eating," —
as if from a stoneⁿ — in upper and ant.
parts^t]. Nausea^{acm} [and vomiting,ⁿ — empty
retchingⁿ]. Inclination to vomit without
nausea.^c Emptiness^{yn} [after mealsⁿ]. PAINS⁽³⁾
[aching,^b — burning first then pinching and
pressing,ⁿ — changing to ravenous hunger,^b —
undefined, unpleasantⁿ]. Smarting P.ⁿ Iodum.

Gout induced by
blows or exer-
tion.

Aching in back,
burning P., as
if bruised (1)
after recent
falls, contu-
sions, or
strains; (2)
after trivial
exertion of old
people, worse
in evening,
and prevent-
ing sleep; (3)
from remote
effects of old
injuries, rail-
way accidents,
and shocks.

Details of Ps.
according to
symptoms.

Back-ache from
stooping and
"cricks."

Ps. in sacrum
from blows, &c

Nausea with
empty retch-
ing and eru-
ctions like
rotten eggs,
with crampy
Pn. in stomach
and pressure
as from a
stone. Graw-
ing hunger,
but no appe-
tite for food.

CLINICAL
GUIDE.

ANALOGUES.

Emptiness after food. **Crampy Ps.**^{ccii} [*sensation of cramp,*^c—relieved by a meal,^c—with grasping P.,["]—as if in posterior wall reaching to spine,^b—as if walls were drawn spasmodically together^c]. Draw- ing["] P. Cutting P.^c

Crampy Ps. in back of stomach to spine, making back ache. **Rhus.**
Ignat.
Act. Rac.
Atropine.
Ac. Oxal.

ABDOMEN; IN GENERAL:—

Tympanitis relieved by walking, with colicky Ps. and rumbling; bowels sore to touch. **DISTENSION**^{b, f, p, u} [*tympanitic, with cutting Ps. and diarrhoea,*^{f, b}—tympanitis relieved by walking,^p—of small intestines,^b—very painful on R. like a sore on touching or moving["]]. **Flatulence**^{u, A, u} [gurgling,["]—rumbling,["]—below umbilicus["]]. **PAINS**^{pp, A, u} [*collicky,*^{cp, u}—with urging, worse by eating,^y—flying,^A—constrictive P. in small intestines with much movement,^p—P. on R. as if from concussion["]].

Ps. worse by eating, with rectal urging and much flatus. **Carb. Veg.**
Lycop.
Arg. Nit.
Nux Mos.
Dioscorea.
Colocyn.
Chan.

UMBILICAL: Transient stitch as if in small intestines;^c—pressive throbings to epigastrium.["]

EPIGASTRIUM: Digging and Drawing["]. Cardialgia["],—Flying Ps.^A Pressure as if xiphoid was pressed in.^A Tightness like a girdle.

Ps. during pregnancy from movements of child. **HYPOGASTRIUM:** Deep digging P., tightness and distension,["]—sharp P. through from side to side.["]

Collins.
Pulsat.

Stitches about liver on breathing. **HYPOCHONDRICUM:** Pressive P. on R.["] [as from a stone in hepatic region,["]—in liver or duodenum^c]. Flying P. in R.^A Pinching in L. splenic region["] [with stitches,["]—under false ribs on breathing["]].

Am. Mur.
Bryon.
Chelid.

Strangury and burning from increase of urates, or scanty urine after violent exercise; or from chills. **URINARY ORGANS:—Frequent micturition,**["]—urging to urinate["] [ineffectual, from strangury["]]. Retention.["] Strangury and involuntary dribbling.["] Stitches in urethra.["]

Bellad.
Camph.
Acon.

URINE: Quantity increased^{an} [afterwards lessened^a]. Scanty.^y Colour normal,["]—sulphur yellow.^a Watery^{an} [afterwards deposits dark sand^a]. Phosphates increased.^a

Canth.
Acon.
Bellad.

Dysentery with urging and tenesmus. **RECTUM:—Frequent escape of flatus**^{am, u} [smells of rotten eggs["]]. Urging^{b, u} [relieved by flatus, small hard stool or diarrhoea,^b—induced by eating["]]. **SWELLING**

Mer. Cor.
Colocyn.
Sulph.
Nux Vom.

CLINICAL
GUIDE.

Piles, worse on standing, and induced by walking or rowing.

OF HÆMORRHOIDAL VESSELS^{an} [*and aching*]. **Blind Piles.**ⁿ *Pressure in anus whilst standing.*ⁿ

ANALOGUES.

Verbase.
Hamam.
Æsc. hip.

Constipation in athletes or after unusual exercise.

STOOLS: **Diarrhoea,**^{bxn}—sluggish,^{hd} rather constipated^{baH} [firmer and less frequent^A]. *Irregular*^{bn} [small hard fæces and flatus,^{bn}—or liquid^b]. *Thin and dark,*^a—pappy.ⁿ **Constipation.**ⁿ *Involuntary escape during sleep.*ⁿ

Sulph.
Hydras.
Bryon.
Opium.
Verat. A.
Alum.

Symptoms after injuries.

GENITALS. MALE:—Violent stitches in glans^{an} [with itching and rashⁿ]. Causeless excitement.ⁿ Erections without desire,ⁿ—nocturnal emissions.ⁿ Feeling of weakness in morning.ⁿ

Hyperic.
Calend.
Cauloph.
Act. Rac.
Calend.

Soreness after labor, violent after - pains, sore nipples, &c

FEMALE: Menses accelerated.ⁿ

Boils in constant succession.

SKIN:—**Perspiration.**^{fAn} [free^{yn}]. **Itching**^{yn} [on chest and back,ⁿ—head and forehead,ⁿ—outer side L. thigh, leg and foot, afterwards generalⁿ]. **ERUPTIONS**^{ayn} [painful pimples on face;ⁿ on lips,ⁿ—pustular acne burning in R. corner of mouth,^a—pustules on side of forehead,ⁿ—like small-pox on cheeks under eyesⁿ].

Sulph.
Bellad.
Silica.
Rhus V.
Bellad.
Verat. V.
Laches.
Hep. Sul.

Erysipelatous rashes, as in symptomⁿ. (vide "poisonings.")

Carbuncles.

Itching with perspiration.

Restlessness from over-fatigue.

SLEEP:—*Disturbed,*^{hon}—restless,^{syn} dreams^{yn} [vivid,^{An}—frightful,ⁿ—disturbing^{yn}]. Wakeful till midnight.ⁿ Sleeps with mouth open.^a **Sleepy by day.**^{abdxn} **Yawning**^{yn} [which provokes cough,ⁿ or shiveringⁿ]. Starting and jerking head backwards.ⁿ

Gelsem.
Coff.
Rhus.
Ignat.
Bryon.
Opium.
Lycop.

Sleepiness by day and yawning.

Muscular debility from exertion; weariness, heat of head, with aching, chilliness of body.

GENERAL SYMPTOMS:—**GREAT LASSITUDE** [indescribable malaise,^m—weariness,^b—general sinking of strengthⁿ]. **DISINCLINED FOR EXERTION,**^{dmn}—for work.^{bn} Incapable of working long.^f **Great muscular debility.**^{yn} *Weariness, headache and sweat on forehead.*ⁿ **INTENSE GNAWING HUNGER.**^{yn} **RAVENOUS APPETITE,**^{yn} **BUT NO DESIRE FOR FOOD.**^{bpyn} *Appetite diminished,*^{bpyn}—loss of appetite.^{dyn} **Appetite increased.**^{bpyn} *Chilliness in bed*ⁿ [on R. side,ⁿ—in whole body,ⁿ—rigorⁿ]. *Morning fever preceded by chill.*ⁿ *Dry heat in bed in morning, worst in head with thirst.*ⁿ **Heat in**

Ac. Phos.
China.
Ignat.
Acon.
Bellad.
Iodum.
Arsen.
Camp.

Hunger, but no appetite.

Chilliness in bed in the morning.

Traumatic Fever

CLINICAL
GUIDE.

Muscular tremor. **head but chilliness in body."** Sharp pinching and shooting all over, worst in face and hands." General twitching of muscles." **Ps. aggravated by speaking, or noise."** Symptoms continued for three days after proving."

ANALOGUES.

Gels.

Act. R.

Bryon.

Ruta.

ADDITIONAL SYMPTOMS from CASES OF POISONING WITH ARNICA.

[Numbers refer to cases in Cyclopædia.]

MIND : From being kind and genial became waspish and peevish with hypochondriacal anxiety for over one month.⁽³⁾

HEAD : As if brain were sore and tender,⁽³⁾—oppression and drooping of eyelids, as if they could not be raised.⁽³⁾ Diplopia and hallucinations of vision for some days.⁽¹⁷⁾

CHEST : Tonic contraction muscles of respiration,⁽¹⁰⁾—distress about heart, stitches, faintness, feeble and hurried pulse, horror of instant death.⁽²⁾

STOMACH : Obstinate vomiting [with vertigo and convulsions] some days,⁽⁶⁾—violent Ps. aggravated by hot poultices,⁽⁹⁾—hiccup for two days [relieved by Nux Vom.]⁽¹³⁾—gastro-enteritis P.M.⁽¹¹⁾

EXTREMITIES : Powerlessness of L. wrist and ankles,⁽³⁾—thighs livid with blue and yellowish marks like a black eye,⁽³⁾—hardness of nates with swelling and tenderness.⁽³⁾

SLEEP : Dreams of dying,⁽³⁾—deep sleep for 11 hours,—excessive sleepiness.⁽⁴⁾

GENERAL SYMPTOMS : As if bruised all over,⁽³⁾—general tetanus of R. side.⁽¹²⁾

SKIN.—**BY OUTWARD APPLICATION OF ARNICA** :—Vesicular eruption with redness and swelling like phlyctenoid erysipelas,⁽¹⁵⁾—miliary vesicles like croton oil rash but smaller,⁽¹⁵⁾—may be accompanied with fever.⁽¹⁵⁾ Like erysipelas.⁽¹⁹⁾ Erythema with general infiltration of cellular tissue about a wound, invading other parts, with itching and blebs.⁽²⁰⁾ Small semi-transparent vesicles with red bases, heat and itching.⁽²¹⁾ Erythema and pustules.⁽²²⁾ Applied to an old sprain of many weeks' standing produced black discolouration changing to green and yellow.⁽²³⁾

TABLE OF SEQUENCE OF SYMPTOMS [IN ORDER] :—Burning in throat and mouth,—eructations,—burning in stomach,—headache,—nausea,—fulness in stomach,—general malaise,—cutting Ps. in bowels,—hunger but loss of appetite,—anxiety and depression,—P. and stiffness in some muscles or joints [probably the site of a previous blow or sprain],—heat and fulness of head with chilliness of body,—epistaxis,—oppression of chest,—yawning and sleepiness,—itching of skin,—aching in back,—extreme muscular prostration as if from over-exertion.

A RAPIDLY FATAL CASE OF ENGLISH CHOLERA.

By W. SPENCER COX.

On the 30th of April, 1893, I was called to Mrs. H——, a lady 62 years of age, of a strong, wiry constitution, who generally enjoyed good health.

Previous health.—Always had a slight tendency to diarrhœa, and some years ago had a serious attack, from which, however, she recovered in a few days. Had been a little out of health lately, and was suffering from leucorrhœa.

Present illness.—Till the day before I was called to see her she was in her usual state of health; at dinner time she partook somewhat freely of pie made from bottled cherries. This pie was eaten by other members of the family and household.

This morning at 6 a.m. she informed her husband that she had had a bad night, the bowels having acted six times. She insisted, however, on dressing and coming down to breakfast, and refused to have medical advice.

At breakfast she could eat nothing, and vomited several times.

The diarrhœa continuing, I was sent for at 10 a.m.

When seen the patient was sitting in a chair, bent up and looking very ill. She was evidently in pain, but would not admit it. The temp. was 101°. Pulse 90. Being evidently too weak to move, I carried her up to bed, and ordered *ipêcac.* 1x and *camphor* pills every half-hour alternately. Brandy in ʒi doses. Milk and lime water to be given in small quantities, and a nurse to be obtained at once.

About 1.30 p.m. she was seen again. The sickness had now stopped, the bowels had been open about three times. The stools were perfectly liquid and of a peculiar bright saffron colour; patient was lying on her right side, the legs somewhat flexed, and the face pale and somewhat shrunken, eyes half open, occasional moaning. Temp. 102° F.; pulse 100. On palpation of the abdomen no specially tender spots could be made out; patient could only be got to answer questions with difficulty, and would only admit that the pain was bad "at times."

Hot stupes sprinkled with $m\ xv.$ of *tinct. opii.* were applied and seemed to give some relief. The *ipecac.* was now changed for *belladonna* $1x$, given in alternation with the *camphor*; and Benger's food in dessert-spoonfuls occasionally substituted for the milk and lime water. The extremities, which were very cold, were surrounded with hot bottles and wool.

The patient was seen again at 10 p.m. The nurse reported involuntary evacuations of the same character as before, but no vomiting. Extremities warm, general appearance as before. Temp. had gradually risen to 104.4° ; pulse 96 per minute and of fair quality; respiration 56. Did not answer questions now, but as she seemed to be suffering more pain, a hypodermic injection of morphia gr. $1/3$ was given, which in ten minutes produced sleep. At 11 p.m. the pulse was fair in quality, the extremities kept warm, and a slight normal perspiration had appeared. Dr. Blackley kindly saw the patient with me at midnight, and agreed in the diagnosis and treatment, suggesting, however, the exhibition of *arsenicum* later on; he was inclined to take a hopeful view of the case. The diarrhœa had now apparently ceased, and the patient appeared to be sleeping quietly. The case was watched all through the night, and for some time the slight improvement noted was maintained. By 2 a.m. the temperature had gradually fallen to 102° . About 3 a.m. there was a decided change for the worse, the extremities began to get cold and a cold perspiration broke out. She swallowed the brandy, etc., with great difficulty, pulse getting weak and thready. Hands and feet were rubbed and hot applications continually applied, and a hot brandy enema administered. *Aether*, hypodermically, was also tried. Though there was a very slight temporary improvement, it was not maintained, and gradually sinking she died at 6 a.m., exactly 24 hours after her first complaint of illness.

Points of interest.—*Rapid course* of the disease with very slight help from medicine.

Previous health of patient good, though lately she had suffered from leucorrhœa and a general tendency to diarrhœa.

Time of year.—April.

Absence of exciting cause.—The only discovered error of diet being the tart made from bottled cherries,

and of which everyone else partook with perfect immunity.

Terribly rapid course of the disease and the cessation of vomiting and then of diarrhœa, without general improvement.

Character of stools.—Curious bright saffron colour, offensive and perfectly watery. The vomit was unfortunately not saved, but I understand it consisted of the contents of the stomach with some bile.

Treatment.—*Ipec.* and *camphor* every half-hour alternately for six hours, *bell.* and *camph.* every half-hour for six hours. Afterwards *bell.* alone.

Milk and lime-water in 3 ii. doses.

Brandy 3 ii. every hour, increased to every half-hour.

Hot stupes with mx—xv of *tr. opii.*

Hypodermic of morphia.

Hot brandy and water.

Hot brandy enema.

Hypodermic of ether.

A PECULIAR CAUSE OF URTICARIA.

By ROWLAND WILDE, M.B.

WILLIAM S—, aged 60, admitted April 21st, suffering from an extensive granulating ulcer of the right leg, had a linseed poultice applied to a portion which was sloughing on May 19th.

Half-an-hour after the application, the man presenting a peculiar facial appearance, I was called to examine him. There was acute œdema of the eyelids, so that the eyes were scarcely visible, and the sides of the abdomen were found covered with wheals of various sizes, some being two inches or more in length. Itching only slight.

The man stated he had once had a bread poultice applied to the leg, and a similar eruption (resembling that he had once had from eating mussels) had appeared very soon afterwards, accompanied with great itching, but all signs of the eruption quickly disappeared after the removal of the poultice.

In the present instance the poultice being removed, on examination some three hours afterwards no wheals could be detected on the abdomen, although there still remained some œdema of the eyelids (which had not even quite disappeared the next morning).

Dr. Gordon, of Liverpool, mentioned to me a similar instance in which an acute attack of nettlerash in a girl had resulted from the application of a linseed poultice to an abscess of the pudenda, the eruption in this case being all over the body. There was also the history of the girl's mother having had a similar attack produced in the same way. The exciting cause in one of these instances being a *bread* poultice does away with the theory that there may be some irritating or toxic material in linseed which can produce the eruption. It is therefore possible that the poultice is the means by which some septic product from the sore is rapidly introduced into the system, and which is capable in certain susceptible subjects of producing an attack of urticaria.

That the effect is due merely to the heat of the application, acting in a reflex manner, is not likely.

REVIEWS.

A Report on Certain Experiments Undertaken to Ascertain the Disinfecting and Germicidal Power of "Sanitas" Preparations and Appliances. By A. B. GRIFFITHS, Ph.D., F.R.S., Ed., F.C.S.

THIS is a pamphlet brought to the notice of medical men, and therefore, we presume, is an appeal to them to justify, by the knowledge it communicates, their recommendation of Sanitas and its compounds as disinfecting media. But the author either imagines that his readers are not capable of appreciating the details of experiments, or he imagines that it will be sufficient to state his asserted results without proof, to induce medical men to accept them without cavil. It appears to us that any writer wishful to have his statement of results accepted should, in simple courtesy, state them in such a manner that they can be independently repeated. In this pamphlet are mentioned seven sets of experiments, and in no one of these is sufficient detail given to enable an earnest seeker for truth to imagine even the process by which the results were obtained. In the first set for instance, it is stated "silk threads were impregnated with certain microbes which were then immersed in Sanitas oil, and the microbes were destroyed in a. b. c. seconds." This bald statement is aggravating. There are many questions one would like answered. How, for instance, was the action sharply checked at the end of a. b. c. seconds? Was the Sanitas oil washed

away, was it destroyed, or what happened? If this observation is to have any scientific value this information must be afforded, but at present it is left to the imagination, and this is so greatly to be regretted that it takes away all value from the results.

When oil of turpentine, or other essential oil, is exposed to air in presence of moisture, it is a well known and accepted fact that ozone is produced, and from ozone and water, peroxyde of hydrogen, and it needs no proof whatever in these days that this latter substance is a prince of antiseptics. But the question of the value of Sanitas compounds absolutely depends on how much of such HO or ozone is produced from a given quantity in practical application, and it would have interested the medical profession vastly if a comparative series of experiments had been stated, giving the results on bacilli with weak HO solution and Sanitas oil side by side. It is claimed, we believe, by the Sanitas makers that the active ingredient in their preparations is peroxyde of hydrogen, and it is also claimed that such peroxyde of hydrogen is constantly being reproduced as it is used, and therefore it has great advantage over a pure solution, even if this latter be much stronger, for once used it is done for, and there can be no reproduction. We do not deny that this is so, but in this professedly scientific pamphlet we have no statement by which proof can be made. The author has failed to give us the details by which we can repeat, and so prove or disprove his results, and hence in their present state they are valueless.

The question of an absolutely reliable antiseptic which has no poisonous properties is one of such moment to medical men that no amount of detail given in proof would be out of place; and while we are willing to be biassed in favour of these compounds on the ground that such mixtures are capable of producing hydrogen peroxyde, yet we must decline to accept this as sufficient to justify either their use or recommendation. A solution or emulsion of oxydised turpentine is not unirritating, especially on raw surfaces, and any such mixture so acting would be objectionable. Yet there must be a point of dilution at which the irritating action like that of mercuric chloride solution is so small as to be a negligible quantity; the question is of what value as a germicide is the solution at this stage of its dilution? We have no hesitation in saying that if it can, at such a stage of dilution, reproduce its active constituent, there is no doubt of its value both in medicine and surgery. If ozone be produced in an infected room, we can detect its odour so long as it is present; even in very dilute state there can be no mistake, and while we detect that odour we can have absolute confidence that infec-

tion is being combated. With Sanitas there is a difficulty ; the odour of oxydised turpentine is not equal in value to that of ozone, and no amount of special pleading can make us accept it as one and the same thing. While you smell ozone you are safe ; the danger is in accepting the soft insinuation that with the odour of Sanitas you are equally safe.

NOTABILIA.

ANNUAL HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic Practitioners will be held this year in Northampton, at the Guildhall, on Thursday, September 28th, at 10 o'clock punctually.

Note.—The date of meeting was fixed for Thursday, the 21st September, but it was subsequently found that on account of a great public demonstration on that day in Northampton, we could not have the suitable rooms for meeting, nor could many friends in Northampton, who wished to be with us, be present. In fact, our meeting would have been swamped, and on the advice of Dr. Clifton the day was altered. The following day (Friday, the 22nd) was found for various reasons, to be equally unsuitable, and the Secretary (Dr. Dyce Brown) took the responsibility, with Dr. Clifton's advice, of changing the day of meeting to Thursday, the 28th September, as Thursday is the day in the week which in former years was decided to be the best one. It is hoped that this necessary alteration will not inconvenience any of our colleagues.

The Presidential Address will be delivered and the meetings will be held in the Old Council Chamber at the Guildhall.

The business of the Congress will be opened by an address from the President, Dr. Hawkes, of Liverpool, on *Should Likes be Treated by Likes?* Any strangers, ladies and gentlemen, who may desire to hear the President's address, will be welcome.

After this a short interval will allow the Hon. Treasurer to receive subscriptions.

A paper will then be read by Dr. Pope, on *The Selection of the Homœopathic Specific*. Discussion is invited on this and the other papers.

Should there be time before luncheon, a short paper will then be read by Dr. Edwin A. Neatby, of London, on *Oubain in Pertussis*.

The Congress will adjourn for luncheon at 1 o'clock. Dr. Clifton, of Northampton, very kindly requests that the

members of Congress will consider themselves as his guests at luncheon, which will be laid in the Large Hall of the Guildhall.

At 2 o'clock punctually 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. W. Cash Reed, of Plymouth, on *Uterine Deviations, and their Auxiliary Treatment*.

After this and the discussion thereon, Dr. Neatby will read his short paper, should there not have been time for it before luncheon.

The members and their friends, ladies as well as gentlemen, will dine together in the Large Hall of the Guildhall, at 7 p.m.

During the interval between the conclusion of business and the dinner, it is expected that there will be time to visit certain places of great interest in Northampton: (1) Queen Eleanor's Cross; (2) St. Peter's Church, one of the best examples of enriched Norman architecture in the kingdom; (3) The Church of the Holy Sepulchre (St. Sepulchre's Church, one of the most remarkable memories of the Crusades to be found in the kingdom—it is one of the four round churches still existing in England; (4) The extensive boot and shoe manufactory of Messrs. Manfield and Sons, the largest in the kingdom. Dr. Clifton has kindly promised to provide intelligent guides for these places, who can give full information.

The Vice-President of the Congress is Dr. A. C. Clifton, and the Hon. Local Secretary is Mr. A. Wilkinson.

A meeting of the Hahnemann Publishing Society will be held at the Guildhall (the Old Council Chamber) at 9 a.m. on the morning of the 28th.

The subscription to the Congress is 10s., which includes the dinner ticket. The dinner ticket alone, for guests, will be 7s. 6d.

Those members of Congress who can remain over Friday may visit Althorpe House, the seat of Earl Spencer, and the adjoining village, the residence of some of the Washingtons, the family from which the great George Washington came. The Althorpe collection of pictures is reckoned very fine. The famous library is now no longer there. Several residents in Northampton have most generously offered their hospitality to members of Congress. These kind and hospitable friends will arrange with Dr. Clifton, and he will communicate with such members as may have the good fortune to be invited. For others, rooms will be provided at the George Hotel and

the Grand Hotel. Members who wish rooms to be retained for them at these hotels will please communicate with Dr. A. C. Clifton, 65, Abington Street, Northampton.

Any member of the profession who has not received a circular should apply to Dr. Dyce Brown, 29, Seymour Street, London, W., and all proposing to be present should intimate their intention as soon as possible, but not later (if possible) than September 15th.

SYNOPSIS OF PAPERS.

Dr. POPE's Paper.

The Selection of the Homœopathic Specific.

The method of Hahnemann.—The object aimed at by him.—Symptoms.—State of Physiology and Pathology in 1810.—Study of Medicinal Action.—Interpretation of Symptoms arising from disease and produced by drugs.—Differentiation of similar drug effects.—Use of the Repertory.

Dr. CASH REED's Paper.

Uterine Deviations and their Auxiliary Treatment.

SYLLABUS.

Introduction.—Frequency of deviation—at home—in the Tropics.—The term "deviation" generalises, hence applicable. The prime factor in deviations.—A case of "tight-lacing."—*Treatment*: Essentially by (a) Atmospheric pressure, (β) Gravitation. To apply these.—The genu-pectoral position.—"Un mouvement de bascule."—The inflating *Air Pessary*.—The *Author's ditto*, adapted to:—(a) *retro-deviation*. (β) Purposes of continuous irrigation without removal (with Eguisier's irrigateur). (γ) Introduction with the sound. (δ) Inflating from time to time by patient herself without removal.

Illustrations and Apparatus.

Dr. EDWIN A. NEATBY's Paper.

Ouabain in Pertussis.

1. Source of the Drug. 2. Physiological and Toxicological Action. 3. Therapeutic Uses. 4. Clinical Cases.

HAHNEMANN PUBLISHING SOCIETY.

THE general meeting of this society will be held at the Guildhall (the Old Council Chamber), Northampton, on Thursday, September 28th, at 9 a.m. punctually. Gentlemen having any suggestions or communications to make to the Society will please send them to the honorary secretary, Dr. Hayward, 61, Shrewsbury Road, Birkenhead, Cheshire.

HAHNEMANN'S "CHRONIC DISEASES."

WE recently referred to Messrs. Boericke and Tafel's announced proposal to reprint Hempel's translation of *The Chronic Diseases*. We regretted that a translation containing so many errors, and moreover a work needing as careful a revision as that the *Materia Medica Pura* received ere it was republished by the Hahnemann Publishing Society, should be simply reprinted. Messrs. Boericke and Tafel have found that many authorities were of our opinion, and we are glad to learn from them, through a correspondent, that they have concluded to abandon the plan of reprinting the Hempel translation, and have made arrangements to have an entirely new translation made by an accomplished professor of languages. This is an improvement on the original plan, but to make this important work thoroughly reliable and practically useful, it requires not merely to be re-translated by an accomplished professor of languages, but to be edited by a physician competent, as we remarked in our July number, to give information as to the sources drawn upon for the symptoms, and to illuminate the cases cited from authors by reference to their record. If the re-publication of this work is done, it ought to be done thoroughly, and the United States of America contain both men and libraries quite capable of enabling it to be done thoroughly, and Messrs. Boericke and Tafel are perhaps better able than most other publishers to secure that it is so done.

It is not a little curious to notice that it is the liberal homeopaths (styled "mongrels" by the straiter sect) who are zealous for the faithful reproduction of the master's work, the Hahnemannians (so-called) being less careful on this point.

AMERICAN NOTES.

THE periodicals received from the United States continue to give reports of the proceedings of the World's Congress. The *North American Journal of Homoeopathy* for August, presents us with a very carelessly reported account of the discussion on Dr. Hughes' paper on *Materia Medica*, which in the July number they summarized as "a vigorous attack." To us, it appears of a singularly feeble quality, while in some points Dr. Hughes was undoubtedly misunderstood. Dr. Dake, for example, forgets apparently that Dr. Hughes, while denouncing the schematic arrangement is, at this moment, actively engaged in preparing an *Index* which will fulfil all the legitimate purposes of the original *Schema*. Dr. Dake did not agree with Dr. Hughes' criticism of the Boston and Baltimore methods of studying *materia medica*, and thought that an

abstract of materia medica, comprising the characteristics of the more pronounced and persistent of the symptoms of each drug, was useful. But that was not the question. Our friends in Boston and Baltimore would have us reject all symptoms recorded as having been produced by a drug, *except* the more prominent and persistent. This is rather too "large an order." With Dr. Dake's desire that all future provings should be made and recorded with all the care to be found in any other department of science, we are sure that Dr. Hughes would sympathise. Dr. T. F. Allen has, it appears, all along objected to the plan upon which the *Cyclopædia of Drug Pathogenesis* has been constructed. He thinks, indeed, that the narrative form is most valuable for study, but in prescribing for patients he uses the *Schema*. This may do perfectly well for a physician who, like Dr. Allen, has acquired an enviably thorough knowledge of the action of drugs, but for the average practitioner it will not suffice. He must go first to his *Schema* or *Index* and then back again to the narrative in order to be sure that he is right in the selection he proposes to make. Again, Dr. Allen objects to the exclusion of isolated provings and of single cases of poisoning from the *Cyclopædia*. Doubtless these isolated provings and poisonings may be found useful by a physician now and again; but, in a work like the *Cyclopædia of Drug Pathogenesis*, a line must be drawn somewhere; and to attach the same value to isolated instances of pathogenetic action as to that of those cases where the effects of disordered health producible by a drug have been tested in several instances would not be justifiable. Dr. Hughes protested against the mixing up of purely clinical symptoms with those that are purely pathogenetic. What does Dr. Allen say to this? He says: "We cannot yet dispense, I will not say, with clinical symptoms. I do not believe in them. But we cannot dispense with our experience obtained from the application of drug symptoms at the bedside." Of course not, but clinical confirmations of pure drug symptoms are not what Dr. Hughes was speaking of, but symptoms which have disappeared during an illness when a patient was taking a medicine not known to have produced similar symptoms in health.

Dr. C. Wesselhœft defended his repudiation of the idea that *cactus* has any medicinal action, on the ground that provings of it by himself had been entirely negative in their results.

Dr. Hawkes, of Liverpool, brought the discussion to a close by testifying from his own experience to the value of some little known and slightly proved drugs.

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With reference to Dr. Wesselhoef's failure to feel any effect from *cactus*, the following extract from the *New York Medical Times* for August will be found interesting:—

"ACTION OF CACTIN.—Sultan (*D. Med. Zeitung*) has extracted an active principle, which he terms *cactin*, from the young flowers of the *Cactus grandiflorus*, and from experiments upon animals concludes that, (1) *Cactin* augments the energy of the cardiac contractions. (2) It heightens arterial tension and greatly increases the height and force of the pulse-wave. (3) It exerts an influence upon the nervous system through a direct action upon the motor centres of the spinal cord, produces reflexes, and increases the general nervous tone. It is efficacious in functional disturbances of the heart, while it is particularly useful in valvular disease, above all in aortic insufficiency, since this occasions a short diastole. For the same reason it is not indicated in mitral stenosis. It can be used for a long period without causing gastric symptoms or cumulative effect."

* * * *

During the Congress two associations of considerable interest were formed. One, which we trust will prove of great value, has for its object the proving of drugs upon women; it is to be called the International Provers' Union. We heard first of all that it was to be known—and, as we think, more appropriately known—as the Woman's Provers' Union. The name of the body is, however, of little consequence. Dr. Martha A. Canfield, of Cleveland, is the President, and Dr. Sophia Pennfield, of Danbury, Conn., the Secretary. The other is designated the Woman's Social Union, and consists of the wives and daughters of members of the American Institute of Homœopathy. Its object is to promote sociability and provide entertainment for the ladies accompanying the members of the Institute. The President is Mrs. Emily Talbot, of Boston; the Vice-Presidents, Mrs. W. T. Helmuth (N.Y.); Mrs. T. Y. Kinne (Paterson, N.Y.); Mrs. F. H. Orme (Atlantic, Ga.); Mrs. S. H. Talcott (Middletown, N.Y.); Secretaries, Mrs. C. S. Hoag (Bridgeport, Conn.) and Miss Emily F. Paine (Albany, N.Y.); Treasurer, Mrs. C. E. Fisher (Chicago). The Union lost no time in commencing its operations, and "a delightful afternoon tea" was its opening function.

* * * *

Never do we remember reading the reports of a medical meeting where ladies, who have entered our profession, have been more *en évidence*, either on the platform or during the discussions of the papers and addresses, than they were at

Chicago. Dr. Martha Canfield (Cleveland) delivered an address—purely American in thought, in composition, in diction, and (as it appears in print) in spelling—on *The Development of Medical Science Through Homœopathy*. Everything, not merely in therapeutics, but in physiology and pathology that has been made known to the profession, has come through homœopathy! “Rokitansky, Virchow, Klebs and Koch are indebted to Hahnemann for the principle upon which they elaborated their thought”!! We wonder whether any of these pathologists ever read a line of anything that Hahnemann wrote!

* * * * *

Gynæcological surgery is such a prominent feature in American practice, such a large proportion of the young men who come to Europe to complete their medical education do so with the intention of returning home to become gynæcological specialists, that we have sometimes wondered where patients can be found for them! On this occasion Dr. Charles Walton of Cincinnati delivered an address on *The Relation of Surgery to Gynæcology*. “Gynæcology” we are told “was but a stumbling and halting child before the strong hand of surgery led its wavering footsteps firmly by the pitfalls of uncertainty, and developed its unsteady gait into the sturdy pace of athletic progress.” Then follows a catalogue of diseases, to which the generative organs of woman are liable, in the treatment of which the knife is everything, extirpation of this, that and the other the gynæcologist’s chief mission, while medicinal means count for next to nothing, and the cure of disordered tissue is not thought of.

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Here was a legitimate field for the lady doctors of the homœopathic persuasion, and right merrily they occupied it. After an excellent speech from Dr. Henry E. Beebe (Sidney, O.) in which he laid great stress on the responsibilities accompanying gynæcological work, and on the necessity for a surgeon to undergo a thorough training before assuming them, saying “about one third of all physicians claim to be gynæcologists. To fully ninety-nine hundredths of this number, the teachings of diseases of women have not been thorough and practical,” and Dr. Hanchett (Omaha) who advised physicians in general practice to send their “operative surgery in the line of gynæcology” to a specialist, on the ground that he had “seen many a life lost by foolish operative surgery on the part of so-called gynæcologists who did not understand their business,” then the women physicians struck in. Dr. Phœbe Wait (New York) admired surgery, but made a plea for medical treatment. She had seen too

many young women who had passed under the surgeon's knife, from whom the ovaries have been removed, who, in her opinion, might have been spared such an infliction. She related the case of a young wife who, nine months previously, had come to her in great distress from having been told that she could obtain no relief from her suffering except by the removal of her ovaries. Dr. Phoebe Wait took her case in hand and cured her. Dr. Martha Ripley (Minneapolis) while acknowledging the value of operative surgery in cases of dire necessity, said "I should not be true to my convictions as a physician and as a woman, if I did not say call a halt on your operations on woman. It is high time that you did so, because to-day many a woman is being operated on in all our large cities, and in some of our small ones, who needs no operation at all. Practise and study your *Materia Medica*. It is well that some of you do live in small towns where you cannot get skilled surgeons, or I fear there would be very few of your women patients left. I call a halt upon operations upon women that are being done to-day. Turn to your own sex and see if they don't need it too." A final shot that was received with applause and laughter.

Dr. Boothby (Boston) replied to these observations by saying that "it is not the skilled surgeon, nor the skilled gynæcologist, that operates when he ought not to. It is in those cases where there is a diseased ovary, or a diseased tube that is beyond curative measures." Dr. Roby (Topeka) pleaded for a just discrimination between medical and surgical cases, and said, "homœopathy has a grand field on which it may be successful, but outside of that field there are other possibilities, other capacities and other powers. If you have given time and attention to medical practice, do not be too sure that that is all there is within our command for the relief of a suffering community."

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That in very many of the cases noticed by Dr. Walton, relief can only be obtained by surgical procedures, and that, when directed by skill and experience, such procedures are attended by a remarkable degree of success, has been abundantly proved. On the other hand, in a country where one third of the surgeons undertake operations of this kind, ninety-nine out of every hundred of whom (on American authority) have undergone no thorough nor practical training in this department of surgery, it is as certain as most things that great abuses will be practised, that surgery, instead of being regarded as a *dernier ressort*, will be substituted for medicine, and mutilation for cure. Dr. Martha Ripley was perfectly right in saying that, while these operations are

needed, surgeons should beware how they practised them upon women who did not need them ; in other words, in cases where recovery could be procured by means obtainable through a careful study of the *Materia Medica* alongside of a careful study of the conditions to be remedied.

* * * * *

In another paper on the same subject, one by Dr. Philips, of Boston, the wide possibilities open to homœopathically indicated medicines were earnestly contended for, and fully endorsed, in the discussion which followed, by so largely experienced and successful an operating surgeon as Dr. Ludlam ; we are also glad to find that England, as represented by Dr. Hawkes, as the result of his personal experiences, supported him. Dr. Phillips, in the course of his paper, said : "I think I am safe in claiming that in the practice of homœopathic gynecologists, fully one-half of the cases which under old-school treatment would remain uncured or be subjected to surgical operation, are cured by homœopathic treatment. Not every case is thus curable, and many demand surgical treatment. But we do, by combining homœopathic medication with the needed mechanical measures, cure many pathological conditions ; such, for example, as metritis and endo-metritis, pelvic peritonitis, ovaritis, uterine dislocations, fibroid tumours, salpingitis, &c. We have some well authenticated cases in which ovarian cysts have disappeared during the continued application of the indicated remedy ; and not only this, but very many who have endured for a longer or shorter season the attempts of the old-school specialists to cure, come to us and find the relief they had previously failed to receive ; and certainly not because we are better mechanics than they are, but because we have the homœopathic remedies to aid us ; and this is equally true in cases which require surgical treatment. While the knife removes the cause of the difficulty, the remedies remove many serious effects, and afford relief to the suffering nerves unknown to any other method of treatment. And not only this, but the healing of wounds and convalescence are more rapid and perfect when thus treated than when opiates and poisonous drugs and dressings are used."

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We regret to see the announcement of the departure from amongst us, albeit at an advanced age, of Dr. H. D. PAINE, of New York, whose death, in his 78th year, took place on the 11th of June. Dr. Paine was one of the founders of the American Institute of Homœopathy in 1844, of whom only three or four now remain. He graduated at the College of

Physicians and Surgeons, New York, in 1838. After practising a short time in Newburgh, N.Y., he settled in Albany, N.Y., where he was the first practitioner of homœopathy. Early in the sixties he left that city to reside in New York, to assist the late Dr. Gray. Here he continued until his retirement ten years ago. He took an active part in the founding of the New York Homœopathic Medical College, where he was a Professor of The Practice of Medicine. He was a frequent contributor to the medical journals, and greatly beloved by his professional brethren.

PRESENTATION TO DR. CROUCHER, J.P.

As the year of office of the Mayor of Hastings goes on, the sense of gratification on the part of the burgesses of the town at the way in which he is fulfilling his very onerous duties finds frequent expression. On Saturday, the 29th of July, at a large meeting held in the Council Chamber, Dr. Croucher was presented with a handsomely illuminated address by the Council of the Sunday School Union, congratulating him on his elevation to the dignity of Chief Magistrate of the Borough, and at the same time thanking him for his frequent professional services to the inmates of the Teachers' Home of Rest.

In commenting upon this event, the *Hastings Observer* remarks that "some of those who knew Dr. Croucher intimately indulged in the prophecy at the time of his election that he would, long before his year's tenure of civic office had expired, be acclaimed one of the most popular Mayors that Hastings has ever known. The forecast has been realised. Radicals, equally with Conservatives, join the chorus of applause raised to the public merits and amiable personal qualities of Hastings' present Chief Magistrate, the gentleman who was publicly honoured by the Sunday School Union on Saturday last."

THE DEATH OF DR. CARL F. FISCHER.

AN account of the illness which resulted in the death of Dr. Carl Fischer, to which we referred in our July number, was communicated to the Clinical Society of Chicago, at their meeting on the 26th of June, by Dr. G. F. Shears, who, with Dr. Ludlam and Dr. R. Ludlam, Jun., attended him. A bunion on the left great toe had caused more or less pain for a week, when the foot became generally inflamed, the swelling extending above the ankle. When first seen by Dr. Shears

his temperature was 102·5, pulse 122, the face flushed and the breathing laboured.

“Around about the metatarso-phalangeal articulation of the great toe—at which point the bunion was located—the swelling was most marked. On the dorsum of the foot, over the fourth metatarsal bone, there was considerable ecchymosis, and on the inside of the leg a bluish red line extended along the course of the internal saphenous vein as far as the groin.

“Feeling the case a critical one, a nurse was procured at once, and every effort made to place our friend in as comfortable a position as possible. The bunion was opened and cleansed and the more tense portions of the foot incised. Pus was found about the joint, but only dark venous blood came from the other incisions. The next morning he felt much improved, but by evening the temperature had mounted to 105° and he was delirious. The ecchymosed condition of the dorsum of the foot was more marked and the infiltration extended up to the middle of the leg. Thirty-six hours after my first visit the parts were devitalized and cold, and gangrene had supervened. He died on Wednesday morning, a little less than sixty hours from the date of my first visit. The pathological phenomena present were, inflammation of the bunion, with septic infection, as witnessed by the red streak to the groin, septic thrombi in the veins, gangrene and death.”

He was 72 years of age.

AN INDIAN HEMP COMMISSION.

In accordance with a request of the India Office, made in pursuance of the answer given in the House of Commons to a question of Mr. Caine, M.P., Lord Lansdowne has appointed a Commission to enquire into the cultivation of the hemp-plant in India, the preparation of drugs from it, the trade in those drugs, the moral effect of their consumption, and the desirability of controlling the cultivation of hemp and the manufacture, sale and taxation of hashish, bhang, gunja and similar products. The Commission is to visit and take evidence in most of the provinces of India. It consists of the Hon. W. Mackworth Young, C.S.I., First Financial Commissioner of the Punjab; Mr. H. T. Ommanney, Collector, Bombay Presidency; Mr. A. H. L. Fraser, Commissioner, Central Provinces; Surgeon-Major C. J. H. Warden, Professor of Chemistry in the Medical College, Calcutta; Raja Soshi Sikhareswar Roy, Bengal; Kanwar Harnam Singh, C.I.E., Kapurthala; and Lala Nihal Chand, of Mozaffarnagar.—*Chemist and Druggist*.

ANOTHER CURE FOR CANCER.

We learn from *The Hahnemann Monthly* (August) that Dr. Cooley, of New York, has, in the *American Journal of the Medical Sciences*, recorded a series of cases in which an attack of erysipelas, coming on either accidentally or from inoculation, has appeared to retard or arrest malignant disease. Connecting this arrest or retardation with the appearance of erysipelas, he made injections of a pure culture of the streptococcus of erysipelas into the substance of tumours of a malignant type. In many the malignant growth appeared to be checked, and sometimes entirely disappeared. If recurrences followed the inoculations were repeated. Occasionally erysipelas could not be produced. The action he found to be three times as great in sarcoma as it was upon carcinoma. The consequent artificial erysipelas was not a dangerous condition. When erysipelas was not produced, a febrile reaction (104° F.), lasting for one or two days, usually followed. The effect of the injections was more marked when erysipelas did result.

These observations appeared, we believe, in the July number of the *Journal of the Medical Sciences*. In the *Standard* of the 12th of August appeared the following cablegram, dated New York, August 11th:—

“The physicians attached to the New York Cancer Hospital officially report that the inoculation of erysipelas streptococcus into malignant tumours has proved curative in twenty-five per cent. of the cases of carcinoma which have been tried, and in forty per cent. of the cases of sarcoma, and that it is specially applicable to cases in which operations cannot take place, but is generally useful. Caution is advised in resorting to these remedies pending further clinical study. It has been found that the erysipelas resulting from the inoculation is usually mild, and may possibly be wholly avoided by injecting simply the toxic products of streptococcus.”

INCREASE OF INSANITY.

At the recent meeting of the British Medical Association, Dr. Hack Tuke, after introducing for discussion the alleged increase of insanity, gave his conclusions as follows:—There has undoubtedly been since 1880 a large increase in the number of patients in asylums and workhouses, but more in the former than the latter. There has not been so great, but still a considerable, rise in the “admissions” of patients in asylums during the same period. After deducting transfers and readmissions, the advance in the number in detention holds good, after allowing for the increase in

population, but does not prove the increased liability of the community to insanity, seeing that there is a vast accumulation due to a lower death-rate, the chronicity of the disease, and its lamentable tendency to relapse. Nor does the advance in admissions prove increased liability to insanity, as the value and comfort of asylums are increasingly appreciated and there has been a very large number of patients drafted from workhouses to asylums and an increasing encroachment on the mass of unregistered lunacy which the census shows to exist. The increase in the numbers of the insane has taken place among the poorer rather than the higher classes of society, though if an increase in insanity were due to the growing stress and complexity of civilized life, the statistics might be expected to show a rise chiefly in regard to educated patients. While, however, Dr. Hack Tuke could not accept lunacy figures as conclusive proof that insanity is on the increase, he lamented the undoubted fact that it had not decreased in spite of all the efforts of physicians and social reformers to improve the conditions of the race.

FOREIGN VERSUS ENGLISH COCOA.

SOME very significant facts came out at the trial in Paris recently of the managers in that city of the largest Dutch cocoa concern. An action was brought against them for selling cocoa that had been adulterated by the addition of "potash and other matters, the said cocoa further containing mixtures injurious to health."

The case came before the Eighth Correctional Tribunal in Paris, and the proceedings have been reported at much length in the *Temps* newspaper and commented fearlessly upon by M. Emile Delage in the *Siècle*. It was asserted by the prosecution, and frankly admitted by the defence, that the widely advertised Dutch cocoa in question—a cocoa advertised on the labels as absolutely pure, as the presiding judge significantly pointed out in the recent French trial—contained 8 per cent. of added potash salts, asserted to be highly injurious to health. The eminent chemist, M. Riche, drew marked attention not only to the startling excess of potash salts in the well-known Dutch preparation, but to these potash salts, consisting largely of sulphate of potash, a deleterious compound, and most injurious to persons with any tendency to kidney disease and to young children.

M. Flandrin, the president of the court, concisely stated the charge as follows, that "as the result of analysis it is proved that the incriminated cocoa contains potash in such quantity

as to render it dangerous, and if a child took several cups of it in one day serious consequences might result."

Professor Brouardel, the famous *doyen* of the Faculty of Medicine, and one of the recognised leaders of the profession, not only in France, but on the wider stage of the world, confirmed the evidence of M. Riche, whose eminence as Professor of the School of Pharmacy and Chemist to the French Mint is above all question.

M. Brouardel's words were significant :—"The addition of salts of potash to articles of food is always harmful. The quantity in which they are found in this cocoa causes it to be a danger to health. Salts of potash are the more dangerous according as the persons partaking of them may be young and have weak kidneys." He then explained that the sulphate of potash in alcoholic beverages is much less dangerous.

Now as the finest cocoa in the world is prepared without any addition of potash salts, it is surely incumbent on the medical profession to recommend no preparation of cocoa the use of which may be attended with considerable peril ; and as some English makers, notably Cadbury Brothers, are famous for their absolutely pure and delicious brands, it may be contended that there is no possible excuse for using foreign preparations the purity of which has been openly disputed in a French court. It is perfectly true that a conviction was not obtained, but as M. Emile Delage has ably pointed out in the brilliant *Siècle* article, this good fortune was not due to any doubt as to the extent of the adulteration, but in consequence of some unfortunate conflict of opinion among the medical experts. And the court, as is usual under such circumstances, gave the benefit of the doubt to the defendants, who, as M. Delage adds, were probably much surprised at their acquittal.—*Hygiene*.

OBITUARY.

EDWARD WYNNE THOMAS, M.D., Lond.

It is with deep regret that we have to record the death of Dr. Wynne Thomas, of Birmingham. Dr. Thomas had gone to the Isle of Man for a rest and change, but became ill while there, and had to return home. From that time he never left the house. He discovered that his illness was due to Bright's disease, which rapidly increased. He soon became unable to retain his food, uræmic coma supervened, and he died on 26th of July. EDWARD WYNNE THOMAS was born November 20th, 1880, at Oswestry, was educated at the

Oswestry Grammar School, and having resolved to take up the profession of medicine, he commenced his studies at the Edinburgh University, and subsequently went to University College, London. His career as a student was a very distinguished one. He took the gold medal in Anatomy and also in *Materia Medica* in 1854, the gold medal in Surgery in 1855, and the silver medal in Ophthalmic Surgery in 1856. He also obtained the Longridge Exhibition of £40, which is given to the student who takes the greatest number of medals during the four years' course of study. He received the diploma of M.R.C.S. Eng. in 1857, and graduated M.B. at the University of London in 1858, when he was awarded gold medals in Anatomy and Medicine. His first public appointment was that of house surgeon and demonstrator of anatomy at University College Hospital, after which he was appointed house surgeon to the South Staffordshire Hospital, Wolverhampton. When his time of office there had expired, he was elected surgeon of this Hospital, and commenced practice in Wolverhampton in 1859, as an allopath. He was an intimate friend of Dr. Gibbs Blake of Birmingham, who often pressed on him the duty of looking into homœopathy. Dr. Thomas at first pooh-poohed the idea, but as Dr. Blake persisted in urging on him this duty, he at length agreed to investigate it. He read Sharp's Tracts and other works introductory to the study of the subject, and having mastered the principles and the *Materia Medica* in order that he might make intelligent and honest trials of the treatment, he began to feel his way quietly in the use of homœopathic medicines. In this enquiry, he was himself surprised at the, to him, unexpected results he secured, so that as an honest man with a high ideal of the responsibilities of his own profession, he saw no other course open than that of quiet perseverance till he should have made up his mind on the subject. With such an earnest, thoughtful, and decided mind as he had, one result only was possible, and having become fully convinced of the truth of homœopathy, and of its immense superiority over the old system and practice, he resolved to come out openly as a homœopath, resigned his appointment as Surgeon of the South Staffordshire Hospital, and acting upon Dr. Gibbs Blake's advice, removed to Birmingham in 1865 to practise homœopathy. On leaving Wolverhampton his friends entertained him at dinner, as a token of their esteem and regard. On his settling in Birmingham, Dr. Blake offered him the Surgery and Midwifery which he was then taking, and this formed the nucleus of the large and influential practice which he subsequently obtained. Dr. Thomas was at once appointed

Honorary Surgeon of the Birmingham Homœopathic Hospital, and he, in 1869, put the top-stone on his honours, by taking the degree of M.D. London.

Dr. Thomas's high standard of professional knowledge and attainments is sufficiently shown by the numerous honours conferred upon him, while practically, as a physician in diagnosis and skilful treatment, he stood in the highest rank. As a surgeon, his large experience in Wolverhampton produced an operator of great skill and success. In Wolverhampton he was greatly trusted, as he was also in Birmingham, for his medical and surgical skill, and his loss to the latter city and to the cause of homœopathy will be, and is, deeply felt. But besides his professional skill, his personal charms were such as to endear him to all who knew him. The writer of this notice had the privilege of his intimate acquaintance for a year in Wolverhampton, and found in him not only a very kind friend, but one whose qualities of mind and disposition raised a friendship to a feeling of admiration and love. During his time of testing homœopathy practically he confided all his results and thoughts to his young friend, who then knew nothing of homœopathy, and so interested him in a subject then quite new to him, that he followed the council and example of Dr. Thomas in studying the new system, testing it quietly and for a long time, and finally adopting homœopathy as the true scientific medicine. He thus feels ever grateful to Dr. Thomas for so cautiously and steadily leading him on in a path which otherwise he might never have trodden. He can also bear personal testimony to the feeling of love that Dr. Thomas evoked in the hearts of his patients by his gentleness of manner and his refinement of mind, and the kindly interest and earnestness which he brought to bear on his work. We know that in Birmingham the same feelings were evoked, and that his numerous friends bewail his removal as much from a personal feeling as for the professional loss it involves.

Dr. Thomas did not contribute much to literature. One of his papers was entitled *How I became a Homœopath*, another was *On some forms of Diabetes*. At one of the Annual Congress Meetings he read an able paper on *Homœopathy in Surgery*.

Dr. Thomas leaves a widow, two sons and three daughters to mourn their loss. His eldest son, Mr. Harold Wynne Thomas is practising at Bromley, Kent, in partnership with Dr. Edward Madden.

DR. J. H. SMITH.

We regret to announce the death of yet another of the early confessors of the truth of homœopathy in this country in the person of Dr. J. H. Smith, who died on the 7th of August, in his 88rd year, at his residence in Eastbourne.

JOHN HARMAR SMITH was apprenticed to a surgeon in Sheffield and at the Medical School of that town, at University College, London and at the London Hospital received his medical education. He was admitted a member of the Royal College of Surgeons and a licentiate of the Apothecaries' Society in 1840. Commencing general practice in Sheffield, he was for some time the lecturer on medical jurisprudence at its medical school. He also held a medical appointment under the poor-law.

In 1857 or 1858, he was led to make a clinical investigation of homœopathy, with the result of finding that, through homœopathy, he could cure disease more frequently, more pleasantly and more safely than by pursuing the measures he had been taught to trust to. He had thus ventured to enquire into a subject which medical societies and the medical press had decided that no medical man ought to enquire into, but, *au contraire*, should uniformly protest against without making any enquiry at all. The medical men of Sheffield at once banded themselves together to deprive him of his poor-law appointment, and though the Poor-Law Board refused to remove him at their request, they made sufficient interest with the Board of Guardians of the Sheffield Union to obtain his extrusion. He was also a member of the Medical Book Society of the town. In order to get him out of this, the society was broken up, and afterwards reconstructed, *minus* the man who had the audacity to think for himself, and, worse than all, had the courage of his opinions, and openly declared that his experience had proved to him that homœopathy was true.

Not long afterwards he removed to the neighbourhood of London, and for many years practised at Blackheath. In 1876, he became a licentiate of the Edinburgh College of Physicians. Several years ago he retired from practice and went to reside in Eastbourne, where, after a long and often-times painful illness, he died, as we have stated, on the 7th August.

He was a man of sterling honesty of character, one who, whatever the phase of that which commended itself to him as truth, was ever ready to espouse the cause of that truth, however inimical that espousal might be to his personal interests. Unfortunately some peculiarities of manner, and a total inability to recognise what is termed conventionalism,

too often obscured, alike to professional colleagues and to patients, the many real excellencies of his character and the genuine kindness of his disposition.

To our *Review*, to the *British Journal of Homœopathy*, and to the *Homœopathic World*, Dr. Harmar Smith has been a frequent contributor for more than thirty years, chiefly of well reported clinical observations; and some years ago he was a regular attendant at all the meetings of the British Homœopathic Society, and took an active part in the discussions thereat.

EDWARD VERNON, M.D.

WE have heard with regret of the death, after a short but severe illness, of Dr. Vernon, of Yeovil.

EDWARD VERNON was born in London in 1831. He studied for his profession at the Middlesex Hospital, and shortly after obtaining his first diploma, that of the Royal College of Surgeons, he was appointed as Assistant Medical Superintendent of Hoxton Asylum. A few years later he was induced to study, and ultimately to adopt and practise, homœopathy, by the late Mr. Trotman, of Clifton. For some years after doing so he resided and practised in Liverpool. Eleven years ago he succeeded to the practice of the late Dr. Tudge, of Yeovil, where he has since enjoyed the friendship and confidence of a considerable *clientèle*, by whom his loss is deeply felt.

On the 20th of July he was, apparently, in his usual health, and driving his customary professional rounds, when, during the following night, he was seized with violent spasmodic pain in the region of the gall bladder; hepatic congestion and nephritis became established, and, after much suffering, death took place on the 3rd of August.

CORRESPONDENCE.

THE NEW DIRECTORY.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN,—I have now practised homœopathy for thirty-three years, and during that time I have watched the behaviour of the allopathic section of our profession towards their homœopathic colleagues, and I have keenly observed the various shifts and excuses they have from time to time offered for their conduct to our suffering body. I have noticed the change in the mode of their attack from one year to another, and

have noted the utter uselessness of our submissions, and of any attempt to propitiate them.

We have lost ground; we have suffered injury to the extent of the public losing confidence in us, because we have not made the stand we ought to have made.

And now it seems we are to submit to another inconvenience for the sake of meeting their last absurd charge against us, viz., that we have a separate medical directory, which, it seems, is an offence against "medical ethics." I have long thought that the "ethics" (why not say morals) of our profession are, to say the least, peculiar! We seem to be capable of offending against the moral law where other people can sin with impunity!

Will any one tell me why it is an "advertisement" to have one's name in a directory containing the names of all the other men who profess the same principles as ourselves? If there be any disgrace in professing these principles, then I agree with those who say a special directory is an ethical offence.

The main ground for a special directory lies here: Churchill would not allow the word "homœopathic" to be placed after our names in his directory, which would be a means of ascertaining who was a homœopath and who was not. I am aware this is the very thing the allopaths want us to avoid, but it is utterly opposed to common sense to pretend that a medical directory is not intended for the use of the public as well as of the profession, and what the public sometimes want to know is this: Where can I find a homœopathic practitioner? Is there one in such and such a town?

Suppose one of the public wanted to go to an oculist. He turns to the *Directory*, and under the names of certain men he finds the words ophthalmic surgeon to such and such a hospital, author of certain works on the eye, &c., and this is just what he wants to know.

But suppose another of the public, with homœopathic convictions, wanted to consult a homœopath in a certain town to which he was going. Has he not as much right to find the information he wants as the man who wants an oculist?

If Mr. Churchill will not help the public to this convenience then let other persons undertake to do it, and, for myself, I feel personally obliged to Messrs. Keene & Ashwell for furnishing us with so useful a little work.

As for what the allopaths think of it, or call it, who cares? We know all about their hypocrisy in this matter, and that the real reason why they will not have anything to do with us is a bigoted hatred of our principles, and a desire to snuff us out altogether.

Let me warn my younger brethren not to be misled by the pretentious statements of the allopathic journals as to their *reasons* for tabooing us. They have been beaten all round upon former occasions, and now this is the last absurd ground of objection, viz., that we separate ourselves by being placed in a special directory.

Go on, Messrs. Keene & Ashwell; and may your undertaking prosper.

JOHN WILDE.

Weston-super-Mare.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The discussion in your valuable journal on the above subject has, so far, been confined to the professional part of the believers in homœopathy. I think the other two branches (patients and chemists), who are equally interested, should give expression to their views in the matter. With your kind permission I should like to offer a few points for consideration. In the first place, may I draw your attention to the enclosed circular, dated from the London Homœopathic Hospital, and issued under the auspices of the British Homœopathic Society, which I (no doubt along with others) have received.

In this we are requested to insert our names and addresses in a list of homœopathic chemists, which is to appear in the Society's journal as an insert or supplement, at the modest sum of one guinea. This is to be issued, because, forsooth, "several members of the Society have felt the want of a list of homœopathic chemists," whilst all the time one was obtainable *by any one* for the small sum of one shilling. It is quite certain, I think, that these gentlemen will get anything but a *complete* list, as many, I doubt not, will politely refuse the offer, seeing that it is in a journal circulating solely amongst medical men, most of them at too great a distance to become customers, and not obtainable at a moderate price by any one else.

A complete list of homœopathic chemists is, in my mind; quite as important as a list of homœopathic doctors, for this reason: a patient may fail to obtain the full benefit from a visit to a homœopathic physician, by having to take the prescription given him to an ordinary chemist to dispense (who unblushingly tells him all homœopathic medicines are alike), because he has no cheap means of obtaining the address of the nearest homœopathic chemist.

So far as the ethical question is concerned, I quite agree with Drs. Burford and Clarke, and I think the orthodox practitioners who refuse to meet a homœopath will fail to see any difference between having your name in a directory and in being a member of a society, formed and carried on to disseminate homœopathic principles, and which publishes a list of its members alongside a list of homœopathic chemists, the *entrée* to the latter being due, not to ability or reliability, but by the simple payment of a guinea, which renders it a pure advertisement.

So far as endeavouring to satisfy in any way the orthodox members of the profession is concerned, I think we may as well give it up altogether unless we are prepared to acknowledge that we have been wrong all along, trading, as they say, on the credulity and ignorance of the British public.

If we give up our *Directory* we shall have to give up our league. Give up the league and we must haul down the homœopathic flag at our hospital and schools, and even that will not satisfy them unless we agree to bury altogether and for ever the hated word "Homœopathy," and the memory of its illustrious founder. Homœopathy we are told constantly is either dead or dying, and one cannot wonder when we find men who profess it willing to act as we are wanted to act simply to please our irreconcilable opponents.

We find the same boycott extended to gentlemen who refuse to join the British Homœopathic Society, or to have their names inserted in the *Directory*, as to those who do these things because they are either known to be, or supposed to be in the habit of using homœopathic remedies in their practice, these same boycotters meanwhile not hesitating to filch from our journals and literature remedies without any acknowledgment as to the source of their information.

Homœopathy has had a great deal to thank the lay believer for in the past, and I sincerely hope that the means of knowing where to find either doctor or chemist will not be taken from him.

In conclusion may I just say that I think the time for aggressive action is not yet past and instead of giving up our outposts, we ought to be pushing strongly into the enemy's territory, so as to compel them to acknowledge the right of every man to freedom of thought and action in this most important matter of the treatment of disease.

I am yours sincerely,

ALFRED H. WADDINGTON.

Bradford, Yorks.

THE HOMŒOPATHIC DIRECTORY.—A SUGGESTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The annual directory circular from Messrs. Churchill contains two paragraphs which fully express the objects and uses of a medical directory, as follows:—

"In compiling this work our object is to afford such information as shall, at a glance, present the *status* of each member of the profession. The name, address, qualifications, places of study, scientific associations, present and past appointments, published works, papers, &c., form a brief biographical and bibliographical record which can be found *only* in *The Medical Directory*."

"As *The Medical Directory* is continually consulted by the public for the full information which it affords respecting each member of the profession, it is highly important that the *slip* be regularly and punctually returned, and any particulars furnished which will assist us in our endeavours to make *The Medical Directory* complete and accurate."

I would draw special attention to the remark that the *Medical Directory* "is continually consulted by the public." This is exactly what homœopathic patients do with a *Homœopathic Directory* especially when they are flitting from place to place.

Now for a suggestion—that a sheet list of registered homœopathic practitioners and chemists be printed by the British Homœopathic Society for free distribution. I should suggest an alphabetical list of towns, with the names and addresses only, in this style, say:—

LIVERPOOL, Drs. A.B., and address.

" C.D., "

Mr. E.F, "

Chemists, Messrs. G. & H. "

" J. & K. "

If no funds are available, a very moderate donation from each of the gentlemen who object to the usual form of our *Directory* would pay the cost. A few copies should be sent to each practitioner, and the public could be supplied through chemists.

August 10th.

Faithfully yours,

S.M.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN,—It is difficult for those of us who agree with Mr. Knox Shaw on the *Directory* question, to find anything important to add to his excellent letter in your pages.

The ethical question has been considered at length, and my contribution will be confined to the expediency of the issue. From this point of view the subject may be thus summarized. If we have nothing to consider but the convenience of ourselves and the public, then by all means let us continue the *Directory*; if however there are drawbacks to the examination and spread of homœopathy associated with the publication, let us search if there be not some less objectionable plan by which homœopathic practitioners can be kept *en rapport*, while the disadvantages to homœopathy may be removed.

The *Directory* question is, really, only a branch of that of our relation to the general body of the profession; and, according to our views on the larger subject, will be those on the smaller question. I am afraid I hold unpopular views on this knotty point, and that, in what I am about to write, I shall trench on dangerous ground, where my devoted head will invite and receive the shillelagh of scorn.

Those of us who still believe in some sudden open conversion of the profession to homœopathy in the future, and who think that the best way to obtain this is the continuance of the bitter professional war, which our little band has waged since Hahnemann's day, do not need to consider the obstacle to a truce which the *Directory* presents, and need only regard the matter from the point of view of temporary convenience. To them anything that offends those whom they call the enemy is for that very reason to be commended, and ethical arguments have no weight. Even of them, however, I would ask does it advance homœopathy to offer to criticism such an imperfect and humiliating sample of its position? Is it not a fact that the number of legitimate practising medical men appearing in our directories is year by year diminishing. If this indicated that homœopathy itself was losing ground it would simply be matter for regret; but, if there is a more energetic and enlightened activity in our body, our institutions and our literature, and a greater adoption of our remedies by the profession at large, how can it be for the good or glory of homœopathy to continue a publication which gives no true indication of our position, from which many practising and some avowed homœopaths are omitted, and which many, even of us who appear therein, believe has helped to impede our progress. After these years is there a more depressing study to the homœopath than the so-called *Homœopathic Directory*?

In contrast to the above class are those of us who do not share the animus so loudly expressed by some against the crypto-homœopath, but believe that it is by the gradual conviction of the general body that homœopathic truth will finally prevail, at least in the Old World. These have no

faith in an early medical millenium, with the canonization of the avowed homœopath and his triumphant procession, with drums and flags, before a converted and penitent profession. This body of homœopaths prefers a crypto-homœopath to an ignorant allopath and believes that, as we cannot breed our own "avowed" homœopaths, we must proselytize from the general body, and any hindrance to such mission, however convenient to ourselves, is a stumbling block to the spread of therapeutic truth. As the crypto-homœopaths become more convinced and more numerous, they will cease to be, or to desire to be, hidden; they will join homœopathic societies, and at long last Hahnemann and his disciples shall receive their true position in the history of medical progress.

Some of your correspondents deny that the *Directory* is any real rock of offence; to them, if you can afford me space, I will relate my personal experiences on the subject, in the belief that they are germane to the question and are not uncommon.

In Liverpool, publicly and privately, we have been told that the *Directory* is the main stumbling block to professional courtesy between us and the general body. For some time I refused to have my name inserted in the *Homœopathic Directory* of Messrs. Thompson and Capper; during that period I was elected to membership of the Liverpool Medical Institution although my homœopathic origin, practice and beliefs were perfectly well known to the members and were referred to at my election. I showed cases and specimens at the meetings of the Society, joined in the discussions, used its library and reading room, and talked over Ringerism and homœopathy with individual members, several of whom were and are crude and crypto-homœopaths. Now I believe that, if other young homœopaths had joined the Institution we might have done something for our therapeutics, and even for the "flag," for motions to make the avowal of therapeutic faiths no bar to membership have several times since been brought before the Society. However, it was pointed out that, for some reason or other, it was my duty to allow my name to be inserted in the *Homœopathic Directory*, and this was done; a copy was produced at a meeting of the Society, and I was promptly expelled. Soon afterwards I was told by one in high authority, who was very friendly to me and whose house-physician I had been at the Liverpool Royal Infirmary, that the appearance of my name in the *Chemists' Directory* was the sole reason of my rejection, and that for the same cause, I was ineligible for the local branch of the British Medical Association. He added, "You may give any medicine you like, for any disease you like, in any dose you

like, however minute, and we are unwilling and even powerless to object ; but we cannot associate with one who permits his name to appear in a distinctive medical list issued to the public." Now the sting of this is, that all I want is the liberty to give what medicine and dose I believe best, and, therefore, for a ticketted list I have had to relinquish opportunities for professional friendship, discussion and profit. I agree with Dr. Burford, that the *Directory* question is one rather for discussion than correspondence ; and I feel that there is much to be said on both sides. I should welcome the cessation of the issue of the *Directory*, chiefly, because I look for a new plan of campaign among the coming generation of homœopaths, in which there will be less wagging of the flag and more effort to remove the unessential obstacles to free professional amity and discussion. The militant spirit was natural in the early days of persecution, but the old warriors die and few recruits now appear. Arbitration or an honourable peace is before us. Freedom in essentials may be secured by the sacrifice of some unessentials, which give cause for offence to the enormous majority of our fellow practitioners. Amongst these unessentials I class the *Directory*. I may be rash and Utopian, I write for no other individual than myself, and I only wish for a little more rapid and more evident progress towards the general examination and acceptance of the true therapeutics ; for which, in different ways, we are all longing and striving.

JOHN DAVEY HAYWARD.

THE DIRECTORY QUESTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—A temperature of 80° in the shade, and the difficulty of finding time to do anything when one is enjoying the languid laziness of a summer holiday, make me shrink from endeavouring adequately to reply to the voluminous correspondence excited by the *Directory* question. Furthermore, there is a strong temptation to procrastinate, as it has been hinted that the subject will probably be discussed at the Homœopathic Congress in September, when it will all have to be gone over again. Still, some comment will doubtless be expected from me, as I am so often alluded to in the correspondence, in acknowledgment of the criticisms expressed therein. We have only to read the letters to see that there are very different standpoints from which men view this question. Take, for instance, the practice of medicine simply, without any regard to its orthodoxies or its heterodoxies, is it not obvious that there is a fundamental divergence of opinion from which this is regarded, and that

the tone in which this present question is discussed is largely influenced by the manner in which the profession to which we belong is regarded, and that the ethics which should guide our conduct is modified according as the professional or trade element dominates our actions and our thoughts? Whether it is the over-crowding of the medical profession, with its consequent struggle for existence or what not, there appears to be an unfortunate tendency to the development of a spirit of commercialism to the degradation and exclusion of the finer instincts of a professional life. The more the trade element enters into the medical profession, the more debased becomes the ethical tone of our lives, and the removal of the barriers erected by a highly developed line of professional conduct allows the blatant puffer to adopt the methods of the much advertising pill-maker. "Ethics," as Dr. Clarke writes, "is the science of right conduct," conduct that fulfils its obligations for the sake of doing what is upright and good, and not because of some ultimate benefit that may accrue. By "medical ethics" I mean the science of right conduct that should guide medical men in the practice of their profession, and whilst advocating that the standard of this right conduct should be of the highest character, I am not in the least deterred from doing so because some men have, under the ægis of "medical ethics," countenanced actions which I may consider unjust and unfair.

The *Directory* question is no newly discovered one. Many of us have not had our names inserted in the *Homœopathic Directory* for some time, some never; but not till the present time has it appeared opportune to take steps to give expression, in an unmistakable form, to the feeling that it were better for homœopathy were men's names omitted from that list. It is still open, as Dr. Clarke says, to any man to put his name in a special *Directory* if he so desires it, but our hope is that as few as possible will be found to perpetuate that error.

Dr. Proctor considers that I am wrong in designating the issue of a special medical *Directory* a separation of ourselves from the general body of the profession, and in a letter he has kindly addressed to me, supplementing his letter to the *Review*, he says: "The question is only, have we the right to combine to advance a special object? It is combination, and not separation, that we aim at." The quotation is so vital to the question at issue that I have ventured to use it and to express my cordial agreement with it, as it is for this end I labour. But would Dr. Proctor tell me of what effectual use as a combination is the collection of a number of names in a *Directory*, a thing without a head, without voice, a mere lifeless agglomeration of entities, with absolutely no organisation whatever. To

be of any service we must combine effectively, and at present the British Homœopathic Society offers the best means of doing so. Dr. Percy Wilde's contribution to the discussion expresses briefly and to the point what I believe to be the sentiments of many others as well as my own.

I am afraid the *Supplement to the Journal of the British Homœopathic Society* has not been as carefully studied by many of its critics as it deserves, for it certainly fulfils most of their requirements, and it can easily be made use of as a reference by those who need it, outside the organisation of the Society, by the purchase, from the publishers, Bale & Sons, of the January number of the *Journal*.

Dr. Dudgeon will allow that even the most perfect directory cannot be prophetic, and he will, I am sure, forgive the compiler of the *Supplement* for not knowing in December that a member of the Society would be at another address in the following July.

I am, Gentlemen,

Yours respectfully,

C. KNOX SHAW.

THE HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I write in the first place to disclaim authorship of a letter in your July issue, written by my cousin, Dr. Andrew Neatby, as I understand it has been attributed to me. In the second place I venture to ask for space to say a few words on the *Directory* question myself.

At the outset let it be granted that the profession exists for the public, and that we must act with this in view. If a special *Directory* and an "aggressive policy" of "appealing to the public," will bring "the greatest good of the greatest number," it is our duty to support such methods, however distasteful they may be to our professional instincts. Now it has appeared to me that some means of communication between homœopaths (I use this term throughout for brevity's sake) is necessary on the ground of our duty to mankind. As long, therefore, as no other means than the *Directory* was available I permitted my name to appear therein, and spoke in favour of it. But because I do not believe that the "aggressive policy" is the best for the ultimate spread of homœo-therapeutics—in other words for the greatest good of the public—I welcome another means of inter-communication and approve of the suppression of the *Directory*. I disapprove of the appealing to the public policy (*i.e.* of appeals on the part of the profession or members thereof) because I am persuaded that homœopaths can better serve the cause of the public, of truth and of themselves by spending their time, brain-power and money

quite otherwise. The urgent need of the present is not a blatant advocacy of a principle we have reason to trust and to be proud of representing, but the strengthening of our position on two parallel lines. *Firstly*—and I put it first advisedly—we must maintain individually and collectively (to adopt an expression from the leading article in your August issue) “the highest possible educational level.” We are hampered in this by our isolated position, but we must therefore bring more care and effort, and not less, to ensure its attainment, than if all the facilities of the dominant school were at our disposal. *Secondly*, though the rule of similars is a “golden rule,” the gold will soon be dim if, with the advance of knowledge, we do make constant efforts to precisionize and facilitate its application. The study and cultivation of our *Materia Medica*—including much weeding and pruning—is an imperious necessity if homœo-therapeutics is to hold its own in the face of opposition on the one hand and the constant advancement of other branches of therapeutics on the other. After diligently supplying these primary essentials we shall have neither energy nor need for popular aggressive methods. It is unquestionably on the basis of these essentials that homœopathy and homœopaths will stand or fall. So much for the general principle of appealing to the public by the profession.

As regards the subsidiary question—the greater includes the less. We must aim at the highest standard of professional conduct as well as professional education to ensure the greatest good to the public. If we respect ourselves we shall be respected by others. Now, it is clear that advertising is not in conformity with the highest standard of professional conduct. A sectional professional *Directory*, whose chief virtue and whose chief advantage over its rival is that it is meant for and rendered accessible to the public, is incontrovertibly a form of advertisement. In spite of Dr. Clarke's sarcasm and Dr. Proctor's sophistry, most plain-thinking people will call this advertising, not primarily of individuals, perhaps, but certainly of a system and of a section of the profession. Dr. Proctor would have us believe that because the *Homœopathic Directory* is not Sequah's gilded car, heralded by trumpeters on gorgeously trapped chargers, therefore it is not advertisement. He reduces his position to an absurdity by gravely suggesting that because some tradesman has compiled a *Directory* of specialists, therefore we, medical men, may legitimately do the same. Dr. Clarke, with his impatience of all control, and his fixed aversion to all that pertains to “allopathy,” asks in effect “can any good thing come out of the *British Medical Journal*?” and himself almost believes that there cannot. Surely it is childish to quarrel with the *Journal's* etiquette

if it is founded on sound ethical principles. But really may we not leave out of calculation in this matter, the "allopaths" and their journals, what they will say or what they will think? Why bring them forward in every letter on the subject? We are offering no "sop," and we expect no favours. Let us remember that this is no question of sect or "pathy."

Finally, then, it was in time past ethically justifiable and laudable (on the ground of our duty to suffering humanity) to make use of a sectional *Directory*: for the same ethical reasons, now a substitute is found, it is justifiable and laudable to suppress the *Directory*, whose work is done. The argument that the Society's list forms no adequate substitute is not sufficiently serious to need refutation. As to the pharmacists, there can be no objection to their compiling a *Directory* of themselves if such is required. For the addresses of foreign homœopaths Dr. Villers' *Directory* is available.

Faithfully yours,

EDWIN A. NEATBY.

VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—Permit me, as an ardent disciple of Hahnemann, to implore you to pause before you commit the *Homœopathic Review* to a support of vaccination. The fact that a Royal Commission, on which not a single anti-vaccinist was appointed, has taken four years to receive evidence, and is still apparently unable to report finally on the question, should inspire caution. Vaccination is not homœopathy, it is not even isopathy, but a conjectural isopathic prophylaxis, which rests on no scientific basis. Careful study of the evidence taken before the Royal Commission will show that no one knows what vaccine is. That any protection given by it is (as Dr. Gayton admits) "very fleeting indeed." That thousands of vaccinated persons have suffered from small pox, and that so little modified as to be fatal. That a child a week has, according to the Registrar General's returns, confessedly died of it for years past in England and Wales.

The statement which you reprint from the *Times* as to the old rate of mortality in London being 3,000 per million living has long since been exploded. But if it be true, vaccinists are impaled on the horns of this dilemma. If vaccination has caused the reduction in the death rate from small pox, which has undoubtedly occurred among us in this century, then unvaccinated communities should be suffering at the old rate. Leicester, Keighley, Dewsbury, Gloucester, places where the vast majority are unvaccinated, should be eaten up with small pox, whereas Manchester, Sheffield, Warrington, and all the places where large bonuses are still

earned for "successful" vaccination, should be exempt. But it is notorious that these latter well vaccinated towns have suffered worse than those where Jenner's contrivance has fallen into disuse.

Again, compare Leicester, where vaccine disasters brought about a revolt against the compulsory law 20 years ago with itself. In 1871-2, when all were vaccinated, they had an epidemic of thousands of cases, and 846 deaths. In 1893, when a small minority only are vaccinated, an epidemic occurs with 150 cases and 10 deaths. Many of these deaths were due to an unlucky mistake in diagnosis. And of the 150 cases, the vaccinated population contributed 16 more than their fair share.

The article on vaccination in the last edition of the *Encyclopædia Britannica* has never yet been answered, nor has Professor Crookshank's great work on *The History and Pathology of Vaccination*. Until these weighty indictments are answered it would be wiser for all homœopaths who have not made a special study of the subject to suspend judgment on this much controverted question.

Yours faithfully,

Edgbaston, 21st July, 1893.

A. PHELPS.

[That vaccination and re-vaccination constitute a safe and efficient prophylactic measure against small-pox is, we believe, proved beyond the power of controversy. Further, they constitute the only means known by which protection against the development and spread of the disease can be secured. Our correspondent is mistaken in supposing that no opponents of vaccination are on the Commission; Dr. Collins and Mr. Picton, M.P. for Leicester, both members of the Commission, are vehemently opposed to it. The dilatory method of taking evidence before a Royal Commission, and the necessity for carefully sifting by cross-examination the oftentimes very loose and inaccurate statements of anti-vaccinationists—who alone have been examined so far—sufficiently account for the length of time during which the Commission has sat. The vast amount of evidence to be adduced in support of vaccination will doubtless render the delay in issuing a report considerable. Primary vaccination saved Leicester in 1872, and has done so again in 1893. Three hundred cases have occurred there, the unvaccinated suffering much more severely than the vaccinated. Of the 15 deaths that occurred there only one of the sufferers had been vaccinated. The deaths were not due to an unlucky mistake in diagnosis; the occurrence of small-pox possibly was so in one or two instances, but had these unfortunates been vaccinated they would, in all probability, not have contracted the disease at all, or, had they done so, would have recovered.—Eds. M. H. R.]

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Mr. KNOX SHAW, Dr. S. MORRISON, LIQUOR CARNIS Co. (London); Dr. PRIESTLEY, Dr. G. CLIFTON (Leicester); Mr. WADDINGTON (Bradford); Dr. HAWKES, Dr. J. D. HAYWARD (Liverpool).

ERRATUM.—Page 501, line 7 from the bottom, after "Direct Taxes" insert "of Italy."

BOOKS RECEIVED.

Diseases of the Skin: Their Constitutional Nature and Cure. By J. C. Burnett, M.D. Second Edition. Revised and Enlarged. London: The Homœopathic Publishing Company. 1893.

Modern Household Medicine, &c. By Chas. Robt. Fleury, M.D. Third Edition. Revised and Enlarged. London: E. Gould & Son. 1893.

The Homœopathic World. London. August.

The Provincial Medical Journal. Leicester. August.

The Chemist and Druggist. London. August.

The Monthly Magazine of Pharmacy. London. August.

The North American Journal of Homœopathy. New York. August.

The New York Medical Times. August.

New York Medical Record. July and August.

The New England Medical Gazette. Boston. August.

The Hahnemannian Monthly. Philadelphia. August.

The Homœopathic Recorder. Philadelphia. July.

The Homœopathic Physician. Philadelphia. August.

The Medical Century. Chicago. July.

The Medical Advance. Chicago. July.

The Journal of Official Surgery. Chicago. July.

The Clinic. Chicago. July.

The Minneapolis Homœopathic Magazine. July.

The Homœopathic Medical Record. Calcutta. May and June.

Homœopathic Envoy. Lancaster. August.

Annals of "Electro-Homœopathy." Geneva. August.

Revue Homœopathique Belge. Brussels. July.

Bulletin Général de Thérapie. Paris. August.

Leipziger Pop. Zeitschrift. für Hom. August.

Rivista Omiopatica. Rome. June.

Homœopathisch Maandblad. The Hague. August.

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, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

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"MODERN HOMŒOPATHY."

WHAT is termed "Modern Homœopathy" forms the subject of a short article in the August number of the *Provincial Medical Journal*, a periodical published at Leicester. "Modern Homœopathy," the Editor assures his readers, "does not rest on the foundations laid by HAHNEMANN." On what it does rest he is silent. If homœopathy, as taught and practised in 1893, does not rest on the foundations laid by HAHNEMANN in 1796, on what we would like to know does it rest? This question suggests another—what were the foundations of homœopathy laid by HAHNEMANN in 1796? These have oftentimes been stated in our *Review*, but as they can scarcely be re-stated too frequently, we will once more recite them. We do so by quoting a passage from an article that appeared in this journal 30 years ago, a passage which gives at once the foundations of homœopathy as laid by HAHNEMANN, and the foundations of that therapeutic method of drug-selection which is understood by the term homœopathy to-day.

"True homœopathy consists, simply and solely, in the prescribing for disease such remedies as are competent to produce similar disease in a healthy person. This alone is homœopathy. To carry out homœopathy,

it is obviously necessary that drugs be proved. It is further necessary that the amount of drug given to cure be less than that required to produce disease. These are the corollaries of homœopathy. They are inseparable from it; no one can satisfactorily practise homœopathy without seeing their necessity or availing himself of them."—(*Monthly Homœopathic Review*, Jan. 1st, 1864, p. 8.)

To this ought to have been added, that medicines, prescribed homœopathically, should be given in the form in which they were proved, viz., singly, uncombined, that is, with any others. With this addition, the passage represents the whole basis of homœopathy, as taught by HAHNEMANN; it represents the principles which those medical men, who, to-day do not shrink from declaring their faith in homœopathy, endeavour to put into practice.

It is not, however, in order to enlighten "some of the younger members of the profession [who] may not be familiar with the grounds on which homœopathy rests, deeming homœopathy to be altogether unworthy of attention," that the Editor of the *Provincial Medical Journal* prints this article on "Modern Homœopathy," but rather to endeavour to draw a red herring across the scent of any inquirer into homœopathy by introducing to the notice of his readers a travesty of homœopathy, and of the practice of those who believe in it, recently published in the United States by Dr. BROWNING, of Brooklyn, entitled "Modern Homœopathy, its Absurdities and Inconsistencies," for the manufacture of which the author has been rewarded with \$100 by Dr. GEORGE GOULD, of Philadelphia, the editor of a medical journal which rivals the *Lancet* of 40 years ago in the coarseness of its invective whenever it refers to homœopathy.

The most laboured point which the Editor of the *Provincial Medical Journal* derives from Dr. BROWNING's paper is a skit upon some of the substances in the *Materia Medica*, which he says "remind us of some of the formulas in use in the rudest ages." The chief of them are, indeed, very offensive substances, substances which have rarely, if ever, been used by any one except, perhaps, Dr. MURE, of Rio de Janeiro, who published provings of them thirty or forty years ago, and, having been published, Dr. ALLEN injudiciously and

unnecessarily included some of them in his *Encyclopædia*. Of some which Dr. BROWNING appears to attribute to Dr. ALLEN's work, but which it does not contain, such as *lyssa*, *spriggums martini*, and *tela araneæ*, we never heard before. The most repulsive named by Dr. BROWNING is, at the same time, far less so than that advocated and used by Dr. BROWN-SEQUARD, the celebrated scientist of Paris, to rejuvenate the aged! Among other substances, the employment of which is mentioned to excite the smiles and provoke the ridicule of the ignorant, are the poisons of the *crotalus horridus*, of the *lachesis trigonocephalus*, and of the honey bee. The study of the effects of these several animal poisons, and their use as medicines by those who have been guided by the results of such study, has been instrumental, time and again, in saving from death numbers who would otherwise most certainly have died. Cases of septicæmia, of diphtheria in its most fatal form, and of acute dropsy, have among others repeatedly been snatched from the jaws of death by *crotalus virus* and *apis virus*. Surely this is justification enough for using them. Dr. LAUDER BRUNTON, in an early edition of his *Index of Diseases and Remedies*, named *apis mellifica* as a remedy in cedematous sore throat. But, when it was pointed out to him that, so far, this medicine had only been used by homœopaths, he withdrew it from the list in the next edition! In such a condition it is a valuable remedy, notwithstanding Dr. LAUDER BRUNTON's time-serving repudiation of it; and further, but for homœopathy, and the researches of those who practise homœopathically, this therapeutic fact, and many another suggesting the real value of this and the serpent venoms, could never have been known.

One more point which the Editor of the *Provincial Medical Journal* makes out of Dr. BROWNING's essay he expresses as follows:—"Dr. BROWNING then considers, and shows clearly, how far homœopathic conditions (*sic*) can go in assimilating their practice to that of regular medicine, though still preserving the name of homœopathy." Parenthetically, we may notice, that what Dr. BROWNING here terms "regular medicine," when put into practice, is described by Dr. LAUDER BRUNTON, one of the examiners at the College of Physicians, in the following terms:—"Our ideas are often hazy and inde-

finite. We give medicine at random, with no defined idea of what it should do, and trusting to chance for good results. When a remedy fails in its work, we can give no reason for the failure. We do not even seek out a reason." This so-called "regular" medicine is, in all sober truth, without any therapeutic *regula* or rule whatever. The non-homœopathic physician can only describe himself as "regular" on the principle of *lucus a non lucendo*.

To return to Dr. BROWNING: what is intended to be understood by the not very clearly expressed sentence that we have quoted is, we presume, that he "makes clear" that when patients have not "the requisite degree of faith," and suffer from "diseases which tend to a fatal termination * * * the majority of homœopathic practitioners abandon their theories, discard their dilutions, fall back upon the researches of rational medicine, and administer drugs in full doses." Dr. BROWNING appears to be fully conscious that this is not true, for he cautions his readers to notice "that all homœopathists are not charged with being false to their professions." Rapidly, however, reverting to and enlarging the scope of his slander, he says:—"It cannot be denied, however, that the practices of most homœopathists warrant the inference that they have no faith in their professed theories, and have assumed their distinctive title merely for the sake of obtaining business." Now the Editor of the *Provincial Medical Journal* tells his readers that Dr. BROWNING makes this accusation "clear"! How does he perform this operation? He says, in the first place, that homœopathic physicians have "their libraries filled with the works of those whose methods they decry." This we gladly believe is true enough, and it is to their credit that it is so. Shakespeare truly says that there are

" Tongues in trees, books in the running brooks,
Sermons in stones, and good in everything."

Homœopathy relates, simply and solely, to the method of selecting medicines for the treatment of disease. The duties of the physician are not limited to prescribing medicines. It is his duty to be as intimately acquainted with the whole range of studies bearing upon the prevention and cure of disease as time and opportunity admits of his being. In therapeutics, no less

than in pathology, he requires to be well furnished with the views of all earnest enquirers, of all honest seekers after truth. Hence he fills his library with the works of men from whose therapeutic methods his experience has led him to differ widely, and the more he studies these methods, as set forth by their authors, the more is his faith confirmed in that he has adopted. The homœopathic physician is, on Dr. BROWNING's own showing, a widely read, and therefore a broad-minded, well-instructed man, who keeps himself abreast of the literature of the profession of which he is a member, and not the narrow-minded sectarian he is commonly represented to be.

He next asserts "Their laboratories are stocked with a full line of official drugs and pharmaceutical preparations." This is an assertion which we know, and Dr. BROWNING knows, that he could not prove. Individual instances—though as a matter of fact we do not know of one—there may be, of men who represent themselves as practising homœopathically, when they do nothing of the kind; but to say, as this Prize-essayist does, that the majority do so, is a foul slander uttered deliberately and "of malice aforethought."

Then, again, we are told that "The inspection of the prescription files of apothecaries will abundantly sustain the charge that homœopathists use drugs in the same manner as rational physicians." The word "rational" is here employed as a euphemism for "non-homœopathic." Its natural meaning would not hold good at all if applied to physicians whose therapeutics "have not," as Dr. WILKS, of Guy's Hospital, has said, "a scientific basis, but, on the contrary, is formed out of the fancies of the human mind." That the prescription files of an ordinary apothecary may here and there contain an order for an hypnotic or a narcotic in a dose large enough to procure sleep or prevent the sensation of pain, is probable enough. When disease is of the incurable and at the same time intensely painful order, homœopathists in a very large proportion have admitted the necessity of falling back on medicines of this kind—medicines that are merely palliative of irremediable suffering, not curative of curable disease. Beyond this, Dr. BROWNING's statement is utterly untrue; and we feel perfectly sure that he has

never made any inspection of apothecaries' prescription files that would bear out his imputation.

The next paragraph is devoted to declaring that the author was called in to visit a lady dying of arsenical poisoning, the result of the prescription of Fowler's solution of arsenic by "a prominent homœopathist!" *Credat Judæus!*

Following this is a request to know, "Where is the homœopathist who abstains from the use of lotions, liniments and salves?" Well, we cannot inform him. But we can assure him of this, that the use of such medicaments is not "contrary to the very essence of the system," that essence solely consisting in the similarity between the symptoms of disease and those produced by the drug prescribed and directed to be taken by the mouth, hypodermically, or as applied to the skin. That such applications are, as he says, contrary to the explicit teaching of Hahnemann is true enough, but the experience of his followers, generally, has not sustained him in this matter of detail.

As a further illustration of his assertion that the majority of homœopathic practitioners do not prescribe homœopathically in serious illness, Dr. BROWNING mentions that Dr. LUDLAM in reporting a case of ovariectomy in *The Clinique* of August, 1880, says that he gave the patient material doses of *quinine* and *morphia*, and dressed the wound antiseptically. We have not this number of *The Clinique* within reach, and so cannot say how far Dr. BROWNING's quotation is accurate. But we feel perfectly certain, that if Dr. LUDLAM saw such palliative treatment to be necessary, he would explain in his report why it was necessary, why it was to be preferred, in that individual instance, to such as consisted in prescribing homœopathically selected remedies. That he would dress his patient's wound antiseptically is certain, and that every surgeon who is a homœopathist would do the same is equally certain. Can Dr. BROWNING point to a single article, written by a homœopathist, protesting against the antiseptic treatment of wounds, or can he show that adopting it is inconsistent with prescribing homœopathically for peritonitis or septicæmia, when these follow a laparotomy? Of course he cannot.

Another instance he gives of the desertion of homœopathy in dangerous illness is a paper upon *Inflammation*

of the Bladder, by Dr. MOFFAT, of Brooklyn, which he says appeared in the *North American Journal of Homœopathy* for August, 1887, where 55 homœopathic preparations are recommended. His point, however, weak though it be, seems to consist in Dr. MOFFAT having advised that, where the practitioner fails to find the homœopathic specific, he ought to use "such other treatment as has proved beneficial." Well, most unquestionably he ought to do so, but, he must fail to find the curative medicine first of all, if he desires to do the best he can for his patient. This is very different from trying "to ride the fence and practise both ways."

In further illustrating the same point, Dr. BROWNING repeats, on the authority of the *New York Medical Gazette* and "a medical friend," a couple of apocryphal stories regarding the statistics and practice pursued (in one instance) at the Ward's Island Homœopathic Hospital.

On such evidence as this, Dr. BROWNING endeavours to bolster up the malignant slander that homœopathic physicians in serious cases abandon homœopathy and revert to that experience which Dr. H. C. Wood, in the preface to his work on *Materia Medica and Therapeutics* describes as having been to medicine "a blind leader of the blind." The people of the United States, where, as he admits "this so-called system of medicine commands so large a following," have had too much experience of the value of "this so-called system of medicine," are too thoroughly conscious of the vastly superior results which have followed its adoption in the treatment of disease, especially of such as, like yellow fever and cholera, "tend to a fatal termination" to be ever likely to be induced to lose their confidence in it by such trashy nonsense as that which Dr. BROWNING brings to support what he endeavours to persuade them are the "absurdities and inconsistencies" of homœopathy. He has failed, and failed utterly, to show that there is any absurdity in homœopathy, or that the large majority of the 12,000 qualified practitioners of homœopathy in the United States are guilty of any inconsistency in their treatment of disease.

This, and about thirty pages more of the same sort of stuff constitutes the red herring which the Editor of *The Provincial Medical Journal* endeavours to trail across the line of the enquirer into homœopathy!

SHOULD LIKES BE TREATED BY LIKES?*

By ALFRED E. HAWKES, M.D.

GENTLEMEN,—My first and most obvious duty this morning is to extend to those of you who have come from a distance, and especially to any who may have crossed the sea, a very cordial welcome to the ancient borough within the boundaries of which we are assembled. I should like at the outset also to express the hope that your visit may be profitable, that the reunion of old friends and the meeting of new ones may be pleasant, and that the proceedings of the entire day may be memorable. My thanks are due to those who, by their vote at Southport last year, placed me in the high position which I am grateful to have been spared to occupy.

Before proceeding with the subject which has occupied my thoughts since your vote imposed this duty upon me, I must refer to the encroachments death has made upon our ranks since the last Congress.

To Dr. Carl Fischer, who was well known at home and abroad, I have referred elsewhere.† His energetic advocacy of the principles we profess will ever entitle him to our admiration.

Those who have met the late Mr. John Potts at our Congresses, will not be likely soon to forget him. I do not refer to him at any length, as ample justice was done to his memory in the July number of the *Homœopathic Review*, but it is surely due to one who for so long a time adorned our ranks, that I should give expression to the regret we feel that his genial presence will never again cheer his comrades in arms.

By the death of Dr. Henry Blumberg a still greater gap has been made. As Vice-President of our Congress last year, he placed us all under great obligation to him. The esteem in which he was held in the town where he resided so long, the learning which he brought to bear upon the profession he was so much attached to, and his great skill, recognised alike by his colleagues and his patients, render his loss all the more difficult for us to

* The Presidential Address, delivered at the British Homœopathic Congress, held in Northampton, Sept. 28, 1893.

† *The Homœopathic World*, Aug., 1893, p. 359.

bear. Perhaps the delicate state of his health for some time past ought to have prepared most of us for the inevitable, and to those who saw Dr. Blumberg at Southport in September last, the sad news of his death could hardly have come as a surprise. Thus another who did so much for suffering humanity, has at length been released from the distress which baffled the efforts of sympathetic colleagues to relieve. Those who think that a medical man's duty to society does not solely consist in writing prescriptions, will be encouraged to note that our recently deceased friends were prominent public men as well as trusted physicians. The sad news conveyed to us by the September journals is too recent for me to refer to at any length. No words of mine are necessary to enable you to realise the loss we have sustained by the death of Dr. Wynne Thomas.

I will leave intact for your future delectation the touching address delivered at Chicago* by Dr. Bushrod James, contenting myself with quoting from the *Rural Muse* by our peasant poet Clare, the following lines:—

“I fain would have some friend to wander nigh
And find a path to where my ashes sleep—
Not the cold heart that merely passes by,
To read who lies beneath, but such as keep
Past memories warm with deeds of other years,
And pay to friendship some few friendly tears.”

I would now proceed to lay before you some of those reasons which prompt me to desire that homœopathy should be more fully recognised and be still more widely resorted to in directing the treatment of disease.

In the first place, I feel it to be incumbent upon me to demonstrate that we are fully alive to the responsibility attaching to a departure from the older methods of utilising the powers of drugs. I know that our opponents speak and act as if we were in the habit of leaving our patients to die, like Alexander Pope, “of a hundred good symptoms.” I verily believe that the majority of them think we are accustomed to employ totally inadequate means, when the pallid visitor whose step is equally unwelcome in the castles of the rich and the cottages of the poor, threatens to approach. But, gentle-

* World's Congress of Homœopathic Physicians and Surgeons Memorial service.

men, against such an allegation I protest, and assert that we are deeply conscious both of the importance of our office and of the potency of our measures. Ours is no light and simple duty. We recognise that we have to take our part, in company with our non-homœopathic friends, in ministering to the welfare of fellow-beings who represent the highest form of development, concerning whom in his recent Lowell lectures* Professor Drummond, quoting Dr. J. Clelland, the physiologist, said:† “Thus you see there is anatomical evidence that the development of the vertebrate form has reached its limit by completion in man. . . . The development of the animal kingdom is the development of intelligence chained to matter. The animals in which the nervous system has reached the greatest perfection are the vertebrates, and in man that part of the nervous system which is the organ of intelligence reaches as I have sought to show the highest development possible to a vertebrate animal, while intelligence itself has grown to reflection and volition. On these grounds I believe, not that man is the highest possible intelligence, but the human body is the highest form of human life possible, subject to the condition of matter on the surface of the globe, and that the structure completes the design of the animal kingdom.” All this is equivalent to saying that we are not veterinary surgeons, or as Carroll Dunham expressed it:‡ “The subject of your lifelong study will be, not fabrics, nor wares, nor stocks, the works or machinations of men, but the noblest of God’s creation—that which He made in His own image—the body and mind of man.”

The reason for introducing this extract is in order that I may emphasise the statement, that we depend for our therapeutic knowledge upon exact experiments made upon the very class of individuals we have to treat. As is well known, we use the results obtained by experiments on animals in dealing with coarse lesions, and in cases where exact observations on healthy human beings are not available, but the main source of our symptomatology is the very class of beings to which I have just referred.

* *British Weekly*, April 27th, 1893.

† *Journal of Anatomy*, vol. viii., p. 361.

‡ *Lectures on Materia Medica*, vol. ii., p. 419.

In this exalted region we claim to have played our part, and, guided by the splendid example of Hahnemann, we, his disciples, constantly strive to furnish those coming under our care with remedies, the choice of which his genius has lifted high above the level of mere empiricism. Some of us are compelled to admit that we have done little or nothing to perfect the system he designed, counting it our chief mission to follow as closely as we can the lead of one who has raised our art into the region of almost an exact science.

Philanthropists, scientists, statesmen, logicians of the first rank, have lent us their countenance, and abetted our designs, and I submit that it is against these, as well as against the practitioners of homœopathy, that the criticism of our opponents should be directed.

I am, however, fully alive to the consideration that it is often not we, but our patients, who have to bear the brunt of the attack, and it is well for them and us too, that much has been done to educate them and to prepare them to defend our method against the attacks of its opponents.

As we all know and gratefully acknowledge, a number of well-informed observers have striven to gather from the action of drugs on their own bodies, and the bodies of others, the latent capabilities of medicinal materials with a view to carry out the system of therapeutics we to-day are here met to advance.

It is no part of my intention to weary you with references to provings with which you are familiar, but to mention one or two substances by way of illustrating our meaning of the term "similar" will render my argument clearer. I therefore would draw your attention to the action of three medicinal agents we use in acute, sub-acute, and chronic ailments.

My first example is *ailanthus*. It will be remembered by many that Dr. Wells, of Brooklyn, related a case of poisoning by the exudation of this tree several years ago.* Two young friends, while amusing themselves with the bark, had, in so doing, partaken of a quantity of the juice of the tender shoots of the tree, and the following day they both suffered severely. One, whose symptoms are detailed more than those of the other, was the daughter of Dr. Wells, whose skill as an observer no

* *Monthly Homœopathic Review*, 1867, p. 288.

one will be likely to question. "She rose in the morning feeling slightly ill, dressed, and immediately went to the breakfast table. She could take no food, the sight of it made her feel so much worse. She immediately left the table and went to her room. She was seized suddenly with violent vomiting, severe headache, intolerance of light, dizziness, hot red face, inability to sit up, rapid small pulse, drowsy, at the same time very restless, great anxiety; two hours after the first attack the drowsiness had become insensibility with constant muttering delirium, did not recognise the members of her family; she was now covered in patches with an eruption of miliary rash with efflorescence between the points of the rash all of a dark almost a livid colour, the patches between the points of the eruption were of a dingy dull almost opaque appearance, the eruption was more profuse on the forehead and face than elsewhere, and specially on the forehead. The whole aspect of the eruption, and the whole condition of the patient, were just like those so many times seen in cases of this variety of scarlet fever, and the case was unhesitatingly recognised as an example of it, and in its most violent and helpless form. The pulse was now small, and so rapid as hardly to be counted, the surface had become cold and dry, the livid colour of the skin when pressed out by the finger returned very slowly; the whole was a complete picture of torpor, and seemingly a perfect instance of that manifestation of it which immediately precedes dissolution in these rapidly fatal cases of scarlet fever. There was apparently no prospect of the patient's living more than a few hours. Such cases in the practice of the writer had always gone to a fatal termination, and this had been more rapid in its progress than any he had seen. The patient being his own child he had opportunity for most carefully watching the case. In about three hours from the first appearance of the eruption the livid colour began to lose something of its dark hue; the restlessness and anxiety diminished; the pulse became more distinct and less frequent; consciousness partially returned; the eruption became a brighter red; and the whole train of symptoms similar to this pernicious form of the fever gradually gave place to a train of phenomena scarcely less remarkable, but not at all like those of any variety of scarlet fever."

It is unnecessary to say much more, let it suffice to remark that this extraordinary case has led to a diminution, and frequently an abandonment, of similar anxiety on the part of many a parent since Dr. Wells suffered so much on account of the illness of his child. I may be permitted to say, that since I have administered *ailanthus*, which I use in the first decimal dilution, for cases closely simulating the above accidental proving; *cyanide of mercury*, in the sixth dilution, for diphtheritic complication; and the serpent venoms, *lachesis* and *crotalus*, in the sixth dilution, in cases of profound adynamia, I have not lost one, unless you not unreasonably ask me to include a dispensary case which I had seen through the earlier stages for one of our visiting staff, but which was subsequently carried off by uræmia, and I have treated about eighty of all types of severity.

I trust I have sufficiently directed attention to the value of the so-called law of similars in at any rate one acute malady. I hope to send some notes of cases to the *Review*, which will go to confirm, if confirmation be necessary, the observations of Drs. Pope, Dyce Brown, and Chalmers.

Perhaps the most signal service this drug has rendered me was in the case of a young man B—. He and his brother had scarlet fever, the younger one very mildly, the elder one very severely, towards the end of 1886. The mild case was subsequently complicated with albuminuria, uræmic convulsions and coma, and is referred to in another part of this address. The elder brother began with high temperature, 105° F., dusky rash all over the body, and low muttering delirium reminding one somewhat of typhus; in short, his case was an excellent counterpart to the accidental proving related above. *Ailanthus* was administered and no other remedy was required.

The next medicine I would ask you to consider with me is *corrosive sublimate*, in its relation to renal mischief. Dr. Hughes,* who is, I find, cited as an authority on *Materia Medica*, from India to the Rocky Mountains, and Dr. Allen,† whom I have recently met in his own country, refer to the action of this poison on the kidneys.

* *Pharmacodynamics*, 4th edition, p. 659.

† *Cyclopædia of Pure Materia Medica*.

It causes acute congestion and inflammation of the secreting structure of these organs. The renal excretion is sanguineous and albuminous, and in one case in addition to the dryness of the mouth and throat with intolerable thirst, the quantity of the excreted fluid was diminished, sometimes to the extent of anuria, and contained more or less albumen with epithelial cells and casts. * "The kidneys were enlarged and pale in colour, the canaliculi were blocked by deposits of oxalate of lime, and there were signs of parenchymatous inflammation." It is not my intention to make any comparison between this and other remedies in renal disease, such as *cantharis* or *arsenicum*, but who is not aware of the splendid effects of the medicine in certain forms of trouble at the ocular fundus? Choked disc as it used to be called, with other symptoms of optic neuritis, clear up under its influence, and in choroidal troubles and albuminuric retinitis, others besides Allen† and Norton can vouch for its efficacy.

Allen and Norton say "in retinitis albuminurica no remedy has been employed with better success in such a large number of cases; the inflammatory process is often seen to rapidly subside, and the exudations into the retina disappear under the influence of the remedy. The prescription is chiefly based upon the pathological changes, as the symptoms are so few in this disease."

But I need not remind my audience that this drug is chiefly used in our school in that form of albuminuria which is associated with the gravid uterus, not that it has been relegated exclusively to that condition, but it is surely somewhat suggestive that Netteship‡ should affirm that it is in the very form of albuminuria we are referring to, that retinitis frequently occurs. He says that it is about equally met with in this and in chronic granular kidney. Thus, gentlemen, the drug that Professor Ludlam§ and others find most useful in a certain definite and well-known form of renal disorder, is found as a remedy to act favourably in the interesting complications with which oculists and physicians are alike familiar. I venture to express the opinion that the close relation-

* *Cyclopædia of Drug Pathogenesis*, vol. iii., p. 256.

† *Ophthalmic Therapeutics*, 2nd edition, p. 115.

‡ *Diseases of the Eye*, 2nd edition, p. 192.

§ *Lectures on Diseases of Women*, p. 555.

ship between the drug and the disease is sufficiently made out.

Such search as I have made affords me no evidence of the fundi oculorum having been examined while a sufferer has been under the influence of *corrosive sublimate*. Case 10 in the *Cyclopædia of Drug Pathogenesis* would surely have furnished some information, or perhaps some more diligent seeker than I may fill up this pathogenetic hiatus. Of course I do not suggest that the medicine ought to be continued under the grave circumstances referred to by Drs. Fancourt and Robert Barnes, Bantock, and Mr. Lawson Tait,* whose more energetic method of treatment I have seen successful.

The remaining substance I wish briefly to refer to on account of its close relationship to certain morbid changes, is lead. Those of you who have watched the course of the habitual drinker, an opportunity for doing which our own country so amply yet so sadly affords, will have noticed in addition to the ordinary symptoms of alcoholism, the absence of the patellar reflex, certain ill-defined rheumatic pains, numbness of the feet, difficulty of maintaining the equilibrium closely simulating locomotor ataxia, but with the absence of the Argyll-Robertson pupillary symptoms, and as a rule of the girdle pains and other well known manifestations of posterior sclerosis. Both Ferrier† and Lancereaux‡ remark upon the paralysis of the extensor muscles giving to the feet the attitude of equino-varus. Both observers state the likelihood of such a case being mistaken for lead or arsenic poisoning, and reference is made to the different effects on the upper and lower extremities. Into these differences we need not now enter, but the more closely one follows the clinical progress of a case of so-called peripheral neuritis due to alcohol, and the pathogenetic effects of lead, the more he is likely to be convinced of the similarity of the two conditions. I have enough clinical material of this kind to establish my thesis, and when I am able to prepare it for the press I intend to do so. In a paper read at the

* *British Gynaecological Journal*, vol. 1, p. 312 et seq.

† *International Clinics*, vol. 1, p. 256.

‡ Quoted in *L'Art Medical*, Tome lxxii, p. 140.

Liverpool Medical Institution, and published in the July number of the *Journal*, Dr. A. W. Campbell gives us a further insight into the pathology of alcoholism. He cannot admit that the terms which confine the disease to the peripheral nerves are correct, and quotes high authority for looking upon the disease as associated with "changes in the central nervous apparatus as well as in the peripheral parts." It is far beyond the scope of these remarks to go deeply into the pathology of this form of disease, a course Dr. Campbell's paper makes both easy and tempting, but I would refer those interested to two remarkable coincidences in regard to the effects of alcohol and lead. In a case of alcoholism mentioned by Dr. Campbell, phthisis was developed and the patient's heart became weak, rapid and irregular, due, as was observed by Sharkey and others, to involvement of the vagus. In the *Cyclopædia of Drug Pathogenesis* we read that Dr. Carson observed ten well-marked cases of lead poisoning, where much alarm was excited by the great feebleness of the heart, with palpitation, consequent fainting, weak and soft pulse.

He regards the cardiac action as similar to that of *digitalis*, tending specially to paralysis of that organ. As a counterpart to the effect of alcohol on the lungs, we read under *plumbum** "it is characterised by dry cough in violent long intermittent paroxysms which wholly prevent sleep. The cough is often attended with dyspnoea which at last becomes severe, complicated with chronic bronchitis and œdema of the lungs. The autopsy reveals cirrhosis of the lungs." I do not think that it will be difficult in view of all this, and much more might be brought forward, to show that something much deeper than peripheral changes takes place in both alcoholism and plumbism, and that the latter is a very close similar to the former, and I may add in a word its exhibition has afforded me very much satisfaction in the cases of alcoholic paralysis I have seen.

As an example I may cite the following case.

Mary M—, aged 44, the subject of chronic alcoholism, was admitted into the Hahnemann Hospital, February 17th, 1892. She had been suffering for a month with languor and a feeling of fatigue on slight exertion.

* *Cyclopædia of Drug Pathogenesis*, vol. iii., p. 670.

Flying pains were felt all over the body, and her legs felt as if they would give way under her; loss of power in the hands, especially the right, and pains in the calves of the legs were complained of. There was no history of delusions. Enquiry as to specific disease elicited nothing satisfactory, but her hair was inclined to fall out. Absence of patellar reflex, and the characteristic talipes equinus were well marked. Some little time after admission *plumbum* was administered in the sixth dilution. On March 25th it was remarked that the equino-varus simulation was less observable, although the patellar reflex was still markedly absent. The extensor muscles were beginning to gain strength. On April 6th, it was recorded that the patient could walk about with ease and safety, and without fear of falling.

The abnormal attitude of the feet gradually disappeared and the patient went home nearly well.

You have followed the very simple line I have taken. I trust it will be admitted that if search is duly and carefully made, a substance capable of setting up a condition similar to that accompanying most of the diseases known to us may be found. The use of such knowledge will depend on the therapeutic principles followed by the practitioner making the search. It follows from what I have said, that whenever a number of symptoms pertaining to a patient are narrated, the listener, if he be a homœopathic practitioner, almost involuntarily runs over the pathogenesis of the corresponding drug, and it may be fairly alleged that one distinction between our opponents and ourselves is this, that they do not have flit through their minds pathogenetic counterparts when eliciting, subjectively and objectively, symptomatology in the widest sense of that term. Does this habit of ours which corresponds to the linguist's thinking in the tongue he has acquired, really serve us in case of need? For although many admit the possibility of discovering drugs which will set up a condition similar to that of a morbid process, there are those who strenuously assert that we have no right to formulate a law of cure from such observations. If those who argue in this direction intend to impugn our rule, because it is not so absolute as the law of falling bodies, I have nothing to say. I may send a messenger with my stop-watch to a well whose depth I know, and anticipate with

certainly how long he will have to wait to hear the splash occasioned by his falling missive, but vital phenomena hardly lend themselves to such accurate prognostications.

I once suggested to Professor Crocq, under circumstances which some here are not unfamiliar with, that pneumonia had been likened to a seven-day fever. "How often have you observed the disease take such a course?" was the examiner's warning that I was a little too accurate to please him. It must suffice for the present for me to remark in the words of Hahnemann, which most of us from experience can endorse, that * "We have only to rely on the morbid phenomena which the medicines produce on the healthy body as the sole possible revelation of their indwelling curative power, in order to learn what disease-producing power, and at the same time what disease-curing power, each individual medicine possesses."

Dr. Dyce Brown† pertinently asks "Was Newton the first man who saw an apple fall?" He goes on to say, "yet he was the first to whose genius it occurred that the falling of the apple was an illustration of the great law which was till then unperceived." But the homœopathic law, which you must permit me to speak of under that designation, is surely not more difficult to realise than some other occurrences in nature, and we trust that the time is coming when the rule of practice it formulates may be allotted its true place in the treatment of disease, to the vindication of those who have laboured to promote and extend the knowledge of it, and to the benefit *in tantum* of suffering humanity.

We have the utmost confidence in suggesting, as Hahnemann did, to those who conscientiously differ from us, that they should fairly study the matter, put it to the test according to the directions laid down, and shape their future course of practice and their attitude towards homœopathy accordingly. Let them after accurately writing down, as doubtless is their wont, the symptoms and signs of disease, proceed, with the aid of manuals which any of us can lend, to administer in a suitable dose the drug which most surely produces

* *Organon of Medicine*. Dr. Dudgeon's translation, p. 57.

† *The Reign of Law in Medicine*, p. 11.

such a train of symptoms in the healthy, and I venture to say that conviction will almost certainly follow. Thus have nearly all of us become followers of Hahnemann, whom, had we rested content with the one-sided dictates of our teachers, we should have continued to disparage.

But while thus proclaiming my own adhesion to this method, and taking yours for granted, I must be allowed to remark that the activity of our friends who are guided by the rule of contraries for the most part, should lead us to that form of self-examination which theological teachers are ever inculcating, so that every professional act of ours may have the endorsement of a tender conscience, which partisanship on the one hand and self sufficiency on the other must never be allowed to deaden. Am I not correct in asserting that those opposed to us have been too much disposed to ridicule our pretensions, to admit of their carefully studying the means we employ? I know of some who have conscientiously watched the practice and have not been convinced of its value, but I have never personally known any one who has carefully read the works allotted to his consideration, and followed up with reasonable zeal concomitant clinical opportunities, who has remained sceptical.

Mr. Birrell,* after running over a number of things a literary student ought to be familiar with, says: "All these things you know, else are you mighty self-denying of your pleasures." My experience is that the medical practitioner of our time is wonderfully self-denying in this regard, and that considering his almost Quixotic zeal for tilting at any sail that does not help to grind his grist, he should do himself the pleasure and afford himself the satisfaction of hearing the other side. I have never met one of our opponents, and among them I have many friends, some of whom have gone far out of their way to render me needed help, who could have passed in the first standard of homœopathic teaching. Our friends have been far too busily engaged in casting ridicule upon our theories to carefully weigh our facts.

We invite them, as did the *savant* at that early meeting of the Royal Society, at which it was being alleged

* *Obiter Dicta*. Second Series, p. 177.

that a live fish displaced no water on being immersed, to institute experiments themselves.

Permit me in a few words to refer to the dose question. I am quite of opinion that nothing has hindered so much the progress of homœopathy as the ridicule that has been brought to bear upon the quantity of the drug that most practitioners have found sufficient to be administered, unless it be the method in which until quite recently the pathogenetic effects of drugs have been presented to enquirers by our school.

But, gentlemen, although most of us have discarded the globules which years ago were much more commonly used, and with which my own earliest recollections are associated, but few of us have discarded infinitesimal doses. I can fancy some sick man on having two or three of these globules administered to him exclaiming with *Hiawatha*—

“Must our lives depend on these things?”

but only last year no one dissented from Dr. Hayward's statement made at Southport that *crotalus* 6 sufficed for the usual purposes for which the drug was administered. My own experience is to the effect that he who confines himself exclusively to either end of the scale, does not get all that can be got out of homœopathic medication. I reckon a stock of *lachesis* 6 among the most precious of my possessions, although it may require a dozen ciphers to represent its dilution on paper.

A system of medicine which took its origin from the well-found intellect of him whom we are proud to call the master, will require something more than ridicule to destroy it, and if the knowledge of our critics in other matters relating to homœopathy is of a piece with their dilution-making their criticism can hardly be considered worthy of notice.

It is beyond my present intention to enquire how high one may get in the dilutions before he ceases to obtain unequivocal results from the exhibition of homœopathic medicines, but I unhesitatingly ask if you would not rather employ the dilutions I have mentioned of *cyanide of mercury* in diphtheria, or of *crotalus* in certain forms of septicæmia, to any quantity of crude material selected by other and less accurate methods?

In relation to minute sub-division I may be permitted

to quote the following :* “ In a cubic inch of the ordinary air of Glasgow Mr. Aitken found no fewer than 7,500,000 of dust particles. In a large hall in which the gas had been burning for some time a sample of air taken near the ceiling showed 49,000,000 particles in a cubic inch. Most of the dust is derived from purely terrestrial sources. . . . Many of the particles alas are germs of disease.”

An argument I should like to use in favour, not only of the effects of our medication, but in proof of the action of minute quantities, is to be found in the custom many of us adopt of administering medicines for the benefit of the fœtus in utero. The best known instance of this kind of medication is of course the administration of *mercury*—a method of practice often unsuccessful. At least one reason for its want of success was revealed to me during the discussion of Dr. Millie Chapman’s paper at the Chicago Congress. My attention was first directed to this important subject by a perusal of the late Dr. T. R. Leadam’s work.† Dr. Leadam says “Numerous observations have been made of mothers, who having lost their children at an early age, or having seen them afflicted with serious scrofulous affections, have submitted themselves throughout their pregnancy to the conservative prophylactic treatment, and have thereafter borne robust healthy children, whose growth was regularly and unusually progressive, and who have been insensible to the influence of the vaccine virus, and equally unaffected by the ordinary diseases of childhood.” Almost all of this written some thirty years ago I can endorse, but I must confess that since I have exclusively used the calf lymph, which I believe is supplied by a well-known colleague, failure in vaccination has become a thing of the past. As to the modification of the exanthemata by pre-natal medication, I am able to state that such a result has appeared to me to follow its adoption. By an easy transition we are carried back to Hahnemann’s writings.

I do not need to translate into terms more consonant with modern views the following passage from *The Chronic Diseases* : ‡ “ During pregnancy the anti-psoric

* *The Freeman*. Science Notes. August, 1893.

† *Diseases of Women Homœopathically Treated*, p. 142.

‡ *The Chronic Diseases*, by Dr. Samuel Hahnemann, vol. 1, p. 176.

treatment is more necessary than at any other period, because then the chronic ailments are more fully developed, the organism and the mind of the pregnant female being highly susceptible of receiving impressions. During the period of pregnancy—which is altogether an essential and natural condition of the female—the action of the anti-psoric remedies is more marked and precise.” All this sounds very old-fashioned, and of a piece with globule swallowing and sniffing at infinitesimal quantities, but I have put it to the test on many occasions. Ample opportunities of trying it under appropriate circumstances have occurred to me, and only he who has done that deliberately and fairly is entitled to rebut my statements and question my conclusions. I need only refer in a word to Dr. Burnett’s paper presented to the Leeds Congress in 1880, before going on to state that I have been much more successful in preventing the recurrence in families of acute hydrocephalus, laryngismus stridulus, and rachitis, than I have of specific disease. In short, I can much more cordially endorse the remarks of Hahnemann, Leadam and Burnett, than I can those of Tanner,* when the latter speaks of the pre-natal exhibition of mercurials for well-known reasons. In the circumstances last referred to, I have of course used almost all ordinary doses. When following out Leadam’s directions, I have used *sulphur* and *calcareæ* chiefly, if not solely, but I should like to say that in my view much care is required—a care I have not been often able to bestow—in the choice of the so-called anti-psorics under these circumstances. A perusal of the paper read at Chicago † will be helpful to those interested in the subject, as indications for other drugs, such as *calcareæ phos.* and *silica*, are there given with scientific accuracy. I venture to submit these statements as evidence of the beneficial effects of minute doses of appropriate medicinal substances.

Even our failures afford us some evidence of the potency of our measures. Who of us has not at times failed from having taken a too superficial view of the case under consideration, but on being compelled by

* *Practice of Medicine*, by T. H. Tanner, M.D., 6th edition, vol. 1, p. 334.

† *North American Journal of Homœopathy*, Sep. 1893, p. 557.

the non-improvement of the patient, to hark back, so to speak, in order to remove the deeper constitutional symptoms as directed by Hahnemann, has not only succeeded in removing these deeper manifestations of disordered health, but the more superficial maladies as well? Cases recur to my mind as I write, in which carefully selected medicines have proved quite inoperative, because, although homœopathic to the existing conditions, the prescription failed to take cognisance of the underlying dyscrasia, which, on being dealt with, speedy recovery ensued.

I trust I shall be excused for having gone into these matters at such length, and that no one will think me vain enough to consider it incumbent upon myself to keep to the front some of the chief lessons Hahnemann taught us. His thoughts, his directions dominate our conduct, and although he most emphatically pronounces for surgical interference whenever necessary,* and I beg to direct those who question this to Hahnemann's own writings, it is as a physician, and especially as a teacher of *materia medica*, we revere him and would have others follow his lead.

But it may be asked, is homœopathy sufficient for all medical cases? In the great proportion of maladies I am abundantly pleased with it. In cholera, yellow fever, and the various forms of septicæmia, in the exanthemata, peritonitis and other inflammations, it has served its adherents well.

It would take too long to enquire into the views of homœopaths as to the need for some other than the usual remedies in the hyperpyrexia, say, of rheumatic fever, and in regard to the new light being thrown on the late febrile attacks incident to enteric fever. Do we need to exhibit antiseptics in this disorder, and do the newer febrifuges present advantages over our well-tried remedies? These questions must be met; doubtless our hydropathic friends will not unfrequently help us out of the difficulty in cases of hyperpyrexia, but of this I am assured, that, with few exceptions, the new remedies of to-day will gradually be made to reveal their homœopathic potentialities, like *chloral* in urticaria, *iodoform* in tubercle, *salicylate of soda* in Menière's disease, and only

*Hahnemann's *Lesser Writings*. Translated by Dr. Dudgeon, p. 500.

so will they acquire a lasting place in the physician's armamentaria.

To surgery I must not again refer to any extent, but whereas it was formerly said that homœopaths did not do surgery, it is now being said that they do nothing else, especially in America, where Talbot it is believed performed the first successful tracheotomy in diphtheria in 1855.

Another statement to which I feel I must give some little attention is, that homœopaths do not appreciate pathology. One of the most genial of those opposed to homœopathy often makes that assertion. I have read that once upon a time a homœopathic doctor was Professor of Pathology at Edinburgh University, and I am glad to possess a book on pathology edited by Drs. Drysdale and Russell 51 years ago. That may not prove much, for mine is, I almost regret to say, a very clean copy. What does our friend mean by pathology? Does he mean morbid anatomy, or does he mean the medical and surgical pathology of the Continental Schools, which includes, at any rate if you are going to be examined there, all you can get to know of the course, progress, and termination of any given disorder, together with the concomitant anatomical changes?

I contend that what is meant in this connection by pathology would be included in the far-reaching term symptomatology as *we* use it. Whatever pertains to man should be of interest to his fellow. Nothing that can happen to the economy of the patient is a matter of indifference to the homœopathic physician.

To pursue the subject somewhat—as I write I have under the microscope a slide shewing the condition in croupous pneumonia. The alveoli are for the most part filled up with fibrinous exudation, containing many cells easily taking up the stain each alveolus visible in the field is so filled forming the well known consolidation of lobar pneumonia. I have also under the microscope an equally well-prepared section of a broncho-pneumonic lung. Most of the alveoli are equally full of exudation and cells, but there is more sign of fatty degeneration. Many of the alveoli are not so mathematically shaped, and as in this morbid condition it is known that a tendency to collapse exists, such a result may be easily

imagined, but the difference, though marked, is less obvious than one would expect, save as regards the marked number of cells undergoing fatty degeneration.*

Dr. Coates says, "As the disease begins in the bronchial tubes, and is propagated to the lung tissue, it follows in its distribution the arrangement of the bronchial tubes, that is to say it comes in a lobular form. Although the disease is thus primarily lobular, it is clear that it will often occur in several neighbouring lobules, and so a considerable tract of lung may be involved."

I need not pursue this enquiry as regards the two conditions under consideration. Symptoms obtained by proving of drugs, and cases of poisoning direct us to *phosphorus*, *bryonia*, *tartar emetic* and *iodine*, but experience alone can determine which is to be relegated to a precise pathological state, and although Hahnemann protested against it, and some of his followers do the same, practitioners have their favourite medicines for these disorders, and their routine practice seldom fails them.

But perhaps the changes in the kidney in different morbid conditions of that organ, afford us the best illustration of the accuracy of the observations of those who have acted as the guides of such as myself in the practice of our calling. On examining early the section of a kidney, the subject of glomerulo-nephritis, we find the malpighian tufts crowded with round cells, which are also seen in the interstitial substance; there is also blood in the uriniferous tubules. Is it to be wondered at that the glomeruli being the seat of the secretion, uræmic symptoms are apt to occur? Dr. Coates states† that Rosenstein found that "in the nephritis caused artificially in animals by *cantharides* there is a similar appearance of leucocytes around the glomeruli and elsewhere." I beg to draw your attention to the effects of *cantharis* as recorded in the *Cyclopædia of Drug Pathogenesis*, vol. 2, p. 21, where, in the absence of minute microscopic examination of the kidneys after death in human subjects, we find the glomerulo-nephritis, the migration of leucocytes, and the swellings of the cells of the

**Manual of Pathology*, p. 539.

†*Manual of Pathology*, p. 689.

urinary tubuli leading to blocking, the lumen becoming full of exuded cells, and at the end of the article, the kidneys of the animals are said to have presented, *post mortem*, all the lesions which are observed in an acute or sub-acute albuminous nephritis in man."

Let the sceptic now turn to the pathogenesis of *terebinthina* with which *cantharis* will clinically often have to be compared. How comparatively meagre are its pathogenetic and pathological effects, and how clearly has Dr. Wolston* differentiated clinically between the two drugs. Dr. Hughes drew attention to this, and stated during the discussion that "He went with Dr. Wolston in his endeavour after a pathological and not merely a symptomatic similarity, and thought the excellent results he had obtained a good answer to those who would only admit the latter as true homœopathy.

Of other renal remedies I need scarcely speak, but it may be stated that *arsenicum*, *mercurius*, and others lend themselves to the same kind of discrimination. In this connection I should like to refer to the case of B—the younger brother of my *ailanthus* patient.

His attack of scarlet fever was very mild, and at first required the simplest treatment, but albuminuria occurred, suppression of urine supervening. Here Dr. Wolston's differentiation between *cantharis* and *terebinthina* served me well, and although the boy lay in a comatose state for two or three days, and had many uræmic convulsions, he recovered, *helleborus*, like a cavalry charge, completing the rout of the enemy. Due credit must be assigned to hydropathic adjuvants.

Readers of Washington Irving's *Old Christmas* will, I fear, bring against me the same charge as was brought against the old clergyman who, when all were busy amidst Christmas festivities, evolved from his well-stored library a variety of reasons for keeping up the sacred festival, "a proposition," said Irving, "that no one seemed likely to dispute." Like that worthy, I have had before me a number of unseen opponents whom in your hearing I have striven to answer, but I am keenly alive to the fact that had you only been interested in this paper, I might have spared myself the trouble and you the weariness.

* *Annals of the British Homœopathic Society*, vol. viii., p. 555.

I close this portion of my address by quoting Professor Banks,* who said after scrutinising a tumour of the breast he had just removed and pronouncing it non-malignant, "I do not for a moment wish to under-rate or sneer at the value of a microscopic examination, but the microscopic appearance of a piece of chronically inflamed gland tissue, and those of a piece of cancerously infiltrated gland tissue, are so very much alike, that I will back the judgment of any surgeon of long experience upon a naked eye inspection of a fresh section against any microscopic slide."

Only the other day I heard a similar pronouncement, where a practical surgeon had convicted a well-known pathologist of error.

You will, I trust, agree with me when I say that whether the erudite touch be administered by an Opie, a Paget, or a Bœninghausen, the value of such touch depends on the quality of the cerebral convolutions directing it, and that whether we pay as much attention to pathology, or not, as we ought to, there is ample scope for those who profess to know all they can get to know of the tissue and other changes due to disease, of similar changes due to medicinal agents, and to the relationship which they allege exists between the two.

Having thus expressed my views upon this matter with all the earnestness I am master of, bearing in mind James Russell Lowell's dictum that "no man without intense faith in something can ever be in earnest," I desire in a few words to refer to our numerical status. I do not feel at liberty to touch here upon matters which amongst ourselves are still *sub-judice*, but does anyone suppose that there are no more medical men who have confidence in homœopathy than those who appear, or who are likely to appear, in separately published lists? In my opinion there does not exist at present any adequate method of counting those who believe in, and more or less practise, homœopathy. The inducements for practitioners to come forward and join our ranks are not great. The prospect of being looked upon as a self-seeker, and an unworthy member of an honourable, and in great measure a learned profession is not inspiring. We in Liverpool are nearly always advertising for men

* *The Clinical Journal*, vol. 1, No. 9, p. 134.

to fill our various stipendiary posts, offering a salary which would constitute no mean start in life for those recently qualified, but such inducements scarcely ever win men over to our side, although there must be many to whom such an appointment would be helpful.

But if we can but guess at the number of qualified men practising homœopathy, what must we say as to the number of those who trust to it in simple forms of sickness, and would trust to it in more severe forms if practitioners were available? From my own observations, from correspondence, from the reports of nurses going to and coming from a distance, from the enormous demand for domestic manuals on homœopathic principles, I am bound to infer that homœopathy is employed by a very large number indeed of our fellow countrymen. I cannot refrain from stating that I think it a great testimony to the honour of the medical profession that this demand does not tempt many to come over to our side.

In the hope that even in this country something may be done before very long in the way of teaching homœopathy, and getting such teaching recognised by the Examining Boards, I venture in a few words to direct your attention to America. There, 20 colleges, 16 of which grant degrees, are manned by homœopathic professors. Students are brought up to revere the names of Helmuth, Talbot, Ludlam, Mitchell, Fellows, Crawford, and others. I do not wonder that the lofty ideal our colleagues in America seek to place before their students, constitutes a stimulus of a very high order to those who are fortunate enough to be placed under such guidance.

Those of you who have read—and who has not?—the valedictory address at the end of his volume on *Materia Medica* by the late Dr. Carroll Dunham will know what I mean. Like the Regius Professor of Medicine at Oxford the friend and admirer of Michael Faraday, like some of the Edinburgh Professors and others, these men profess to be, and are guided by the highest possible principles.

Several years ago I copied into my repertory an extract from a valedictory address of one of our American colleagues.

On my return from the United States recently, I was not surprised to find that the words which had excited

my admiration were uttered by Professor Pemberton Dudley. After describing the responsibility of a physician, and stating how far he was entitled in his judgment to trust to Providence, he says : * " This day, this hour, God is placing this burden upon you, and heavy as it is He expects you to bear it, and will not allow you to throw it back upon Him, neither will He work out a miracle to compensate for culpable human laziness. There is but one way in which the conscientious physician can bear up under such a burden, for in no way can he throw it off, and that is by such constant and thorough preparation for his business as will enable him to know of a surety that he represents the knowledge and skill of the whole profession, and that it is not in human power or wisdom to do more than he is doing or to do it better." This, then, is the spirit of the teaching as far as I can understand it in America. I am not saying that every one one meets in America lives up to the ideal of our Philadelphia brother. There are men in our ranks who represent the combined capabilities of all modern medical thinkers ; men to whom a junior colleague can turn with every satisfaction. The number of these representative men must be increased. Knowing only too well the scarcity of homœopathic practitioners in this country, I asked on the other side of the Atlantic, if some could not be spared to take our curriculum and settle in this country, but the answer was, that there were openings in America for all successful students. There are more practitioners of homœopathy in Chicago, or New York, than in all the British Isles together. A large new hospital and a new medical school with nearly 20 lecturers and professors are available for the 200 students at Chicago. Bacteriology and other modern methods of research are taken up. All the very latest abdominal work, including the opening of the abdomen in tubercular peritonitis, is done at the hospital. In New York the Ward Island Homœopathic Hospital contains about 600 beds, and during 1890 about 4,000 patients were treated therein. The Medical Board number about 80, almost all of whom take some form of active duty. In Boston, as I gather from a letter just received from Dr. Talbot, an attempt is being

* *Hahnemannian Monthly*, Nov., 1879, p. 704.

made to occupy one of the large hospitals of the city. In the United States there are 43 general and 45 special homœopathic hospitals. Last year upwards of 6,000 beds were available for the 40,000 patients requiring treatment, of whom 80,000 were cured, and 3.6 per cent. died.

Numerous dispensaries, and 27 journals flourish, the former dealing with 160,000 patients per annum. And so the good work goes on. All concerned therein are active, and just as an American colleague will drive you along with his hickory wheels now in a rut up to the bush, and now shooting the rapids between two laden vans, so in his own sphere he brooks no impediment. Emanating from seminaries of which they are proud, fostered by the unceasing interest of kindly-disposed teachers, the boys—a term applied to the alumni of both sexes—carry on their work, none daring to make them afraid.

Are we to abandon all hope of obtaining by similar methods a status for homœopathy in this country—a status which on the one hand would give us all we need if we were found fit to exercise it, but which would assuredly hasten our discomfiture if we were only half-hearted in our efforts?

Gentlemen, I must bring this too lengthy address to a close. I have striven to show the meaning which we attach to the term “similar” and have given instances of the so-called law of similars in its relation to practical medicine. I have touched upon the allied topics of pathogenesis and pathology, and I have, I trust, demonstrated our deep interest in both these important departments. I have reminded you how the rapid progress of the Hahnemannian doctrine has been brought about in America, and I have hinted at the efforts that seem to me to be necessary in order that others as well as ourselves, may participate in the advantages our method of practice offers to those who adopt it. That this contribution will help forward our cause I am not sanguine enough to hope, but I cannot feel that I shall have thrown this great opportunity away, if I have succeeded in offering you valid reasons for my conviction that Likes *should* be treated by Likes.

REPORT OF A CASE OF DENTAL PLATE IN THE ŒSOPHAGUS; ŒSOPHAGOTOMY; DEATH.

JOHN D. HAYWARD, M.D. (Lond.)

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FOREIGN bodies impacted in the pharynx or œsophagus are common accidents, but a lodgment of such a nature as to call for prompt œsophagotomy must be a comparatively rare occurrence, for during a prolonged acquaintance with hospital practice no such case has come under my notice, nor have I ever seen the operation performed. Objects in the pharynx I have generally been able to remove with the fingers; in the œsophagus the probang has generally sufficed either to raise the foreign body or to push it harmlessly into the stomach. In a case of fish bone in the œsophagus under my care the obstruction could not be moved, and a surgeon friend advised the operation of œsophagotomy. Neither the patient nor myself, however, sanctioned the proceeding, and the bone probably softened, was passed into the stomach and digested, for it is two years ago and nothing has been seen or felt of it since.

In a case which has just recently been under treatment, although the termination was unsuccessful, there are points of interest worthy of a short record.

The case was one under the care of Dr. Thomas Simpson, of Waterloo, to whom I am indebted for some of the following notes, and for permission to report the full details. To this gentleman's prompt diagnosis and skill also the patient owed what chance he had of a more fortunate result.

On the afternoon of Wednesday, August 16th, Mr. P. S. had an epileptic fit; he was so comatose during the day following the attack that he was unaware of having lost the teeth, but finding some pain and difficulty on swallowing, Dr. Simpson was sent for on August 18th. He found Mr. S. hawking up and expectorating a large quantity of tough mucus, the fauces were inflamed, and there was marked difficulty of breathing and hoarseness of voice, while he could only swallow liquids. By means of an œsophageal bougie Mr. Simpson detached a hard body, lying low down in the œsophageal tube; this he endeavoured to ex-

tract with long forceps, but found it too securely jammed to allow him to do so. On the afternoon of Saturday, August 19th, the doctor kindly asked me to see his patient.

Previous History.—Mr. S. is aged 56, is tall, spare and of a nervous temperament; a ventilating engineer by profession. He has long suffered from chronic dyspepsia and epilepsy, but otherwise was healthy. The eclamptic attacks have been rare of recent years. For five years he had no attack, and it is again three years since the fit previous to the one that has just taken place. Married; family.

Present State.—August 19th.—Mr. S. is lying in bed breathing rapidly; temperature, 102; pulse, 108. He is constantly coughing and reaching, both of which acts bring up large quantities of mucus and whitish muco-pus. The cough is noisy and spasmodic, and the voice is very muffled and hoarse. He complains of no pain, but feels ill and distressed, especially in respiration; he has taken no food for three days except a little beef-tea and some milk and water. The right side of the face is much bruised and the right eye is black; results of the fall during the fit. A small gold plate, with hooks, and supporting three lower incisors is missing.

Treatment.—The obstruction was first localised by means of the œsophageal tube from a stomach-pump; it was found to be low down in the œsophagus, quite beyond reach of the fingers. Mr. S. being a man of firm will, painstaking efforts were made with the long forceps and with the probang; nothing could be inserted past the obstruction. This gave a metallic thrill to the forceps, could only with difficulty be grasped, and then refused to stir, while the attempt caused the pharyngeal mucus to be tinged with blood. A neighbouring practitioner (Dr. S., not a homœopath) was called in in consultation; he agreed that prompt operation was called for, and gave most efficient assistance during that proceeding. There being only an hour more of daylight, it was unadvisable to send for further assistance or instruments, as the patient's house was some miles in the country. I had a small pocket dressing-case, Dr. Simpson supplied some cat-gut and a director, our *confrère* lent a pair of retractors and a Pean forceps. Dr. Simpson gave the anæsthetic.

chloroform—an anxious duty considering the laryngeal irritation. The patient being anæsthetised, further attempts were made with the forceps, in vain. The plate was fixed so low down in the passage that a large and deep wound (about $4\frac{1}{2}$ inches long) was necessary; this was made as rapidly as safety and the waning daylight would allow. There being no prominence to be felt on external palpation, the left side was selected for operation. A superficial vein, at the upper part of the incision, bled a few drops; beyond this there was absolutely no hæmorrhage, and no vessel was either tied or twisted throughout the operation. During the dissection, the omo-hyoid was cut across, the carotid vessels held back with the sterno-mastoid, the sterno-hyoid and sterno-thyroid were retracted forwards and the trachea slightly rotated. The plate was readily found just above the sterno-clavicular articulation; even after the œsophagus was incised over it there was difficulty in removing the body with dressing forceps, one of the long sharp processes on the plate had penetrated through into the trachea, and one was firmly fixed in the œsophageal wall; a little air whistled in and out through the small tracheal perforation. The patient's condition had been very bad all through the operation, and during the latter stages, especially when the larynx was interfered with, it became desperate. A small stitch was put in the upper part of the wound, the remainder being left open and gaping; a little iodoform being dusted on and a piece of linen, covered with vaseline, laid over it.

The patient rallied well, and in half-an-hour was breathing and talking better than before the operation. *Aconite* and *arnica* were administered alternately. During the night he became very restless, and the breathing very laboured; the *acon.*, given alone and frequently, relieved this with the assistance of steam inhalations. He was fed by means of rectal suppositories.

Next day (20th August) temperature, 108.4; p., 120; breathing better; wound looking well; but a little mucous welled up and when the patient coughed a little air was driven through. Evening temperature 101.

21st August. — Restless night, but better than the previous one; patient's condition good; wound healing nicely; breathing easy, much less cough and hawking;

voice only slightly hoarse; temperature 98.4. A large gum-elastic catheter was passed down the œsophagus, and half a pint of milk mixed with soda water was poured into the stomach through a funnel and tube. This was repeated in the evening, and a soap and water enema was given.

22nd August.—Patient seemed very well this morning; but there was pain and difficulty on passing the œsophageal tube, and its further use was abandoned. He was not so well in the evening, and the temperature rose to 100.

23rd August.—Mr. S. had a restless night, and is distinctly worse this morning. The breathing is quick and difficult, air and mucus escape by the wound; there is more cough; he is drowsy; complains of severe pain in the right iliac region in front, especially on movement; no lump or swelling can be felt in this region, but the pain there was his chief complaint all day.

In the evening the temperature rose to 103; respiration became rapid and rattling; face blue and cold; and death ensued during the night—just over a week from the accident, and four days from the operation. Throughout the progress of the case the respiratory symptoms were the more prominent, and death was apparently due to pneumonia and exhaustion.

The plate (of which I enclose a photograph a shade smaller than itself) is of gold, supporting three incisor teeth with two sharp pointed wings, and with two edged hooked processes to fit round other teeth; it is $1\frac{1}{2}$ inch across from wing to wing, and is about as objectionable a thing to swallow and as liable to firm impaction as could possibly be devised.

THE FURTHER IMPROVEMENT OF OUR MATERIA MEDICA.

By RICHARD HUGHES, M.D., Brighton, England.*

I HAVE been asked to speak to you on this occasion regarding the "Further Improvement of our Materia Medica." The term "further" implies that some improvement has already taken place, from which,

* Read before the World's Congress at Chicago, Tuesday, May 30th, 1893. Reprinted from *The North American Journal of Homœopathy*, July, 1893.

as a resting-point, we may note progress and survey the ground yet beyond us. The reference is obviously to the "Cyclopædia of Drug Pathogenesis," and upon this I would say a few words at the outset.

The work in question consists, as you know, of a collection of the provings of drugs not contained in Hahnemann's own volumes, with a selection from cases of poisoning by them and of experiments made with them upon the lower animals. These provings, poisonings and experiments have been carefully translated or transcribed from their originals, and are presented in the primary narratives wherever these are given. The provings themselves are a selection made upon rules approved by the two National Societies of America and England, and so framed as to exclude, so far as possible, all dubious matter. We thus have, in the four volumes of the "Cyclopædia," pathogeneses of as many hundred medicines,* as trustworthy as careful choice can ensure, and as correct as knowledge and painstaking can make them, with the additional advantage that, wherever practicable, they are presented in an intelligible and interesting form.

The result gained by the completion of this work is that the lamentations over the unsatisfactory state of our *Materia Medica*, which for the last forty or more years have been heard from all parts of the homœopathic world, may now sink to silence, or rather be exchanged for gratulation. They were well warranted when Jahr's "Manual," in its various forms, was our sole collection of pathogenesis. Symptomatology was there presented in a form most incredible, unintelligible, and repulsive, without ground for its statements or clue to its mazes; it was, as it has been called, "nonsense made difficult." Nor were the groans evoked by it altogether assuaged by the appearance of the "Encyclopædia" of Dr. Allen, great advance though this was. Our scattered provings were there, indeed, brought together and referred to their authors, besides being much enriched from general medical literature; but they remained unsifted, and were all broken up into the categories of the Hahnemannian schema. Our *Materia Medica*, even in "Allen," continued to be dubious and

* The exact number is 413.

unattractive. Now it is neither. The student can read the narratives of proving, poisoning and experiment contained in the "Cyclopædia of Drug Pathogenesis" with as much confidence and as lively interest as if they were cases of idiopathic disease; and the practitioner can, with firm reliance, utilise them in his practice. If doubtful matter still remains, as where, with little or no information as to their origin, we merely have a list of symptoms, the statements made as to their character, and (generally) the inferior type in which they are presented, will suffice to warn off from possible quicksands or quagmires.

But I must not leave the "Cyclopædia" without a word as to the pathogeneses given by Hahnemann himself, to which it contents itself with referring, evidently implying that they also should be possessed by the reader. Those of the "Chronic Diseases," indeed, are still a sealed book to most, from the lack of an adequate and accessible version. The "Materia Medica Pura," however, has been now re-translated for us by the competent hand of Dr. Dudgeon, and can be obtained by any. There may be read the result of the Master's primal essays at drug-proving, with his own illuminative introductions and notes. The symptoms are arranged in schema-form, indeed, and there is little information as to how they were elicited; but the latter deficiency is supplied from other sources, and many of the individual symptoms are themselves groups which have association and sequence. When I speak of our *Materia Medica*, as we English-speaking nations have it, it must be understood that I include these two volumes of Hahnemann's as well as the four of the "Cyclopædia" which supplement them.

And now, from the standpoint of what has been gained, let us enquire what remains to be done towards the improvement of this *Materia Medica* of ours. Let us clear the way by seeing what should *not* be done.

The first thing to be deprecated is the view that the narratives of the "Cyclopædia" constitute so much "raw material" only, and must be worked up into a schematic symptom-list before they can be made available for practice. Why should this be? For readiness of reference, it is replied; when we want to know what spinal

symptoms *cicuta* induces, we can turn to them at once in Allen, but in the Cyclopædia we have to hunt them through a number of records. My answer is, that this need should be provided for by an index, as it is in other books. We do not, in these, cut up the text into categories that individual items may be the better discovered; nor should we do so here. Hahnemann unfortunately took this course with his own provings; and nothing, I think, has done more to rob him of his honour in the profession at large, to hinder conversion to homœopathy, and to drive practitioners of the system into empiricism, than the distortion which has resulted. I maintain further that symptoms placed singly, divorced from their sequence and concomitants, often convey a false idea as to the pathogenetic action of drugs: so that the schema is not only unnecessary but misleading.* The abandonment of this mode of presenting our Materia Medica is one of the most important features of the "Cyclopædia;" and it would be no "further improvement" if we were to build again that which we had destroyed.

It is under the influence of these considerations that I do not feel as sympathetic as otherwise I should be towards another plan for re-constructing our Materia Medica—that advocated from Boston by Drs. Wesselhoeft and Sutherland, and taken up (with some modifications) by the Baltimore Investigation Club. It is mainly a trying of the symptoms of our pathogeneses by the test of their recurrence in more than one subject of the drug's influence, only those which stand the ordeal being retained. I am not sure about the soundness of the method; there must be some flaw in a mode of proceeding which leads to the rejection of *cactus* as inert, and to the reduction of the symptom-list of *gelsemium* (upon one proposed method) to four items only.† The principle, however, is excellent; it is that upon which I am to a large extent acting in making the index to the "Cyclopædia." I am referring only to such apparent effects of drugs as "by the force of their occurrence or

* These theses are defended in detail in a paper on "The Presentation of the Materia Medica," read by me at the International Homœopathic Congress, 1886, and published in its Transactions, p. 121.

† See *N. Engl. Med. Gazette* for December, 1888, and *N. American Journal of Homœopathy* for June, 1889.

the constancy of their recurrence witness to organic connection with their assumed causes."* But suppose I were to write down these symptoms as I index them, and, casting them into the categories of a schema, were to publish them as the tried residuum of our symptomatology. Genuine they might be: but a *Materia Medica* so constituted would retain all the remaining faults of those of old; it would be as unintelligible, as repellent, as misleading as these were.

One of our journals, in noticing the "*Cyclopædia*," says that "it totally ignores a host of old homœopathic landmarks." By this is probably meant the "clinical symptoms" which swell the bulk of so many of our *Materia Medica*s, meaning by this term morbid states which have (not appeared, but) disappeared while their subjects were taking certain medicines. Hahnemann made some, though sparing, use of such symptoms—only, however, when they occurred in proverbs of drugs,† and always noting that they were *Heilwirkungen*. Jahr introduced them more freely, and took them from patients treated with the medicines; but he also indicated their character by affixing a small circle (o) to each. So far little harm, if little good, was done. More recently, however, the practice has grown up of mixing pathogenetic and clinical symptoms, together with guesses, therapeutic suggestions and hypothetical inferences, in one indiscriminate mass, and calling this conglomerate the Homœopathic *Materia Medica*. Men imagine that they are applying the law of similars when they work with such books, whereas they are very often practising the merest empiricism.

I do not wish on the present occasion to go further into detail on this subject. I have often expressed myself upon it, and always feelingly; for I deplore the procedure in question as one of the greatest calamities that has ever befallen us. My sole reason, however, for mentioning it now is to support the opposition I would make to any vitiation of our symptomatology with matter of clinical kind. It is not that I undervalue the *usus in morbis* or despise therapeutic sugges-

* See "The Index to the *Cyclopædia*" in the *Monthly Homœopathic Review* for November, 1890.

† The symptom list of Iodum in the "*Chronic Diseases*" is the sole exception to this statement.

tions; but I would have these kept separate from the pure pathogenesis. They may appear in prefaces and notes as in Hahnemann's publications; or they may occupy a separate volume, as must be in our case. There they find scope for abundant usefulness; but mixed up with the results of provings and poisonings they are confusing, illusory and destructive of all scientific thought and practice.

Not therefore by schematising, by reducing in number, or by blending with clinical materials, the drug-effects on the healthy we have brought together, do I conceive that the *Materia Medica* of Homœopathy will receive further improvement. In fact, I am of the same mind now as I was in 1879, when, reviewing attempts at re-construction by Dr. Jousset and Dr. Espanet,* I deprecated any attempt to substitute such studies of drugs for our existing symptomatology. "Let this," I wrote, "stand as it is,† and let our work upon it be something like that of theologians upon their sacred books. As with them, let our best endeavours be made to enrich, to purify, and to illuminate the text. Then let those competent for the task give us commentaries upon it, elucidating its language. Let the teachers of *materia medica* in our schools publish from time to time their systematic lectures, embodying (as these must do) all the side-lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study. These will answer to treatises on doctrinal and practical theology; and then, for the sermons which expound and apply particular texts, let us have clinical records showing the bearing of pathogenetic symptoms upon the phenomena of disease. In this way, while we shall lose no grain of fact which can be made available in the comparison of drug-action with morbid conditions, there will be supplied to every student of the *Materia Medica* a general knowledge of its constituents, of their sphere and kind of action, of their characteristic features and ascertained effectiveness, which shall send him forth fully equipped for using them in the treatment

* See *British Journal of Homœopathy*, xxxvii., 257.

† Of course, neither there nor here am I minimising the need of fresh provings. But on this score I spoke so fully at the International Homœopathic Congress of 1891, that it is needless to repeat myself on the present occasion.

of disease. There is thus abundance of work for all who desire to labour in the field of *Materia Medica*, and the more there is done of the kind the better for the future practitioners of our method.

Now that, in the "*Cyclopædia*," the text of our *Materia Medica* has been enriched, purified and illuminated, I the more earnestly urge its being left alone, and no attempt being made to substitute for it the result of any extractive or other process. The rest of the work suggested remains open; as it is adequately performed, the further improvement desiderated will accrue. I would especially call for commentaries, elucidative and exegetical; and would suggest that those most competent for such a task are the specialists of our school—the neurologists, the oculists, the aurists, the gynecologists. To the study by such men of the symptomatology of disease, aided by post-mortem examination and experiments on animals, we owe the great advances in pathology which have marked the last sixty years. May not similar investigation, when directed to pharmacology, achieve like results? The phenomena of drug disease have also their meaning, and lend themselves to patient interpretation. They are not themselves to be forgotten, and the phrase which explains them substituted, any more than the clinical features of idiopathic disease are to be merged in its nosological name. But the explanation illumines them, makes them coherent, intelligible, memorable; they become part of our mental furniture, and are not mere strings of symptoms to be learned by heart. A series of studies, by experts in each department, of the neurotic phenomena of the *oxalic* and *picric acids*, of *agaricus*, *bisulphide of carbon*, *hypericum*, *lathyrus*, *osmium*, *phosphorus*, *physostigma*, *secale*, *zinc*; of the eye symptoms of *ammoniacum*, *aurum*, *digitalis*, *euphrasia*, *macrotin*, *naphthaline*, *ruta*, *santonine*, and *spigelia*; the tinnitus of *quinine*, the *salicylica*, *coca* and *chenopodium*; and the pelvic disorder occasioned by *ferrum*, *lilium*, *murex*, *sabina* and *xanthoxylum*,—a series of such studies, I say, would enrich the very life-blood of our practice, and make us all better fitted to deal with the morbid states that come daily before us.

OVARIAN DISEASE CURED WITHOUT OPERATION.

By ARTHUR ROBERTS, M.D.

READING your report of the American Conference, and the remarks on removal of the ovaries, reminded me of a case in point. A married lady, aged 31 years, consulted me for very painful menstruation. The pain was chiefly over the left ovary. She had been married two years, but had never been pregnant. I felt on examination an enlarged left ovary. I sent her to a leading gynæcologist in the north of England, who carefully examined her. He agreed with my diagnosis as to an enlarged left ovary. He told the husband that she could not have any children, and that she would go on suffering until the menses ceased, and that he did not know of any medicine which would do her any good. He recommended that the ovary should be removed, as her life would only be a burden to her.

Though she herself did not believe in homœopathy, her husband—a highly educated analytical chemist—was a firm believer in it. He said that he was sure that a homœopathic remedy could be found, and I must find it. After a deal of searching and reading, for I was then ignorant of what homœopathy could do, I found all her symptoms except the pruritus under *hamamelis*. We gave this in the 1x dilution, and the next menses were almost painless. The pruritus was still very troublesome, but after studying all the medicines which caused pruritus, I found the one which covered her symptoms in *xanthoxylum fraxineum*. Dr. Massy, in Dr. Hughes' *Pharmacodynamics*, says that "the prolongation of the pain along the crural nerve" is an indication for it. This pain or itching along the crural nerve was markedly present. We gave the mother tincture, which caused an aggravation but completely cured the patient. She subsequently became pregnant, and in due course was delivered of a fine healthy baby. Thus homœopathy saved another poor woman from the surgeon's knife.

Harrogate, Sept., 1898.

THE HEREDITY OF DISEASE, AND
SUGGESTIONS FOR ITS EXTINCTION.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from p. 478.)

Group D.

It will be more convenient to review certain neuroses in this group, instead of malformations, as originally planned, seeing that we have just considered certain aberrations of moral constitution and of physical conformation, more or less hereditary in their nature, or, let us say, in many instances distinctly transmissible. In the present day the old-fashioned name "hysteria" is more correctly and scientifically defined by the term "neurasthenia." Congenital nervous instability in either parent produces children, some of whom exhibit neurasthenia, or epilepsy, or some form of "insanity," used in its widest sense. The worst heredity of all is a combination of mania and epilepsy. The ascending scale of serious disease is, 1st, neurasthenia; 2nd, hysterio-epilepsy; 3rd, true epilepsy; 4th, insanity of various kinds.

1. Neurasthenia.—This disease is manifest in both sexes, and has in recent years been increasing more in males than in females. I am accustomed to regard it in my own mind as a semi-involuntary dynamic erethism of the sympathetic nerve-ganglia in a person whose self-control, or will-power, is congenitally weak. In adult life the self-control may be so improved that the onset of a nervous explosion of hysteria may be absolutely checked. But the environment is too often unfavourable to this. One has seen neurasthenic attacks in children of two or three years old, born of neurasthenic mothers, who sympathised and coddled them, instead of chastising them. Judicious severity (not cruel in degree) will often arrest this morbid tendency. A fit of "hysterics" is *really* a short attack of modified mania, although the patient is partially conscious and decidedly anxious to arouse the attention and sympathy of those near her at the time. A physical or psychical shock to the nervous system; a long fast; a pathetic story; the mixed emotions produced by an exciting ball or opera; involuntary imitation; or even a hearty fit of mirthful laughter will upset the equilibrium

of the inhibitory nerve-centres, and, commencing with automatic movements, may, if unchecked, extend into epileptiform convulsions, terminated by the sleep of exhaustion. Medical men are now aware of better methods than the old one of dashing cold water upon the face, in order to excite a deep inspiration and arrest the fit: a simple compression of the nostrils by the hand suffices. And then we homœopaths have our *ignatia*, *moschus*, *gelsemium*, and other appropriate remedies to check further manifestations. But *firmness* on the part of both doctor and mother, nurse, or whoever may be in charge of a neurasthenic sufferer (for they are sufferers), and the *repeated efforts at self-control* on the part of the patient, these are the potent elements of cure. There must be a certain ascendancy of will-power exercised by someone over the patient. And here again the new hypnotism—soon to be recognised as a legitimate addition to the resources of the art of healing—is the most safe and rapidly successful means, by “suggestions” of curing this protean disease. I recommend my readers to study the interesting cases, Nos. 1, 2, 4, 17 and 23, narrated by our colleague, Dr. C. Lloyd Tuckey in his *Psycho-Therapeutics*. There would be nothing dangerous in this treatment even if carried out on children of tender age, if they manifested hysteria, and had plainly this feature of the father's or mother's temperament. The eradication of inherited neurasthenia is the more important in the present day inasmuch as, 1st, it does not appreciably shorten life, nor prevent child-bearing (though, it is true, many hysterical wives are barren), so that hysteria, like poverty, will, if unchecked, be always amongst us; 2nd, it counterfeits genuine spiritual emotions, thereby bringing ridicule on true revivals of religion, and counteracting the power of the Word of God.

2. Hystero-epilepsy is a further and more alarming stage of neurasthenia, and its diagnosis from true epilepsy is sometimes difficult. The distinctive points in an attack of hystero-epilepsy are, chiefly—gradual onset of attack, tonic rather than clonic spasms of voluntary muscles: the face is red; the patient shouts, uses coarse or vituperative language, grips articles with her hands or teeth; falls, but not usually so as to hurt herself; and after the fit does not pass into the profound slumber

characteristic of true epilepsy. Most unfortunate an occurrence is it when a child takes a fit of this kind in school, for imitation on the part of some others born with the hysterical heredity is sure to follow. *Prompt isolation of the first case*, and a firm promise by the headmaster or headmistress of punishment may stop the epidemic. But I do not wish it to be understood that I consider hystero-epilepsy a voluntary or "sham" disease. Having observed, in many such cases, one symptom, a peculiar fixed glassy stare of the eyes, which I have seen in real attacks of acute mania, in puerperal mania, and even sometimes in ordinary hysteria, I consider that *there is a temporary, but real loss of consciousness*. A powerful effort on the part of the hysteric when the attack is first felt might prevent this unconsciousness. In the majority of cases it is anger, or chagrin, or fright, that brings on hystero-epilepsy.

Besides inculcating self-control on these two classes of invalids, we must improve the nutrition of the nerve-centres by special dietetics. Dr. Weir Mitchell has shown in his *Essay on Fat and Blood* what wonderful success can be attained in curing emaciated neurasthenics by massage, fattening and isolation. Enforced rest for the overworked, excitable, restless woman, and enforced (but graduated) movement for the woman who has laid on the couch for years, declaring that she is paralysed, along with a regulated fattening diet and a sensible nurse, have restored very many chilly, feeble, anæmic, thin, listless patients to warmth, colour, plumpness, and cheerfulness. Massage, in skilful hands, stimulates the secretions of the skin; increases the flow of arterial blood to the muscles and other subcutaneous tissues; restores to the muscular fibrilla the tonicity they had lost; and provides exercise without demanding from the patient the exertion of volition, or the aid of the nerve-centres. When a Mrs. P., aged 52, of New Jersey, who had been in bed for fifteen years, was brought to Dr. Mitchell for treatment, by this massage, and feeding, and by winning her full trust and confidence, she actually *made the effort* to get up at the end of the first week. She had to be down again at once, from heart-feebleness; but at the end of only one month she could sit up, sew, read and walk.

I have personally witnessed cures in progress by the

Weir Mitchell method, in the practice of Dr. W. Playfair, of London, of the most satisfactory kind. One lady was gaining in weight exactly 1 lb. per day.

It is very necessary to cure neurasthenia before marriage. Fully half the troubles between husband and wife arise from the morbid notions and habits of hysteria. Derangements of the menses, and disorders of the uterus or ovaries, are not always at the root of hysteria, despite its etymology. These organs must be attended to certainly, but we must go further, and adjust the balance between the higher and lower nerve-centres; between nutritive demand and supply; between accumulation of effete matters in the blood, and defective elimination; and, lastly we have to try to displace old bad habits of life, thought, and emotion, by new and pure habits. Maternity is the turning point for good or evil in the life of a neurasthenic woman. If she marries a man of calm, placid, self-controlled temperament, whom she truly loves, their children may escape this baneful heredity altogether, or only the first-born may be slightly affected. When these children are grown up, and become parents, the neurasthenic or hysterio-epileptic heredity will be extinct.

3. True epilepsy is very often hereditary, and is sometimes the result of consanguineous marriages as mentioned on p. 86. A parent suffering from any organic disease of the cerebrum or cerebellum, or from a lifelong neurosis, or from any form of insanity, is liable to have epileptic children, the malady usually showing itself between the ages of 10 and 12 (Brown-Séquard). Alcoholism in the parent is also a potent factor in hereditary epilepsy. But the most fruitful source of inheritance is a serious fright, or bodily injury, or succession of powerful nerve shocks occurring to the mother during pregnancy. In one case, known personally by myself, a murder in the vicinity so frightened the pregnant (two months advanced) lady that her son was born with this disease, first shown during dentition. Convulsive attacks occurred at intervals up to the age of 14, when he fell into the grate where a fire was burning and got severely burnt. This great shock extinguished the epilepsy. Hasse has given a table of 995 epileptics, which shows that in more than one-third, viz., 864, the disease com-

menced between the ages of 10 and 20, that is, about puberty. Masturbation is a frequent cause. I have two female patients, one hysterical in a high degree, the other epileptic for twelve years past, the daughters of a stout robust mother, who was congenitally hysterical and has aggravated her morbid condition by alcoholic indulgence. It is a poor prospect for the grand-children of this mother. Dr. Brown-Séquard remarks that hereditary epilepsy is very rarely cured, but that it is curable. He instances two cases, both treated in 1852 and 1853. "The patients were first cousins, and had inherited the disease from a grandmother." Subsequent to the course of treatment, one patient had no attack for five years previous to his death from a fall, while the other had none for seven years before typhoid fever carried him off in China. Whether we can so thoroughly cure the hereditary epileptic as to destroy the propagation tendency in him of his disease is, in the present state of our knowledge, doubtful. Appropriate medicines, selected homœopathically, must be given for years, with intervals of rest, before we can pronounce the patient absolutely cured, for the inter-paroxysmal intervals are often very long. Although a large proportion of epileptics die eventually in lunatic asylums, there is no prospect of the extinguishment, in our generation, of true epilepsy.

4. Insanity is one of the most markedly hereditary of diseases, in one or other of its multitudinous forms. From genius, "which to madness is allied," of an eccentric manifestation, down to raving mania or lycanthropy, any form of mental derangement may be transmitted to the offspring even from three and four generations back. I have pointed out that the prevalent habits of indulging in excess in alcohol, morphia, chloral or cocaine in the present day, conduce to insanity in the victim himself (or herself), and still more to the children that may be born after the *acquired* insanity has been generated. The high-pressure rate of living; the over-study, the late hours in crowded rooms and halls, certain exciting "missions" carried on till after midnight, and erotic literature and art; all these, with the perturbing changes in the human body of puberty, the climacteric, pregnancy and child-birth, tend to upset completely the mental balance of those persons (an ever increasing

number) who have inherited an excitable and unstable nervous system. In early life note the children who have narrow and retreating foreheads, who are passionate, easily angered, and disposed to strike their playmates, and to destroy articles in fury. They have a tendency to insanity, and must be carefully trained. Their food should always include a large proportion of fats and of phosphates. Often a fit of passion may be arrested by diverting the attention to some strange and striking object, or by showing the child a mirror. Every *furor brevis* thus arrested, is a step gained towards control, and therefore towards the arrest of the family tendency. A physician must be extremely careful in giving any prognosis in these cases, or even in the case of excitable children one of whose parents is already in an asylum. If the father or mother has *acquired insanity* (through grief, misfortune, drink or other personal cause) and the family history is clear of the taint, it is scarcely right to prognosticate a tendency to mental derangement in the children *born before* the parental break-down. I have known instances of insanity coming on in persons wholly free from any family tendency thereto, from prolonged solitude (as on New Zealand farms) absorbing grief; and the shock of *sudden* bereavement. As we pay the penalty of the highly-cultured civilisation by the increase in diseases of the brain and nervous system, I fear that we cannot contemplate the speedy extinction of this heredity, although our modern methods of treating the insane are remarkably successful. The supply of patients coming in will for a long time exceed those going out cured. The soothing or cheering effects of music and colour on the mentally deranged forms a promising field of therapy, as yet almost unworked, but promising results as yet unattained by other means of cure.
(*To be concluded.*)

REVIEWS.

Diseases of the Skin: Their Constitutional Nature and Cure.
By J. C. BURNETT, M.D. Second edition, revised and enlarged. London: Homœopathic Publishing Co., 12, Warwick Lane, E.C. 1893.

THIS is a considerably enlarged edition of Dr. Burnett's "Diseases of the Skin from the Organismic Standpoint," which was reviewed by us in January, 1887. The views

which it is here sought to impress upon the profession are the same as those expressed in the former edition. The enlargement consists in the addition of reports of a considerable number of cases treated in harmony with the author's principles, which occupy the latter half of the volume. Dr. Burnett, it will be remembered, regards the healthiness of the skin as conditioned by the general healthiness of the organism; that its diseases come from within, sometimes even when they infringe upon it from without, and that, therefore, they must be treated from within. That all external applications, from *lead* lotion to *lanoline*, are pernicious to the patient, do not cure his disease, but merely prevent its peripheral expression. That this is largely, very largely, true, we do not doubt, but that it is universally so we do question.

The reports of cases are so far interesting as showing that they were cured without external medication; but, as Dr. Burnett in scarcely any case points out the connection between the pathogenetic action of the prescribed remedy and the condition its administration is regarded as having cured, their clinical value to the practitioner is but small. In two instances, however, we have a relationship pointed out between the disease and its remedy. In reporting a case of *pityriasis rubra* of the chest, "a big patch composed of a series of smaller patches, all more or less circular or segments of circles," that he had treated, "off and on for five years," unsuccessfully, he gave *erythrinus*. He did so, because he remembered "reading in an old German book that some sailors, many years ago in some of the Pacific Islands, ate of a fish called *erythrinus*, and came out with a peculiar red rash which the doctors took for a form of syphilis." Through Dr. Heath, he procured this *erythrinus*, from which a tincture was prepared of the first dilution, of which he gave the patient an ounce, directing him to take four drops morning and evening. He did not see his patient again for two years and a half afterwards, and when he inquired after his "big patch" he found that he was perfectly well, and had been so since taking the *erythrinus*. A second case, treated with the preparation, "is greatly improved, but by no means cured."

In a case of *gouty urticaria* in a lady of 70, "taking her suddenly now in one part and now in another, and compelling her to hasten to her own apartments to apply hot wraps to allay the furious itching," he found that *urtica urens* ϕ , in five drop doses, taken three times daily for some months, proved curative. The point of interest here is that this lady who had frequently been under homœopathic physicians of repute, at once recognised *urtica* as having

been fruitlessly prescribed for her by two of them, and as one of these two was the late Dr. Hilbers, the probability is that he ordered a dilution of it, while Dr. Burnett gave the fairly material dose of five drops of the pure tincture.

PERISCOPE.

MATERIA MEDICA.

From the very excellent *Summary of Pharmacodynamics and Therapeutics*, prepared by Dr. Hughes for the last issue of *The Journal of the British Homoeopathic Society*, we select the following :—

AURUM given in the 15th trituration three times daily, for six weeks, proved curative in a case of sarcocele of the testicle

CALCAREA FLUORICA.—Dr. T. M. Barton, Boston, U.S.A., commends as relieving the tickling of the throat arising from elongated uvula.

DOLICHOS PRURIENS.—Dr. Jean de Wée, of Brussels, describes as having proved useful in the distressing itching which accompanies jaundice. In one case he gave the mother tincture, in another case the 3rd dec., both were equally effective.

HYPERICUM was the only internal remedy given by Dr. E. P. Colby, Boston, U.S.A., in a case of monoliform neuroma with consequent neuritis, rendering the whole hand useless and very painful. In three weeks the tumours upon the nerve trunk could hardly be found, and the neuritis had perceptibly diminished.

ŒNANTHE CROCATA.—In cases of chronic epilepsy, Dr. Talcott of the Middletown Asylum for the insane has found *œnanthe* more effective in reducing the recurrence of attack than any other medicine he has used. The attacks have become less frequent (by 40-50 per cent.) and less violent, and the mental state before and after them, and in the intervals between them, has been notably improved. The drug was given in the mother tincture 1-6 drops a day.

ACID. FLUORICUM was found curative within two months by Dr. Villers in a case of cystic thyroid. The cyst—firm and elastic—was the size of a walnut, and in the left half of the gland, the structure of which was everywhere thickened.

ARSENIC IN SKIN CANCER.—The following observations quoted by *The British Medical Journal*, June 17th have an especial interest when read in connection with the conclusions

of Mr. Jonathan Hutchinson on the action of *arsenic* on the skin (*Monthly Homœopathic Review*, October, 1890, p. 631) Mr. Hutchinson describes cases as having occurred, in which after large doses of *arsenic* long continued, all gradations were seen from thickening and cracking of the skin of the palms, productive of corns, and finally, the development of genuine epithelial cancer. *Per contra* we are told that Lassar (*Berl. klin. Woch.*, June 5th, 1893) relates some remarkable cases in which the new growth disappeared under the use of *arsenic*. He first refers to the exceedingly rare but possible spontaneous disappearance of cancer, and to former experience of the action of erysipelas upon cancer of the skin. He also quotes opinions to show there is no sharp distinction between canceroid and other cancerous growths. Two cases are then recorded which were treated three or four years ago. (1) Inoperable epithelioma of the face. There were three separate tumours (proved microscopically to be epithelioma) which underwent involution and cicatrization, with total disappearance of the most recent of the three. (2) Rodent ulcer in an old woman who declined operation. This became so much smaller that the patient, satisfied, withdrew herself from further treatment. The author then relates three recent cases. (1) A woman, aged 75, came under observation in October, 1892, with a tumour on the cheek of six to eight months' duration, and half as big as a walnut. It was deep red in colour, irregular on its surface and in contour, and a small ulceration was present. A piece extirpated showed the typical structure of epithelioma. She was then treated with *arsenic*. In December the growth was shrunken and cicatrised. (2) A woman had a rodent ulcer on the nose, which skinned over and cicatrised step by step under the use of *arsenic*. Treatment was discontinued four months ago. The case was shown before the Berlin Medical Society. (3) A man, aged 66, noticed a tumour on his nose three months previously. It was thought to be either a gumma or epithelioma. Antisyphilitic treatment had been tried without effect. A piece excised showed the usual characteristics of epithelioma. Treatment with *arsenic*, both subcutaneously and internally, was begun last March, but the injections were soon discontinued. In five weeks' time the tumour had diminished to one-third its former size, and complete involution subsequently occurred. This case was also shown to the above society. Lassar discusses fully all the possible aspects of these cases, and concludes that the treatment and involution of the growths were cause and effect. Thus, contrary to all previous views, it is shown that under the internal use of *arsenic* certain suitable cases of

cancer of the skin can be made to cicatrise. He adds that these facts have weight in relation to the causation of cancer.

OPIMUM RASH.—Dr. Lanz reports two successive occurrences of opium rash in a woman of 29 years of age suffering from acute bronchitis, to whom ordinary doses of Dover's powder were given. The attacks were not unlike severe scarlatina. —*Magazine of Pharmacy.*

COCCUS CACTI.—In the course of a short study of this medicine by Dr. Janney, of Baltimore, in the *Hahnemannian Monthly*, the author points out as the most prominent and persistent symptoms provoked by it in the respiratory organs, the following which have suggested its utility in whooping cough:—

Irritation in the larynx, causing cough; hoarseness; irritation in the trachea; painful sensations in the lungs; cough, caused by persistent irritation in the bronchi, short, dry, frequent, in short paroxysms, disturbing sleep at night, and tendency to cause vomiting. Expectoration easy and in large amount, or viscid and clinging; yellow, in grayish lumps; and dyspnoea.

Dr. Janney adds that he has had so much success in using this medicine in whooping cough that he now places his chief reliance upon it.

It has been in cases where the spasmodic cough and vomiting were especially severe at night that we have found *coccus cacti* more advantageous than *drosera*.

GUIACUM.—Dr. Ivins, of Philadelphia, in the course of an address on *Rhinology and Laryngology* at the recent Congress at Chicago, says that he has used this medicine extensively in both acute and subacute pharyngitis. His indications for prescribing are, he admits, partly empirical. The appearances which guide him are the congestion which is less bright than that suggesting *belladonna*, and is on both sides of the throat; the pharynx is at times slightly glazed, at others infiltrated; much follicular involvement; and the patient complains of a smarting, especially burning, likening it to the effects of pepper. When, in such cases, it is, he says, given early in the 2nd or 3rd decimal it acts promptly; and in a large number of cases has cut short acute pharyngitis in patients who are accustomed to have long sieges from similar beginnings.

LARYNGOLOGY, &c.

ANTYPYRIN AS A LOCAL ANÆSTHETIC.—Neumann (Buda Pesth) has applied this drug as an insufflation in 50 per cent. strength with 50 per cent *amylum* in cases of ulcerative tuberculous laryngitis and pharyngitis with excellent analgesic effects.

THE PROGNOSIS OF HAY FEVER.—Greville Macdonald (*Practitioner*, April, 1893).—The most unsatisfactory cases are those in which there is no objective disease or malformation of the nasal fossæ. Blocking of the lower nasal channel, *e.g.*, by exostoses of the septum, or enlarged lower turbinate bodies are the most favourable for treatment.

The treatment of acutely hyperæsthetic tumefactions of the mucous membrane of the septum is also very beneficial. True polypi are seldom met with as concomitant, and when present must be considered the consequence, not the cause. The symptoms most frequently relieved are the sneezing and the accompanying flow of mucus. The restoration of the patency of the nasal passages relieves the dryness of the throat of which patients so commonly complain. The relief of the accompanying asthma is, unfortunately, not so frequent.

MYXEDEMA AND ITS TREATMENT BY THE INTERNAL USE OF THE THYROID GLAND.—Laache (Christiana).—The patient was a male aged 49 years, who presented all the characteristics of the disease which he had suffered from several years—temperature lower than normal, and the blood corpuscles reduced in quantity. Treatment with boiled thyroid gland of sheep, and later of calf, was adopted. A reaction occurred with urticaria and headache. In a short time the patient was much improved, the swelling of the face had nearly disappeared, and the hairs increased. The patient improved also in his mental condition, and three months later he could be considered as cured.

Vermehren, of Copenhagen, adopted a similar plan of treatment in two cases. The first was a patient aged 42 years, who had suffered for seven years. Treatment with the internal use of boiled calf's thyroid was adopted, and in about four weeks cure resulted. The second patient, aged 29, had suffered since the fifth year of age, and was treated with pills of an extract of the thyroid gland. Shortly after the beginning of the treatment, increase of the temperature and attacks of stenocardia followed. The pills were, therefore, discontinued, but by-and-bye much improvement occurred.

A REMEDY FOR STERTOROUS BREATHING (Rand, N.W., *Medical Record*, March 4, 1893).—The chin is propped up by a card-board support placed on the chest. By this means the stertor of an old man dying of apoplexy was quite stopped, to the great relief of the relatives, and possibly of the patient as well.

DUDLEY WRIGHT.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

THE buildings which have for so many years served the purpose of a hospital are now numbered among the things of the past. The clearing of the foundations upon the splendid site which the removal of the old structure has revealed is going rapidly forward, and at an early meeting of the Building Committee various essential points in the tenders for contracts will be decided. Meanwhile the all-important system of drainage to be ultimately adopted will come under the consideration of the medical staff, who will advise the committee as to that which it will be best to accept. To enable them to do so, the architect has, we understand, procured different plans for the drainage system of the new hospital from six well known experts upon sanitary arrangements. These will be submitted to them, and we have no doubt that the joint efforts of the architect, the medical staff and the Building Committee will result in providing the new hospital with the most perfect sanitary plan that ingenuity can devise.

Looking at the fine site now displayed in Great Ormond Street, we feel sure that the amount of £10,000 which is being appealed for will be no more than is required to carry out the re-building.

THE DANGERS OF "SAFE" HYPNOTICS.

THERE are some medical men who prescribe hypnotics with a very light heart; there are others who never prescribe them at all, except under the sternest compulsion. Among the latter class Sir Andrew Clarke may be included. In our judgment, Sir Andrew Clarke, and all those who agree with his practice in this matter are entirely right; while the too ready prescribers of hypnotics, even of the "safest" class, deserve the severest professional reprehension. Dr. Frank Ashby Elkins, senior assistant physician to the Royal Edinburgh Asylum, has just published an account of the case of a man who has experienced extraordinary sufferings as the result of the "paraldehyde habit." The victim, in addition to his profound miseries, was for a long time within sight of death's door. The case is published as a warning both to doctors and patients. The patient, A. B., was a steady, respectable coachman, 65 years of age, and last November he, in desperation, voluntarily sought admission into the Royal Edinburgh Asylum, in order, if possible, to be cured of the

habit which, besides driving him to desperation, was killing him by inches. For seven years A. B. had been subject to insomnia. Under medical advice, and in a fatal moment he tried *paraldehyde*. Beginning with occasional small doses, the unfortunate man rapidly proceeded to frequent large ones. In a few months he could not live without the drug ; and in a very few years it became painfully evident that he could not live with it. Life became an agony, and the apprehension of death a terror which was intolerable. Physically he became pale and emaciated, losing two stones in weight in six months. So weak was he that he had to be confined to bed, and could not even lift his food to his mouth. His wife had to feed him with a spoon like a child. In course of time the drug lost its power, and sometimes as much as seven teaspoonfuls of *paraldehyde* procured no more than half an hour's sleep. The heart's action failed, and the sounds often became almost inaudible. Peculiar shivers ran through the body. " Strange beasts," the patient declared, paced about his room, and he felt certain that the doctors and nurses were leagued together to poison him. He constantly walked up and down his room by night as well as by day, in terror lest he should die if he lay down in bed. He was certain the house was on fire. Tremors, agitations, suspicions, delusions, harassed him day and night, until finally he lost his reason, and was certified as a lunatic requiring restraint. Such is the story. After a few months of asylum life recovery commenced, and in time the man was released and returned to work. But his constitution is permanently impaired, and he never again will be a sound and healthy man. The case is one which should impress upon every medical practitioner and every patient that hypnotics of every class are dangerous remedies, and must never be resorted to except occasionally and under the compulsion of the most absolute necessity.

The foregoing striking illustration of the danger of *paraldehyde* appears among the " Annotations " of *The Hospital* for the 12th of August. In the number of the same journal published on the following Saturday, under the division " New Drugs and Preparations," of which the editor requests that manufacturers will send him specimens of all that may be brought out from time to time, we are told that *paraldehyde* " is certainly one of the safest, and probably one of the most reliable of the ordinary hypnotics." Again, when comparing this with *sulphonal* we are assured that it produces no unpleasant after effects of any sort. And yet again, and only a week after publishing Dr. Elkins' report of his patient, the editor asserts that " the use of *paraldehyde* appears to be

practically devoid of danger." Should a physician who, in the absence of scientific therapeutic knowledge, is unable to relieve his patient without advising an hypnotic, turn to these two numbers of *The Hospital* in order to glean some information about the most recent and the safest hypnotics, he would, on reading them, find himself in a fog as thick as any experienced by a sailor off the banks of Newfoundland. Will he accept the asylum "warning" voice of Dr. Elkins, or the optimistic and theoretical utterances of the gentleman who writes up "New Drugs and Preparations" for the columns of *The Hospital*?

ARE WOMEN BETTER INVALIDS THAN MEN?

THIS is a subject which has given rise to correspondence in the columns of a contemporary, and we think the reply of one lady who signs herself Sister Aline, and writes from Leamington, is so very good that we append it. She says: "This is a question which interests everybody, and which I, as a professional nurse, have no hesitation in answering in the affirmative. I have nursed both sexes during the last ten years, and my experience tells me that there is no more agreeable and graceful invalid than a woman. A woman who can afford to be ill positively delights in it. She revels in a dreamy sorts of existence, in which little cups of beef tea, spiced jellies, and hothouse grapes mingle with the comforts of a fleecy white shawl, an easy chair, and a warm room perfumed with pastilles and roses. She smiles at every little attention, and looks so sweet and gentle that her husband is compelled to think how nice it is to be an invalid. I know a lady who has played this interesting rôle for fourteen years, and she enjoys it so much that I am afraid she will never play any other. But what a pitiful object is a sick man—I mean a man who is confined to his room by some simple ailment, for which good food and rest are indispensable. How differently he behaves. Instead of enjoying the rest which his wasted energies demand, he frets and fumes about the room, longing to cast off the manacles of medicine and misery. He finds fault with his food, grumbles at his wife, or the nurse when she appears with the inevitable phial, and generally behaves like a man imprisoned for contempt of court. He walks with fidgety step up and down the room, audibly murmuring at his lot, and when he throws himself on the sofa, he does so with the dejected air of a man who thinks that life is not worth living. What a difference there is in the behaviour of sickly men and women! Why is it? Why cannot a man be ill gracefully and agreeably? My

hospital experience has taught me that when a man is thoroughly ill he is a splendid invalid. He is then so tractable and patient that all hospital nurses prefer the men's ward to the women's. It is only when the noble creature is kept at home for three or four days that he becomes the miserable being I have described."—*Magazine of Pharmacy*.

OBITUARY.

SEVERIN WIELOBYCKI, M.D.

IN our February number we announced that our old colleague, Dr. Severin Wielobycki had completed his 100th year on the 8th January, and now, eight months after attaining the dignity of a centenarian, we have to record his death, which took place on the 31st of August. Two attacks of influenza in successive years had weakened him considerably, and though he still continued to take his walks in the early morning, a good portion of the day was spent in repose. Four days before his death he complained much of chilliness. He could not get warm, and his appetite fell off completely. He grew more feeble, and the lamp of life went out without suffering or apparent disease of any kind. He was buried in the Paddington cemetery, and his funeral was attended by a number of representatives of temperance and sanitary societies; Dr. Burford also represented the British Homœopathic Society. During most of his long life Dr. Wielobycki had been a staunch advocate of total abstinence from alcoholic beverages, and if his longevity was not due to his teetotalism, as the temperance advocates asserted, at all events his abstinence did not prevent him attaining an age allotted to few of his fellow men. Up to 1874, when he retired from practice, he practised homœopathically in London. He was a member of the British Homœopathic Society and on the staff of the London Homœopathic Hospital. We have already recorded how his homœopathic colleagues presented him with an address on the completion of his 100th year. Dr. Wielobycki was a man of very retiring disposition, and was seldom seen in the gatherings of the homœopathic body. He made no contributions to homœopathic literature, for the paper he read before the British Homœopathic Society was concerned with the mechanics of midwifery and not with therapeutics. Dr. Wielobycki married an Edinburgh lady in 1861, he has left no family, and his widow, who is 85 years old, is confined to her couch with an ununited fracture of the neck of the femur.

CORRESPONDENCE.

ETHICS, HOMŒOPATHY AND DIRECTORIES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—There has been going on in the *Times* of late an amusing correspondence on the misuse of words. I have not noticed the word "ethical" among the misused words which have called for comment, but certainly some interesting examples might have been quoted from the letters of your correspondents. The word "ethical" is used again and again as if it meant "moral;" as a fact, it has no such signification; it means "pertaining to ethics." "Ethics" is a relative word, and those who use it should define *whose* ethics they refer to. There is an ethics of Aristotle, another of Plato, another of Epicurus, another of Kant, another of Comte, another of Schopenhaur, another of Herbert Spencer. All these names I know; but the names of the signatories to the famous circular are not known to me as authorities in philosophy, or as the authors of some hitherto unknown absolute ethics. When, therefore, on their sole authority, they seek to dictate any line of conduct to their fellows and elders, I must point out that they are arrogating to themselves a right which they have not earned; and when further they (or any one of them) pronounce my actions, or proposed actions, to be "an error," I must respectfully demand their philosophic proof.

Mr. Knox Shaw is, I believe, an upholder of the right of majorities to rule. Now it is largely on the ground of his infringement of this right in the matter of the post-card-and-circular expedient that I find fault with him. Instead of openly canvassing the homœopathic body on this matter, and obtaining a clear voice of the majority, he and his co-signatories have persuaded a *minority* to withdraw their names, sufficiently large to render Messrs. Keene & Ashwell's work futile. Coercion of the majority by a minority may be a very moral proceeding, but it does not excite my admiration; nor do I think Mr. Shaw will succeed in rendering his flock more moral and less "commercial" by any such tactics.

The real complaint Mr. Shaw seems to prefer against the poor little *Directory* is that it is a means of advertising. I should like to ask him this: How much a year did it bring him in when his name was in it? And how much did he lose by taking it out? Again, supposing it were regarded as an advertisement, and supposing Messrs. Keene & Ashwell were to charge £1 1s. for the insertion of each name (the price

at which it seems, from Mr. Waddington's excellent letter, Mr. Shaw generously offers to admit the names of chemists), how many names of doctors does he think Messrs. Keen and Ashwell would obtain?

But after all, what is the harm in advertising? Every man who puts a name-plate on his door advertises. If the signatories to the circular would forego this form of advertisement, they would be allowed to take houses in Great Cumberland Place, or even in Portman Square itself—but not otherwise. There are certain acknowledged ways in the profession by which a man may make himself known. The door-plate is one of them; in the United States and some of the Colonies, paid announcements in the public or professional press are allowed. The *Galigani Messenger* publishes from time to time among its advertisements, along with the names of bankers, chemists and dentists, a list of most respectable English medical men practising on the Continent. In this country other means are adopted, such as the obtaining of posts on the staff of hospitals, for which there is generally such a keen struggle, not, it will be allowed, entirely in the interests of the sick poor. Again, there are dispensaries. A young man starting practice as a homœopath in a new field must set up a homœopathic dispensary if he is to make any success. This is a very good thing for the poor, no doubt; but it is also a necessary advertisement for himself. A medical man is a public man, and he must be at the disposal of the public; the only thing for him to remember is that all he does must be done in ways that are fair to all. Advertising is not a bad thing in itself, though it is open to abuses. The limits of advertising open to a medical man are purely conventional, depending on the district or country in which he lives.

Mr. Shaw is afraid of "commercialism." I am not aware that commerce is a bad thing in itself. There may be, and there is, perfectly upright and honourable commerce; so I do not think Mr. Shaw has any right to use the word in an offensive sense. Fraudulent commerce is, of course, bad; and I will not deny that there is some danger of fraudulent commercialism creeping into the medical profession. But it does not come in through a directory, and it will not be excluded by the suppression of any number of directories. The danger of this comes from greed: when the love of fees takes the first place and the care for patients second.

Dr. Neatby has cogently put the duty of homœopaths in this sentence of his letter: "The study and cultivation of our *Materia Medica* is an imperious necessity if homœo-therapeutics is to hold its own in the face of opposition on the one hand and the constant advancement of other branches of

therapeutics on the other." This is very true; the study of the *Materia Medica* (not as an end in itself, but as a means of curing our patients) is our only *raison d'être*; and, I may add, the curing of patients is the only advertisement that is of the least real and lasting use to any homœopathic medical man. The curing of patients and the communication of our experience so as to make it helpful to others, is the beginning and the end of our duties; and how the occurrence of our names in a *Homœopathic Directory* is going to hinder this I am at a loss to divine.

Mr. Shaw wants combination. But combination, to be of value, depends on the bond. The only bond that is of any use to homœopaths is that mentioned by Dr. Neatby, namely, enthusiasm for our *Materia Medica*. On any other basis combination means stagnation. Such a combination may possibly contain a large number of elements, but it is not vital; and I should not like to see the British homœopathic body afflicted by myxœdema. It would be far better to make a thin appearance to the world.

Yours &c.,

Sept. 3, 1893.

JOHN H. CLARKE.

P.S.—I have not cared to mention it before, lest some might suppose my objection to the new Homœopathic Society *Directory* arose from personal grounds; but why, I may be permitted to ask, has my name been left out of the list of London members? I ask out of pure curiosity, as I am not aware that I have lost anything by the omission.

J. H. C.

VACCINATION.

To the Editors of "The Monthly Homœopathic Review."

GENTLEMEN,—The note that you append to my letter in the September *Review* is a proof of the need for caution on our part lest we imprudently connect our scientific system of therapeutics with the hotly controverted question of vaccination. If it were "safe and efficient" beyond controversy, the Royal Commission need not have sat for over four years, and have failed, so far as their published reports go, to establish either its safety or efficiency. I was quite accurate in saying that not a single anti-vaccinist was appointed on the Commission. Dr. Collins was appointed as a sceptic seeking for information, and Mr. Picton, M.P., as opposed to compulsion;

if they are now anti-vaccinist, this development has been due to what they have heard before the Commission, but, as far as I know, has been avowed by neither. Instead of its being true that the anti-vaccinationists "alone have been examined so far," the fact is that of the scores of witnesses examined a large proportion are vaccinist. The first report is exclusively filled with the evidence of vaccinist witnesses. If you will peruse the first three reports carefully, you will see that the "loose and inaccurate statements" which have been crushed by cross-examination are not those made by anti-vaccinists. Dr. Barry's famous Sheffield report has collapsed; so has Dr. Hopkirk's evidence as to the Prussian failure of vaccination; and, after careful perusal of the reports, I assert that the case for vaccination has failed so far. How can primary vaccination have saved Leicester in 1872 (when practically all were vaccinated), and again 1892, when practically all Leicester was unvaccinated? In the first mentioned year there were thousands of cases and 346 deaths. In the second there have been some 300 cases and 15 deaths. Contrast this with the prophecy contained in Dr. MacVail's *Vaccination Vindicated*, 1887, p. 149: "In Leicester, when its time arrives, we shall not fail to see a repetition of last century experiences, and certainly there will afterwards be fewer children left to die of diarrhœa." Its time has arrived; we do fail to see the repetition. How can the presence of primary vaccination have saved Leicester in 1872, and its absence have saved it still more in 1893? The mistake to which I alluded was that respecting Evelyn Kerrad. It is undisputed that she was put into a ward with three children who had chicken-pox, under the impression that she, too, had chicken-pox. It turned out to be small-pox, which she gave to the others, one of whom died of it. The disease spread to the next ward, where children debilitated by scarlet fever took it, and of these three died. These four children would in all probability not have taken—much less died of—small-pox, unless they had come in contact with her. Their deaths were, therefore, due to this unlucky mistake in diagnosis. Thousands of unvaccinated persons in Leicester escaped. Mr. Summers, M.P., and Mr. Clarke, Inspector of Nuisances to the Blaky Union, have both, though successfully vaccinated and revaccinated, died of malignant small-pox. At least 18 or 19 revaccinated persons have had the disease at Leicester. To say the least I have shown that it is undesirable to commit our glorious cause to a verdict on such uncertainties as these. The scientific precision which the great Hahnemann has bequeathed to us should not be mixed up with a process which has no scientific basis at all, and which has no possible connection

with the great homœopathic law. And a perusal of the reports issued by the Royal Commission will more than justify the caution I recommend.

Yours faithfully,

A. PHELPS.

Edgbaston, 8th September, 1893.

[With regard both to Dr. Collins and Mr. Picton, we believe that our correspondent is mistaken, both having been opposed to vaccination under any circumstances for many years past. The Royal Commission is at present, we believe, engaged in hearing evidence from vaccinists rebutting that already given by the anti-vaccination party, and we have heard that the Registrar-General has lately made some statements about infantile mortality at Leicester in its supposed relation to vaccination—statements which do not bear out those already given by the opponents of vaccination. We have submitted General Phelps' reflections upon Leicester, in its connection with small-pox and vaccination, to Dr. G. Clifton, from whom we have received the following reply.—Eds. *M. H. R.*]

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The letter from General Phelps, inserted in your September issue, had, I thought, been sufficiently answered by you, more especially in regard to the extraordinary statements with respect to the Leicester small-pox epidemic. It seems, however, from the letter which you have kindly forwarded, that General Phelps returns to his attack upon you for presuming, as editors of the *Review*, to have an opinion on the side issues of medical treatment (whether isopathic or allopathic) in connection with our scientific system of therapeutics.

With regard to General Phelps' statements about Leicester, I am in a position, I think, to speak with authority, not only as a general medical practitioner in Leicester of over twenty-three years' standing, but also as the chairman of the present Small-pox Hospital Committee. In my latter capacity, I may state that I have been intimately connected with our 1892-3 epidemic, having myself practically seen and examined all our cases in their various stages, and I am now prepared to say that the benefits of vaccination have been proved up to the hilt by those cases. Of the 112 children (*unvaccinated*) who have been in the hospital, 95 have had severe attacks—many of them disfiguring and loathsome to the highest degree. Of these 95 severe cases 14 have died. Sixteen vaccinated children have been admitted, but all have had

mild attacks, the majority so mild as to leave doubts in the minds of many who saw them as to whether they were genuine small-pox attacks! Further, I may state that *not one vaccinated child under 10 years of age has yet been brought to the hospital.*

Primary vaccination saved Leicester in 1871-2, because, *in spite of the complete absence of isolation*, there were only about 3,000 cases and 346 deaths with a population of 100,000. It makes one shudder to think what would happen during 1892-3, if isolation were not so rigorously and strenuously carried out as it is to-day. As it is, we have had already about 300 cases and 17 deaths. It is unfair to compare Leicester 1871-2 (well primarily vaccinated as regards adults and children) *without isolation*, with Leicester 1892-3 (well primarily vaccinated as regards adults, but unvaccinated as regards children) with the strictest *compulsory* isolation. I think I am right in saying that our child incidence is already greater than that of any other town lately affected with small-pox, and this, too, when small-pox has not caught hold on our children. It has caught hold on our adult population, and thanks to primary vaccination has been prevented from spreading. When I state that, despite the strenuous efforts at isolation put forward by my committee, there have been 112 unvaccinated children stricken down with small-pox (84 per cent severely so) the anxiety still appertaining to the position of Hospital Chairman in a town unfortunately unprotected by vaccination will be readily understood, for I need not say that I am of opinion that a cultivated vaccine virus, whether from a human or animal source, is a sure protection from small-pox. Both Leicester epidemics (1871-2 and 1892-3) have convinced me of that.

You will thus see, gentlemen, that the writer of the letter dated September 8th has given a very garbled and inaccurate statement of our present outbreak. He speaks of Evelyn Kerrad. Let me give the bare facts. Evelyn Kerrad (whose father sickened with small-pox) was brought up to the hospital quarantine and developed first scarlet fever and afterwards spots, which at first any one might have mistaken for chicken-pox. She was accordingly placed in a ward with three other chicken-pox cases. Her spots developed into *modified* small-pox (we had well vaccinated her at the time), with the result that the other three patients in the same room eventually contracted small-pox (all being unvaccinated), and one died. About this time small-pox broke out in our other wards (undoubtedly in a great measure due to the fact that Leicester has endeavoured to treat the two diseases, small-pox

and scarlet fever, in a hospital, the wards of which are only separated by a few feet), and, extending over a period of six weeks, 10 other cases arose—making a total of 13 children who caught the small-pox. General Phelps does not tell you that there were 158 children in the wards at the time of the outbreak of small-pox, and of these 74 were vaccinated. Our Medical Officer of Health also vaccinated 10 others within 24 hours of their having been exposed to the contagion, so that we may reckon 84 as protected,” and of these *not one* sickened; 74 were, unfortunately, “unprotected,” *i.e.*, unvaccinated, and of these 13 sickened and four of them died!

Whichever way you look at it, Evelyn Kerrad only caused one death from small-pox, and it is a libel upon our medical officer (whose strenuous exertions, by the way, alone have prevented the epidemic blazing far and wide) to state that the four deaths in unvaccinated children were the result of contact with Evelyn Kerrad.

But this is not the worst “loose and inaccurate” statement in the letter of September 8th, for it is stated also that “Mr. Clarke (sanitary inspector) died of malignant small-pox, though successfully vaccinated and re-vaccinated.” As a fact, Mr. Clarke *refused* re-vaccination, which was offered by the Medical Officer of Health, and I have in my possession now an official report stating that Mr. Clarke *never had been re-vaccinated*.

As to Mr. Summers, M.P., I did not know him personally, but a friend of mine tells me that he (Mr. Summers) was always violently opposed to vaccination, and certainly would not have been likely to have submitted *openly* to re-vaccination before he went to India.

In Leicester, so far, we have had during the epidemic only 10 (not 19, as stated by General Phelps) re-vaccinated cases (done at 2, 6, 8, 10, 20, 25, 30, and 40 years ago respectively), and with one exception the attacks have been so mild as to give rise to considerable doubts. The one exception was the man M. R., who had a severe attack of small-pox, but, from his own account, it is exceedingly doubtful if he had been re-vaccinated at all.

Whilst apologising for my inordinately long letter, I must crave your indulgence whilst I give you our startling Leicester nursing statistics. They are as follows:—

At the time of our out-break there were at the hospital 28 officials—22 “efficiently” protected by re-vaccination, or a previous small-pox attack; whilst the other six were “inefficiently” protected (having only been vaccinated in infancy, and having refused re-vaccination, which was offered them by the Medical Officer of Health). Of the 22 “efficiently” pro-

tected, not one has yet sickened; whilst of the six "inefficiently" protected, five have since sickened and one has died, so that one only still remains unattacked, and it will, as our medical officer says, "be interesting to watch her future history." We have since added to our hospital staff 12 new officials (all well re-vaccinated) and not one of these has sickened yet. With such statistics before us (and I vouch for them all as Hospital Chairman) comment is unnecessary.

Believe me,

Yours faithfully,

GEORGE CLIFTON, J.P., L.R.C.P.E.,

Chairman of the Leicester Small-pox Hospital Committee.
Leicester,

Sept. 20th, 1898.

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; Diseases of the Throat, Mondays, 2.30.

Communications have been received from Dr. DUDGEON, Dr. CLARKE, Mr. CROSS (London); Dr. HAWKES, Dr. J. D. HAYWARD (Liverpool); Dr. CLIFTON (Northampton); Dr. G. CLIFTON, Dr. PRIESTLEY (Leicester); Dr. ROBERTS (Harrogate); General PHELPS (Birmingham); Dr. BUSHROD JAMES (Philadelphia, U.S.A.), &c.

BOOKS RECEIVED.

The Homœopathic World. London. September.
The Chemist and Druggist. London. September.
Medical Reprints. London. September.
The Monthly Magazine of Pharmacy. London. September.
The Birz ingham Gazette. September 15th, 1898.
The North American Journal of Homœopathy. New York. September.
The New York Medical Times. September.
The New England Medical Gazette. Boston. September.
The Hahnemannian Monthly. Philadelphia. September.
The Homœopathic Recorder. Philadelphia. August.
The Clinique. Chicago. August.
The Minneapolis Magazine. August.
Revue Homœopathique Belge. Brussels.
Rivista Omiopatica. 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.

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THE BRITISH HOMŒOPATHIC CONGRESS, 1893.

THE Congress, recently held at Northampton, was in every way a worthy successor of those that have preceded it. All who were present must have cordially re-echoed the sentiment of Dr. CASH REED when, in his speech after dinner, after recalling the advantage of such a gathering, he said he felt "how important it was to let nothing interfere with their meeting again for similar purposes next year. Through the press and toil of the coming winter his mind would constantly revert to that delightful day and look forward with pleasure and anticipated profit to their next meeting."

The address of the PRESIDENT was one of ability, the work of a skilful, largely experienced, and constantly occupied practitioner. It was then, as might be expected, thoroughly practical in its scope. Our readers have, ere this, perused it for themselves, and cannot fail to have observed how forcibly the truth of the homœopathic doctrine of drug selection was borne testimony to by Dr. HAWKES' twenty years experience in hospital and general practice. This—the clinical—is the only test by which the worth and reality of this or any other therapeutic doctrine can be tried. One cannot entertain any wonder that, after such an experience as he has had, Dr. HAWKES should regard the medical

practitioner of our time as being wonderfully self-denying in not examining the subject of homœopathy and clinically testing the principles involved in it.

The first paper read—that by Dr. POPE on *The Selection of the Homœopathic Specific*—will, we hope, stimulate all to study constantly and closely the pathogenetic records of our *Materia Medica*, as these are presented to us in the *Cyclopædia of Drug Pathogenesis*, as well as to bring to bear upon the art of drug selection—the real secret of our success at the bedside—all the sources of knowledge which so many hard-working and earnest students of disease have placed within our reach during the last fifty or sixty years.

The second and very short paper, by Dr. NEATBY, introduced to notice a powerful drug which he had found useful in whooping cough. The paper itself and the two brief speeches upon it of Dr. PERCY WILDE and Mr. GERARD SMITH convey a therapeutic lesson of some importance. Dr. WILDE had suggested from the similarity of the effects of *ouabain* as a poison to the generic symptoms and pathological basis of whooping cough, that it would prove a remedy in pertussis. Dr. E. A. NEATBY accordingly used it in whooping cough, and he did so successfully. Mr. GERARD SMITH also used it, but without deriving any advantage from it. We learn from these experiments, physiological and therapeutic, that while it is homœopathic to the *genus* whooping cough, just as *drosera*, *coccus cacti*, *cina*, and *ipêcacuanha* are, to be curative it must also be homœopathic to individual instances of the disease. The cases in which Dr. NEATBY prescribed it were probably illustrative of such; those in which Mr. SMITH ordered it were not. Until we have a well conducted series of experiments made with *ouabain* upon human beings it will be impossible to differentiate those where it will be curative from those which require *drosera*, *coccus cacti*, or one of the other medicines. All that we know about the drug at present is that it will cure whooping cough *sometimes*. Before we can certainly predict when it will do so we must have a proving of it.

At the afternoon meeting, when the executive business had been completed, and a strong expression of opinion had been evoked that members of the British Homœopathic Congress ought, as they always have been, to be

restricted to registered members of the medical profession, Dr. CASH REED read his ingenious and well illustrated paper, *On Uterine Deviations and their Auxiliary Treatment*. The use of pessaries is a question which divides gynæcological practitioners into two parties—one like the late Dr. MATHEW DUNCAN, rejecting all, of whatever sort, in all cases, of whatever kind, the other using pessaries of different makes in cases adapted to each. That of Dr. CASH REED's was, on all hands, regarded as ingenious and likely to prove effective in certain kinds of uterine deviations.

At the conclusion of this paper, what, for some reason or other, has come to be regarded as a "burning question," viz.: whether Messrs. KEENE & ASHWELL shall be supported in publishing a list of medical men who practise homœopathically, or whether they shall not be so supported, and the list of members of the British Homœopathic Society be held to represent the medical adherents of homœopathy in the United Kingdom, gave rise to an animated debate.

Those who supported the publication of the *Directory*, did so on the ground that the public had a right to know who those medical men were who practised homœopathically; and, to the public, it was urged that the supplement to the Society's journal was not readily accessible. It was further argued, that withdrawal of support from the *Directory* would be interpreted by non-homœopathic practitioners as an indication that we felt that homœopathy was losing ground, while it would not lessen the animosity with which homœopathic practitioners were regarded. Some of the members would seem here to have remembered the declaration of the *Lancet*, in June, 1877.

"We would remind all who call themselves homœopaths that nothing less than the most unreserved renunciation of all the dogmas of homœopathy, in name and in deed, can be accepted."

On the other side, Mr. KNOX SHAW, on behalf of the anti-directory party, protested that he had no idea of propitiating or attempting to propitiate anyone. He regarded all special directories as a phase of advertising, and therefore as a mode of obtaining practice which was repugnant to professional usage; he thought that if we, as homœopaths, conformed strictly to professional

usage our influence with the dominant section of the profession would be greater than it is. He also thought that a list of the members of a learned society was a very different thing from a list of medical men published without any control whatever. The existence of control in the one and its absence in the other constituted the distinction. It was further argued on the same side that any list from which a certain number withheld their names would, as representing the homœopathic practitioners of the country, be partial and misleading.

These were the chief arguments employed on both sides, and as the result of the discussion the desire that no special directory of homœopathic practitioners should be issued was expressed by a majority of three out of the 34 votes recorded. "Under the circumstances," we trust that the ample discussion of this question which has been carried on in our pages and which was debated so warmly at Northampton, may now give place to some other subject better calculated to improve our therapeutics, and to reflect credit upon us as a united body of homœopaths. The vote which was taken at the Congress clearly shows that if any enterprising firm of chemists or booksellers should undertake to issue a list of homœopathic practitioners, the number of men who will refuse to allow their names to be inserted in it is sufficiently considerable to render it misleading as an indication of the number of homœopathic practitioners in this country and untrustworthy for any of the purposes for which such a work is ordinarily needed.

We cannot leave this notice of the *Directory* discussion without expressing our deep regret that Dr. MURRAY MOORE, in a letter to the *North American Journal of Homœopathy*, should have given, or apparently endeavoured to give, an impression that Mr. KNOX SHAW and those who have co-operated with him in this matter are, as regards homœopathy, "weak-kneed colleagues." While in contradistinction to these unworthy homœopathic Britishers, he says: "Thank Heaven, there are still some hundred or more *staunch homœopaths with a backbone*, who, like your correspondent, will not bow the knee to the Baal of the *British Medical Journal* and the *Lancet*." He concludes by saying: "The only way to counteract the persistent misrepresentation by the dominant sect of our glorious medical reform is

to defy the medical Mrs. Grundy (within proper limits of self-respect of course) and take *the public into our confidence*. I hope shortly to bring out my popular pamphlet, entitled *Common Sense Homœopathy, with Scientific and Clinical Illustrations*." What are "the proper limits" of professional self-respect is a question which will probably be decided differently by different physicians. But when we find a man like Dr. HUGHES described as "weak-kneed" by Dr. MURRAY MOORE—well, we think it is time to protest. Our American colleagues know Dr. HUGHES, and they know something of his work for homœopathy, and we can safely leave the matter with them. Those who, like Mr. KNOX SHAW and Dr. HUGHES, have joined in the crusade against the *Directory*, have, in undertaking it, been animated by as pure a zeal for what they believe to be for the best interests of homœopathy in this country, as have Dr. DUDGEON and Mr. HARRIS in striving for the support of this little guide book. It is solely a question of policy, and to describe the opponents of the *Directory* as bowing the knee to the Baal of the non-homœopathic medical press can only be regarded as offensive and impertinent.

The speeches after dinner were interesting and entertaining. That of Mr. HARRIS was especially exhilarating. The determination, the confidence and enthusiasm, which animated him, as he referred to the facts which spoke of the progress of homœopathy, were inspiring. Nothing, however, we venture to say, that occurred after dinner gave so much pleasure to all present as hearing the frequent expressions of regard for Dr. CLIFTON, which fell from Northampton speakers, and the hearty way in which every one responded to them. After what had fallen from some of the speakers in the afternoon, it was especially gratifying to hear the MAYOR of Northampton say, "Whatever might be the feeling entertained towards homœopaths in some other towns, there was but one feeling of universal esteem and respect in Northampton for Dr. CLIFTON." Our colleague, Dr. CROUCHER, the Mayor of Hastings, rendered emphasis to this testimony, when he referred to him as having "resided in Northampton for more than forty years, and that during that time he had done the work of a dozen men in propagating the truths

of homœopathy far and wide in the Midland counties." Six years ago, when proposing Dr. CLIFTON's health, as president of the Liverpool Congress, the late Dr. DRYSDALE described him as "constantly endeavouring to bring the great principles of homœopathy to the forefront, and in doing so he never thinks of himself, but is solely actuated by the desire to advance the best interests of the profession to which he belongs." During the earlier part of his career in Northampton, he withstood as severe an opposition from his professional neighbours, as any one of us has had to encounter. This he has, as many another has done, lived down. He has achieved his position, not by sacrificing his opinions or obscuring them; on the contrary, no one has been more outspoken in his defence of what he believed to be the truth in medicine than Dr. CLIFTON has been, no one has shown greater determination in defending the interests of homœopathy, or in extending as far as possible a participation in the advantages to be derived from it to the poor, than he has been. He has been ever firm but always courteous in his intercourse with those who differed from him in medicine. He has by this course, a course of conduct which never fails to bring respect to the men who pursue it, secured respect and esteem from the whole body of his fellow townsmen. It is a proud position for any one to acquire, and we heartily congratulate him on occupying it. We do so the more, inasmuch as we have had abundant opportunity for knowing how thoroughly it is deserved. To those of our colleagues who wince under the ungenerous and unprofessional conduct of their medical neighbours we would say live it down as Dr. CLIFTON has done.

THE HÄHNEMANN PUBLISHING SOCIETY, we were glad to learn from its energetic secretary, Dr. HAYWARD, is fairly prosperous. During the past year it has published *The Organon* of HÄHNEMANN, translated by Dr. DUDGEON. We regret to find that little or no progress has been made with the *Therapeutic Part of the Repertory*, and are the more surprised that workers for it have not presented themselves more freely, because it is really interesting work, and calculated to be of great and lasting advantage to those who take a part in it. We are promised the *Ear Chapter of the Repertory* very

soon, and Dr. HUGHES has the *Index* so far done as to be able to look forward to its completion within two years. We should be glad to see this Society well supported. It has an important mission to fulfil, one which it shared, till recently, with the BRITISH HOMŒOPATHIC SOCIETY. Now, however, that the Society's funds are so considerably absorbed by the publication of its proceedings, we can no longer look for any help from it in the publication of books of value to the professional, but of little or no worth to the commercial man. To provide such is the work of the HAHNEMANN PUBLISHING SOCIETY, and we trust that it will receive increasing support both literary and pecuniary. Unusual pressure on our space obliges us regretfully to defer publication of the report of the Society until our next issue.

ON THE SELECTION OF THE HOMŒOPATHIC SPECIFIC.*

BY ALFRED C. POPE, M.D.

Late Lecturer on Materia Medica at the London Homœopathic Hospital.

WHEN commencing a course of lectures on The Practice of Medicine, at St. Thomas' Hospital in 1871, the late Dr. Murchison, while acknowledging that "it is to the strong advocacy of homœopathy that we are indebted for the common use of more than one excellent remedy; and [that] homœopathy must also be, to some extent, credited for directing our attention to the affinities or predilections of certain drugs for particular tissues or parts of the body, a subject where careful investigation may be expected to lead to great results," said that "it requires no medical education to treat disease as the homœopathist does." The first part of this quotation represents the extent of Dr. Murchison's knowledge of homœopathy, the second enables us to gauge the measure of his ignorance of it. It reminds me of a saying, attributed to Sydney Smith: "Every man thinks he can write a leading article in a newspaper, or drive a gig—until he tries." Now, I venture to say, that Dr. Murchison never tried to treat disease homœopathically. Had he done so, he would have found, as we all have found, that the selection of the homœopathic

*Read before the British Homœopathic Congress, Northampton, September 28, 1893.

specific is not the simple matter that he assumed it to be. It is in the hope that this, a question of so much importance to the increased adoption of homœopathy by medical men, may be rendered clearer and simpler by the discussion of it here, that I have undertaken to introduce it to you to-day.

I would remark, *in limine*, that the teaching of Hahnemann as conveyed to us in the *Organon der Heilkunst* may be divided into two parts:—1st, fundamental principles, and 2nd, the details of the practical application of these.

The fundamental principles comprise the definition of a specific remedy. "Whichever of these medicines," writes Hahnemann, "that have been investigated as to their power of altering a man's health, we find to contain, in the symptoms observed from its use, the greatest similarity to the totality of the symptoms of a given natural disease, this medicine will and must be the most certain homœopathic remedy for the disease; in it is found the specific remedy of this case of disease."—§ 147.

A *second* fundamental principle is that the action of all drugs must be ascertained by means of experiments pursued upon healthy human beings. A *third*, that the dose in which a homœopathic specific is prescribed, must be smaller than that necessary to procure its antipathic or palliative effect. The *fourth* and last, that the homœopathic specific must be prescribed in the form in which its properties were ascertained by experiment.

Secondly, Hahnemann in the same work set forth the details of the practical application of these principles, such as the method to be adopted in selecting the remedy for individual cases, the size of the dose in which it should be given and the frequency with which it should be administered.

Nothing that has developed from the study of therapeutics since Hahnemann enunciated the fundamental principles I have recited, has tended in the slightest degree to throw so much as the shadow of a doubt upon the absolute truth of either one of them. They represent to-day, as they did nearly a century ago, the highest peak to which the science of therapeutics has attained. Experience, clinical experience, has but confirmed and consolidated them.

When we come to consider the details of the practical application of these principles, we find that clinical experience, researches in minute anatomy, in physiological science, in etiology, and in some other directions, have together tended to modify much of, what I may term, Hahnemann's *technique*. His principles remain untouched; improved methods of scientific enquiry, the increased knowledge that we have of the tissues and functions of the body in health, of the history and processes of diseases, have, on the other hand, compelled us to revise and, by the additional light a century of scientific and clinical work has shed upon medicine and surgery, to improve upon methods which a hundred years ago presented themselves to Hahnemann, as what—as at the time they were—the best, the only, available.

The question then which I ask for your consideration this morning concerns one of those points of detail in the practical application of Hahnemann's fundamental principles—how can we best, most surely, and most completely discover the specific remedy for the individual cases of disease that we meet with at the bedside and in the consulting room?

What then, I would first of all ask, was Hahnemann's method of ascertaining it.

“The physician,” he says, “takes note of nothing in every case of disease except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the previously healthy state of the now diseased individual which are felt by the patient himself, remarked by those around him, and observed by the physician; all these perceptible signs represent the disease in its whole extent—that is, together they form the true and only conceivable portrait of the disease.” § 6.

I ask you to notice here that Hahnemann refers to these subjective and objective symptoms as *representing*, not as constituting, the disease.

In another passage he recognises, and illustrates in the clearest manner, that disease may depend upon an exciting or maintaining cause which is manifest and being manifest “every intelligent physician would first remove.” Foot-note to § 7.

Then again he writes, "the sum of all the symptoms in each individual case of disease must be the *sole indication*, the sole guide to direct us in the choice of a remedy," § 18. And lastly, he describes the search for the homœopathic specific as making "a comparison of the collective symptoms of the natural disease with the lists of symptoms of known medicines." § 153.

Hahnemann, you will remember, protested uniformly and frequently against all attempts at "explanations regarding the phenomena of disease and their proximate causes" as being mere "learned reveries." (Foot note to § 1.) And so, at the time that he worked and wrote, they were. The fact, that not one of the then current pathological speculations survives to-day, is proof that they were so.

Pathology, the study that is of the causes, the course and the effects of disease, was so much of a *terra incognita* at the beginning of this century, that it was not until in 1830, or a year or so later, that the professorship of general pathology was instituted by the Crown in the University of Edinburgh; and even at that date, it was so instituted in spite of the determined opposition of Christison and Syme. Morgagni had, it is true, so far back as 1760, published his great work, *De Causis et Sedibus Morborum per Anatomen indagatis*; but morbid anatomy alone, morbid anatomy without any exact knowledge of normal function, was useless as an interpreter of the symptoms of disease. Bayle, the eminent French pathologist during the early portion of the present century, wrote: "One would have a very false idea of pathological anatomy if one imagined that it could throw any light upon the essence of organic diseases, or their immediate causes, or on the mechanism of their production." Andral, in 1823, was probably the earliest pathologist who sought to connect *post mortem* appearances with their causes, to endeavour to raise the study of morbid anatomy from being a simple record of facts disclosed to the naked eye to a science explanatory of the symptoms that had been noted during life.

At a time, then, when pathology consisted of little else than "learned reveries," when there was a total absence of ascertained facts from which the physician could deduce an interpretation of the symptoms of

disease detailed by his patient, or the objective phenomena which he himself could note, Hahnemann, as a therapist, acted wisely in rejecting any attempt to "discover the alterations that had occurred in the invisible interior," and in relying for the information he required to enable him to treat disease with specific medicines, solely on the narrative of symptoms made by the patient, together with the facts of the illness communicated by his friends, and the observations the physician himself could make. Doubtless, an examination of this kind might, in some cases, involve errors both of diagnosis and of prognosis, that many symptoms, which, with the added light of later years, we now recognise as reflex, would be liable to be mistaken for such as were direct. This was inevitable. But here, be it remembered, Hahnemann guarded himself against serious errors—at any rate, in drug-selection—by insisting on having a record made of the *totality* of the symptoms, of everything that was abnormal in the condition of the patient. If you would understand and appreciate the full significance of the word *totality*, as used by Hahnemann, I would urge you to read and study his "instructions to the physician for investigating and tracing the picture of disease," as given by him in the *Organon*, §§ 84-99. Nothing more thorough, nothing more complete in the way of directions for case-taking, was ever penned; anything, in the state of knowledge at that day, better calculated to avoid error in prescribing and, in the absence of modern means of physical research, anything better adapted for framing an exact diagnosis, or more adequate at that time to enable the physician to make a forecast of the issue of a disease than these instructions had not been published when the *Organon* appeared in 1810.

Having thus secured a picture, as it were, of the case of disease to be cured, Hahnemann proceeded to seek for a similar picture of disordered health resulting from drug action—a medicine "which has the power and tendency to produce symptoms the most similar possible to the disease to be cured." § 148. The pursuit of this end Hahnemann described as "a laborious—sometimes very laborious—search." If such a search were laborious at a time when the effects upon human health of but a few medicines were known, what must such a

search be esteemed now, when Allen's *Encyclopædia of Pure Materia Medica* records the effects of 763 substances, and finishes off with a supplement containing additional observations regarding 274; while his *Handbook of Materia Medica and Therapeutics* introduces us to 398, and *The Encyclopædia of Drug Pathogenesis* provides us with therapeutic material from—including varieties of the same plant—413 sources.

To mitigate the laborious character of searching for the real specific to an individual case of disease, Hahnemann must have felt was essential to the practical working of his doctrine. As the result of his study in this direction he, as Dr. Hughes remarks, became fully sensible that "quantitative dealing with symptoms proved insufficient; they must, he said, be weighed as well as counted, they must be treated qualitatively." Accordingly, we find that while insisting upon the necessity of taking into consideration, of carefully examining and thoroughly studying the totality of the symptoms, he, at same time, points out that "it is the more striking, singular, uncommon and peculiar, (characteristic) signs and symptoms of the case of disease [that] are chiefly and almost solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort and so forth demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug." § 153.

Again, much as Hahnemann inveighed against making therapeutic knowledge derived *ex usu in morbis* being regarded as affording an *ultima ratio* for drug selection, he was far from objecting to the *usus in morbis* as an aid in making a drug selection. Indeed, we find in many of the prefaces to the medicines in the *Materia Medica Pura* the names of diseases in which they had been found homœopathically indicated, and in which they had proved curative.

Thus, in writing of *aconite*, he tells us that, "it reveals to the thoughtful homœopathic physician a prospect of

relieving the so-called inflammatory fevers." That "in measles, in purpura miliaris, and in the acute pleuritic fevers, its curative power is marvellous."

Argentum, he tells us, "can cure permanently some kinds of diabetes, when the other symptoms correspond in similarity to the other primary symptoms of the disease."

With *aurum*, he says, he has "cured quickly and permanently of melancholia, resembling that produced by gold, many persons who had serious thoughts of committing suicide."

The symptoms produced by *bismuth*, he writes, "show how the commendations of *oxide of bismuth* in a kind of stomach-ache and gastralgia, by Odier, Carminati, Bonnat and others, are solely based on homœopathy."

Of *camphor* he says: "As *camphor*, when applied externally excites a kind of erysipelas, so, in acute diseases, accompanied by erysipelas, it is useful as an external application if the other symptoms of the internal malady are present among the symptoms of *camphor*."

Cinchona, we are assured, is "at once the most appropriate and strengthening remedy when the sufferings of the patient are solely or chiefly owing to weakness from loss of humours, from great loss of blood, profuse suppurations," &c. "Some cases of diarrhoea," and "a few icteric diseases, are of such a character that they resemble the symptoms of *china*."

Of *cina*, we are told that, "experience of what it can do in whooping cough, in certain intermittent fevers accompanied by vomiting and ravenous hunger, will excite astonishment."

Cocculus, again, is "indispensable for the cure in many cases of common human diseases, more especially in some kinds of lingering nervous fevers, in several so-called spasms in the abdomen and so-called spasmodic pains of other parts," &c.

Of *colocynth*, Hahnemann writes, that "many of the most violent colics may, under the guidance of symptoms 69 to 109, be often very rapidly cured, when at the same time, the other characteristic symptoms of the disease, or a portion of them, are to be found in similarity among the symptoms of *colocynth*."

After reading the numbers attached to some of the

symptoms recorded as the effect of *conium*, Hahnemann says: "There are primary actions which seem to be corroborated by some of my own homœopathic cures—glandular induration on the lips, breasts, &c. arising from a bruise, and two cases of cataract produced by an external blow."

Drosera is named as "sufficient for the cure of epidemic whooping cough."

"A peculiar kind of fever, some dropsical affections and mental derangements," are described as conditions in which *hellebore* will prove useful.

We are told that "we may learn from its symptoms" that *ipêcacuanha* "can relieve some cases of vomiting similar to its own, and, as experience has shown, exerts a specific curative action in hæmorrhages, a paroxysmal, spasmodic dyspnœa and suffocative spasms."

Of *acetate of manganese*, it is remarked that it will be found to be "very efficacious in some intolerable pains in the periosteum and joints, diminution of the senses and diseases of the larynx and trachea."

Oleander, Hahnemann says, "will be found to be if not a complete remedy yet an indispensable intermediate remedy in some kinds of mental derangements, *e.g.*, absence of mind and in certain kinds of painless paralysis, in eruptions on the head, and some external head affections."

Pulsatilla is pointed to as being particularly suitable in cases of delayed menstruation.

The homœopathic relation of *ruta* to asthenopia is referred to.

Of *spongia* it is said, "homœopathy has found the most remarkable remedial employment of roasted sponge in that frightfully acute disease membranous croup."

Thuja also is named as "specifically useful" in venereal warts and in gonorrhœa.

These and other clinical confirmations of homœopathically selected medicines made by Hahnemann nearly a hundred years ago we have all tested and found to be genuine helps in the selection of the specific remedy.

Further, the homœopathic prescriber in Hahnemann's time derived assistance, as we do to-day, from books of the nature of *Repertories* and *Indices*. In 1830 and again in 1833 books of reference of this kind were

completed and published by Bœnninghausen, and received Hahnemann's warmly expressed appreciation.

Hahnemann's method then of finding the homœopathic specific may be, I think, correctly described as consisting of the following steps:—

1. He required a very thorough examination—reduced to writing—of all the symptoms subjective and objective described by the patient.

2. The removal of any obviously exciting or maintaining cause of disease.

3. The study of the record of the totality of the symptoms and the extracting from it of the more striking, singular, uncommon and peculiar signs and symptoms of the disease.

4. The comparing of these more striking, singular, uncommon and peculiar signs and symptoms with the lists of symptoms of known medicines.

5. In making this comparison, in selecting for consultation the most probable medicines for supplying it, he relied

- a. On the physician's knowledge of each drug acquired by his previous study of each.

- b. On recorded experience in making homœopathically indicated selections, which had been confirmed *ex usu in morbis*.

- c. By consulting such *Repertories* and *Indices* as had been published.

Such, I apprehend, was Hahnemann's mode of procedure in searching for the homœopathic specific. To it we, with the resources of a century of scientific work at our command, are able to make use of additional means for studying the therapeutics of a given case of disease. But while we gratefully acknowledge our indebtedness, in the large proportion of the cases we meet with to the labours of the students of health and disease of comparatively recent years, and gladly avail ourselves of the results of their work, let us at the same time remember, particularly when failure to achieve the success we have sought for tempts us to fall back upon the antipathic palliative, let us remember that there are cases in which we can in no way find the homœopathic specific save by treading precisely the same path that Hahnemann trod. Cases of this kind will doubtless recur to the minds of each of us—certainly they do to mine. As a typical

illustration of the kind of case to which I refer, let me recall to your recollection, that brought under our notice last year at Southport, by Dr. Wolston, of Edinburgh. The disorder for which it was sought to find a homœopathic specific was, you will remember, vomiting, which had persisted for six weeks, in spite of the administration of many medicines which the prescribers, most anxiously working for the recovery of their patient, had believed to be homœopathic. Dr. Wolston's own efforts, made through falling back upon his knowledge of drug action and upon his clinical experience, were equally futile. The method Hahnemann would have adopted was then put into operation, the "striking, singular, uncommon and peculiar signs and symptoms" connected with the vomiting, were tabulated and sought for in *The Repertory*, and there found to be recorded as the effect of *silica*. *Silica* was given to the patient, and within a few hours she, who previously was exhausted to a degree that seemed to render the saving of her life impossible, was on the high road to recovery.

The lessons taught us by this case appear to me to be at once striking, important and encouraging. We rejoice, rightly rejoice, in those greatly increased stores of learning which have accumulated during the last half-century, and assist us so materially in our efforts to prescribe medicine for the cure of disease with comparative facility. This case teaches us, for one thing, that we have yet much to learn, and that we must go about our daily work with the full recognition of this fact before us. Here, the exciting cause of the vomiting was undiscoverable, or, we may be sure that two well-cultured young physicians, constantly watching the patient during six weeks, would have found and removed it. Knowledge of the actions of drugs, diligently acquired, failed to suggest, not only the remedy, but the most suitable medicine to consult in the printed record of its effects. The cause and precise nature of the condition exciting the powers-of-life-exhausting vomiting being unknown, memory refusing to come to the aid of the physician to provide a remedy, the *Repertory*, the *Index of the Materia Medica*, is appealed to; the answer it gives is, perhaps, about the last medicine any physician would have thought of. The records of the effects of this, apparently improbable, medicine upon

the human economy confirm the *Repertory*, and present a picture of the "striking, singular, uncommon and peculiar symptoms" of the patient. It is given, given probably enough, and I will add excusably enough, with but little hope of its utility; it is given and repeated and all further anxiety is dispelled. By no other method that I, at least, know of could this remedy have been found. The method may be sneered at as mechanical, may be looked upon as humiliating to our therapeutic and pathological learning, it may be ridiculed as mere "symptom-covering," but it was successful, and not only so, it was successful when more scientific, more intellectually satisfying methods had failed. Moreover, it may be objected that it required "two solid hours" of diligent study to find this very improbable, but highly successful remedy. That is true; but a human life was spared, health was restored by that two hours' work. Who is there who would grudge the labour? Who is there who would not rather be thankful for possessing the knowledge of how to undertake it?

Such cases are I know, and rejoice to know, very exceptional, and as the developments of science increase will become still more rare; but so long as they occur, and whenever they occur, we must fall back upon the only method of finding the remedy that is possible, that which in all cases was alone possible to Hahnemann. In the vast majority of cases, the only method that was possible to him of discovering the homœopathic specific in all, is not the only method that is possible to us. Many things have happened since his day, the occurrence of which he never dreamed of when, assuming the ever dangerous rôle of prophet, he wrote that "explanations regarding the phenomena of diseases and their proximate causes must ever lie concealed." The range of exact knowledge within the domain of physiology, in all that is comprehended within the scope of pathology has vastly widened. Our insight into the causes which occasion disease, into the changes in structure, and the alterations in function which mark its progress, into the nature and meaning of symptoms which reflect its processes, has largely, very largely increased. The framers of "learned reveries" have been superseded by investigators—in the words of William Harvey—"searching out the secrets of

nature by experiment." Of the light which this increase of knowledge has shed upon our daily work, it is alike our duty, our privilege and our interest to take advantage, in order to simplify our methods, to render our practice more accurate, and therefore more successful, and, I may add, more attractive.

In selecting a medicine, our aim is precisely the same as that Hahnemann had in view, viz., the choice of one, the symptoms produced by which in health are in all respects similar to those the disease reflects in our patients.

First of all, we are called to examine the symptoms themselves—to learn what has caused them, what is their meaning, of what they are the expression. Are they, for example, reflex or direct? On these points accurate and important decisions can be arrived at now which were impossible of acquisition 60 years ago. The study of the etiology of disease, based on a multitude of careful observations, has contributed to this increase of our powers. Take, for example, the large number of patients who consult us on account of headache. How variously is this symptom "headache" caused; how many are the disorders of which it is the only expression? and yet, unless we ascertain and direct our remedial measures specifically to the fundamental lesion provoking the headache, we have but small chance of relieving it. For instance, there is the headache due to errors of refraction, to long continued strain of the muscles of the eyeball. However much a medicine may resemble the pain, either in its character, locality, or concomitant symptoms, it is yet no remedy. The correction of the error by suitable glasses alone will cure such a headache. It is equally true that the condition of neurasthenia, which the long continuance of a headache of this kind sets up, and the perversion of nutrition and of functional disturbance which may have ensued from this depression of nerve power will remain for a greater or less length of time after the eyesight has been corrected, and it is equally true that this length of time may be abbreviated by medicine homœopathic to such perversion of nutrition and functional disturbance, but without the correction of vision first of all, any medicinal measure will be nugatory.

The following instance illustrating both of these points

came under my observation during the past summer. A girl of eighteen, an operative in a cigar factory, was brought to me on the second of June by her mother, complaining of headache. On enquiry, I found that she had suffered from headache since early childhood; from the subsequent history, I suspect it must have dated from her first going to school. The pain of which she complains is chiefly frontal, is described as a weight. She admitted that she was near-sighted. She is very nervous, startled by the smallest trifle. Her sleep is good. Her appetite is poor and she complains of a constant sense of nausea and sickness. Bowels regular. Catamenia thin and scanty, and frequently delayed for two or three weeks. During the last three weeks the pain in the head has been more severe and continuous than usual and the sense of sickness has been considerable. Her parents originally intended her to be a teacher in an elementary school, but the requisite study so increased the headache that the plan was abandoned, and she went into a cigar factory, an occupation scarcely less detrimental to a headache of this kind than reading, for the examination of the tobacco leaf, especially under the strong light of the gas, involves not only a great strain on the muscles of accommodation but forms a source of irritation to the retina, while the impurity of an atmosphere where a large amount of gas is burning only adds to the degeneration of the general health.

I advised her to go to the Nottingham and Midland Eye Infirmary in order to get fitted with suitable spectacles, and, at the same time, gave her pilules of *ignatia* 1 and of *pulsatilla* 1 to take alternately every four hours.

Five days later I saw her again. She had been to Nottingham, and there Dr. Charles Bell Taylor had, after examining the eyes, provided her with appropriate glasses, which have rendered vision clearer and her work much less tiring. The headache is now greatly diminished and her nervousness also. The same medicine was continued.

Seven weeks afterwards I found that the headache, though very much relieved, had not quite ceased. Her appetite was still small, the feeling of sickness troublesome, and she continued nervous. The catamenia had appeared at the normal time and was healthy.

After taking the same medicine for another three

weeks, she called to tell me that all pain in the head had ceased, and the gastric and nervous symptoms were greatly lessened. She was, in short, practically well, and I have not seen her since.

Again, headaches have been found to depend upon a retroverted uterus, and no medicine has given relief to them; while replacement of the womb has at once been followed by their cessation.

Dr. Lawrence, of Bristol, recently published in *The Clinical Journal* notes of several very suggestive cases illustrating the same principle. In one, a case of chronic diarrhœa, the disorder was found intractable until a ruptured perinæum was discovered and repaired. This being done the diarrhœa ceased. In another, an asthma became cured on the removal of an intra-uterine polypus. An obstinate vomiting was permanently checked by the cure of a lacerated cervix uteri and so on.

Again, attention has of late been drawn by Dr. Janot, of Paris, to the frequency with which disease of one or other of the tissues of the eyeball depends on severe uterine disorder, and experience in the treatment of these cases has shown that, so long as the uterine disturbances remain uncared for, neither medicine nor operation relieved the eye, while cure of the former was at once followed by recovery of the latter.

Dr. Ludlam and Dr. Vilas, of Chicago, have in *The Clinique* (May 18th, 1893), brought together a series of very interesting clinical facts relating to the interdependence of disease of these two organs in many cases. While Dr. C. H. Evans, in the next number of the same journal, has pointed out from pathogenetic records the symptoms of disordered health produced by ten medicines on both uterus and eye, showing that an interdependence which exists in natural disease is also to be met with in the artificial diseases set up by drugs.

Reflex symptoms are numerous in a variety of cases, such for example as a cough, the real origin of which is not in the respiratory organs but perchance in the stomach, or maybe in the liver or the rectum, and is incurable until the gastric, hepatic or rectal disorder has been set right. These cases are, however, too familiar puzzles to all of us to need my further enlarging upon them. They teach us the importance of so carefully sifting the symptoms of a given case, as to assure

ourselves of their real seat and source, before utilising them for prescribing purposes.

Parenthetically, I would observe here, that the removal of reflex symptoms by the cure of the organic disorder setting them up, supplies a strong objection—were there no other—to the inclusion of what are called “clinical symptoms” among our pathogenetic records. It is asserted by those practitioners who would have us regard them as pathogenetic, that the administration of a given medicine having been followed by the disappearance of certain symptoms, ought to be regarded as capable of being produced by that medicine, although we have no experimental evidence of their being so. These certain symptoms being probably reflex, their removal did not depend directly upon the given medicine, but upon the action of that drug upon their remote source, and, therefore, only indirectly. Similar symptoms, when in another case actually arising from the superficially apparent source of origin in the former instance, would remain unaffected by that medicine.

The symptoms of a patient demand also our study as indications of his constitutional condition. Do they reflect a dyscrasia? Is it tubercular, cancerous, or syphilitic? The answer to this question will have great weight in determining the class of medicine from which we may most advantageously select the homœopathic specific. Such medicines for example as *carbonate of lime*, *sulphur*, *silica*, *arsenic*, *thuja*, *nitric acid*, *bichromate of potash*, and many others will at once suggest themselves to you under this head. This is a large and important branch of my subject, and worthy of much greater consideration than I can devote to it to-day. I must indeed content myself with this mere hint at it.

To pass on, I would ask you to note that the minute anatomical changes which mark the progress of disease, and result from drug poisoning, contribute considerably to our knowledge of the action and progress—the evolution—of the symptoms of both. The additions which have been made to our knowledge of minute anatomy, both healthy and morbid, during the last half-century being therefore utilised in the study of drug pathogenesis help us in our power of localising the influence of drugs not only in their seat, but in their kind of action.

Medicines have now been prescribed homœopathically for nearly a century. Throughout that long period of time—unprecedentedly long for the life of a therapeutic method, or system, or theory—the number of medical men, who have so prescribed, has been constantly on the increase, while that of the sick who have resorted to homœopathic methods has long since passed beyond any approximate calculation. The clinical material which they have supplied has illustrated, on an enormous scale, the *usus in morbis* of all our best proved medicines. The records of these in our journals in this country, in those on the continent of Europe and in the United States of America, present us with confirmation, not only of symptoms, but of clinical indications for the selection of medicines in concrete forms of disease and, to some extent, with opportunities for the differentiation of drugs, and with assistance in the individualisation of remedies. Some of these results of recorded practice are to be found in Dr. Hughes' *Clinical Index* at the end of his *Pharmacodynamics*, and in that of Dr. Farrington in his *Clinical Materia Medica* and constitute a very suitable source of reference in the first stage of the search for a homœopathic specific.

What these clinical indices are for concrete forms of disease, the *Repertory* is for individual symptoms of individual cases of disease. Through the *Repertory* we find the names of medicines which are recorded to have produced those "more striking, singular, uncommon and peculiar signs and symptoms," which assist so much in determining our preference for one of two or more medicines, whose pathogeneses are more or less nearly allied. The *Repertory*, or *Index*, is by no means an entertaining volume, not more so, indeed, than is a dictionary, but to the prescriber, who uses it aright, it is a very valuable aid, at the same time let us never fail to remember that, like the *Clinical Index*, it is only an aid.

To the records of drug action, as presented to us in *The Cyclopædia of Drug Pathogenesis*, and, I may say, in Allen's *Handbook of Materia Medica*, we must finally resort in order to assure ourselves of the precise remedy, the true homœopathic specific. The hints we have derived from the *Clinical Index*, from the *Repertory*, or from those which past experience and research have

enabled us to store in our memories, direct our thoughts to a group of, perhaps, three or four drugs, each of which we need to examine in one or other of those records of drug action upon healthy individuals which we term *Materia Medica*s.

That such an examination may be at once rapid and useful, the previous study of individual drugs is all essential. A study which has enabled us to obtain a clear conception of the sphere of action of each, which shall enable us to determine whether it is the nervous system, the circulation, or the function of nutrition that is most affected by it; for what tissues, whether mucous, serous, fibrous, muscular, or nervous, it has the fullest degree of affinity. A study which will further discover for us the particular organ, and part of the particular organ, on which it exerts its influence, and very especially the nature and kind of action which it sets up, and the condition under which its action is increased or diminished. In proportion as the various drugs have been studied in this way will the examination of the *Materia Medica*, in search of the homœopathic specific be rendered easy and satisfactory.

In proportion also to the extent and accuracy with which we have by such study become possessed of the pathogenetic action of the best proved drugs, shall we be independent of the *Repertory* or the *Index*. In a large majority of clearly defined cases of well-known diseases, the results of such study admit of our prescribing both rapidly and effectively at once, without reference to either aid. Dr. T. F. Allen, of New York, defines this as the "impressionist method." Dr. Conrad Wesselhœft, on the other hand, speaks of it as the "intuitive method"—a term I much prefer, denoting, as it seems to me to do, engrained knowledge, that kind of knowledge which has become a part of oneself.

As the physician proceeds with the examination of his patient, while making his diagnosis, three or four drugs whose actions resemble the case before him will come to his recollection, and, in proportion to his familiarity with them and his experience in prescribing them, will he be able to differentiate them on the spot, to individualise *ex tempore*. Failing to do so, a reference to the *Materia Medica*, and a comparison of the members of the group of medicines that have

occurred to him will afford him an opportunity of making a study of the symptoms, not only in their "concomitance, but in their evolution," as Dr. Hughes has said. In some cases this differentiation may have ultimately to depend upon symptoms that appear to us trivial—symptoms which, were we only deciding which of several antipathic palliatives we should prefer, would be truly regarded as trivial. Each of these symptoms has, we must remember, a pathological basis; we may not know what this basis is, but it is there nevertheless. There can be no effect, however small, without a cause. In prescribing homœopathically, especially in some cases of obscure and complex chronic disease, I am sure that attention to these apparently trivial symptoms does make a difference, at any rate in the rapidity with which such cases are cured. At the same time, particularly in acute disease, I am not prepared to follow Hahnemann when he says that "there can be, in a medicinal point of view, no equivalent remedies whatever, no surrogates." Theoretically, and to carry out in practice the highest ideal in drug selection, it may be so. But I am sure that a simply generalised or closely approximate selection of the homœopathic specific has led to many successes at the bedside. As Dr. Allen said at Chicago, "the exigencies of business" alone prevent minute differentiation and individualisation in most instances. Hence I conclude that were this microscopic symptomatology a *sine quâ non* at all times, many of us would not have—from sheer lack of time—the success we do obtain. Still more do I doubt whether our non-homœopathic medical brethren, who increasingly derive many of their therapeutic hints from the clinical reports of homœopathic practitioners given in our literature, would enjoy the success in utilising them that they are well known to do if this minute individualisation were in all cases necessary to success.

Our first stage in the selection of a homœopathic specific is, then, one of generalisation; our second, one of individualisation. In discussing the question of this mode of selection at an International Congress of 1881, Dr. Hughes asked, "What are we to do in cases where we cannot cover the totality of the symptoms? Are we to fall back upon generalisation? that is, referring the morbid condition before us to the type to which it

belongs; or are we to resort to individualisation pure and simple, finding certain minute symptoms in which the disease and drug correspond, and hoping that they will do for the rest?" Such cases are, I apprehend, extremely rare, while in all of them a certain degree of individualisation is possible. At the same time, I would, with Dr. Hughes, trust rather to generalisation—that is to a medicine which could create a condition fundamentally like that to be cured—rather than to a medicine that was merely credited with having produced some of the apparently, if not obviously, unimportant symptoms mentioned by the patient, but which had not been shown to excite a disturbed state of health in the organ, or tissue, or part which was the source of the illness. In most cases of the kind such symptoms would be reflex, and would vanish with the cure of the fundamental disorder.

Our greatest difficulty in selecting the homœopathic specific arises when we are confronted by some anomalous form of disease—cases where we experience a difficulty in arriving at a diagnosis which is satisfactory to ourselves—and consequently, cannot realise or trace the symptoms to some clear and definite error in function or change in structure. The difficulty is, doubtless, considerable; but there is no doubt in my mind as to the surest way of proceeding to overcome it, and that is the way that Hahnemann would have proceeded, viz., making a list of the characteristic symptoms and tracing them through the *Repertory* or *Index* to the drugs that have produced them, examining these in the *Materia Medica*, and deciding on that which has the greatest number of symptoms corresponding to those in our patient. Such cases as these are, by the progress of clinical knowledge, of clinical methods of enquiry, constantly diminishing in number. Most of them, indeed, belong to the category vaguely defined as "nervous," and rarely repay the labour bestowed upon them.

I conclude, then, that the ascertainment of the homœopathic specific demands as accurate a knowledge of the history, nature and effects of disease—in other words, as correct a pathology as does the diagnosis of disease. Nay, more. It obliges us to bring the results of pathological study to bear not only upon the investigation of natural disease as met with at the bedside, but upon

artificial disease as seen in the drug prover and in poisonings, both in human beings and in the lower animals.

Further, and very especially, it demands an exact knowledge, a careful study of the individual drugs, a study which must be sustained continuously throughout the whole of a professional career.

Recourse to Repertories and Indices, though not required in all cases, is undoubtedly very frequently so: while by novices in the art of selecting homœopathic specifics, such aids cannot be too frequently employed. But let us all remember that such works are but aids, guides, sign-posts, directing us not to what medicine to prescribe, but which to study in the *Materia Medica*.

The lesson I would here venture to impress upon our younger colleagues, the seniors amongst us have I am sure long felt its importance, is the absolute necessity of studying the action of individual drugs.

And as a final suggestion, let me urge our younger friends not to be content with being "spoon-fed" students of *Materia Medica*. "Spoon-fed" you must be to begin with, and most excellent nutriment you will derive from the study of such books as Dr. Hughes' *Pharmacodynamics*, Dr. Farrington's *Clinical Materia Medica* and the *Materia Medica Physiological and Applied*, of the Hahnemann Publishing Society. But to acquire a thoroughly sound, practical, and at the bedside, readily available knowledge of the *Materia Medica*, there is no method so fruitful and so permanent in its results as studying the provings and poisonings as they stand recorded in the *Cyclopædia of Drug Pathogenesis*, and deducing from them the morbid condition each excites, and the peculiarities of the symptoms in which each manifests them, and then putting your conclusions upon paper—so forming a written study of each drug. Let each do it for himself, and not be content with reading what others have done for him.

I can conceive of no exercise better calculated to make a successful and facile prescriber than this, and I do not believe that there is any.

DISCUSSION.

The PRESIDENT said they must all have listened with the greatest interest to the paper they had just heard from Dr. Pope. It was no mean compliment to them that a

gentleman of Dr. Pope's experience should have spent so much time in preparing such a paper on their behalf. (Hear, hear.) They had shown their appreciation by the attentive manner in which they had listened to it, and he now asked them to give further proof by discussing it. He hoped he should not produce that curious symptom known to some of them as "aggravation" on hearing music, if he rang the bell at the end of seven or ten minutes. (A laugh.)

Dr. BLACKLEY (Manchester) said he had been particularly struck with the latter part of the paper, in which Dr. Pope referred to the younger practitioners as being "spoon-fed." Unfortunately, at the commencement of their career it was the only process of nutrition that they could very well adopt. At any rate, it was one of the first processes to which they were all subject. He had been reminded, however, of one or two examples of the other process which had come within his own experience. In his early experiments in the treatment of hay fever, which extended over a considerable time, he remembered using *quinine* as one of the drugs that was thought by some authors to be serviceable in hay fever. He had had no attack of acute gout at that time, but he developed some of the minor symptoms of gout in various parts of the system. He did not know then of any connection between *quinine* and gout, and he did not know from whence the inspiration came with regard to the use of *quinine*, but it developed a pain in the joint of the great toe very much resembling a subsequent attack of gout some years afterwards, and also in the eyeball. Now, whenever he had those gouty symptoms, he found no drug that was so efficacious in small doses as some form of *quinine*. He had already said he was particularly struck with the remark of Dr. Pope that they should not depend upon being "spoon-fed." He only regretted, for himself, that his labours in that direction had not been much more extensive. He remembered on one occasion, when botanising in early years, he found the *polygonis hydropiper* growing, and plucking some of the plant, he chewed a considerable portion of some of the leaves. He afterwards experienced urinary symptoms—pain at the neck of the bladder developed. Since then, when he had come across cases of that kind, he had found that particular drug exceedingly useful. That, of course, was a very limited proving. He had never been able to extend the proving throughout; but it appeared to him to be a very valuable suggestion that they should not trust too much to being "spoon-fed." Let them adopt the plan of each taking one medicine only, if need be, and proving, or reproving it. So many of their medicines had only been partially proved

that there was abundance of work for both young and old practitioners for the next quarter of a century in going through them and proving them more thoroughly. He felt sure such work would well repay any trouble and time given to it. (Applause.)

Dr. HAYWARD (Liverpool) said they were greatly indebted to Dr. Pope for the very excellent paper they had heard, and he was particularly grateful for it in that it bore so unmistakably the stamp of homœopathy. (Hear, hear.) Their Congress assembled but once a year, and they should not spend their time merely in discussing points of surgery and general professional knowledge. It was incumbent upon them to devote the small amount of time at their disposal to really homœopathic considerations. Dr. Pope's paper fulfilled this condition. He was pleased to find the point taken up by Dr. Blackley that they should not be content with mere secondary knowledge, but he thought Dr. Blackley had rather mistaken the drift of Dr. Pope's remarks. He did not understand Dr. Pope to suggest that they should go on reproving medicines. (Dr. POPE: Hear, hear.) They had in the *Cyclopædia of Drug Pathogenesis* a vast fund of pure material, and they could avail themselves of it without bothering about new provings. They had provings sufficient to enable them to treat diseases much better than Hahnemann might have been expected to do. It altogether drove out of the market anything that was available in Hahnemann's day. He thought that if they did as Dr. Pope recommended—took the original *Materia* and studied that, and obtained a true knowledge of the general bearing and pathogenesis of each drug, they would have less need for the use of repertories. Still, very few of them were able to carry the *Cyclopædia of Drug Pathogenesis* in their heads. (Hear, hear.) They must have repertories and indices, and at the present moment they were looking forward with very great anxiety to the production of the *Index* promised them by Dr. Hughes. With its aid they should be able to practise homœopathy more thoroughly, and more rapidly cure their patients. Mere guessing and practising from pathology was what they ought to shun. There was no doubt that had pathology and physiology been as far developed in Hahnemann's day as now, Hahnemann would not have inveighed against them as he did. In his day it was necessary to throw physiology and pathology to the winds in prescribing medicines. It was not so in their day. They had a good knowledge of the pathology of their patients, and a good knowledge of the pathological effects of drugs. If they met the pathological condition of the patient with the pathological condition of the drug, they would be going

directly to the root of the disease. They were not always able to do so. Patients came to them with a congeries of symptoms, and they were compelled to take the symptoms presented and the list in the *Pathogenesis* and compare the one with the other. But he thought they must throw away the idea that they had necessarily to make all the symptoms match one another. (Hear, hear.) There were essential symptoms and non-essentials. Dr. Pope referred to the reflex effects on the eye. A patient took a bad cold. The cough brought on a headache. To think of treating the headache and neglect the cough was not real homœopathy. The patient complained of the headache, but the thing to treat was the cough which produced the headache, and this cured the headache would disappear. They must select their drugs, as Hahnemann said, in accordance with the essential and characteristic symptoms, and by removing those they would act not only satisfactorily to themselves, but scientifically homœopathically. (Applause.)

Dr. DUDGEON said he would make one or two observations on the pathological part of Dr. Pope's paper. Dr. Pope stated very correctly that Hahnemann insisted upon the totality of the symptoms being the sole guide for the physician. He (Hahnemann) said in effect in one part of the *Organon* that the disease consisted of the symptoms presented by the patient and the internal change which was only known to the eye of omnipotence. The physician must content himself with the observation of the symptoms. Now it was all very well to say, let us get at the pathology of the case. But it struck him that the pathological anatomical changes, the minute anatomical changes, which were not pathology, but pathological anatomy, would not help them to cure a disease unless they could ascertain that the medicines produced the same pathological changes. For instance, they knew that *corrosive sublimate* produced certain pathological changes upon the kidney. But when they found a case presenting symptoms that led them to infer that the same disease existed in the kidney, this pathological anatomical change was an additional symptom as it were, part of the totality of the symptoms, which guided them to a selection of the remedy required. Hahnemann, indeed, inveighed against pathology, but the pathology of his day was mere speculation, like hot and cold and dry and moist states of the body, and as medicines were arranged in similar categories, diseases were to be treated by drugs of opposite qualities to those attributed to the diseases. That was a pathological theory. Again, Cullen's theory of spasm was a pathological theory, and so was Brown's theory of

sthenia and asthenia. These theories were never productive of any improvement in therapeutics. But although Hahnemann denounced pathology he was a great pathological theorist himself. In his theory of chronic diseases they had a pathological theory. That was pathology; it was not pathological anatomy. It was a pathological theory that he invented to account for the existence of chronic diseases. Again, in his later years, in 1838, in the last edition of the *Organon* he invented or rather resuscitated Van Helmont's "Archeus" under the name of "vital force." He said, in the last edition of the *Organon*, that "the disease is a derangement of the vital force," putting a regular *daimon* or spiritual entity into the human body for the purpose of being deranged, and by its derangement morbidly affecting particular parts of the body. That was a pathological theory of the most antique classical mould, and one which nowadays would not bear examination. (Hear, hear.) Any theory of that sort, not founded on fact or supported by reasoning, would not help them in the treatment of disease. It was true that Hahnemann's theory of chronic diseases had been useful as a sort of good working hypothesis. but it certainly was a pathological theory of the same description as those Hahnemann denounced in his earlier writings. The other observations of Dr. Pope he would not allude to, because he thought most of them would agree with all he had said with respect to the action of and selection of the drug. (Applause.)

Dr. WOLSTON thought they ought to be careful lest the pendulum should swing a little too far in the direction in which Hahnemann undoubtedly impelled it, *i.e.*, to the neglect of pathology. He agreed thoroughly with Dr. Pope's paper—and he enjoyed it exceedingly—as to the method of obtaining a suitable remedy for a malady, but he thought, and he said this for the sake of the younger men present, they must not forget that they were physicians as well as homœopaths. They were apt to do so. But unless they got to the bottom of the pathology of a case he did not think they would cure the patient. Dr. Pope referred to the eye in relation to headache. Numbers of cases of severe, long-continued headaches had been cured by sending the patient to an oculist. In a number of cases, particularly in young people, there was astigmatism either on one side or both, and the adjustment of proper spectacles cured the headache. He remembered an interesting case, in which a middle-aged woman was seized with intractable vomiting. Many drugs, homœopathic to emesis, were tried, but none would cure in this case, and at length the practitioner informed the patient that

her case was hopeless. However, further advice was taken, and examination led to the discovery of a strangulated hernia, the reduction of which immediately cured the vomiting and saved the patient's life. He remembered another case of a gentleman from New Zealand who came to him with a distressing cough of a year's duration, which an allopathic physician had been unsuccessfully endeavouring to cure. The man had been under treatment for six weeks. To begin with, he looked at the man's nose, and found a condition of stenosis. He said, "you are deaf." The man admitted that he was, and expressed surprise that he should have found it out. It had been very much worse, he said, during the last twelve months. Of course, he looked at his ears. He found the left meatus plugged with a hard mass of cerumen. Looking into the right, he found the faintest speck of blackened wax lying on the floor of the meatus. Almost instinctively, with knee forceps, he attempted to take it out, and the barking, harassing cough immediately started. He told the patient, much to his surprise, that he would cure his cough before he left his chair. He simply washed out the plug of wax filling up the left ear, and the man *was cured on the spot*. He did not think the *Repertory* could have helped him in that case, although he had not a word to say against it. He merely wished to point out that they ought to look all round the case in investigating the most suitable treatment.

Dr. GIBBS BLAKE said the paper read by Dr. Pope rather reminded them of the enthusiasm of their former years. It was really quite refreshing to hear Dr. Pope again. The point that struck him as most interesting was his contrast between the pathology of the present day and the opposite state of things a century ago. Pathology being now looked upon as a perverted physiology, and pathological anatomy as very often coming into the sphere of the professor of human anatomy, they had developed much investigation which was of very great value to practitioners like themselves. He referred especially to the amount of experimental pathology that was being carried on in connection with the study of physiology. They had received a great addition to their knowledge of the subject, especially from the school of Strasburg, where a considerable volume of experimental research on the action of drugs was published every year. He had found it exceedingly helpful in studying the action of drugs. But it had one great fault. Not only was it in another language so far as the voice was concerned, but it was in another language from a physiological point of view. What they objected to in these experiments, and the reason why they were of so little use to them, was that they

were couched in the language of the physiologist. They did not help them at the bedside as they could wish, but they were nevertheless of great service in helping them to a knowledge of drugs such as he agreed with Dr. Pope in recommending as of great value in practice. Dr. Wolston's point in reference to the cough must have been confirmed by general experience. They must all have noticed how often syringing the ear produced a cough.

Dr. HUGHES said, in common with the rest of the members present, he had listened with great pleasure to Dr. Pope's paper, which had appeared to him to be a very appropriate sequel to that which Dr. Hayward brought before them at their last Congress. Dr. Hayward showed them on that occasion what materials they had for working the homœopathic law, and his conception of its working was evidently the same as Dr. Pope had set before them that day. Dr. Pope had gone more minutely into the selection itself, and he (the speaker) thought that the moderation with which he had stated the true principles of selection, the way in which he had shown how we might err on either side, but should not so err, must have commended itself to everyone who had listened to him. It was a reasonable, sensible way of taking up Hahnemann's method, without any extremes either one way or the other. It would be well for all homœopathists to read this paper—a good thing for those whose tendency was towards a rough, empirical style of prescribing, and perhaps still more useful to those who called themselves Hahnemannians, but who often departed from the leading of the master, being guided by incidental and trivial symptoms occurring in the patient, and circumstances of aggravation and amelioration, rather than by the essential morbid condition as a whole. Comparing this lucid and rational setting forth of Hahnemann's method with their own hap-hazard and unscientific practice, he hoped they would "tak' thoct and men'." As he listened to Dr. Pope one question occurred to him. He wished to ask Dr. Pope what reason he had for believing that Hahnemann expected his disciples to make a previous study of drugs and to utilise that in their choice of medicines. It was one of the things that most impressed him (the speaker) when he came to study Hahnemann's writings, that so far as he could make out Hahnemann seemed to have had no conception of this—that the use of drug provings was to be altogether *à posteriori* on the part of his followers, and that it was for this reason he had no compunction in cutting up the records of the provers into the schema. The schema was very useful for *à posteriori* selection, but it was utterly damaging to any attempts at previous study. Continuing, Dr. Hughes said he listened of course

with great pleasure, as they all did, to Dr. Wolston's story, and to his warning based thereupon. But that, he thought, would come under the head of Hahnemann's Instruction in the fourth section of the *Organon*—that they must search for the *causa occasionalis* and remove it. A fish-bone, for instance, stuck in the throat, causing pain; they must find the cause and remove it. But putting such conditions aside, the method of totality of symptoms remained as the best method of treating all disease. Let them throw all the light they could upon the symptoms, but keep that as the ideal standard, and approach to it as nearly as they could. Then would they be true practitioners of the method of Hahnemann, and perpetuate the good which he and his followers had done for all time. (Applause).

Dr. PORR, in reply, expressed his appreciation of the very kind attention with which his paper had been received. Not much had transpired in the discussion to call for additional observations. Dr. Hughes had asked him on what grounds he formed the opinion that Hahnemann required his followers to study individual drugs. He could not point to any particular passage, but he gathered from the general instructions in the *Organon*, with reference to the study of drugs, that they should be so studied. It was a general impression. Of course, the method of study then and the method of study now were totally different things. He fancied Hahnemann's idea of studying drugs was that of learning off the symptoms by heart to a very large extent. Adverting to his advice to the younger practitioners not to be content with mere "spoon-fed knowledge," Dr. Blackley had remarked that they must be "spoon-fed" to begin with. That was perfectly true, and he believed he said so in his paper. At the same time, the principal object of studying Dr. Hughes' lectures, for instance, and of hearing lectures at the school, was not so much to learn the action and uses of the particular drug as to learn how the study of drugs could best be carried on. Dr. Hayward mentioned the cough and the headache, and pointed out that they could not cure the headache unless they cured the cough. That, of course, was also quite true, but the case was totally different to some of those he had mentioned, such as the eyeball and errors of refraction. In the case of the headache and the cough, they got in the provings certain medicines which served to excite the cough and the headache at the same time. The cough brought on the headache and they could not treat the one without treating the other. They were part and parcel of the same disorder and they must prescribe a medicine which applied to both. Dr. Dudgeon described

pathological anatomy as not being pathology. He did not, so far as he remembered, say that it was. He certainly never had the impression that it was. It was a very important substratum of pathology, but general pathology included a great deal more than the mere anatomy. Dr. Wolston, too, must have misunderstood him, or else he had been a great deal less clear than he intended to be, for his impression was that throughout the paper he endeavoured to point out that the ascertainment of the cause of the symptoms to be treated was a *sine qua non* to efficient treatment. (Applause.)

REVIEWS.

A Practical Treatise on Materia Medica and Therapeutics.

By JOHN V. SHOEMAKER, A.M., M.D. Second edition.

Thoroughly revised. Two vols. The F. A. Davis Company, Philadelphia and London. 1893.

IN order to do justice to a work of this nature it is necessary that we should endeavour to place ourselves in the author's position and to consider the matter from his point of view. The great question in settling the merit of a book is whether the author has fairly attained his own object in writing. Here we have nothing but praise for Dr. Shoemaker's book.

The first volume deals with such subjects as dietetics, climatology, and the therapeutical applications of water, cold, heat and electricity. This is common ground to both schools, and we can cordially recommend this volume to our readers. It will not merely interest them as the work of an able and experienced physician, but will, we are confident, be of no inconsiderable practical value.

When we turn to the second volume, which treats of drug therapeutics, we cannot altogether ignore our own point of view. This volume will be most useful to any of our readers who care to keep up their knowledge of "scientific" therapeutics. For this purpose the work is most useful, and it must, of course, be remembered that this was the author's object in writing it.

It is scarcely necessary to say that there is a good deal of homœopathy in this work. We cannot, however, regard this with any complacency. It seems as if the "scientific" mind could never grasp the fact that homœopaths do not teach that (*e.g.*) *phosphorus* is "good for neuralgia," but that it is useful in the treatment of the kind of neuralgia it produces. And the fallacy on this point, to which our opponents cling so closely, vitiates everything they pilfer from homœopathy.

Probably this is why *phosphorus* has no place under

pneumonia in Dr. Shoemaker's clinical index. A remedy is stolen from homœopathy, said to be "good for pneumonia," and is forthwith administered to every case of pneumonia that turns up. The dose used is almost poisonous, and the results are, of course, unsatisfactory. Some do this without knowing that the remedy came from a homœopathic source, and simply pronounce *phosphorus* a failure in pneumonia. Those who know where the suggestion came from will declare that homœopathy has been thoroughly tried and conclusively proved to be useless. If they had given *phosphorus* 4x or higher in cases to which it was strictly homœopathic, the results would have been very different.

For this reason it affords us very little satisfaction, though considerable amusement, to observe that with all Dr. Shoemaker's contempt for "irregular practitioners of German proclivities," his work contains such recommendations as the following:—*Arsenic* in cancer, *ailanthus* in malignant scarlatina, *aloes*, *collinsonia*, *nux vom.*, and *sulph.* in hæmorrhoids, *cuprum* in epilepsy and chorea, *drosera* in phthisis and whooping cough, *phytolacca* in pharyngitis and mastitis, *rumeæ* in laryngeal cough, *bryonia* in rheumatism and pleurisy, *aconite*, *ars.*, *bellad.* and *ipecac.* in asthma, *canth.* in Bright's disease, *lycopodium* in bronchitis, *euphrasia* in catarrh, *canth.* and *terebinth* in cystitis, *ars.*, *merc.*, and *podoph.* in diarrhœa, *ars.* in gastric ulcer, *canth.* and *tereb.* in hæmaturia, *ipecac.* in hæmoptysis, *acon.*, *ars.*, *bellad.*, *capsicum*, *cimicif.* *cuprum*, *hyoscy.*, *phosph.*, and *strychnine* in neuralgia, and *strychnine* in tetanus.

We are aware that many of the foregoing have appeared in previous works on orthodox therapeutics, but on the other hand our list is by no means exhaustive.

In the case of some remedies, however, Dr. Shoemaker displays an ignorance to which we are thoroughly accustomed, but which is, nevertheless, most deplorable. Strong indeed must be the prejudice which leads an otherwise intelligent and well-informed author to treat contemptuously such remedies as *ignatia*, *cham.*, *pulsat.*, *rhus*, and *silica*. He tells us nothing about *ignatia* beyond that its medicinal uses are the same as those of *nux vom.*, except that the dose must be smaller, and that it is employed almost exclusively for the preparation of the alkaloids. *Chamomilla* is said to be "highly prized among the common people in Germany," and, moreover, "in a form of sectarian practice which arose in that country toward the close of the last century," this remedy "occupied a prominent place in company with such agents as charcoal, silica, and milk sugar—all administered in infinitesimal doses."

In the account of *rhvs to.r.*, Professor Wood is quoted to prove the uselessness of this drug in rheumatism. We suspect that if these cases were thoroughly gone into, it would be found that all they prove is that we are right in what we have said above as to the manner in which the action of our remedies is "tested" by the orthodox.

"*Pulsatilla* has been used principally by irregular practitioners of German proclivities," etc. Is there no danger of Dr. Shoemaker affronting his orthodox colleagues in Germany by this method of describing practitioners who "trade on a designation?"

Under *silica*, Dr. Shoemaker gives us some information about window glass and precious stones and the manufacture of dressings for fractures, but he prudently makes no reference to cases of chronic suppuration being cured by *silica* after the "scientific" physician had doomed them to the undertaker.

We repeat that, although we have dwelt at some length on the points of this work in which we dissent from the author, we have nothing but praise for the book when we consider it from the author's point of view, and for the purpose for which it was written we most heartily recommend it.

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE annual congress of British homœopathic practitioners was held on Thursday, September 28th, at the Guildhall, Northampton. The President, Dr. A. HAWKES, of Liverpool, occupied the chair, and there were also present Dr. CLIFTON (Northampton) Vice-President; Dr. DYCE BROWN (London), General Secretary; Mr. H. S. WILKINSON (Northampton), Local Secretary; Dr. MADDEN (Bromley), Treasurer; together with Dr. DUDGEON, Dr. GALLEY BLACKLEY, Dr. BYRES MOIR, Dr. BURFORD, Mr. KNOX SHAW, Dr. WASHINGTON EPPS, Dr. EDWIN A. NEATBY, Dr. ROBERSON DAY, Mr. DUDLEY WRIGHT, Mr. GERARD SMITH, Mr. H. HARRIS, Dr. POWELL, Dr. JAGIELSKI, Dr. BENNETT, and Dr. MORRISON (London); Dr. WALTER WOLSTON (Edinburgh); Dr. HAYWARD, Dr. J. D. HAYWARD, Dr. C. W. HAYWARD, Dr. GORDON SMITH, Dr. PETER STUART, Dr. CAPPER (Liverpool); Dr. J. GIBBS BLAKE, Dr. J. CRAIG (Birmingham); Dr. BLACKLEY (Manchester); Dr. G. CLIFTON, Dr. MASON (Leicester); Dr. McKECHNIE, Dr. PERCY WILDE, Mr. NORMAN (Bath); Dr. STOPFORD, Dr. STORRAR (Southport); Dr. CROUCHER, Dr. FRANK SHAW (Hastings); Dr. HUGHES (Brighton); Dr. POPE (Grantham); Dr. CASH REED (Ply-

mouth); Dr. COLLINS (Leamington); Dr. NICHOLSON (Clifton); Dr. PROCTOR (Birkenhead); Dr. C. WOLSTON (Chislehurst); Mr. PINCOTT (Tunbridge Wells); Dr. MURRAY (Folkestone); Dr. E. J. HAWKES (Ramsgate); Dr. STONHAM (Ventnor); Dr. GILBERT (Reigate); Dr. ROBERTS (Harrogate); Mr. ROWSE (Putney); Dr. MITCHELL (Stoke-on-Trent); Dr. A. H. CROUCHER (Eastbourne), and Dr. ROSS (Northampton).

The meeting having been called to order, the President proceeded to deliver the Address, which appeared in our last number (page 586).

At its conclusion,

Dr. BLACKLEY rose and said: I am sure that after listening to the address just concluded you will very cordially join with me in giving a very hearty vote of thanks to our President. (Applause). I have often felt myself, under various circumstances, how necessary it is that the followers of homœopathy should have its principles "line upon line and precept upon precept." We are constantly in danger of allowing our knowledge to grow a little bit hazy, and our studies to become less industrious than they should be. Such a paper as we have just heard tends to bring some very important points forcibly under our notice. I have been very much impressed with its value in this direction, and I am quite sure you will all very readily endorse, and more than endorse, all I can say in its favour. (Applause). I beg to propose that the best thanks of this meeting be given to our esteemed President. (Applause).

Dr. WOLSTON seconded. I have listened, he said, to many presidential addresses, and, while they have all been exceedingly helpful in certain directions, I do not think we have ever had a more practical presidential address than the one we have just heard. There is only one drawback, that we are not allowed to discuss it. But we shall have the pleasure of doing that when it appears in print. As to the knowledge of pathology which our President has touched upon, it is important that we should keep ourselves abreast of that subject. We look upon pathology as giving us light by which to treat our patients. Happily, we are not in the position of two of the old school of doctors, who having discussed the pathology of a case of disease, differed about it, and in the end naively said to each other—"Oh, it doesn't matter, the *post-mortem* will reveal." (Laughter). Unlike them, we are able, in the light of pathology, to employ our drugs with the greater certainty of curing our patients. (Applause).

The PRESIDENT, in acknowledging the motion, which was carried by acclamation, remarked that it was deeply gratifying to him to receive this fresh evidence of their good-will.

LETTERS OF APOLOGY.

Dr. DYCE BROWN then read several letters of apology for inability to attend. The first was from Dr. Burwood, whose only son, the Congress, he said, would hear with deep sympathy, was recently taken seriously ill, and he had just received a telegram informing him that he had died that morning. He was a most promising young man, and had been studying medicine at Edinburgh, giving every prospect of becoming a very successful student. Dr. Nankivell, of Bournemouth, Dr. Redpath, of Huddersfield, Dr. Guinness, of Oxford, and Dr. Murray Moore were also unavoidably kept away. Dr. Aston, of Ecclehill, and Dr. Hayle, of Rochdale, subsequently telegraphed their apologies, as did Dr. Buck, of London, Dr. Ellis, of Liverpool, and Dr. Douglas Moir, of Manchester.

The PRESIDENT asked Dr. Dyce Brown to convey to Dr. Burwood an expression of the sincere sorrow with which the Congress had heard of the sad bereavement that had befallen his family, Dr. Madden seconding the request, which was sympathetically endorsed by the meeting.

The PRESIDENT then called upon Dr. Pope to read the paper on "The Selection of the Homœopathic Specific," a report of which, with the discussion that followed its reading, appears at page 649 of our present issue.

The discussion of Dr. Pope's paper having closed, the PRESIDENT called on Dr. E. A. NEATBY to read a communication on "Ouabain as a Remedy in Whooping Cough," which he had promised. This, with the discussion that followed, will appear in our next number.

LUNCHEON.

The Congress then adjourned for luncheon, at which the members were very generously entertained by Dr. A. C. CLIFTON, in the Old Reading Room of the Guildhall. The tables were laid in *recherché* style, and the hospitality of the Vice-President was much appreciated. After the good things provided had been discussed,

The PRESIDENT expressed the acknowledgments of the company. They would all agree with him that their venerated friend had laid them under an additional obligation by this kind entertainment. (Applause). It was an additional inducement to many of them to come to Northampton that their old friend Dr. A. C. Clifton had so long resided and practised in the town. They knew that he would do all that it was possible for him to do, and a great deal more than it was possible for anyone else to do, to make the Congress a success. He had done all that, and he had got together men from all parts of the country, whom he would now ask to join

in cordially drinking Dr. Clifton's health, and in showing their appreciation of his hospitality. (Applause).

Dr. GALLEY BLACKLEY had great pleasure in seconding the proposition, and (adverting to a remark of Dr. Clifton's in welcoming his guests, that he had provided them with the wherewithal to combat the microbes) expressed the hope that he would long be spared to carry on the warfare against those microbes from which he was so anxious they should be spared.

Mr. T. H. MEYRICK, veterinary surgeon, of Northampton, asked to be allowed to support the proposition on behalf of the veterinary profession in that town, explaining that their thanks were due to Dr. Clifton for having courteously invited them to listen to the interesting papers that had been read, and at the same time to partake of his hospitality.

The toast was drunk with much enthusiasm.

Dr. CLIFTON, replying, remarked that he had attended every Congress except three since the first gathering at Cheltenham in 1850, and he knew the majority both of the older and younger members of the profession, whom he was glad to see present in such large numbers on the present occasion. He thanked them cordially for coming to Northampton, and thanked also the members of the veterinary profession in the town and non-professional friends for their attendance. The veterinary practitioners did him the honour of inviting him, with other medical men, to their congress, on a recent occasion, and he was pleased to welcome them in return, as well as other friends present who had the cause of homœopathy at heart. (Applause).

ANNUAL REPORT.

On the resumption after luncheon Dr. HAYWARD read the following report of the

HAHNEMANN PUBLISHING SOCIETY.

"The general meeting of this Society was held this morning, in this room, and a good number of members were present. The accounts were certified as correct; they showed an income of £119, and an expenditure of £108. The Secretary notified that the new edition of Hahnemann's *Organon*, prepared by Dr. Dudgeon, and by him presented to the Society, had been published, and presented to members, and that, now funds were sufficient, the "Ear" chapter of the *Reperatory* would be also published. The President drew attention to the fact that, as the *Organon* was the standard work of the great medical reformer, it ought to be of interest, and, in fact, necessary to be possessed, not only by all homœopathic practitioners, but by all medical men, and he proposed that it should be advertised in their journals. The Secretary expressed the hope that more of their colleagues

would join the Society, and thus obtain the *Organon* at the reduced price. In reference to the article on *Celocymth*, prepared by Dr. Ellis, and published in the Journal of the British Homœopathic Society, the President thought, though very excellent, that it did not come up to the ideal of the Society's *Materia Medica*. Dr. Hughes was re-elected President; Dr. Hawkes was elected Vice-President, and Dr. Hayward was re-elected Treasurer and Secretary. The various Committees were re-appointed, and the time and place of meeting, it was agreed, should be those of the next Congress."

The report was adopted.

PLACE OF MEETING NEXT YEAR.

The Congress then proceeded to consider the place of meeting for 1894.

Mr. HARRIS, in accordance with the usual policy every second or third year, proposed London.

Dr. DUDGEON seconded.

Mr. PINCOTT, on behalf of Dr. Neild and himself, proposed Tunbridge Wells.

Dr. BURFORD seconded Tunbridge Wells.

Dr. HUGHES reminded the Congress that the International Quinquennial Homœopathic Congress met in England, and he presumed in London, in 1896. It might not be convenient for them to meet in London two years running.

A vote was then taken, with the result that London was selected by 24 votes to 17.

Dr. HAYWARD remarked that if Tunbridge Wells would renew its invitation next year they would give it every consideration. (Hear, hear).

ELECTION OF PRESIDENT.

The Congress next turned to the election of a President for the ensuing year. Ballot papers were distributed, and subsequent examination showed that Dr. Galley Blackley was elected by a substantial majority.

Dr. GALLEY BLACKLEY said he was very much obliged to the Congress for the honour they had done him, and he could only add that he should do his best to justify the confidence they had reposed in him, and employ whatever qualifications for the post he possessed to the best of his ability.

ELECTION OF VICE-PRESIDENT AND OFFICERS.

Dr. HUGHES proposed that Dr. E. MADDEN be asked to become Vice-President. It was possible to combine the two offices of Vice-President and Treasurer.

Dr. MADDEN said, as the Vice-President had nothing to do, he believed, he should be happy to accept the additional office. (Laughter).

The PRESIDENT moved the re-appointment of Dr. MADDEN

as Hon. Treasurer, and Dr. DYCE BROWN as Hon. Secretary, and said Dr. DYCE BROWN had also kindly promised to undertake the duties of Hon. Local Secretary. (Applause).

The appointments were unanimously confirmed, and duly acknowledged.

DATE OF NEXT CONGRESS.

A discussion then took place with reference to the date of the next Congress. Dr. DYCE BROWN first moved, and Mr. HARRIS seconded, the first Thursday in July. After some discussion, Mr. KNOX SHAW reminded the meeting that they had a very successful Congress in London on one occasion by joining the annual assembly of the British Homœopathic Society, and it might be a good thing to do the same again. He accordingly proposed, with this object, the last Thursday in June. This was agreed to.

UNREGISTERED PRACTITIONERS.

Dr. DYCE BROWN asked the opinion of the Congress upon certain action which he had taken as honorary Secretary. He had a letter from a gentleman, formerly a member of a firm of homœopathic chemists, asking whether it would be open to him to attend the Congress. The gentleman in question had some years ago a single winter session of anatomy at Charing Cross Hospital. That was all the medical education he had received. About a year ago he wished to have a diploma, and applied to a well known Homœopathic Medical College in the United States. In reply, he was informed that if he would come out, stay six months, and pass the examinations, he would get the degree. He did so, and came home with an M.D. In this country, of course, it was requisite that a registered practitioner should have gone through a thorough course of medical training at one or other of the medical schools. He received a letter from this gentleman saying that he had not received a circular, and would like to attend. In reply he (the Secretary) wrote that the Congress was supposed to consist of registered practitioners only (applause), and as his correspondent's diploma was not registerable in this country, he had not sent him a circular. He then received a letter in which this gentleman said that he should like to know on what authority he had made his statement. Personally, he said, he had no desire whatever to attend. (A laugh). He was asked by the editor of an American homœopathic medical journal to go and send him a full report, and in consequence of the reply he had received had written to say that he was not eligible to attend. He would not do so on sufferance, especially when he knew that chemists were to be at the meeting. As to the American degree giving no qualification in Great Britain, the letter pointed out that the Medical Act of 1866 stated that the Medical Register

would now contain separate lists of foreign and colonial practitioners ; only such colonial and foreign corporations would be included as offered to registered practitioners of the United Kingdom such privileges of practising as might seem just. The United States allowed Englishmen to practise all over the States ; therefore the American degree, according to the Act, was registerable. In reply to this letter, he (the Secretary) stated that he would bring the matter before the Congress, and added, as to chemists being at the meeting, that they would be there, if at all, as guests.

Mr. GERARD SMITH : Has the diploma been registered ? (No.)

Dr. DYCE BROWN also mentioned cases of ladies who had obtained American degrees in a similar manner. One, who went to Cleveland for six months and came home with an M.D., had undergone no previous training whatever, except that she had attended the lectures of the Homœopathic Hospital on the practice of medicine and materia medica. If one in his correspondent's position were eligible these would be also.

Dr. GIBBS-BLAKE said he had had a great deal of trouble, when he was Secretary, over a similar matter. The members were quite unanimous that it would not do to open the Society to men who only had degrees that were not registerable.

Mr. HARRIS thought the Congress had no alternative but to endorse the action of its Secretary. Although they might not all of them acknowledge the justice of the law at present in force with regard to the holders of American diplomas, whilst it was the law he thought they were bound to obey it. If they once relaxed their rule with regard to registered practitioners they would open the door to some who would be no credit to their body. (Hear, hear.) He sympathised very much indeed with any Englishman or Englishwoman who had gone out to the United States and had passed through the whole of the medical curriculum there provided, and obtained a diploma in a fair and legitimate manner. He sympathised with them in that they were not able to be registered here, and consequently could not take part in their proceedings. But in this case they learnt that the holder of this diploma had obtained it on certain insufficient—according to their idea—medical training. (Hear, hear). It was therefore specially a case in which they should not relax their rules. He accordingly moved that the Congress endorse the action of its Secretary in this matter. (Hear, hear).

Dr. BURFORD seconded, and said a man who took one winter course of anatomy, and sought to supplement it by six months' residence abroad, had no claim upon their suffrages, and in a case of this kind the most tender susceptibilities of their American brethren could not be offended by the action

they proposed to take. Did they reject men who had qualified in the usual way, and then simply changed the *locale* of their practice, such action would, perhaps, be unjust as well as ungenerous. But this was not a case of that kind.

Dr. JAGIELSKI referred to the practice in Berlin, Paris, Vienna, and other foreign medical schools, and pointed out that it would be unjust to make exceptions.

Dr. MADDEN thought there were far too many of these American Medical Colleges that were willing to grant degrees on quite insufficient evidence of training and qualifications, and anything they could do to put a spoke in their wheel they should do. They ought not to accept such a degree, or recognise it in any way whatever.

Dr. WOLSTON quite endorsed what had been said. He was going to suggest that the Secretary write to this institution and point out the incongruity and unfairness of granting degrees under such circumstances.

The action of the Secretary was accordingly unanimously confirmed and the matter dropped.

A REQUISITION.

A requisition signed by thirty-two members of the Congress, exclusive of the President and Secretary, was read, asking that the subject of a Homœopathic Directory should be considered at this Congress, "on broad lines of policy, with a view to promote unanimity in aim and solidarity in action," and it was resolved that the matter be brought forward at the close of the ordinary business.

The PRESIDENT then requested Dr. Cash Reed to read his paper (*On Uterine Deviations and their Auxiliary Treatment*). This, which was well illustrated by diagrams and apparatus, will appear, with the discussion to which it gave rise, in our next number.

At the termination of the discussion on this paper,

The PRESIDENT congratulated the members on having got through the ordinary business of the Congress in good time, thus enabling them to carry out the request for a discussion of the subject of a *Homœopathic Directory*. Dr. Hughes would introduce the subject.

Dr. HUGHES: I have been asked to open the discussion on this subject. As I have not hitherto taken part in the fray, I come to it with a fresh mind, or at all events fresh views. The position, as most of you know, is just this. Messrs. Keene and Ashwell announced their intention of re-publishing their *Directory*. A number of gentlemen, some of whom had refused to put their names in the *Directory*, and others of whom had unwillingly suffered their names to appear therein, took the opportunity of asking whether this publication could be suppressed. They drew up a circular expressing their dislike

to it, and their hope that it might be suppressed, and they asked their colleagues, to whom they sent this circular, to support them by writing to Messrs. Keene and Ashwell, in reply to their application for information, that they preferred their names should not appear. Thereupon, this action being known, much discussion has taken place in the pages of the *Monthly Homœopathic Review*. The subject is an important one, and perhaps I can best open the discussion by saying what my own action has been, and the grounds on which it has been taken. I was not one of those who signed this circular, but I was one of those who, influenced by the considerations brought forward, replied to Messrs. Keene & Ashwell that I did not wish my name to appear should they publish their *Directory*. I confess that I should not have done this had I any reason to believe that the *Directory* would appear. If it had gone forth as a testimony, however feeble, to the existence of a number of medical men in this country, who believe in the method of Hahnemann, I would not have stood apart from that body. But as I had good reason to think that a sufficient number of gentlemen would reply in the same sense as myself, and so the *Directory* would not appear, I allowed the distaste I had long felt to the existence of this *Directory* to have its full scope, and I was glad to participate in the steps taken to suppress it. On what ground, then, you will ask, did I have this distaste for the *Directory*? I can best explain it by reminding you of the action taken by the College of Physicians in London some twelve years ago. You will remember they had a meeting in which the question of homœopathy, and their attitude towards it, was discussed, and they passed a resolution to this effect: that they did not want to put any restriction upon their Fellows, Members or Licentiates as regards theories of medicinal action or the quantities of medicines they might give. They were quite free in that respect, but the College objected to trading upon a name, and for that reason discountenanced consultations and fellowship generally with those avowing themselves homœopaths. What was the answer we made to this resolution of the College of Physicians? Did we challenge the position they took up? Did we defend the trading upon a name, and say it was for the convenience of the public and of those practising homœopathy that we should use the name, even though it exposed us to the reproach of trading upon it? No, we did not challenge their position, but we denied their allegation. We said that while we were not ashamed of our name, we in no way pushed it forward in the eyes of the public. We did not put it upon our door plates. We did not inscribe it upon our professional cards. In no way, therefore, were they justified in saying that

we traded upon the name. Well, that was a very good answer. But then came in the question of the issue of a *Directory*. Was this not calling ourselves, in a published list, open to the public for sale, by our distinctive name, for the obvious purpose of enabling those who preferred our system of treatment to know where they could get it, and thus employ us? I could not but feel that it was such, and from that time the smouldering dislike which I had always felt for the *Directory* blew up into flame, and I cherished a very strong distaste to it. Then came, I think immediately after that, Dr. Percy Wilde's action in endeavouring to form a Society in which all the English homœopaths should have a part, and substituting the membership list of that Society for the *Directory*. It was with the hope that it might have that end that I took part in this movement; but the Society did not prove a success. Dr. Percy Wilde's well-intentioned measures failed, and nothing was done. But now once more there is the opportunity whereby we can get our names in a list without exposing ourselves to this reproach. The British Homœopathic Society now embraces, thanks to the exertions of its present Honorary Secretary (applause), the great bulk of the British homœopaths, and its list of members, I think, is a sufficient manifesto, whether to the profession or to the public, of our faith in homœopathy, while it nevertheless takes a perfectly legitimate form. Therefore I requested Messrs. Keene and Ashwell not to put my name in any *Directory* they might publish, and therefore I would urge that the rest of us should do the same. Since that time, and since the discussion of the matter has arisen, two strong arguments have presented themselves in addition to those which have influenced me hitherto. Dr. Percy Wilde has very justly pointed out that this list of ours is an uncontrolled list. Anyone who chooses, for his own interested purposes, to call himself a homœopath, little as he may know of the true principles of homœopathy, and little as may be the loyalty he displays towards it in his practice, can advertise himself to the homœopathic public as ready to supply them with what they desire. That is one additional objection. Another is that which has been put forward in an excellent letter by Dr. John Hayward. He says, and I think we must all realise the force of the objection, that the reading of this list is a depressing study, that it is an imperfect and a humiliating list, mainly owing to the paucity of numbers it displays, but to other causes as well. It is not a list that does us credit and honour, and which gives us satisfaction in the reading of it. These reasons, then, positive reasons, seemed to me such as justified the suspension of the *Directory* and reliance upon a more legitimate mode of making known our medical faith.

But before sitting down I would notice two or three of the arguments that have been used in the controversy on the other side. We have said that it is "medical ethics" that influences us in thus desiring to put ourselves right with the main body of the profession, and sweep away the last relic of apparent trading on a name. The answer is that there is no such thing as "medical ethics"—that ethics is the science of right conduct and that medical ethics simply means the opinions of Mrs. Grundy. Well, of course, Mrs. Grundy will intrude in the question of ethics in every sphere, social as well as medical, but we must keep her out. As there are real social ethics, so there are real medical ethics. (Hear, hear.) Every body of men having a certain corporate standing and a certain object in life have not a different standard of ethics from those which exist among ordinary men, but some additional code that influences them. There are ethics of trade as well as of professions. There is conduct which is "untradesman-like" and recognised as such, and there is conduct which is tradesman-like and yet would not be professional. All recognise that. So there are medical ethics, and I think we must not be frightened because those ethics are called etiquette. Etiquette, of course, ought not to bind us slavishly, but much of the grace and charm of ordinary life depends upon the observance of the rules of social etiquette. So, I maintain, the peace and order of medical life depend upon the recognition and observance of the rules of medical etiquette. Then, another objection has been made, to this effect—that it is not advertising ourselves as homœopaths to have our names in a special *Directory*, because dentists have a *Directory* of their own, and because there are certain unauthorised lists, I believe, published by London people, of oculists and other specialists. I don't think the case of dentists is any answer. The dentists' list is just a list of those practising dentistry, as the *Medical Directory* is a list of those practising medicine. It is not an analogous case. As to the list of specialists, I have never heard that oculists of London have ever allowed a special list to appear to which they have sent their names and furnished their hours of consultation. The only way we have of finding out who are oculists is the legitimate mode of looking in the general *Medical Directory*, and finding those who hold appointments as oculists to medical schools and hospitals, and who have written works upon ophthalmic medicine or surgery. The third answer that has been made is this—that the demand for the suppression of the *Directory*, which has been made, explicitly or implicitly, by the profession at large, is not a genuine one—that it is only one of a score of demands they are making upon us with the view of getting us to strike our flag, and

abandon our distinctive position—(hear, hear)—and that if we yield they will not be satisfied, but will at once call upon us to yield still other points. (Hear, hear.) Here, again, Dr. JOHN HAYWARD's letter seems to me to furnish the answer to the objection. You will remember, some of you, that in that letter he tells us he was admitted to the membership of the Liverpool Medical Institution and was allowed to take part in their discussions, no one said him nay, no one found fault with him. Directly he allowed, in a weak moment, his name to appear in the *Directory*, this document was brought before the Society and the result was his expulsion. He had been assured by the members of the Society that the *Directory* was the sole reason, and that if his name had not appeared there nothing would have been said. I think that is the answer. I think the demand is a legitimate one, whether it is a genuine and a loyal one I cannot say, but I feel we should be putting ourselves in a genuine and loyal relation to our standing in the profession if we abandoned this, which is declared to be the one ground of offence, and refused to allow our names to appear in any special list advertised before the public. It would be quite legitimate were anyone to publish something in the nature of a Homœopathic Annual, in which he would give for the information of all who desired it, a list of homœopathic societies, hospitals, dispensaries and institutions of any kind, with the members and officers. No one could object to that, and it would convey almost all the information necessary. At present, for the convenience of the public and of ourselves, we are doing an act which gravely compromises our professional position, which exposes our method to reproach, and which, I think, we should endeavour to clear out of the way so that we may stand unblameable before the world. (Applause.)

Mr. HARRIS: I shall not detain the Congress many minutes. It requires no slight amount of courage to follow so good a homœopath as Dr. Hughes, especially when one is about to speak in opposition to the opinions he has expressed. I feel that this is only part of a very large subject—(hear, hear)—with which we have not time to deal, in all its fulness, to-day. We stand, I think, at the parting of the ways as regards the history of homœopathy in this country. (Hear, hear.) I hope on some future occasion, and perhaps in another field, I may have an opportunity of taking up this question and dealing with it in all its branches. I will confine myself now to this one question of the *Directory*. First of all, I would say that I am perfectly in sympathy and harmony with the efforts that have been made by Mr. Knox Shaw to enlarge the membership of the British Homœo-

pathic Society, so as to include every practitioner of homœopathy in this country. (Applause.) We are told that having our names published as members of a learned Society would not give offence to our brethren of the other school. I am very glad to hear it. They can distinguish a great difference between a list of gentlemen published as practitioners of homœopathy and a list of gentlemen who belong to the British Homœopathic Society. Well, I am willing to give way, and get harmony by that means. But there is another factor in this question that we must not lose sight of. It is all very well to talk about the ethics of the medical profession, but there is another field of ethics which we must keep in mind. I feel that on our shoulders lies the heavy responsibility of spreading the knowledge of homœopathy in this country. (Applause.) Dr. HUGHES says every body of men add to the code of ethics those rules which apply to their special interest. Then I say it is not a question of morals; it is a question of expediency and policy. If it were a question of morals it would be universal in its application, and I find that in other countries this principle does not prevail. (Hear, hear). I suppose that what is moral in London would be moral in Hamburg, and *vice versa*. If it is immoral for a gentleman in London to call himself a homœopath, it must be immoral for a gentleman in Hamburg to put on his plate that he is a consulting surgeon, or a specialist for diseases of the eye or ear. I do think that if we give way in this matter we must insist on two or three things. We must insist that this list of the British Homœopathic Society shall be published in such a form and at such a cost that it should be available for the use of our chemists and for the use of the public. (Hear, hear.) I say distinctly, as I have said before, that the public have an undoubted right to know where they can get a homœopathic practitioner. (Hear, hear, and applause.) That right is infringed upon by no code of medical ethics propounded by a body which is, I believe, only using this matter as another means for our degradation. (Hear, hear.) If we give way on this point their next demand will be that we shall strike out the word homœopathy from our hospitals and societies—(hear, hear)—in the hope that they may quietly absorb us into their body, and the name of homœopathy shall be a thing forgotten. (Hear, hear, and applause.)

Dr. DUDGEON: The question has only been discussed in reference to the *Directory* published by Messrs. Keene & Ashwell. But perhaps gentlemen may be aware that there is another *Homœopathic Directory* published by Leath & Ross, which is very extensively distributed, being sold at a very

small cost. If we put down Keene & Ashwell's, which is much better conducted, and contains a great deal more information, I think we should try and put down that of Leath & Ross as well. (Hear, hear.) But I am not for putting down a *Directory*. (Hear, hear.) I think a *Directory* is of the greatest use to the homœopathic body. (Hear, hear.) I do not think there is any reason to suppose that the animosity of the old school will be in the slightest degree diminished—(hear, hear)—by putting down a *Directory*. I remember that on one occasion, before *Directories* were published, I was admitted one evening to the meeting of a medical society in London, at which there was a discussion on homœopathy. After the reading of the paper I asked permission to be allowed to reply. Immediately there arose from all parts of the room cries that they would not hear a homœopath. The chairman put the question whether I should be heard or not, and a majority decided that I should, but the recalcitrant minority, instead of accepting the opinion of the majority as they should have done in a democratic country, got up, made a great row, and walked out, making use of expressions regarding homœopathy which I fortunately did not hear. (Laughter.) On another occasion I appealed to the society to be allowed to read a paper, and received a letter from the Secretary asking if I practised homœopathy. I replied, in a humorous sort of manner, asking if the same question was put to every gentleman who applied to be a member of the Society, and at the same time was it necessary that a man should be a homœopath in order that he might be admitted to membership? (Much laughter.) I then received a polite letter to say that the Society would be very happy to hear the paper. The feeling against me in those cases had nothing to do with a *Homœopathic Directory*. The practice of homœopathy it is which constitutes the ground of offence. (Hear, hear.) In every country I know of there is a *Homœopathic Directory* published. There is a very useful *Directory*, published by Dr. Villers, in Germany. He calls it a *Homœopathic Annual*, but it is practically a *Directory*. Now I think it would be rather a good thing, in place of putting down and stifling our *Directory*, to publish a *Directory* for ourselves, edited by some responsible person, who was either a member of the Society or holds some distinction in homœopathy. From 1867 to 1874 Mr. Turner published a *Homœopathic Directory*, a sort of annual, edited by a gentleman of the highest respectability. Dr. Atkin was the editor of the first. Dr. Pope edited the *Directory* for several years, so did Dr. Shuldham and Dr. Blackley. Such a *Directory*, somewhat smaller, published as a sort of annual, and giving a list of homœopaths

in this country and abroad as far as possible, would be a very useful publication. Messrs. Keene & Ashwell's *Directory* is not only useful to patients in this country but to those who are sent abroad. (Hear, hear.) I do not see that the ethical question comes into question at all. I think the conduct of the allopaths towards us deserves no consideration from us. (Hear, hear.) They have treated us with contumely and contempt in every possible way, and I do not see why on account of this idiotical resolution of the College of Physicians in 1881, we should succumb to the demand that we should renounce all our homœopathic titles. The *General Medical Directory* was compelled a few years ago to admit homœopathic titles and names of works of those whom they registered. This was brought about by the energy and courage of the late Dr. Alfred Drysdale, who threatened legal proceedings unless his homœopathic works and appointments were inserted. Since then it is only necessary to request, in reply to the circular asking for the name, that these particulars should be added. I think we should consider the desirability of reviving the former *Directory*, making it a sort of medical annual, and I do not see why registered practitioners who do not belong to the Society should not be admitted. Members of the Society could, of course, be distinguished. I would have a *Directory* on the style of the *General Medical Directory*, giving the works and appointments of all medical men. In the list published as a sort of supplement to the journal of the British Homœopathic Society, there is a great want of information which would be useful to the medical public. The hours of attendance of the medical men, and the works they had published, are not given.

Dr. HAYWARD: I agree with Dr. Dudgeon that there are two difficulties to get over. In Liverpool we had a *Directory*. We were appealed to by the members of the Medical Institution to drop it, and we could then be admitted. We dropped our *Directory*, but we have not been admitted. (Applause.)

Dr. HUGHES: How did your son get in?

Dr. HAYWARD: He was in before it was known what he was. (Hear, hear.) Before his name appeared in the *Directory* he was warned, and when his name did appear he was excluded. I would ask Dr. Dudgeon how he would accomplish his proposal. He cannot force the homœopathic practitioners to enter their names, and the best we can do will only be a sham. It will be a pretended *Directory*, with possibly half the homœopaths who are real homœopaths, and none of the cryptos. It will be a very bad representation at the best.

Mr. KNOX SHAW: But for the fact of my having to leave early I would have preferred to wait and hear what

others have to say, as I have already appealed to the homœopathic body of this country through the medium of letters to the *Homœopathic Review*. Still, I feel that there is something more to be said. First, I would like to clear away one or two misconceptions. The action I have taken in this matter has nothing to do with the British Homœopathic Society. I love that Society and work for it, but in this matter I represent only myself. Secondly, I care not a single brass farthing what the allopaths may say or do. They may abuse me—and I think I have had as much abuse as any man present, so that I am not inclined to pander to the allopathic school—but it will not affect my action in the least. I am simply actuated by the desire to do what I believe to be for the best in the interest of homœopathy. (Applause). Reference has been made to lists of specialists published in London. I am happy to say that the general body of the profession, allopathic as well as homœopathic, entirely condemn the action of irresponsible persons who issue private *Directories*, whether of specialists or anyone else. I would do all in my power to prevent my name getting into these *Directories*, as I have done in others. I hold in my hand a periodical which I trust will bring a blush of shame to the cheek of any homœopathist who finds his name in it. Talk about the cheapness of a *Directory*! Here is one which can be got for a penny! Plain directions for the treatment of common complaints; advertisements of hair restorers; common complaints of the dog and cat! (Laughter.) I grieve to say that in this list we shall find the names of a great number of gentlemen present. (Laughter.) Many of them will be utterly astonished to know that over their chemists' counters this little thing can be given away. Dr. Dudgeon asks whether anything can be done to suppress these publications. To my horror and astonishment I discovered one day that I was in this thing. (Laughter.) I immediately wrote to Messrs. Leath & Ross, and told them that on no consideration would I have my name appear in that thing, and begged them to take it out at once. After one or two letters I am happy to say that I succeeded, and I can now show you this with a clear conscience. This I consider is derogatory to the homœopathic body. (Hear, hear.) It is said that we are not anxious to fight, that we are ready to haul down the flag. I say the men who are organising this movement are some of the best fighting homœopaths we have. But our object in fighting is not to appeal to the public, but to advance ourselves from a professional point of view. We want to appeal to the profession through our hospitals, through our dispensaries, through our journals. By that

means we shall attract the young men to our body. To advance homœopathy we must advance ourselves. We can only do this by the very best work, eliminating everything that may be due to the trade element in our body. This movement of suppressing the *Directory*, of appealing to the profession instead of the public, is a movement which we are endeavouring to advance on these lines, and I can conclude with no more apt sentence than one which fell from the President this morning, "Every professional act should have the endorsement of a tender conscience." (Applause.)

Dr. BLACKLEY (Manchester): If from my professional experience I were convinced that the opposite school of practitioners were perfectly honest in declaring their opinions, and perfectly competent to ensure the adoption of their views, I might coincide in this suppression of the *Directory*. But I am thoroughly convinced that they have no more power to do that than they have to fly to the moon. (Hear, hear). The head and front of our offence is that we practise homœopathy. (Hear, hear.) I have been appealed to more than once by older men of the opposite school to abandon the name, and practise what I liked. "Then," I have said, "you believe we are a set of humbugs?" They would not admit that. "But," I have said, "some of you believe we are practising a fraud upon the public, and yet you would permit us to practise that fraud if only we will abandon the name." I will never give up the name as long as I live. (Applause.) It is close upon forty years since I entered the profession as a student, and again and again I have heard it said that we were dying out. Homœopathy has not died out yet. I believe it never will die out. (Applause.) They found their prophecies unfulfilled, and now they want us to suppress ourselves by rendering it impossible for the public to know where they can get the aid of a homœopathic practitioner. (Hear, hear.) Quite recently I was appealed to by a patient removing to another town to recommend her to another homœopath, and I could not have done so without the aid of the *Directory*. We shall be adopting the worst possible policy if we give way on this point. It will be merely the thin edge of the wedge. For myself, I am not ashamed of the fact that I practise homœopathy, and for that reason I am not ashamed of the public knowing it. (Hear, hear.) A gentleman comes to me and asks if I practise homœopathy, because he has been employing a sort of "half-and-half" practitioner, who "does not even have his name in the *Directory*," and who sometimes gives a small dose and then a big one. I say it is perfectly honest and legitimate for the public to know where they can get a man who practises what he professes.

Dr. CHARLES HAYWARD : I have for some time had a very strong feeling that we were doing ourselves injury by having a *Directory*. This was brought under my notice in a special way when I applied for membership of the British Medical Association. My application was accepted, but before the meeting attention was drawn to the fact that my name was in the *Directory*. My election was allowed to stand over, and I was asked if I professed homœopathy. I replied stating what my practice was, but I received a second and underlined letter stating that what they wanted to know was whether I professed the way I practised. As my name was in the *Homeopathic Directory* I could not entirely deny that I professed homœopathy, and the consequence was that I received a polite note to say that I was not elected. As to there being no difference between a list of members of a society and a *Directory*, personally I think there is a very great difference. I should have the same objection to a *Gynæcological Directory* as to a *Homœopathic Directory*. It is trading on a name. Homœopathy describes one part of our practice just as much as gynæcology describes one part of any other man's practice. (No.) We are not fit to practise unless we are a great deal besides homœopaths. There is no objection to a man having his name on a list of membership of a society, but not in a *Directory*. There was an attempt a short time ago to start a specialist *Directory*. We might have been put in a homœopathic section of that, but as that was voted against medical ethics, I certainly think the cap fits us as well as any one else, and that we should keep out of a specialist *Directory* until specialist *Directories* are allowed by the profession. I feel that we are standing in our own light. I have personally taken my name out of all *Directories*, so far as I am aware. I am much obliged to Mr. Knox Shaw for calling my attention to the one he has produced, and I will take care my name shall not appear in it next year.

Dr. PERCY WILDE : Are we discussing the suppression of a *Directory*? I think the question before the meeting is what form the list of homœopathic practitioners, which I believe we all admit to be necessary, shall take. It seems to me very easy to publish that list in a manner which shall not meet with any professional objection whatever, and in a form which would induce almost all practitioners to add their names. To force a *Directory* means to force a list which will be merely partial and incomplete. The only difficulty that appears to me to be involved in the adoption of Dr. Dudgeon's proposal to have a *Directory*, edited by some gentleman on whom we can rely, is this. While a list of members of a society could only include those who had been elected, it would be impossible to exclude from a *Directory*, however carefully edited, names

which we might not care to have side by side with our own. A man would have a legal right to demand the inclusion of his name unless he had been struck off the register. Let it be a list of a society, so that we may have some control over the names. I do not think that Mr. Knox Shaw and others wish to suppress the *Directory* in the sense of its being a *Directory*. What we want is to do away with a list over which we can have no control.

Dr. DYCE BROWN: I am sure we all appreciate the fact that Mr. Knox Shaw is seeking no personal motive in this matter, or working for any object in which he is interested other than the good of homœopathy. We are all working for the good of homœopathy, but on this question it is well known that there are two distinct views. Certain men may think they are doing the best for the cause that we all have at heart, and a yet larger number may think they are taking the very worst course with the very best intentions. As to the practical aspect of the question, I have a letter from Messrs. Keene & Ashwell, in which they state that according to the opinion of an experienced counsel anyone has a perfect right to publish a list of any profession or trade, and put in any name he likes, provided nothing is said which might compromise or do harm to any person's professional interests. Under these circumstances they fear that if their present *Directory* is not supported someone else will take it up in a cheap and possibly worse form. In sending out circulars for the Congress, I made a special point of observing what assistance the list of the British Homœopathic Society could afford me. I had both that list and Keene & Ashwell's *Directory*. Had I relied on the list simply, there would have been a great many omissions. There was a remarkable difference between the two. One is totally incomplete, the other very fairly complete. Mr. Knox Shaw, who I am sorry to see has been compelled to leave, said the *Directory* was intended to appeal to the public. I must entirely object to that; I maintain that it is not intended to appeal to the public. It is simply that we ought to let the public have the opportunity of knowing where they can obtain true homœopathic treatment. As to the question of ethics we must really bear in mind the distinction between ethics in general and so-called ethics as regards the allopathic section of the profession and ourselves. We have been treated from the first in a most unjustifiable manner, and our conduct must not be regarded as that which might be expected to obtain between men equally fair and just the one to the other. We have been tabooed from the beginning. We have a strong point in their change of tactics. First, we were treated with violence, pure and simple. Presently, they found that would not do, and it began to be

somewhat relaxed. They found that would not do, and so lately as the Birmingham Congress we had evidence that they were endeavouring to find something else. Then they resorted to the most convenient charge available—that of trading on a name. The *Directory* is simply a cat's-paw. If we gave way on this point we should only find a fresh ground of attack taken up. As soon as they are prepared to yield us our rights in every respect, then we may think of it. But not till then. (Applause).

Dr. STOPFORD: I think that a list or a *Directory*, whichever you like to call it, is an absolute necessity. I find it so in my own practice. The list of the British Homœopathic Society does not cover the ground, and even if it did it is not readily accessible. Dr. Stopford then referred to some grossly unprofessional conduct that he had met with from some allopaths in his neighbourhood while he was precluded from practising for several weeks in consequence of an accident. The allopaths he said will constantly endeavour to find some ground for excluding us from societies under their control. They have always given me the cold shoulder on some pretence or other. It has not been on account of the *Directory*, because I have never heard of that before. We must have some means of enabling the public to recognise us, or we shall go to the wall in the long run. As for pandering to the allopaths, I should be sorry to see any of us do so. I believe we are too good homœopaths for that. But there is a very easy way of getting over this difficulty. If anyone will join with me I will undertake to bring out an *Annual* which shall have nothing unprofessional about it. I will put down £25 for the purpose if five others will do the same. We want something practical before us.

Dr. JOHN HAYWARD: I should not have intervened in this discussion but for the last speech. The tone of that speech is what has done homœopathy so much harm. I took down one sentence, to this effect: "It is the public we want. We must appeal to the public." Now, I hold that is not what we want to do. We want to get at the profession. Many gentlemen present have done me the honour of reading a letter I wrote on this subject, so I will not traverse the whole ground. Dr. Dyce Brown says he found the *Directory* infinitely more useful than the list of the British Homœopathic Society. Had he confined himself to the list of the British Homœopathic Society he would have done equally well. Every member of the Congress present, except two, is a member of the Society. Two or three are not in the *Directory*. As Mr. Knox Shaw has said, we are as anxious for the spread of homœopathy as any of our fellow practitioners; but we desire that it should be amongst the profession. Some new

line must be taken. I do not believe in fostering the spirit of animosity towards professional brethren; they are too many and too strong for us. (No.) I have had the honour, young as I am, of converting four or five members of the allopathic school to homœopathy. I have never done it by opposition, I have done it by making them crypto-homœopaths first, and letting them work out their own salvation. I hold that we should support any means, be it that of a *Directory* or any other, of doing this, because after all it is the half-way stage. We were all crypto-homœopaths once. I trust that any plan which may be devised of spreading our principles will receive general support.

Dr. BURFORD: I do not think it is of any use whatever to appeal to the bulk of the profession. They are in one respect like the public, victims of authority, and they believe exactly what their professors and teachers choose to tell them. Nine out of every ten allopaths you meet begin by professing an entire knowledge of homœopathy. You enter into a conversation on the subject, and the colloquy usually ends up with—"Well, I find I do not know quite so much about it as I thought I did, but I do not think it is a useful object of study." The point we have to bear in mind is this: Shall the public be admitted to this *Directory* or shall they not? So far as I can understand, the central point of Mr. Knox Shaw's speech was that the public have no right to the professional list we issue; it was not intended for sale, and if chemists obtained it, they did so by devious and unusual by-ways. I certainly am inclined to give the public the option of obtaining some such accredited list as the Society's list. There is no reason why we should not take them into our confidence to that extent. I had the honour once, before my homœopathy was very much known, of being nominated to the Obstetrical Society of London; I was asked, not if my name was in the *Directory*, but "do you intend to practise homœopathy." I replied that I did. I was not elected.

Dr. GORDON SMITH: The question seems to be whether we shall have a list available for the public, or one simply accessible to practitioners and chemists. I do vow that I believe homœopathy is the only little bit of therapeutic truth in the world at the present time; but with us it is only a speciality; it is only a part of our practice. We are surgeons as well as physicians, and we have other things to do besides administer homœopathic medicines. Then if we have a special *Directory* announcing ourselves to the public as homœopathic practitioners, we are announcing ourselves as adherents of a speciality. (Hear, hear). Is there anything laudable, honourable, and advantageous in advertising ourselves as specialists? Do you respect and admire any man for so

doing? I cannot. Mr. Harris mentioned one point that has weighed very strongly with me. We are accountable for the spread of homœopathy. If any of us think homœopathy is to be spread by directories, or brass plates, or anything of that kind, I am sorry for homœopathy. (Hear, hear.) Homœopathy is to be spread by the cures which we perform, in our private practice, in our dispensaries and in our hospitals. So far as trying to appease the rancour of the allopathic part of the profession is concerned, I do not care a straw for it. I would not turn my foot to do it, and I never hope to do it by taking my name out of a *Homœopathic Directory*. But it is a right and honourable thing to do. (Hear, hear.) And whether we get the public or not, let us do right. Let us do the most honourable thing. It strikes me that by withdrawing our names from this *Directory* we shall be taking a more honourable course than by allowing our names to go into a *Directory* that is to fall into the hands of the general public. (Applause).

Dr. MURRAY: Mr. Knox Shaw divided the Congress into old and new homœopaths. I am not a very old homœopath, but I am certainly very much in sympathy with the older homœopaths so far as regards keeping the position which they have hitherto occupied, as I think most of them are still inclined to do. We have been accused of allowing our names to appear in a not very respectable *Directory*. How mine got there is very remarkable. I find I still live at London Road, St. Alban's, although I have been removed from there for four years. If we are to have a *Directory* at all, let us have some means of correcting it. I did not know that my name was there at all. Dr. Gordon Smith has said: If it is a right thing let us do it. I quite concur in that; but is it not at the instance of the College of Physicians, in pointing out that having a *Directory* was the offence of which we were guilty, that all this discussion has arisen? (No). I think it is. But it is all very well to put it in that way. That is not our offence. When I went to Folkestone four years ago I acted upon strictly ethical principles, and in strict accordance with the etiquette of the profession. I called upon all the medical men there. Most of them returned the compliment. One of them, a Fellow of the College of Physicians in London, did not ask me whether my name was in the *Directory*, but asked me whether I intended to practise homœopathically. I said "Yes." "Very well," he said, "the College says I must not know you professionally. I will be glad to know you socially, but I cannot know you professionally." Another asked me the same question, and that was the position of the majority towards me. I am very glad to say that during the four years, and particularly during the last twelve months, several of them have given up that position. They know me

professionally as well as socially, and have come very willingly to render me assistance. We shall not get rid of the opprobrium that belongs to homœopathy by getting rid of the *Directory*. (Hear, hear). We must not imagine that there is no longer any opprobrium—that it has gone, and ceased to be. It still exists, perhaps not so bitterly, in large towns, but in smaller places there is a great deal of it, and it is only by firmly standing by our principles that we shall ever make any headway in their propagation.

Dr. NEATBY: I agree with much that has been said, but when it is said that we must consider the convenience of the public I think it would be more to the public interest to consult their own medical men when they are removing to other towns than to take from a book the name of a man of whom they know nothing.

Dr. HUGHES, in reply, said: Dr. Dyce Brown has stated that if he had relied upon the Society's list he would not have reached many of the members whom he has reached by means of the *Directory*. Mr. Knox Shaw has compared the two lists, and found that excluding all who had died or retired from practice there were only twelve more names in the *Directory* than in the list of the British Homœopathic Society. Two gentlemen have said that the list of the British Homœopathic Society is not accessible, that it is not for sale. My answer is that it is distinctly for sale, for the small price of 2s. 6d., together with a quantity of good medical matter, and may be obtained from the publishers by the public of course; arrangements will be made to print it separately if desired. I did not think by taking this step the animosity against us would be removed, but I thought we should be removing the one reproach which, on the allegation of the College of Physicians, rested upon us, if we swept away this sole remnant of our trading upon a name. As to medical ethics, I quite admit that they are not morals in the strict sense of the word, and that is why "ethics" is used, because *ethos* is custom, or manner, in the first instance, rather than a matter of right or wrong; but I do hope medical ethics will not include the principle avowed by two speakers in this discussion, much to my regret, that because the dominant section of the profession has behaved so badly to us, we should behave badly to them. Let us at least be without reproach in that matter. ("Vote").

The PRESIDENT: There is no motion before the meeting, but I will put it as it stands. Those in favour of a *Directory* as at present issued, or as amended and made correct, and those against.

The voting was as follows:—For the *Directory* 17; against 20. The proceedings then closed.

CONGRESS DINNER.

Members of the Congress and friends, including a number of ladies, dined together in the evening in the Old Reading Room at the Guildhall. The President, Dr. Hawkes, was supported on this occasion by the Mayor of Northampton (Councillor Henry Martin), and the Mayor of Hastings (Dr. A. R. Croucher), among those also present, in addition to names already mentioned in connection with the business of the Congress, being: Mrs. A. E. and Miss Hawkes, Mrs. N. Hawkes, Mrs. M. P. Manfield, Mrs. A. C. Clifton, Mrs. and Miss Pope, Mrs. Cash Reed, Mrs. McKechnie, Mrs. H. Harris, Mrs. G. Clifton, Miss Clifton, Rev. J. T. Brown, Mr. W. R. Adkins, C.C., Mr., Mrs. and Miss Butterfield, Dr. Priestley, Mr. H. Henderson, Mr. Philip C. Pope, Mr. G. N. Tebbutt, Mr. W. Westley, Mr. F. Clifton (Derby), Mr. E. Clifton (Ipswich), Mr. F. Cowdery, &c.

Mr. Manfield, M.P., was unable to be present, in consequence of indisposition, and the Mayor and Mayoress of Grantham (Mr. and Mrs. A. G. Gamble) telegraphed that they were prevented joining the dinner party through unfortunately missing their train.

The dinner was admirable and well served. During its progress, Mr. Walter Ashton, of Northampton, discoursed most excellent music on the piano, and in the intervals between the speeches afterwards Mr. Gerard Smith gratified everyone by his rendering of "My Queen" and "A Chain," by Carl Deichmann; while Mr. P. C. Pope created great amusement by singing, in a most effective style, "The Coster's Courtship," "The Amateur Yachtsman," and "Under the Circumstances." To this last he added an *impromptu* verse, *à propos* of one of the discussions in the afternoon, this being as follows:—

The *Directory* now, as you're all aware,
Is in curious circumstances,
I hope it won't be so next year,
Under the circumstances.
For when the *Supplement* fails, you know,
And to a medical man you want to go,
You must ask a policeman, don't you know,
Under the circumstances.

The applause with which this was greeted was simply immense.

At the conclusion of the repast,

The PRESIDENT proposed: "Her Majesty the Queen, the Prince and Princess of Wales, and the rest of the Royal Family." He gracefully expressed the wishes of the Congress that Her Majesty's reign might be prolonged beyond the existing record of British Sovereigns. Speaking of the Prince and Princess of Wales, he remarked that in ancient

days an ancestor of theirs, not wholly unconnected with that town, went into the Danish camp, for some purpose well known to himself, at any rate—(laughter)—and in later years our own Prince also went into the Danish camp, from whence he returned with the “fairest of the fair.” (Applause.) He made further appropriate reference to other members of the Royal Family, and the toast was received with musical honours.

THE MEMORY OF HAHNEMANN.

The PRESIDENT, again rising, said : I rise this time to ask you to drink in solemn silence, as is our wont, to the “Memory of Samuel Hahnemann.” Whenever we gather together in this way we cannot but think of him who has taught us so much of the method of practice we meet to carry on. I never hear of this toast without thinking of the well-known verses on the burial of Sir John Moore. In quietness we carry out our design as they did on that solemn occasion. But in one respect we differ from them. They had occasion to “bitterly think of the morrow.” With us there is no such necessity. The name of Hahnemann will live as long as medicine is necessary, and the doctrines which he originated, and which we carry on, will in some form or other always hold a place in medical science. Most of us feel that enough is not known about our hero, and you will excuse me if I spend a moment or two in reading those memorable words, almost his last :—“Providence owes you,” said a sympathetic bystander, “a mitigation of your sufferings, since all your life you have alleviated the sufferings of so many, and yourself endured so much.” “Me,” replied the dying sage, “why, then, me ? Each man here below works as God gives him strength, and meets with a greater or less reward at the judgment seat of man. But he can claim no reward at the judgment seat of God. God owes me nothing, but I owe God much—yea all.” We cannot meet on this occasion and think of Hahnemann without thinking of others : Drysdale, Wynne Thomas, Blumberg, who was present with us, in moderate health at any rate, last year. I ask you to bear these brethren of ours in your minds, as you rise, in solemn silence, to drink “To the immortal memory of Samuel Hahnemann.”

The toast was drunk in silence.

Mr. HARRIS proposed “Prosperity to our Homœopathic Hospitals and Dispensaries.” It was not simply hospitals and dispensaries, but homœopathic hospitals and dispensaries. (Applause.) He was pleased to find that the number of homœopathic hospitals had increased since they last met. A list had been put into his hands which showed very fair progress. There were hospitals in London, Liverpool, Birmingham, Bath, Bournemouth, Tunbridge Wells, Bromley,

(in memory of one of their lamented colleagues, Dr. Phillips), Plymouth, &c. The last was a comparatively new one, but it was not likely to be left behind in the race for prosperity. The public dispensaries were very numerous; the private dispensaries were more numerous still. As homœopaths, they should wish these institutions success for three reasons. First, for the good they did to their patients. Secondly, as medical men, they wished them success, because they provided the best field for the study of the progress of disease, and the curative action of drugs. In no other way he could call to mind could the rising generation of medical men become possessed of the knowledge necessary to fit them for their future career. The students learnt, not as by common repute they were charged with doing, by making experiments upon the patients, but by watching the treatment adopted by the most cultivated intellects of the medical profession, who gave their time and energies without remuneration for the benefit of the patients. But there was another ground on which they as homœopaths ought to see that their hospitals and dispensaries did not languish, viz., as being one, and perhaps it might be soon the only standing public testimony to the progress of homœopathy in this country. (Hear, hear.) He trusted it might be a long while before their dispensaries and hospitals were the only testimony, but while they had hospitals, as well managed and as well officered as those which at present existed; whilst they had public dispensaries where inquirers from the other school might, if they wished, learn something of true homœopathy; whilst they had in every town where a homœopathic practitioner resided a private if not a public dispensary, he did not despair of the future of homœopathy in this country. (Hear, hear, and applause.) He was glad to know that in Northampton, although they had no hospital, and had perhaps had a very up-hill fight, by the strenuous exertions of their friend Dr. Clifton, aided by his colleague Mr. Wilkinson, for many years—(applause)—the number of patients on the dispensary roll had reached the very respectable figure of 2,500. (Renewed applause.) Think what the effect of that must be on the health of the town, and what the effect must be of this constant testimony upon the attitude of their allopathic friends. He could not help thinking that although the progress might be slow, in the end the constant dripping must wear away the stone, and those stony hearts must be turned to repentance and regret for the way in which they had so long treated the practitioners of homœopathy. (Hear, hear.) Personally, he most heartily wished success to their hospitals. He augured great things from their new hospital in London. He hoped it might not

be a dream and nothing more ; but he did dream that before long, out of that new hospital, officered by the new homœopathic division if the old ones died off, they might eventually succeed in establishing a School of Medicine in which they might be able to train up the younger generation, and perhaps enable them to escape some of those disagreeables and drawbacks which their predecessors had to endure—drawbacks and disagreeables which the younger generation were apt to forget. It was an old saying that every man must buy his own experience, and he fancied it held true here. They, the older members of the profession, had bought their experience. They had passed through bitter times, and although there might be a little brightening in the prospect, even yet the *odium homœopathicum* was strong and telling. Their young friends hoped to escape a little of it, and he trusted the time was coming when they might. But he believed that the best way to escape from it, the best way to progress, the best way to further the spread of homœopathy, was to educate the younger men. Apart from the ignominy which had been cast upon the practitioners of homœopathy of the present generation, apart from the temptations and allurements of polite society, appointments and other influences which tended to prevent the younger men from joining their ranks, he had great hopes from this educational process. It was on that account, as well as from his sense of duty as a citizen and a medical man, and from his firm and earnest conviction as a homœopath, that he asked them to drink to the health and prosperity of homœopathic hospitals and dispensaries. (Applause.)

Dr. J. D. HAYWARD, who was called upon to reply, said he attributed his selection to the fact that he was associated with what was, he supposed, during the temporary effacement of the London Homœopathic Hospital, the primary homœopathic hospital of Great Britain. (Oh!) He did not say it would not be the primary hospital even when the London hospital was finished. (Laughter.) They had an excellently-built hospital, containing 50 beds, where provision was made for every speciality, even down to the extraction of teeth "while you wait." (Laughter.) One department was ably and efficiently attended to by their worthy President. He thought they would all agree as to their best work being that done in association with their various hospitals and dispensaries, and especially, he quite agreed, in connection with their dispensaries. In order to show that in Liverpool they did not neglect the dispensaries, he might mention that in very few years were there less than 60,000 attendances at those two dispensaries. (Hear, hear.) He also agreed with Dr. Harris as to the importance of these institutions from an educational

point of view. Those who had not yet given up the Utopian idea that they would some day have a school, would find that a staff of very able practitioners and teachers were being trained at the various hospitals, and especially at the one in London. They in the provinces looked forward with great interest to the new building which was to be raised in the metropolis. Mr. Harris did not allude to the admirable and efficient hospital at Hastings. (Dr. STOPFORD: And at Southport). An interesting event was shortly to take place at their hospital in Liverpool. A bed had been endowed and named after their late friend Dr. Drysdale, and it was to be opened in a short time. (Applause). He thanked them on behalf of their homœopathic hospitals and dispensaries for their good wishes.

Dr. GIBBS BLAKE proposed "Homœopathic Literature and our Medical Societies." He said their societies and their literature were principally responsible for propagating homœopathic truth before hospitals and dispensaries were established. For many years the *British Journal of Homœopathy* did good service in helping forward the cause and obtaining recruits, and now the *Monthly Homœopathic Review* and the *Homœopathic World* had taken up the running and were rendering equally valuable assistance. They had amongst them the past and present editors of those periodicals. (Applause). The old-established British Homœopathic Society, which had done so much in the past, was still doing, under the present management, a very active work, not only in London, where almost the whole of the practitioners were members, but by stimulating the establishment of branch societies in the provinces. To these he looked for the extension and development of the good work so long carried on by the parent society. He had much pleasure, therefore, in proposing "Success to Homœopathic Literature and Societies," and called on Mr. Knox Shaw to respond. (Applause.)

Mr. KNOX SHAW said he had been requested at the last moment by Dr. Neatby, who had done so much, with Drs. Pope and Dyce Brown, for the *Review*, to respond in his absence for this toast. He felt some diffidence in so doing, because his connection with homœopathic literature was not of long standing, nor, he thought he might say, of a very high order. In every newspaper office, as they might be aware, there was such a person as the "devil," and he rather fancied, as regards homœopathic literature, he was about that person. (Laughter.) At any rate, he was very glad to do what he could for the advancement of homœopathic literature. When he came to the latter part of the toast he began to see the propriety of asking him to respond, for if there was one thing more than another in which he was interested it was the British Homœopathic Society.

His friends told him he was "Society mad." Dr. Gibbs Blake had told them what an extremely successful Society it was, and he was proud to tell them that it was still going forward. Though they could not possibly hope to emulate the success they met with last year, which was phenomenal, they at all events hoped for another year of progress, and trusted to see the formation of still more of those branch societies to which Dr. Gibbs Blake turned with so much satisfaction. He suggested to the Manchester men the desirability of forming a branch forthwith.

Dr. DUDGEON, who received quite an ovation (the PRESIDENT remarking that he could not tell them how disappointed their American colleagues were that Dr. Dudgeon could not attend their Congress, while the company greeted Dr. Dudgeon on rising with: "For he's a jolly good Fellow"), proposed the healths of the readers of papers at the Northampton Congress. He said he had attended a good many Congresses, but he had never read a paper at any one of them. (Laughter.) He had been all the time studying to see how the thing was done, and he did not think he had made himself master of the art yet, because he did not feel that he should ever give the Congress a paper equal to those which they had heard. The Congress would be no Congress at all if they had no readers of papers. This time the readers had been only three. Well, the German proverb said: "All good things are three," and those three papers were very good ones. They had a most eloquent, learned and excellent discourse from Dr. Pope. Dr. Neatby read an interesting paper on a new remedy for whooping-cough, the name of which he had forgotten. (Laughter.) He remembered, however, that Mr. Gerard Smith had the greatest contempt for the remedy which Dr. Neatby enthusiastically praised, and used it for the purpose of flushing his sewers. (Laughter.) Dr. Cash Reed also read an excellent paper; and they had a discussion apart from the papers, from which it appeared to be the prevailing opinion that by suppressing the *Directory* they would ingratiate themselves with the rest of the medical profession—that a *Directory* was the barrier which stood between them and the admiration and enthusiastic regard of the Royal College of Physicians of London. He had lived before the days of *Directories*, and he did not find that their allopathic friends were very cordial in their reception of them. On the contrary, he thought they were much more bitter than now. He had done a deal of fighting in the early days of homœopathy. (Hear, hear.) Homœopaths in some enlightened towns, at all events in Birmingham, had flourished pretty well alongside of their allopathic friends in spite of the *Directory*. He understood that at the Medical Institute homœopaths were

cordially received, and admitted to all those professional courtesies that were denied to most of them elsewhere. He coupled with this toast the name of Dr. Cash Reed.

Dr. CASH REED, in responding, offered some remarks suggested by the initials of those who had read papers at the day's Congress. P. R. and N. formed a combination with which they were well acquainted. Taking Dr. Pope's initial separately, his thoughts flew to Plymouth, and the word progress was instinctively suggested. Thirteen years ago they had to climb up two flights of crazy stairs to a room above a chemist's shop, where they found a handful of patients waiting for advice. This was at that time their dispensary. They had then about 4,000 attendances during the year. No accidents were admitted, because they had no facilities for dealing with them. At their present hospital the attendances during the past year were upwards of 10,000. A large and commodious house had just been purchased, and fitted up with every necessary appliance. That was indeed a model hospital, with wards, operating room, &c., and accommodation for about twenty patients. It was to be opened on October 10th by the Countess of Morley, and they would be glad to welcome any of those present. Thirteen years ago it was said that homœopaths knew nothing of surgery. Within the last two or three years many important operations had been performed at their little hospital, and attended with the happiest results. They had received and treated 800 accidents during the past ten months alone. Surely all this meant progress. (Hear, hear.) On the letter R he would say a word concerning re-union. There was seldom a re-union untouched by sorrowful memory, and that evening they could not but miss the commanding figure, so conspicuous at their last meeting at Southport, of Dr. BLUMBERG. In the west their ranks had been thinned by the loss of Dr. MACKINTOSH, the pioneer of homœopathy in that part of England, and for so many years its able representative. But a brighter thought was suggested by the word. Not only was it good and pleasant to meet their brother-practitioners in this social way, but he might say on behalf of all the gentlemen present how delightful it was to welcome ladies to their gatherings. (Applause.) The wives of medical men shared much of their toil, and but a small portion of their reward, unless it be the consciousness that much of their husband's success lay in their hands. He hoped the number of ladies present would be doubled next year. The letter N suggested their next meeting. He thanked them on behalf of the readers of papers for their kind and sympathetic attention. For himself, he had learnt much, and could only feel how

important it was to let nothing interfere with their meeting for similar purposes next year. Through the present toil of the coming winter his mind would constantly revert to this delightful day, and look forward with pleasure and anticipated profit to their next meeting. (Applause.)

The **PRESIDENT** in calling upon **Dr. CROUCHER, J.P., Mayor of Hastings**, to propose the toast of "Prosperity to the Town of Northampton," expressed regret that **M. P. Manfield, Esq., M.P.**, one of the Members of Parliament for the borough, had been prevented from attending through indisposition.

Dr. CROUCHER said that, representing as he did, in the capacity of its chief magistrate, the premier *Cinque Port*, it was perhaps appropriate that he should propose prosperity to the ancient borough in which they were assembled amid such pleasant surroundings. This being his first visit to Northampton he was unable to speak at length of its merits, but they were all glad to know of the eminent position which it had attained as a manufacturing centre; while from the earliest times of English history Northampton had occupied in many respects a prominent position. He believed their genial old friend, **Dr. Clifton**, had resided there for more than forty years, and during that time had done the work of a dozen men in propagating the truths of homœopathy far and wide in the midland counties. (Applause.) He was very happy to have made the acquaintance of his Worship the Mayor of Northampton, and it gave him great pleasure to propose the toast of health and prosperity to the town, coupled with the name of his Worship the Mayor. (Applause.)

The toast was cordially received.

The **MAYOR of NORTHAMPTON**, in responding, said he regretted that their distinguished Member of Parliament was prevented from attending. He assured them that the people of Northampton would be very pleased to know that they had assembled there, and he thanked them on his own behalf for the opportunity of hearing men of science like themselves speak concerning the progress of the cause in which they were interested. They had done honour to Northampton in making it their place of meeting. **Dr. Clifton** was no stranger to the people of Northampton. (Applause.) Whatever might be the feeling entertained towards homœopaths in some other towns, there was but one feeling of universal esteem and respect in Northampton for **Dr. Clifton**. He was well known for his kindly disposition, both to his fellow-men and to the lower animals. Speaking of the trade of Northampton, the Mayor humorously pointed out that it was of a kind which was encouraged by being trodden under foot, and said he believed that Northampton possessed some of the best shoe manufactories in Europe. He thanked them for wishing pros-

perity to Northampton, and, in return, he hoped they would have another prosperous year themselves. (Applause.)

Dr. DYCE BROWN proposed "The Visitors," and expressed the pleasure with which they welcomed both ladies and gentlemen to their annual gatherings. They were glad to see his Worship the Mayor, Mr. Butterfield, whose influence, through the Press, was widely felt in that locality, Rev. J. T. Brown, whose fame as a preacher extended beyond Northampton, Mr. Adkins, whose reputation as a barrister was fast rising, and whose literary reputation was already well established. He (the speaker) possessed a charming book of his entitled *Our County*, full of the most racily-written sketches. They were especially pleased to welcome the ladies, who furnished the sunshine of their gathering. They would all admit that the annual dinner had been a much more delightful gathering since the ladies had honoured them with their presence. (Applause.)

The toast was received with enthusiasm.

Mr. W. R. D. ADKINS, C.C., whose health was drunk in connection with the toast, responded. He said he had always found it a most difficult part of the art of life to interpret accurately the sentiments of ladies, but he thought he might venture to say on behalf of those present that they were very glad to have been present to shew courtesy to the distinguished gentlemen who formed the Homœopathic Congress, the professors of that divine art of healing with which in practical life ladies had so much to do. There was not a visitor present who was not glad to have had the same opportunity, and he thought he was not going too far when he said that some of the visitors were not only glad to have been able to shew courtesy to distinguished visitors to Northampton, but also to shew sympathy and interest with that particular form of opinion, and those particular scientific truths with which the name of homœopathy was associated. (Hear, hear.) As a humble and sympathetic spectator of the events of to-day, and one given to occasional meditation, he had been reminded by the visit of the Homœopathic Congress to Northampton, and the position of homœopathy at present, of a famous lecture he heard delivered at Cambridge eleven years ago by Mr. Matthew Arnold, in which he laid down the doctrine which had since become rather popular—that of "the remnant." If they would seek out truth, and find out what forces had a future before them, they must not look among the fashionable opinions of ordinary people, nor among the solitary crotchets of isolated sages. They would find them, said Mr. Arnold, in the ranks of considerable but yet distinct minorities. If they found a number

of people sufficiently large to have a certain momentum about them, and sufficiently numerous not to be overlooked, they were much more likely to have got hold of valuable truths than those who lived in ignorant conventionality or pinned their faith to isolated crochets. He could not help thinking, as one who sympathized with the history and prospects of homœopathy in this country, that the doctrine of "the remnant," as enunciated by so distinguished a professor of the higher culture, was one which might well be remembered by the adherents of homœopathy when reflecting on the way in which they had been treated by the more conventional majority whom they had not the pleasure of seeing there that evening. (Applause.)

Dr. GALLEY BLACKLEY gave the health of "The President," and referred to the coincidence that he was the first to offer the right hand of fellowship to Dr. Hawkes when the latter gained his diploma and commenced to practise. He (the speaker) went to Glasgow to stay with some friends, just as he was about to leave Liverpool. He had a letter of introduction to Dr. Hawkes, and went to his lodgings to see him. The result was that Dr. Hawkes went to Liverpool to succeed him, and he thought if ever he had deserved well of any town he had deserved well of Liverpool for having introduced to it Dr. Hawkes. Their President had worked his way upward steadily for almost twenty-one years, and in his special *metier* was now almost at the very top of the tree. He had only one regretful thought, and that was that they did not get more from Dr. Hawkes' pen, probably because he had so much to do. He hoped, however, that as time went on his labours in other directions might be relaxed, and that he might have, not *otium cum dignitate*, but *opus cum dignitate*, using the term in a literary sense. (Applause.)

The toast was accorded musical honours, its reception being marked by the greatest cordiality.

The PRESIDENT, in rising to reply, said if he was embarrassed last year at Southport, when selected to the position he had filled up to that evening, he was doubly embarrassed on the present occasion. He thanked Dr. Galley Blackley, who certainly did him a good turn when he introduced him to Liverpool, for his kind remarks, and the company generally for their kind reception. He was exceedingly grateful to them for the honour they did him in placing him in that position. He should carry about with him a lighter heart when that day's work was over, but he must acknowledge that throughout his year of office they had supported him much more than he deserved. He thanked them most sincerely for their kindness, and thanked all besides who had done anything to make the position he had occupied a possibility. (Applause.)

Dr. HAYWARD (called on by the President as one who had shown him more kindness than time would allow him to state), proposed the last toast, viz., "The Secretary, Treasurer, and Local Officers." He spoke of the admirable way in which the business of the Congress had been conducted, and the excellent local arrangements, and coupled with the toast the name of Dr. A. C. Clifton.

Dr. A. C. CLIFTON, who was received with cheers and musical honours, expressed his acknowledgments, and thanked his colleague, Mr. Wilkinson, for his assistance. He also uttered the wish that the proceedings of the day might have had the effect of cementing old friendships and creating new ones. (Applause.)

Dr. DYCE BROWN remarked that Dr. Clifton had taken from his shoulders almost the entire responsibility for the organisation of the gathering, down to the minutest detail.

The PRESIDENT said it would be in accordance with their wish that he should wish their new President, Dr. Galley Blackley, a pleasant and successful year of office. He asked them to drink his health. (Applause.)

The PRESIDENT-ELECT, who said his election had come as a great surprise, thanked the members of the Congress in appropriate terms, and said the best reply he could make was to hope that his health might enable him to discharge the duties of the office to their satisfaction.

The proceedings then terminated.

NOTABILIA.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

CONSULTATIONS on cases of interest in the hospital take place on the first and third Fridays in the month, at the hospital, Great Ormond Street, at 8 o'clock in the afternoon. Medical men not connected with the hospital are cordially invited to be present. Any gentlemen having cases of interest which they would care to exhibit, or upon which they would like an opinion, may send their patients on these occasions.

THE DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

A VERY interesting meeting was held in Plymouth, on the 10th ult., when a building, recently purchased by the Committee of the Devon and Cornwall Homœopathic Hospital, and under the transforming hands of Messrs. King and Lister, the former

being the treasurer of the hospital, converted into what the chairman said he thought "might with becoming modesty be called a model cottage hospital," was opened with some ceremony. The history of this institution, from its occupation of an upper room in 1858, its removal in 1881 to Princess Street, the purchase of a house in Union Street into which patients could be received in 1883, to its entrance upon the present building in Lockyer Street, given by Professor Chapman, was deeply interesting; each step having been necessitated by a large and rapid increase in the number of patients. Last year there were no less than 4,061 patients, embracing 10,218 attendances and 8,840 visits by the medical officer to patients at their homes, and at the same time the supply of hospital patients was ever on the increase. Hence this last removal, where no pains have been spared to render the hospital replete with all modern conveniences and sanitary arrangements. There are twenty beds in the four wards, with ample accommodation for operating purposes, dispensing arrangements, &c.

The ceremony was to have been performed by the Countess of Morley, a lady whom her husband, Lord Morley, (who officiated in her absence,) described as being "by education and experience a confirmed homœopath," but illness prevented her ladyship being present. Lord Morley, in an interesting speech, declared the building open in the Countess' name; the Rev. M. Vickers offered prayer for the divine blessing upon the institution, a vote of thanks to the Earl was moved, seconded, and supported in brief speeches by the Revs. G. B. Berry, W. E. James and Dr. Cash Reed, and when this was carried his Lordship was presented by the daughter of Dr. Cash Reed with a handsome bouquet for Lady Morley. With an inspection of the premises and the distribution of light refreshments the proceedings terminated.

OBITUARY.

BASIL BURWOOD.

It is with much regret that we have to record the death of one of our most promising students. Mr. Basil Burwood was the only son of our colleague Dr. Burwood, of Ealing. He was studying medicine at Edinburgh, and had passed his first professional examination with honours, besides having taken prizes in all his subjects at the University. His teachers have written to his father letters of sympathy, and speaking of their pupil in the very highest terms as regards his work and his character.

Mr. Burwood had been ailing for some time, but made little of it, till he got a chill at Eastbourne, when seriously acute symptoms supervened. He passed away within a week from the date of his chill. We sympathise deeply with his father in this heavy blow, shattering the cherished hopes of years. He was a charming character, and greatly beloved by all who knew him. Such promising young men we can little afford to lose.

ALFRED HENRY BUCK, M.D.

It is with deep regret that we have to record the loss of another colleague in the person of Dr. Buck, of Camden Town. He had been in apparently perfect health till the time of his illness, and had read a very interesting paper on Rheumatism at the last meeting of the British Homœopathic Society on the 5th ultimo. He was a few days later attacked by peritonitis, and passed away after three days' illness, on October 14th, at the age of 50.

Dr. Buck was a son of the late Mr. Henry Buck, a well-known member of the medical profession, who practised homœopathy for many years in Camden Town. Our deceased colleague studied medicine at Charing Cross Hospital, where he gained distinction as a Prize Medalist and received the appointments of Resident Medical Officer and House Surgeon to the Hospital. He was admitted a member of the Royal College of Surgeons in 1867, and during the following year obtained the license of the Royal College of Physicians of Edinburgh. In 1887 he proceeded to the degree of M.D. at the University of Brussels. He was for some years attached to the London Homœopathic Hospital out-patient department. For 15 years he was surgeon to the 17th Middlesex Rifle Volunteers, and practised at Camden Town and Primrose Hill for 24 years, having a large and important practice, a worthy successor to his father, the late Mr. Henry Buck. In his practice he was most energetic and untiring, and was much beloved by all his patients, who have been most sympathetic and affectionate in their consolations to his widow in this great loss. At the meetings of the British Homœopathic Society he was a very regular attendant, and read several papers there. Only a few weeks ago he published a very useful and well arranged missionary tract entitled *A Few Facts about Homœopathy*, showing a thorough knowledge of the subject and appreciation of its scope as a therapeutic method. He will be much missed by us all, and his genial kindly manner will render his loss much felt by his colleagues, whose sympathies will go to his widow in this deep affliction.

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.

Dr. H. A. EATON has succeeded Dr. KENNEDY in practice at New-castle-on-Tyne.

Dr. C. W. WITHINSHAW, of Tooting, has removed to Cromarty House, Lewes Road, Eastbourne.

Dr. LEO ROWSE, lately Resident Medical Officer at the London Homœopathic Hospital, has commenced practice at 114, Upper Richmond Road, Putney.

There is a vacancy for a young homœopathic practitioner in one of the Eastern Counties, of which we shall be pleased to give information.

The meetings of Congress have occupied so much of our space that we are obliged to defer the appearance of some papers of interest and also of some important letters. For the unfortunate but unavoidable delay we can only express our sincere regret.

Communications have been received from Mr. KNOX SHAW; Mr. G. A. CROSS; Mr. GERARD-SMITH; Dr. BLACKLEY (Manchester); Dr. WILDE (Bath); Lieut.-Gen. PHELPS (Birmingham); Dr. EDWARD BLAKE (London).

BOOKS RECEIVED.

Sciatic Neuritis. By Robert Simpson, L.R.C.P., L.R.C.S. Bristol: John Wright & Co. 1893.—*The Therapeutics of Cholera.* By P. C. Majumdar, M.D. Philadelphia: Boericke & Tafel. 1893.—*The Clinical Use of Prisms and the Decentering of Lenses.* Second edition, revised and enlarged. Bristol: John Wright & Co. 1893.—*Report of the Bristol Homœopathic Hospital and Dispensary, 1892.*—*The Nurse's Journal.* London. August.—*The English Illustrated Magazine.* London. October.—*The New York Medical Record.* August, September, October.—*The New York Medical Times.* September, October.—*The Medical Century.* Chicago. August, September.—*Prospecting Chicago Homœopathic Medical College.* 1893-1894.—*The Medical Advance.* Chicago. August, September.—*The Homœopathic Envoy.* Lancaster. September, October.—*The Minneapolis Homœopathic Magazine.* September, October.—*Annals of Electro-Homœopathy.* September, October.—*Pacific Coast Journal of Homœopathy.* San Francisco. August, September, October.—*Archiv. für Homœopathie.* Dresden. September, October.—*La Homœopatie.* Ciudad. Madrid. September.—*Leipziger Pop. Zeitschrift. für Hom.* September, October.—*Homœopathisch Maandblad.* The Hague. September, October.—*De Cholera en hare Homœopathische Schandung.* By Dr. N. A. Voorhave Zwolle. 1893.—*The Medical Times and Gazette.*—*The Homœopathic World.* London. October.—*Medical Reprints.* London. October.—*The Chemist and Druggist.* London. October.—*The Monthly Magazine of Pharmacy.* London. October.—*The New England Medical Gazette.* Boston. October.—*The Hahnemannian Monthly.* Philadelphia. October.—*The Homœopathic Recorder.* Philadelphia. September.—*The Clinique.* Chicago. September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORG, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 56, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

MR. ERNEST HART IN THE UNITED STATES OF AMERICA.

MR. ERNEST HART, the editor of the *British Medical Journal*, has recently paid a somewhat lengthy visit to the United States. When in Chicago he lectured the citizens on the impurity of their water supply; and, out of the fulness of his knowledge of sanitary engineering, he instructed them how they might acquire a constant supply of the purest water. At Milwaukee he kindly endeavoured to teach a meeting of a hundred editors of medical journals how periodicals of this class ought to be conducted. Later, at the Pan-American Medical Congress, held at Washington, in September, he strove to fill the rôle of *ensor morum medici*, and to point out to the nine hundred physicians there assembled how they ought to behave one towards another and, especially, towards those who practised homœopathy, and towards their patients. This was very thoughtful of Mr. HART, and showed great consideration for members of the medical profession, who live and work at so great a distance from the happy influences of the British Medical Association, the inspirations of its self-constituted *ensor morum* (as conveyed in the "medico-legal, medico-ethical" columns of its weekly *Journal*), the control of the Royal College of Physicians, and the rules of the various medico-ethical societies of the United Kingdom. It may be true that the American Medical Association has a "Code of Ethics," but it is equally true that the State of New York, perhaps the most important in the country, will have nothing

to do with the Association, simply on account of the narrow-minded and inhumane character of this code. Mr. HART describes this want of sympathy with the Association by saying: "New York, which is heretical on the question of consultations with homœopathy, still holds aloof." Probably sympathising deeply with a body of physicians living at so great a distance from influences, inspirations, control, and rules so necessary to living a good professional life, he so far yielded to the temptation to withdraw himself from "the ancient paths of modesty and self-effacement" as to lecture the members of the Pan-American Congress on the impropriety of dealing in secret medicines, of medical men advertising their own works in non-medical journals, of their prescribing for patients under the care of other physicians, of assuming any special designation of a therapeutic method, on the infamy which attaches to consultations with homœopaths; and then, after some elaboration of the objections to secret medicines and professional advertising, he concluded his homily with "a word or two of what is known as the etiquette of consultation," of which physicians in the United States, so far removed as they are from the teachings of the medico-ethical Britisher, could scarcely be supposed to know anything! The last sentence of this address is such a beautiful specimen of the "modesty and self-effacement," from the "ancient paths" of which he deplored the temptations nowadays presented to medical men to wander, that we must quote it. "I infer," said Mr. HART, "from the applause with which you have honoured me, that the opinions and conclusions which I have ventured to bring before you have agreed with your sentiments, and are accepted by you sympathetically, and that you consider them opportune and useful." What a privilege the members of the Pan-American Congress must have felt it to be, that they should have been so eloquently taught how they ought to behave themselves, that they should have been reminded how (professionally) wicked it is to own or use secret formulæ, to advertise for practice, to take opportunities, accidentally presented, of "cribbing" one another's patients, and then to be warned against the degradation—in Mr. HART's opinion—of meeting a homœopath in consultation, and of "a surgeon accepting the responsibility of acting as sawbones for a quack." But Mr. HART's benevolence

was not restricted to consideration for his supposed scarcely awakened sense of professional morality of the audience, for he undertook in addition to enlighten their intelligence upon the, to him, most hateful of all subjects—Homœopathy. This is the way he did it:—

“ We do not believe, and we cannot appreciate, the medical capacity or fitness to undertake the treatment of disease of those who hold that drugs which, given internally, will produce certain symptoms of disease are the appropriate remedies for those maladies. For instance, medicines which produce skin reddening for erysipelas; leucorrhine for leucorrhœa; syphiline for syphilis. We do not agree that all chronic maladies arise from syphilis, sycosis, or the itch, and that medicines act with an intensity proportionate to the infinite diminution of the dose, or that there is any utility in prescribing in accordance with these principles, say, a decillionth of a grain, when we all know that a dose so small, if taken by every being on the globe, once a minute, would not finish the grain in thousands of years. Nor again, do we believe that the activity of medicine increases in the ratio of the number of the shakes given to the vessel containing it. We hold that we have nothing in common with those who assume to base their practice and theory on this kind of therapeutics.”

That the Editor of the *British Medical Journal* should misrepresent homœopathy in the columns of the periodical he directs, circulating as it does chiefly amongst those who are ignorant of homœopathy, and who do not think it worth their while to enquire into the correctness of his account of it, is natural enough. We have, by long use, become so accustomed to his doing this kind of thing that we expect nothing else from him; but to give such a gross travesty of homœopathy as genuine truth in a country where 12,000 of the physicians practise homœopathically—a country where the Legislatures of twelve States have entrusted homœopathic physicians with the medical education and graduation of future practitioners of medicine—a country in which the State Medical Examination Boards are, in every instance, partly officered by homœopathic physicians—a country where a knowledge of the principle of homœopathy and of the results of putting that principle into practice is more widely diffused than in any other—to endeavour to pass off such a fiction as this as homœopathy in a country so circumstanced is a piece of sheer audacity. Not satisfied with trying to palm off upon his audience this

product of his imagination as homœopathy, he vehemently declaimed against the physician who met homœopaths in consultation for the purpose of diagnosis, and the surgeon who assisted homœopaths in operations. The former, he said, "would be infamously wrong, and he is always wrong when he gives the cover of his accepted position, of his recognised ability, and his professional sanction to what becomes, under such circumstances, a dangerous farce or a deliberate fraud."

Against the idea of a surgeon performing a difficult operation upon the patient of a homœopathic physician, he is, if possible, more contemptibly bitter still. "If," he says, "a surgical operation meant only cutting, sawing and sewing, it would be a plausible excuse for the surgeon accepting the responsibility of acting as sawbones to a quack. But there is no surgical operation which does not in its preliminary stages, and may not in its various phases and sequels, require concomitant medical consideration and treatment, or in which septic, constitutional or accidental complications may not arise. The surgeon cannot honourably, in the interest of his client, divest himself of the responsibility for the wise and faithful treatment of these as an essential part of his operative interference. I have used," he continues, "the word 'quack.' It is a word often used now in too restricted a sense. This is Dr. Johnson's definition of a quack: 'A boasted pretender to arts which he does not understand; a vain, boasting pretender to physic, one who proclaims his own medical abilities in public places; an artful, tricking practitioner in physic.' "This," said Mr. HART, "strikes at the root of the matter now as then. Observe, there is no distinction between those who have degrees and those who have none. The great lexicographer makes no distinction; neither do I." How flattered Dr. SAMUEL JOHNSON would have felt had he been able to look forward to the time when Mr. ERNEST HART would express his agreement with him in the meaning of a word! What a record BOSWELL would have made of the occasion when the revelation came to his hero!

Referring to this, the *Chicago Post* says:—"When Dr. Ernest Hart quacks of the wonders of Allopathy, he is getting dangerously near the line himself." The *Chicago Herald* urges that, "It will not do to call Homœopaths quacks." Hence Mr. HART does not like the

American daily press, and in his *Journal* vilifies it accordingly.

The self-congratulatory sentence in which he concludes the version of his address, published in the *British Medical Journal* (October 21)—it is not contained in that given for the benefit of American readers in the *New York Medical Record* (September 23) or in the October number of *The Forum* (New York)—would scarcely prepare one for the account of the reception of these attacks upon homœopathy, and those who practise homœopathically, sent to us by a physician residing in Philadelphia, who says that he “was present and heard the whole of the attack on homœopathists.” Our correspondent tells us that Mr. HART “at that meeting broke through all the rules of ordinary, gentlemanly and social ethics in his attacks upon those who entertained any favourable consideration for homœopathy. He had to be called to order by the President of the Congress, having exceeded the rules of American societies in this regard, and, even after being so called down, continued to speak for several minutes. Subsequently he had the assurance to introduce a resolution or two before the Convention, or a section of the same, when President PEPPER had to call him to order again and inform him that he was not a member of the organisation, but simply an invited guest, and assure him that he had no right to introduce resolutions, as such rights were only the privilege of registered members of the Congress.” Dr. PEPPER, the Provost of the University of Pennsylvania, who thus exercised his authority as President, is described by “Our Special Correspondent” in the *British Medical Journal* (September 23) as “a physician and a gentleman of great organising power, of imperturbable good temper, and considerable decision of character.”

The report sent to us by our correspondent, widely at variance as it is with Mr. HART's account of the reception of his address, and with a subsequent description of its effect, given in the *Journal* of the 11th ult., is amply confirmed by a passage in the *Buffalo Medical and Surgical Journal*, quoted by the *Washington National Medical Review* for November. Writes the Editor of *The Review*: “We clip the following from the *Buffalo Medical and Surgical Journal* in reference to Mr. HART's address:—

“It seems a pity, that the otherwise harmonious proceedings of the Congress should have been disturbed by such

an address. However much we may be willing to tolerate a discussion on ethics in our local societies, we have always held that a national or International Congress was not the place to deal with this question. It applies entirely and totally to the local societies, and Mr. HART makes a mistake when he comes to America and drags in such questions gratuitously, as he did both in Milwaukee and in Washington."

Notwithstanding this "a correspondent" in Mr. HART's journal emphatically supports the self-laudation of his chief. He tells us that "almost every sentence was punctuated with applause" and at frequent intervals the lecturer had to stop to allow the rounds of applause to subside as he developed his argument and illustrated his points." And, moreover "at the close of the discourse the orator received shoals of congratulations from some of the leading physicians of Cincinnati, Philadelphia, Boston and all parts of the United States." Then again, this correspondent tells us that Mr. HART "in his denunciation of the daily press of America, openly declared that many of the leading organs were 'detestable' for their venality, the unconcealed obscenity of their advertisements, the encouragement and facility which they gave to the obscene vultures of a debased medical quackery, and for their habitual derision and defiance of the elementary laws of ethics in all that related to medical practice and professional conduct." This part of the address produced, we are told, "a profound sensation." Is it not a little strange that of this attack upon the morality of "the daily press of America," which is represented to have been at once so vehement and effective, there is but one single, and that very slight, indication in the version of the address published in the *Journal*, while to this venality, corruption, and so on there is no reference whatever in that which appears in *The Forum*, or in *The New York Medical Record*! In the *Journal* he solely alludes to this matter in the following words:—"Self advertisement is the note of the quack. It is as dangerous to the public as it is hateful to the profession, for it misleads the masses by substituting easily-purchased notoriety for merit, and covering by loud talk and bombast and plausible pretences the emptiness of the shallow pretender. It covers also with a pseudo-respectability the venal corruption by which whole columns and pages of reading matter of the newspaper

are very frequently devoted to quack nostrums and treatment—save the mark!—often of the most fantastic, false, and dangerous character. It destroys the landmarks of honour and reticence when in successive numbers of the daily and weekly papers are found the lucubrations of these pests of society, and alongside of them the interviews, the explanations, and the descriptive narratives put forth for the public good by reputable physicians, *à propos de bottes*, which are but hardly veiled self advertisement.” In the *Medical Record* and *The Forum*, as we have said, the character of the daily press of America is not even remotely alluded to!

If Mr. HART does not like the daily press of America, neither have some, at any rate, of the leading newspapers of that country, as well as some of the chief organs of medical opinion there, any very great appreciation either of him or of his address. One of the latter—*The National Medical Review*, published at Washington, under the editorship of Dr. C. H. STOWELL, in its November number (of which we have received some “advanced sheets”), refers to Mr. HART’s visit in a style sufficiently contemptuous and sarcastic to render the opinions entertained perfectly clear and comprehensible. We will give a few extracts from these “advanced sheets.”

“We feel greatly honoured in having the opportunity of gazing upon the face of one who wields the editorial pen of the greatest medical journal in the world. The celebrated editor of the *British Medical Journal* condescended to pay us a visit, and to teach us the alphabet from his mighty book of learning.

“We wish to express our gratitude to our British visitor for telling us how we should behave towards our brother practitioners, and for informing us that we should always treat each other as gentlemen. We are glad that we now know how to conduct ourselves towards those of other schools of medicine. It is so satisfactory to know how we can make the American Medical Association nearly the equal of the one across the water. It will be our fault now if we do not excel that old and distinguished body.

“The address, which Mr. HART gave in this city before the Pan-American Medical Congress, is just such a one as would be expected from a person who enters his name on the register of his hotel, as follows:—‘Ernest

Hart, F.R.C.S., D.C.L., London, editor *British Medical Journal*, Dean of St. Mary's Hospital.' Of course, anything coming from so many letters of the alphabet must carry immense weight with it." In another passage he is spoken of as "autocratic, despotic, conceited and self-important."

With Dr. HAMMOND, of Washington, he seems to have had a somewhat angry correspondence in the medical press. A reporter of the *New York Herald* appears to have got hold of this, to have interviewed Mr. HART, and published the result in the *Herald*. In the course of the interview he alleged that Mr. HART charged Dr. HAMMOND with being "a private physician who makes public the facts of his practice." Upon seeing this in the *Herald*, Dr. HAMMOND instructed his attorneys to demand a written withdrawal and apology, or to sue Mr. HART for libel, placing the damages at \$50,000. In reply, Mr. HART denies that he ever authorised any one to make the statement objected to, or that he ever stated anything of the kind to anyone. What the interviewer's comments upon this disclaimer may be we have not heard.

Notwithstanding the scenes at Washington, and the criticisms of the medical and general press, Mr. HART is so anxious that his visit should be thought to have been a thorough success, to let it be supposed that his estimate of his personal and professional importance was so fully recognised, and the value and weight of his public addresses were so entirely endorsed by every one that, once more, he sacrifices his disposition to "modesty and self-effacement" by addressing a farewell letter to his hosts through the columns of the *New York Medical Journal*, whence some of the most effective passages are duly transferred to the *British Medical Journal* of the 4th ult. These are as follows:—

"I have enjoyed since June the pleasure of a series of friendly and courteous receptions by the leaders of the medical profession in the centres of medical education and activity in this great country, in conference on subjects of professional organisation, State medicine, and public hygiene. On each occasion of the addresses which I have been privileged to give by invitation before large professional audiences at the American Medical Association, at the Association of Medical Editors at Milwaukee, the Chicago Medical Society, the Pan-American Congress, and the State Medical Association of New York, the opinions and views which I have ventured

to express on subjects, such as waterborne cholera, medical editing, and medical code, in its relations to professional and public interests, etc., have been received with plaudits of unusual warmth. They have been emphasised by overwhelmingly kind expressions of approval from representative men on the spot, and subsequently at Boston, Philadelphia, Baltimore, Cincinnati, Detroit, and other cities which I have visited with the Pan-American delegation. I have received more numerous, more enthusiastic and grateful endorsements of the views expressed by me in the Washington Congress than of any other of my utterances on this soil, warmly and universally as they have been applauded—far beyond their merits, no doubt, but with the gracious and widespread cordiality which makes my visit to America one of the most delightful memories of my life. Let me now take this last opportunity, since I am leaving these hospitable shores to-morrow, of expressing once more the delight with which I have enjoyed this opportunity of making the personal acquaintance of such great numbers of my American colleagues. Let me record my deep sense of the high honour which they have everywhere done me, and my gratification at their assurances that my visit has not been without usefulness. Let me add the expression of my respect and admiration of the marvellous growth and development of medical skill and education, and of the great medical institutions in all parts of this vast country. I bear away with me many treasured friendships and innumerable assurances of friendly esteem, which I hope will long be continued. I carry with me to my English home associations and recollections which will always bind me in gratitude and affection to the great English-speaking profession on this side of the Atlantic, whose brotherhood we all in Great Britain so highly prize, and with which, now for many long weeks, I have been privileged to be in close, happy and never-to-be-forgotten communion."

If we may place any reliance on the *Washington National Medical Review*, the *Buffalo Medical and Surgical Journal*, and the other sources of information to which we have referred, Mr. HART must be one of the most easily gratified of guests! We are thoroughly assured of one thing by the extracts we have made from the *Journal*, viz., that Mr. HART is quite "up-to-date," and, being so, is convinced that "modesty and self-effacement" are, so far as a medical editor is concerned, altogether "played out," and that to be a real all-round success, or at any rate to appear to be so, which answers the purposes of some persons equally well, the true maxim to follow is *L'audace, l'audace, toujours l'audace*.

ON OUABAIN IN PERTUSSIS.

By EDWIN A. NEATBY, M.D.

Assistant Physician, London Homœopathic Hospital.

(Read at the Annual Homœopathic Congress at Northampton, Sept. 28.)

It is now four or five years since our colleague Dr. Percy Wilde introduced to the notice of the profession a new drug, from a quite exceptional source, for use in that distressing malady, whooping cough. *Ouabain*, for so the drug is termed by Europeans, is prepared from the leaves of the *carissa schimperii* or an allied plant, and constitutes the active principle of the poison used for their arrows by the warlike Somali of East Africa. The enterprising firm of Messrs. Christy of London have imported this poison, and have prepared the crystals and solution used in this country. To their courtesy I am indebted for being able to show you specimens of the preparations.

The crystals, represented by the formula $C_{30}H_{46}O_{121}$, are rectangular, white or colourless, transparent and slightly bitter. They are not easily soluble in cold water, but dissolve readily in hot water and sparingly in alcohol.

Beyond a passing allusion to the subject in extracts from current literature, I am not aware that *ouabain* has been noticed in homœopathic periodicals either in this country or abroad.

Dr. Gemmell, of Glasgow, who wrote the first important paper on the therapeutics of *ouabain*, quotes from Gley and Armand, of Paris. I have read the account of their investigations on frogs, rabbits and dogs, and they are of even less service in determining the use of the drug in disease than such experiments commonly are. In brief they tell us that in frogs $\frac{1}{2000}$ gr. kills by arresting the heart's action. No cardiac disturbances occur in dogs, but doses of $\frac{1}{200}$ gr. stimulate respiration, while larger doses slow and then stop the breathing. One sixty-fifth of a grain is said to be fatal to man. In its toxic action it closely resembles *strophanthus*, with which it is botanically allied.

Dr. Gemmell's own observations (*Brit. Med. Jnl.*, vol. i., 1890), however, are valuable, and subsequent writers corroborate, in the main, his conclusions. He states that given in the first stage *ouabain* cuts short an attack of whooping cough; in the second it reduces the fre-

quency and violence of the paroxysms ; the third hastens convalescence. The bowels remain regular, the urine is increased in quantity and perspiration occurs. Respiration may be reduced even as low as 16 per minute.

I do not advance *ouabain* as a homœopathic remedy, for our knowledge of its physiological action is too small to enable a conclusion to be arrived at as to its mode of action. That it is a valuable remedy in whooping cough I have no doubt, and for this reason I think it is probably homœopathic. But I readily allow that this is hardly scientific evidence ! It is in the hope that other observers will investigate the question that I have ventured to bring before you a paper obviously incomplete and introductory.

One of the most recent cases I have, gives a favourable illustration of the action of *ouabain*. Eric E., æt. 3½, had been whooping for 9 or 10 days, he was very sick, vomiting with every cough, and his face showed to an unusual degree the puffy appearance seen in children with whooping cough. The fits of coughing occurred on an average every hour, and the night's rest was in consequence extremely disturbed. He had had the usual pertussis remedies and good nursing. *Ouabain* was commenced at once, 8 drops of a solution of $\frac{1}{2000}$ being prescribed every two hours. After a few doses the vomiting became less frequent, less distressing, and in two days it had ceased. In a week's time from the first exhibition of *ouabain*, the whooping had practically ceased, though occasional paroxysms of cough occurred for a short time longer.

During August or September of last year, a lady wrote up to me from the country describing a paroxysmal cough which her little girl aged 5 had had for twelve or fourteen days. I at once prescribed *ouabain*, whooping began in two or three days, but only lasted some four or five days and the cough speedily disappeared. This is the shortest case of whooping cough, which was unmistakably so, that I remember. How much this was due to the *ouabain* I cannot unfortunately prove. But the instances in which the drug has appeared to act promptly have been too many for me to doubt its effects in many cases. One of the last cases I saw at the hospital before leaving for my holidays was that of a child aged six, who had whooped for seven days when she was brought to the out-patient department. When she returned, having

taken *ouabain* in doses of $\frac{3}{1000}$ gr. every three hours, I was told that there had been very little whooping for several days, and the patient was in every way improved. Epistaxis, which had been present, ceased at once, and the appetite became good.

It would, however, be a mistake to suppose that every case is cut short in two or even three weeks. During this year, when I have been giving the drug more frequently, and unfortunately very indiscriminately, a few cases have lasted four or even five weeks. But even these cases have been mild, and on the whole free from complications.

In two cases only do I remember capillary bronchitis or broncho-pneumonia having set in. It has appeared at once necessary to suspend the treatment on account of an unusually rapid development of cyanosis and a diminished expulsive power. One of the patients in whom this happened was a boy of four, and the other a baby boy of about 12 months. Unusual pallor lasted some time in both these cases. I have never seen marked slowing of respiration or quickening of pulse, even where doses up to $\frac{1}{250}$ gr. have been frequently repeated. My experience corroborates that of Dr. Gemmell as to the infrequency of diarrhœa; but I should be sorry to ascribe this specially to the *ouabain* for it is not within my knowledge that diarrhœa is of frequent occurrence in pertussis even when other (homœopathic) remedies are being given.

In two instances the paroxysms appeared to be aggravated by doses of $\frac{1}{250}$ gr., while improvement occurred on lessening the dose.

DISCUSSION.

Dr. PERCY WILDE said he suggested the use of *ouabain* in whooping-cough and some forms of asthma, after reading of the effects of the drug when used as an arrow-poison by the natives of Obock. It caused severe spasm of the respiratory organs in the victims shot with these arrows. It would be in accordance with the homœopathic law, and also with Claude Bernard's dictum respecting the action of nerve stimuli, that a small dose of the same substance should slow the respiration when excited by disease. It was his knowledge of the homœopathic principle which enabled him to suggest its use. Physiological experiments on frogs had since proved that the small dose *did* produce slowing of the respiration, and he had been interested in reading the report in the medical journals of the success met with by those who had

used it in whooping-cough, a disease which he had few opportunities of seeing in his practice. It was those who had used the drug in the minute dose of $\frac{1}{1000}$ grain who had accomplished good results, while those who had tried to increase the effect by increasing the dose reported failures.

Mr. GERARD SMITH said he made a trial of *ouabain* some three years ago in a number of cases of whooping-cough, and came to the conclusion that there was nothing homœopathic about it at all. The very smallest dose he could give acted as a kind of sedative to the cough, and a very unsatisfactory one, and when enough was given to produce a decided result the effect produced on the heart was such that he had to give it up. In the end he uncorked the bottle and put the contents down the drain, as being very dangerous indeed to meddle with. (Laughter).

UTERINE DEVIATIONS AND THEIR AUXILIARY TREATMENT.

By W. CASH REED, M.D., C.M. Ed.

INTRODUCTION.

FOR long I have felt dissatisfied with the usual treatment of so-called "uterine displacements," and have for a twelvemonth set myself to inquire whether there be, or be *not*, a more excellent way of dealing with these essential disorders of the female sex than by the more usual forms of pessary and plug, to which we have become accustomed. It is undoubtedly true that in an occasional case the application of an indiarubber ring, *e.g.*, leaves nothing to be desired, and one is disposed to cry "Eureka," and to feel for the time that one's dissatisfaction has been ill-judged. Time passes and other cases arise in which failure is only too apparent, and one's successes stand conspicuous beside one's many defeats. I do not propose to weary you with a description of the *causes* of non-success. First and foremost perhaps, a tender or inflamed ovary must be held responsible, it will not bear the pressure of a pessary, however slight this pressure be. Of course there are many other conditions which contribute to a like unsatisfactory issue. I only mention that which in my own experience has been the most frequent.

At our Hospital and Dispensary—the Devon and Cornwall Homœopathic—we have a large number of uterine cases which demand careful study and treatment, and it is principally during the evenings devoted to such

cases that I have gained the experience which I venture to lay before you this afternoon. I think it best to say at the outset that this paper proposes to deal with some *mechanical aids* alone in the alleviation of uterine deviations. That medicines are powerful auxiliaries to treatment no one can deny, and as I, for one, am abundantly convinced. As, however, the oculist treats errors of refraction by the proper adaptation of glasses, so the gynæcologist must be prepared to treat errors of uterine position by the suitable application of support, calculated to maintain at once a *physical* and a *physiological* equilibrium.

FREQUENCY OF DEVIATIONS.—It is not necessary to plead the importance of a right understanding of this class of cases as justification for occupying your time just now. Their wide prevalence both *at home* and abroad—more especially in the Tropics—the protean symptoms to which they give rise, and the many reflex ailments resulting therefrom more than justify our closest attention. I have just referred to the prevalence of uterine disorders in the *Tropics*, and have a word or two to say on this point. I am indebted to my friend and former colleague, Dr. Seelenmeyer, of Melbourne, for some notes with which he has been good enough to furnish me. Any who know our distinguished *confrère* will recognise the authority with which he speaks by reason of extensive experience in these special cases in the Antipodes. The *causes* of uterine disease which he specially refers to are three. (1st.) *Subinvolution*, which I mention but to dismiss with a word of caution as regards treatment. Beware lest *laceration* co-exist, and in treating the former remember to treat first of all the latter. The *means*, viz., by Emmet's operation, do not come within the scope of this paper. (2). *Riding*: Where this exercise is carried on so extensively as it is in the Colonies, no wonder that it should have a very injurious effect in certain cases, especially when we remember the *early age* at which *menstruation* begins, often at 11 years or younger. *Want of rest*, too, during the "periods" has much to answer for. (3). *Relaxation*, owing to heat in summer. Sudden climatic changes cause congestion, and the uterus gets over-balanced. "Often," says Dr. Seelenmeyer, "a frightfully hot wind is succeeded right away by a pretty cold one," and if, in

a patient dressed in light costume, the catamenia be present, cellulitis is very apt to occur.

THE TERM "DEVIATION."—You will observe, gentlemen, that I have called this paper, "Uterine Deviations." This advisedly, because the term is comprehensive, and being so, lends itself with peculiar suitability to a class of cases which are essentially due to one prime factor, viz., *want of balance*. This want of balance is, of course, due to great number of *causes*, which vary according to the special deviation under review, and are too numerous to go into within the limited space of this paper. My desire just now is not to speak of each separate deviation in particular, but rather to generalise, and to endeavour to show the points of contact between the various forms of displacement, rather than their points of divergence. To this end, let us enquire what are the *chief* causes of this want of balance. I think they will be found to be mainly, the action of *gravity* and *misdirected intra-abdominal pressure*. Permit me now to give an example, familiar to each one of us, as illustrating these forces acting perniciously, and then proceed to discuss the practical lessons derived from their study in their application to treatment. A patient consults us for some "bearing-down," some difficulty or delay in micturition, leucorrhœa, and probably also, pain at the "periods." We suspect a deviation and proceed to examine. The forefinger comes too soon into contact with the os, which looks forward, the vagina is found to be thrown unnaturally into folds, the fossa of Douglas is obliterated, and we find filling that space, and occupying the sacral concavity, a tender fundus uteri. In *Diagram No. 1* is shown, after Auvard, the arrangement of parts dependent upon retroflexion of the uterus, the jamming of the fundus into the sacral concavity, and there maintained chiefly by the pressure of the abdominal viscera above. The pressure also upon rectum and bladder is observed. This diagram fitly shows the general incarceration of the pelvic organs in such a deviation, and I have taken the liberty of directing your attention to this well-known pathological condition, because of its bearing upon what I am about to put before you. As to the *causation* of this state of things, perchance a little congestion, from one of the many causes of the latter and consequent weight, began the chain of events, and *gravity* thus came into play. *Intra-abdominal*

pressure further aided and abetted the morbid process, and now we have before us a well-established case of retroflexion, with prolapse. What then, is to be done as regards *treatment*? We deem it desirable to administer an anæsthetic, with the object of "reduction," as it is somewhat ponderously called. The patient lying in the left obstetric position and under the anæsthetic, we introduce once more the examining finger, somewhat more freely now that the parts are completely relaxed, and find to our astonishment that the uterus is nearly, if not exactly, in its normal position, and we are almost disposed to doubt if an error of diagnosis have not been previously made. What I have thus described has too often happened with me to be without its teaching, and from the lessons learnt by this apparently trivial circumstance, I have ventured to formulate this paper, and to devise a method for more effectually dealing with uterine deviations in general. What has occurred to give rise to this spontaneous cure?

Essentially two things: (1) *Atmospheric pressure*. Air has been introduced into the vagina, by which intra-abdominal pressure has been diminished.

(2). *Gravitation* has come into play, so that our lightest manipulation—an almost unconscious impulse to the fundus by the finger—has caused the former to assume once more its rightful position. Proceeding now to argue from the less to the greater, how much more advantageous for the calling into play of these two forces, viz., atmospheric pressure and gravity, would the genu-pectoral position be?

And here it is but fitting that one should pause to say a word in admiration of some of those who have given an impetus to this particular form of gynecological study, viz., the *postural treatment* of displacements. I would call to your minds the names of Marion Sims, in America, whose duckbill speculum speaks volumes of the inventor's appreciation of the rational treatment of deviations; of Campbell, also in America, of whom I shall have occasion to speak by-and-by. The names of Verrier, Bouilly, Auvard, and Lefert in France, and of Schultze, in Germany, also come conspicuously to mind.

I must now come to the *practical treatment* of the test case put before you, and in the first place let me again ask your attention to *Diagram No. 1*. As clearly shown here, the vagina, especially in virgine, is to be regarded

essentially as a *potential* cavity, and as such it acts as a barrier to the effectual treatment of uterine deviations. In Diagram No. 2, I have sought to show the genital canal of one in the genu-pectoral position, its patency caused and maintained by the adaptation of a Sim's speculum. Air fills the space completely, and passes freely in and out through the ostium vaginæ. Figure 3 is after Campbell, to whom I have before alluded; permit me to say, however, that it is a *long way* after this writer, for the copy of his diagram, to which I have had access in *Munde's Gynecology*, shows a terrible distortion of the human figure, in a quite impossible position. Here then is shown a retroverted uterus in about meso-section, the fundus occupying the sacral concavity, and the cervix the potential vaginal cavity. The intestinal viscera here seen are represented as it is supposed, in their position, at a given moment of time when the body is in the act of assuming the knee-chest posture, before they shall have fallen forwards in obedience to the dictates of gravity. Before passing on to the next diagram, I will ask you to assume that the uterus here represented is in the third month of pregnancy, and is, as shown, incarcerated in the sacral concavity. I ask this so as the better to illustrate the action of the two forces alluded to above. We have doubtless, however, all known the same effect as that immediately to be described, produced in the case of the non-pregnant organ. To cure the malposition the patient has been placed in the posture represented, and a Sim's speculum introduced, as in diagram No. 2. This permits a rush of air into the no longer *potential* cavity. At the same moment the abdominal viscera falls forwards in obedience to the law of gravity. What now has occurred to the uterus? That organ has not been touched, even in ever so slight a degree, yet it will be found to have executed what Lefert very graphically describes as "*un mouvement de bascule.*"

Its fundus has glided gracefully and imperceptibly through part of the arc of a circle. The *vis a fronte* is the rush of air into the vagina, the *vis a tergo* the falling forwards of the abdominal viscera dragging the uterus with them.

And now to the *practical application* of what has been said. In casting about for some contrivance which would combine at once the two essentials of treatment, viz., the permanent inflation of the vaginal canal with

air and the maintaining upwards and forwards of the fundus uteri in opposition to the intra-abdominal pressure, I accidentally came across the figure of an indiarubber ball pessary. I had not heard of such before nor have I since known of any practitioner who has used one, nor did any lecturer on gynecology in my student days recommend them.

It seemed to me that here was the right sort of thing, however crude. Before going further however, in the discussion of the efficient pessary, let me observe that I am aware that Verrier in France, has contrived various gymnastics for a patient suffering from displacement in order to bring into play the action of gravity and the effect of posture. It is also well known that Campbell, in America, has advised the frequent admission of air into the vagina by the patient herself, in order to overcome a displacement, and the sufferer is advised to resort periodically to the genu-pectoral position and to separate the labia *more suâ*, or to use a tube to allow the admission of air into the vagina with the same object in view. This plan does not commend itself at all to me; there is something allied to indelicacy in it. Moreover, it is in the highest degree important to keep the patient's mind from her troubles and to divert the attention. This treatment would have precisely the opposite effect, and I have never advised a patient to resort to it, however certainly it may be based upon sound principles.

I venture however, to think in what I am about to describe and show will be found an instrument which meets the three-fold need of these cases, viz.: (a) the distension of the vagina with air; (b) the maintenance of the right position of the uterus, when once this has been attained by the method already referred to; (c) the prevention of the injurious effects of intra-abdominal pressure. I obtained, accordingly, some of the ordinary india-rubber inflating air pessaries, some circular, some pear shaped, of which I show you examples, and proceeded to use them in cases of retroversion with prolapse, of retroversion without prolapse, and of procidentia uteri. To a certain extent they acted well, that is to say, the pressure symptoms on rectum and bladder were not apparent as is the case frequently with other forms of pessary, because the india-rubber ball gives to the distended viscus, be it rectum, or bladder, or both, and regains its normal shape when this pressure is withdrawn. The

ball pessary however, did not support the misplaced fundus in cases of retroversion, not even as well as an ordinary ring will frequently be found to do, and moreover the ball soon became highly offensive. Hence, some modifications were essential, and the first point gained was by having a secondary and smaller air cavity superadded to the large one, as shown here in *Diagram 4*. *Fig 5* shows it in situ. This second ball is to fit into the fossa of Douglas, and support the fundus above. How now was the pessary to be purified and kept pure without disturbing its position? I devised a spiral raised india-rubber ridge with this object, and shall refer to it immediately. You will observe, too, that there is a tube traversing the diameter of the pessary, and which does not communicate with its interior in any way. This is to convey the passage of all excretions, and is so adjusted that they pass through it in obedience to gravity, the upper end of the tube lying opposite to the os uteri, and thus receiving all secreta from that organ. Further, the tube is so placed that the lower opening lies close to the vaginal orifice and may be easily felt on introducing the finger through the ostium vaginæ. Guided by the finger, the nozzle of an *Eguisier's irrigateur* is introduced from time to time into this lower end, either by the patient herself or by an assistant, and a weak solution of warm Condly allowed to traverse the hole. Owing now to the spiral cord of india-rubber above referred to, the fluid finds ready access to all parts of the sphere, which it thoroughly cleanses, irrigating in short the whole surface of the pessary, and of the vaginal canal also.

This spiral has a still further advantage in that it tends to retain the pessary in position, and this because it is not made of india-rubber, of which the transverse section is *circular*, but of which it is *square*, or nearly so. Thus one gains an advantage by opposing to the vaginal wall a soft rectangular surface, which tends to increase friction, and thus lessen any tendency to slip. In both pessaries there is a small pocket in the upper part, the object of which is to facilitate introduction by inserting the point of a sound into it.

Lastly, as regards *inflation*. This is done by means of an air syringe through the long tube, which has a stop-cock at the end. I am indebted to Messrs. Richardson and Co., of Leicester, for carrying out instructions, which they have done with the utmost care, yet many

and long delays have been unavoidable, and these, it must in fairness to myself be confessed, have somewhat hampered one's efforts. Experience of the pessary, however, as far as it goes up to the present time, leads me to be more than satisfied with it.

I am well aware that in this paper I have omitted to refer to many points of vast importance in uterine pathology, and without a thorough appreciation of which it were useless to attempt to decide upon the advisability of the pessary described, or indeed, of any pessary in a given case. So few cases of deviation are uncomplicated that it behoves us often to deal with the complication first and leave the actual displacement for the time to take care of itself. How frequently for example a displacement is associated with a laceration—as before mentioned—and possibly with erosion or with some ovarian trouble (prolapse, inflammation, cystic disease, &c.) In such cases these require attention, and the successful treatment of the deviation will depend in a very large measure upon the right dealing with the complication.

To conclude, gentlemen, the chief advantages which I venture to claim for this pessary are :—

1. It is essentially scientific, in that it follows nature's indications.
2. That it is elastic and yielding, and hence adapts itself to the changing *form* of the cavity in which it lies.
3. Whilst it retains the uterus in position, it still allows much of the support to come from the natural ligaments.
4. That it permits the uterus to conform to the various motions of the body.

I have now to thank you, gentlemen, for your kind attention to this paper, and to observe that we must beware of *over-much* treatment with pessaries, lest perchance a case of *retro-version* be “cured” into one of *ante-version*.

Plymouth, Sep. 28th, 1893.

DISCUSSION.

The PRESIDENT said they must all have listened with the greatest interest to Dr. Cash Reed's presentation of the subject, and as there were members present who made a special study of this form of practice they would naturally look to them to initiate discussion.

Dr. DYCE BROWN said the paper had been a very interesting

one, and at the same time had fulfilled an important requirement in being thoroughly practical. The question of pessaries had long been a debateable one, and there had been a good deal of controversy as to whether their use was beneficial or otherwise. Opinions were still divided, but he thought the majority was clearly in favour of the use of certain pessaries as means of support—not as in themselves a means of cure, but as giving medicines a fair chance. They were useful on the same principle as a splint for a fractured limb. The question they had rather to consider was what were good pessaries and what bad ones. A great many of those brought forward were essentially bad in principle and unsatisfactory in their results. The principles which Dr. Cash Reed had enunciated were essentially correct. What they wanted was to get the air by the vagina as an external pressure, and if possible an alteration in the position of the intestines above the uterus. Any instrument which could satisfactorily accomplish that must undoubtedly be of great service. The system described by Dr. Cash Reed was a very ingenious one. It was free from the objections which many pessaries had, of being hard and bulky, and causing distension of the cavity from their hardness and non-yielding qualities. It was, on the contrary, very soft and yielding, and could not, he thought, cause any distension of the vagina beyond what it was perfectly well able to bear. The double ball also involved much advantage which the single ball could not give. The method of irrigation was extremely ingenious. He was not in the least surprised to hear that Dr. Cash Reed had found the apparatus exceedingly useful. He should like to try it in certain cases, as he thought it promised to be a very useful form of pessary, and, as he had said, it was certainly extremely ingenious.

Dr. MADDEN remarked that this pessary, although introduced to them as an artificial means of getting the air pressure, certainly could not do so. It filled up the cavity of the vagina. They did not get the column of air which would produce the elastic pressure of fifteen pounds per square inch from the atmosphere. It could not more give them the air pressure than if it were made of solid indiarubber.

Dr. CASH REED said he did not mean to imply that this pessary did give the air pressure. That was impossible. The air pressure was obtained when the parts were open, as he pointed out in his paper. All he claimed was that it maintained the cavity in such a position that its continuous action, by distending the walls, caused the uterus to remain in the same position. He never claimed that it actually caused the air pressure.

Dr. MADDEN said there was a point which he presumed

Dr. Cash Reed had thought so obvious that it was not necessary to mention, but it was important in introducing a pessary from below to instruct the patient to avoid pressure from above. Under the usual conditions of a woman's dress, when a pessary was put in, the womb was between two pressures. (Hear, hear). To his mind, it was more important to take the pressure from above than put in the pressure from below.

Dr. BURFORD reminded the Congress that when, soon after the commencement of the present century, the pessary era came in, there was hardly a single affection of the uterus that the pessary was not said to put right. That stage of intense enthusiasm subsided. Then they had men of the type of the late Dr. Matthews Duncan, who when once asked what his principal occupation was in London, rose to the occasion by replying that what he chiefly did was to take out pessaries that other men had put in. (Laughter). This question of pessary-mongering had been threshed out again and again in London. The latest discussion took place so recently as a couple of months ago at a society of which he had the honour to be a member, the British Gynecological Society. There the unanimous opinion was that it was utterly impossible to conduct successful special practice without the persistent use of properly adjusted pessaries. He (the speaker) began his medical career with a very wholesome scepticism as to the desirability of the frequent use of pessaries. A great part of his latter experience consisted in observing for himself how necessary it was in a great many instances, how absolutely dangerous in some instances, to apply pessaries for the relief of uterine deviations. He had seen cases—not one, two, nor three merely, but manifold cases—in which the patients had expressed themselves in unmistakable terms as to the immediate relief afforded by the introduction of a properly-adjusted pessary, a relief which no amount of medicinal treatment seemed to procure, but which was permanent so long as the pessary was retained. When patients came and said that they had experienced a great deal of relief from the pessary, and did not feel nearly so well without it, and when vaginal examination convinced that it was chiefly a uterine deviation to be treated, that man was a very hopeful mortal indeed who would continue to do without the instrumental aid which a very little mechanical genius would afford both to him and the patient. While, however, there were very many kinds of uterine deviations which were capable of being easily remedied, some were immensely difficult to treat successfully. Dr. Cash Reed very wisely left out of his purview any allusion to the chief class of difficulties which beset one in the reduction of uterine deviations, viz., those accompanied by ovarian

adhesions to the fundus, or adhesions of the fundus to some contiguous part, generally the sacral wall. Such cases were very common and very difficult to manage, and all contra-indicated the introduction of the pessary. The patient came back, sometimes in a day, sometimes in an hour, saying that life was more intolerable than ever, and begged them to take the instrument away. What was to be done? No amount of distension of the vagina or of insertion of an inflated india-rubber ball would have any effect in cases of this kind. In the use of such measures they were restricted to that kind of case, comparatively easy to deal with—the case of simple deviation of the uterus capable of easy reduction, and therefore capable of being somewhat readily maintained by such means in the normal position. He had not had the advantage of trying the excellent instrument shewn by Dr. Cash Reed, but he had for some years tried one very analogous—the old Gariel indiarubber ball, a very simple thing, but one which, in the majority of instances where it was desirable to apply it, answered the purpose very well indeed. There were very many refinements and fine adjustments about the instrument introduced by Dr. Cash Reed, which would commend themselves to all. He (the speaker) felt very much inclined to try it at an early opportunity. Still he wished to suggest that they were not limited to this means of correcting uterine deviations, even if they chose to use a pessary. There was a very great deal that the much-belied ring was able to remedy in the phenomena of the feminine organism, and a properly-applied Hodge, with or without a pad, would end the woes of a great many women who would otherwise find their lives unbearable. Quite recently a young lady of twenty came to him. For something like seven or eight years she had been a victim of chronic sciatic pains and pains in the back—in short, the usual category of pains to which they were accustomed in such cases. She had been told she had congenital dislocation of the sciatic nerve, chronic sciatica, and what not. What she really had was retroflexion of the uterus, which was very easily rectified in the ordinary way, and the uterus maintained in position by the ordinary Hodge pessary. Two days after that was applied the girl's pains vanished; her sciatica entirely disappeared. This was done with the ordinary pessary. The one objection to this class of ball pessary was that it did not allow the vagina to return to the *status quo*. It maintained it in a state of chronic distension, it induced atony of what muscular tissue there was in the vagina, and he could not see that the introduction of a globe such as this could allow the uterine ligaments to return to their normal vigour and tone. He

was convinced that a normal perinæum and tolerably tonic vagina were the two best pessaries any woman could have, and anything over and above these ought to be simply transitory and ephemeral. The proper idea of a pessary was that of a properly-applied splint. There were two types of pathological condition which led to uterine deviations, and he was convinced that they were two perfectly distinct types. It was necessary to recognise them in giving medicines. One was that condition of general atony of muscular fibre which they so frequently saw after parturition, in the abdominal walls. They found the uterus flabby, not necessarily bulky, but twisted into any position practicable. It was not necessarily overcharged with blood, the circulation might be tolerably satisfactory, but still the uterine tone was defective. The application of the constant current, in the majority of cases, would bring about all that was necessary to convert the uterus into a healthy organ. There was another deviation which was conditioned almost wholly by defective circulation. No doubt there was a condition, both of the vagina and uterus, in which the lax tissues contained very much more blood than was usual or normal. The whole parts became succulent. No amount of pessary-mongering would remedy this unless accessory methods be used. The same principle as had been advocated by Dr. Cash Reed might very well be applied to the ordinary Hodge pessary. The upper end of the Hodge might be easily distended, and the lower end of the lever arms made as inconspicuous as possible, and all the support that was necessary would be given. Of course, one was bound to admit that an immense amount of ingenuity had been displayed during the last ten or fifteen years in the manufacture of pessaries, but he found when in Germany that the tendency there was to use fewer and fewer pessaries in the treatment of uterine deviations, and more and more to adopt pelvic massage. Over there they had ladies who practised this massage treatment. The patients were relegated to them, and they certainly did the thing remarkably well. A patient who had come in with very marked procidentia would go away, after a few week's treatment, without a pessary, happy and rejoicing. He had tried the same plan now and then. It took up a good deal of time and gave a good deal of trouble, but when faithfully carried out he believed that it would beat any pessary yet invented. (Applause.)

Dr. STOFFORD said in Southport they had a good deal of gynecological work, through what cause he was unable to explain. As regards pessaries, he had almost come to believe that they were a delusion and a snare, and he trusted almost entirely to the hot *douche* and sitz baths. If the cases would not yield to treatment of this kind, he generally placed them

in the hands of a specialist and gave him credit for what he did.

Dr. JAGIELSKI said he hardly knew whom to congratulate more on his remarks on the subject of pessaries, the reader of the paper or Dr. Burford, who had just given them in abbreviation the history of pessaries and of his own experience. He agreed entirely with Dr. Burford in the opinion of the Continental progressists, that all pessaries were undesirable, although temporarily necessary; but he thought that the greatest advantage in deviations of the uterus and the surrounding organs was to be obtained by massage, internal and external, and bimanual; and, after having been occupied with this subject for over ten years, he was pleased to state that the results obtained by thorough massage in uterine deviations and intra-pelvic sufferings had been very satisfactory, sometimes beyond expectation. He had mostly followed Brandt's suggestions, and he had found that these manipulations, after a few sittings, were borne by the patient with great ease. From the first they were followed by soothing of pain and alleviation of great discomfort. In the first figure, for instance, of Dr. Cash Reed's diagram, it was easily seen how the fingers of the hand employed internally had to slide along the back of the *os uteri* in order to try to separate the two walls, *i.e.*, the posterior wall of the cervix from the posterior portion of the body of the uterus and the agglutinations which might be encountered; at the same time placing the other hand flat on the corresponding abdominal wall outside, pressing it downwards towards the internal fingers, and so compelling the uterus to stretch out into a more straight line, and by degrees do away with the retroflexion and replace it into its normal condition and position. They were, of course, aware that during these deviations the walls of the uterus suffered more on the posterior side, where the body and neck touched in full length; and that the posterior wall, with its internal mucous membrane, touched the opposite side of the mucous membrane of the anterior wall of the womb; that this produces a corresponding thinning of the tissue of the wall of the uterus, and that the further treatment must be directed towards the strengthening of those parts of the tissue by further appropriate manipulation of the uterus itself and the ligaments and surrounding tissues. By pressure, friction, kneading and irritation of the uterus they were enabled to arrest hæmorrhage after confinement or in uterine tumours, to bring on absorption of exudations and swellings. In some cases they were obliged to introduce a finger into the anus, and from here they could, by putting the other hand on the hypogastrium, make sufficient movements, such as succussion, vibration, and oscillation, as were necessary to obtain the

desired results upon the intra-pelvic organs, the neck of the bladder, the hæmorrhoidal plexus, etc. The examination of the uterus did not require the tedious introduction of the speculum in dealing with deviations of the uterus. They were able, by pressure on the pelvic nerves and on the diseased ovaries, to immediately arrest paroxysms of great suffering from ovarian hysteria, as shown by Brandt, Professor Charcot, Georgii, etc. The manual replacement of the uterus was often very difficult and tedious, but by perseverance with the lifting movements and the manipulations inside the pelvis they were able to succeed in attaining their object. His experience in the treatment of deviations, prolapsus, &c., had led him to believe that many women who had suffered for years, and others who depended always on rings, pessaries and other supports, might be perfectly cured and enabled to dispense with all these mechanical contrivances, which so frequently caused them constant discomfort. All the younger members of the profession would do well to make themselves acquainted, both theoretically and practically, with the use of these massage movements. They would find such treatment, in combination with other means, very useful in their private practice in many chronic and painful internal and external complaints. They would not object to the use of movements in pregnancy and uterine complaints, nor would they readily feel inclined to employ orthopædic instruments for the cure of their patients; while they would not have to depend upon ignorant rubbers, shampooers and bone-setters, but would be enabled themselves to arrest the progress of many diseases. These few observations he had thought appropriate as an addition to Dr. Burford's concluding remarks on massage-treatment instead of the use of pessaries. Dr. Burford's statement in reference to Continental experience, and his recommendation to those present to resort to massage in the treatment of uterine deviations, were, in his (the speaker's) opinion, the best and most practical advice that had been given during the discussion that had just taken place. (Applause.)

Dr. WOLSTON joined in congratulating Dr. Cash Reed upon the pessary he had introduced, as he felt sure that in certain cases it would be very useful. He did not say in all cases. It was quite true that so long as it was inserted the vaginal wall was permanently distended, but there were a great many cases where the maintenance of the uterus in position was of immense importance. He had no doubt Dr. Matthews Duncan did good by the crusade he carried on against pessaries. He (Dr. Wolston) knew a lady who once went to see him, and from whom he withdrew a pessary. She asked him what was the matter with her. His reply was: "There is nothing the

matter with you. Go home, and don't you let doctors fiddle with you. My fee is two guineas. Good morning." It was all very well to send one's patients to a specialist if necessary, but there was nothing in which the ordinary practitioner could score a greater success, or, on the other hand, appear to greater disadvantage, than by the proper management or mismanagement of these cases. Anything that would assist them in rectifying the condition of the uterus and keeping it in position, was of great value. He had found immense benefit in cases of retroflexion, where the uterus was almost always hypertrophied, from a preliminary course of vaginal douches, followed by the introduction of glycerine plugs with a little carbolic acid and perhaps some sulphate of alum in the solution. He had found this of immense benefit where repeated abortions had been going on. They might not all recognise the value of internal douching with medicated water, but he had found no place so beneficial as Ems. The very mild saline waters of Ems were exceedingly valuable in this class of cases. Last year he had mentioned to the Congress an exceedingly interesting case of hystero-mania, in which ablation of the ovaries had been followed for a few months by decided dismissal of the fearful attacks from which the lady suffered. Only three days ago he had met Dr. Halliday Croom, who operated, and who said he had heard from the patient constantly, and she was in the enjoyment of perfect health. She was now living on a fruit farm in California, and was in absolute health, after having for eight or nine years suffered from attacks of mania which eclipsed anything they had ever met with in their previous practice.

Dr. ROBERTS referred to the value of the waters of Harrogate, and said Dr. Krauz, of Wiesbaden, described the same results as having been obtained by the use of the sulphur waters there. He was proceeding to enlarge on the subject, when

The PRESIDENT gently intimated that the Congress was discussing "Uterine Deviations."

Dr. ROBERTS : I was thinking more of the Ems waters.

The PRESIDENT : That is a Continental deviation. (Laughter).

Dr. Roberts passed on to point out how, in a case of retroflexed uterus, when released from what appeared to be holding it back, it came up with quite a jump. It seemed to have a natural tendency, when the withholding influence was removed, to return to its proper position.

The PRESIDENT added a few remarks. One saw, he said, a good many of these cases, and he could confirm what Dr. Burford had said as to the adhesions being the principal source of difficulty. As for treatment, a surgical rest applied to the uterus was of the greatest possible service. The question naturally suggested itself, how often do you depend upon

pessaries? One could hardly give figures, but the answer was, not very often. It was perfectly astonishing what medicines would do, such as *stannum* and *sepia*, and so on, but of course they must have a start. He had used the ball pessary, and the most signal service it ever rendered him was in a difficult case of retroversion of the gravid uterus. They wanted to get the uterus into position, and keep it there for a time if they could, but afterwards they would find the homœopathic medicines, properly selected, of the utmost value. Perhaps the female genital part of the *Cypher Repertory*, which they owed almost entirely to the late Dr. Drysdale, was about as good a work as they could have at their elbow. (Hear, hear).

Dr. CASH REED, in reply, remarked that what had been said as to pressure from above was undoubtedly of the utmost importance. In the course of his paper he made reference to a case of tight lacing, especially with the object of emphasising the point referred to, but he omitted it in reading the paper in order to save time. For the very interesting remarks of Dr. Burford he personally felt extremely grateful. They tended to enlarge one's views, and give one a fuller and deeper understanding of the treatment of this special class of cases. Dr. Burford referred to the effect in cases of adhesion. He ventured to think that in occasional cases (he did not say frequent cases, he would say not many, but he felt sure in some) this kind of support had been of great comfort to the patient. How long it would have to remain *in situ*, what alterations would have to be adopted with regard to it, and what auxiliary treatment besides, were outside the scope of the present discussion. At the same time, he fully acknowledged that there was no form of external support which met the majority of the cases to which Dr. Burford had alluded. He thanked them for the moderate language in which they had couched anything they had felt it incumbent upon them to say derogatory to this particular form of pessary. At the same time he wished to point out that he did not for a moment venture to claim, he had not the audacity to claim, that this would do more than meet the demands of a certain number of cases. He had, however, seen cases in which it had been the means of giving comfort and a tolerable existence to persons who had been in the greatest discomfort before the application. He had been particularly interested in what had been said on the subject of massage in relation to uterine disease generally. The reason, as it seemed to him, that they could not carry out this form of treatment oftener was that they had not the facilities for doing so. He was perfectly sure it was a very valuable form of treatment—the one, perhaps, above all others, from which the best results might be expected, and which would probably by-and-by be the most frequently resorted to. (Applause).

REVIEWS.

Messrs. Keens & Ashwell's "*Physician's Diary and Case Book.*"
1894.

WE have much pleasure in noticing the above for 1894, and heartily recommending our colleagues to obtain a copy. It is of the greatest use for daily work.

Modern Household Medicine. A Guide to the Mode of Recognition and the Rational Treatment of Diseases and Emergencies of Daily Life. By CHARLES ROBERT FLEURY, M.D. Third Edition, revised and enlarged. London: E. Gould & Son. 1893.

DR. FLEURY'S work is probably known to most of our readers, so that we shall do little beyond informing them that a new edition is published, which claims to be up to the level of our present day knowledge. After reading a number of these popular works which are submitted to us from time to time, we conceive that the great difficulty in compiling them is to arrive at a sound judgment as to what to say and what not to say—as to what subjects to introduce to the lay reader and how to introduce them. In this we cannot say that Dr. Fleury has been more happy than authors of similar productions usually are. Opening his book at random we come upon a paragraph headed "Paralysis of the Insane." This is a sufficiently uncommon disease and one so unlikely to be recognised by the public that no one would have complained had it been omitted altogether. It serves, however, the useful purpose, with other similar material, of swelling the size of the volume, and we will, for the moment, concede its right to a place in a domestic medicine. We should have thought it a much more useful piece of information to the public to warn them that the grandiose ideas common in the earliest stages of general paralysis, were the beginning of a serious bodily and mental disease, than to state merely that it is "a form of gradually increasing paralysis, with loss of mental power." Again, it is a somewhat speculative assertion that the complaint is due to "gradual softening of the brain," which can never be any use to anyone (should it ever be proved to be true), while a plain statement that the patients sometimes develop dangerous mania might be a valued protection to those concerned. The therapeutic information conveyed is sound, although the doses recommended are, to say the least, unnecessarily large. With the general hygienic and dietetic sections we in the main agree.

MEETINGS.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of the Hahnemann Publishing Society was held at the Guildhall, Northampton, on Thursday, September 28th, prior to the business of the Homœopathic Congress. Dr. HUGHES, of Brighton, president of the Society, took the chair, and the members present included Mr. HARRIS, Dr. STOPFORD, Dr. HAWKES, Dr. CROUCHER, Dr. CROUCHER, Jun., Dr. BURFORD, Dr. DUDGEON, Mr. ROWSE, Dr. POWELL, Dr. MADDEN, Dr. NEATBY, Mr. KNOX SHAW, Dr. ROBERTS, Dr. GEO. CLIFTON, Dr. WOLSTON, Mr. NORMAN, Dr. STONHAM, Dr. HAYWARD (Secretary and Treasurer), &c.

PROCEEDINGS OF THE YEAR.

Dr. HAYWARD gave an account of the proceedings of the Society since the last Annual Meeting. In accordance with the request recorded in the Minutes, he applied to each of the members for a renewal of his subscription, in order to provide funds for printing the "Ear" chapter of the *Repertory* and the new edition of the *Organon*. Out of 104 members only 61, or not many more than one-half, responded to the call, although he had written to the defaulters several times. He had, however, succeeded in procuring fourteen new members. The Society therefore now consisted of 75 members, this number, however, being not many more than half the number at one time belonging to it. There being thus only about £100 at the disposal of the Treasurer, which was not sufficient to print both the works offered to the Society, the Publishing Committee decided to print only the new edition of the *Organon*, prepared by Dr. Dudgeon, and by him presented to the Society. This new edition had therefore been printed, and each member had been supplied with a copy. Three copies were presented to the author, fifteen copies had been supplied to libraries and editors, nine had been sold by Messrs. Gould & Son, and 100 had been taken by Messrs. Boericke & Tafel, of America, in sheets, so that 306 copies remained warehoused at the printers, at a charge of 10s. 6d. per annum for warehousing, and 4s. 6d. for insurance. At the last meeting the members were promised also the "Ear" chapter of the *Repertory*, but the printing of this had been postponed from want of funds. The result had been so disappointing to the gentlemen engaged in this work that they had suspended operations. Partly, also, for the same reason, the article on *Colocynth*, prepared by Dr. Ellis, of Liverpool, for the *Materia Medica, Physiological and Applied*, was presented to the British Homœopathic Society, and was published in the April issue of that Society's journal. As to the therapeutic part of the *Repertory*, that Dr. Hughes had promised

to edit if gentlemen would assist in collecting clinical material from the journals, Dr. Hughes reported that the only promise of help he had received was from Dr. NEATBY, who offered to look over the *Monthly Homœopathic Review* from the 21st volume onwards. Dr. Hughes had, however, promised to go on with the work after he had finished the *Index* to the *Cyclopædia of Drug Pathogenesis*. The Secretary had communicated with Messrs. Lahiri & Co., of Calcutta, respecting the Society's publications, and hoped shortly to succeed in opening an account with that firm. The income of the Society amounted to £87 17s. 10d., which, with the £31 10s. 11d. remaining from last year, made a total of £119 8s. 9d. The expenditure amounted to £103 8s. 4d., leaving a balance in favour of the Society of £16 5s. 5d.

WORK PAST AND PRESENT.

The PRESIDENT said there could be nothing but a general feeling of satisfaction at receiving the *Organon* in the form in which Dr. Dudgeon had now given it them. It had all the merits of his former translation, with a good many superadded thereto. The translation had been revised—it exactly represented the original in the body of the work now, instead of having a good many added notes, as was the case with the old edition, while in the appendix there was a mass of most valuable matter illustrating the text of the *Organon* in its various editions, and the growth of Hahnemann's mind and opinions on the various subjects connected with homœopathy. So that it was more than a new edition. It was not an *édition de luxe* in its form, but in its substance and material it was, and they were all very grateful to Dr. Dudgeon for the pains he had taken in preparing it—(hear, hear)—pains which, as they knew, were entirely gratuitous and disinterested on his part. On the other hand, they must all regret the non-appearance of the "Ear" chapter of the *Repertory*. First of all, they were sorry on account of Dr. Hayward, who had taken a great deal of trouble in its preparation, and so diligent and enthusiastic a worker deserved all the recognition that could be given him. On their own account they were also sorry that they could not refer for their "Ear" symptoms to a collection which they knew would be correct and free from anything untrustworthy. The result was, however, inevitable, for they would all agree that the *Organon* was the more urgent of the two. They hoped now that special subscriptions would come in sufficient to enable them to publish the "Ear" chapter as soon as possible.

Dr. HAYWARD said at the present moment they had £84 in hand. He was expecting £5 or £10 from Calcutta, and when this had come in they would have nearly enough to publish the "Ear" chapter, leaving a very small debit balance

which they might trust to the sale of the *Organon* and other works to provide for.

The PRESIDENT : Then I may congratulate the Society on the prospect of seeing ere long the " Ear " chapter in print. Passing on to refer to the so-called therapeutic part of the *Repertory*, Dr. Hughes made an urgent appeal for more energy to be thrown into this work. Except for the reply from Dr. Neatby, they were at present without workers.

Dr. HAYWARD said he heard from Dr. Ellis that their colleagues at Bristol went through the *British Journal* for clinical cases some time ago, and he supposed the result might be forthcoming if needful ; while Dr. Ellis wrote that he began wading through the *Monthly* some years ago, but gave it up, as the results only came up in so few cases to his perhaps high standard of what constituted a cure.

The PRESIDENT said under the circumstances he was unable to do anything in the matter, as his time was fully occupied with the *Cyclopædia of Drug Pathogenesis*. The latter was more than half done, and in another year or two he hoped to have it complete and published.

Dr. HAYWARD, in reply to a question, explained that they only asked for a new subscription when about to issue a new work, or when works to the value of the subscription had been issued to the subscriber.

Dr. HAYWARD asked the Society's opinion on the work on *Colocynth*, presented by Dr. Ellis. The Society was unable to publish it, and presented it to the British Homœopathic Society. It was now being published in their *Transactions*. Some opinion should be given as to the plan of the work. The *Materia Medica, Physiological and Applied*, was really the Society's plan for *Materia Medica* work, but it was objected to as being too elaborate. Dr. Ellis had adopted a different plan, and another had been proposed by Dr. Ord, of Bournemouth.

The PRESIDENT said, with all due respect to the work of both those gentlemen, he thought their plans hardly came up to the standard which the Society had adopted. He thought their work must be more primary, as it were, and more exhaustive. It must be a complete treatise upon each drug, with all the materials required, more like Dr. Hayward's *Crotolus*, if they could imitate so ideal a representation of a drug.

Dr. HAYWARD said Dr. Ellis had added a therapeutic commentary and also therapeutic applications. Dr. Ord dropped both, and merely gave them the schema epitomised and concentrated, which was a mere act of memory, and he was afraid that such boiling down as this of their *Materia Medica* would not commend itself either to their homœopathic or allopathic colleagues.

Dr. HUGHES : He calls it a handy reference book of provings, and hopes to have all the drugs ready in a short time. It is a private matter on Dr. Ord's part, and will be welcomed on its own footing.

The PRESIDENT urged that the new translation of the *Organon* should be advertised. Were it known not only to the homœopathic body but to the profession at large, that a new and well-edited edition of Hahnemann's *Organon* was to be obtained at a moderate price, a good many would be desirous of having it. He proposed that it be advertised regularly in each of their three journals, the *Review*, *World* and *Journal of The British Homœopathic Society* for twelve months.

This was agreed to.

ELECTION OF OFFICERS.

The election of officers was then proceeded with. Dr. Hughes was unanimously re-elected President, and Dr. Hughes proposed as Vice-President, Dr. Hawkes, which was seconded by Dr. Stopford and carried. Dr. Hayward was unanimously re-appointed Treasurer and Secretary, and a vote of thanks was accorded to him on the motion of the President, seconded by Dr. Dudgeon who acknowledged Dr. Hayward's offers of assistance in publishing the *Organon*.

NEXT MEETING.

It was decided that the time and place of the next meeting should be those of the next Homœopathic Congress.

BRITISH HOMŒOPATHIC SOCIETY.

The first Meeting of the Session was held on Thursday, October 5th, at the College of Organists, Bloomsbury.

Mr. HUGH CAMERON, the President, occupied the chair.

The President, on the occasion of the first meeting of the Jubilee Session of the British Homœopathic Society, heartily welcomed the members. He expressed his gratification at the realisation of the hopes which animated the little band of devoted men who rallied round Quin fifty years ago when he laid the first stone of the foundation of the Society, and of which band he was the sole surviving member. He felt that the present prosperous condition could not be more enthusiastically hailed by those present than by those first members. He trusted that the lofty spirit of honour which ruled them would be the guide of every colleague whom the Society admitted to its ranks. He alluded in feeling terms to the circumstances which caused him to occupy the chair on this occasion, and how he had been urged to accept the office by his old friend Dr. Yeldham. He refrained from entering fully on the history of the career of the Society ; that would come

more appropriately on the anniversary of the foundation, the 10th of April. Mr. Cameron referred to the great increase in membership of the Society, and said that it now numbered 198, and that no less than 79 of these had joined in the years 1891—1892—1893, and expressed the hope that before the jubilee anniversary (April 10th), the total would exceed 200. He put this question: "How am I most effectually to advance the interests of the Society." The short and practical answer to that question was: 1st, by doing everything in one's power by throwing one's self, heart and soul, into most earnest efforts to increase the number of the members; and 2ndly, by spreading as widely as possible the circulation and perusal of the *Journal of the Society*. He believed that in no other way could we promote the progress of the Society at this moment so effectually as by steadily prosecuting these two aims. There are many declared homœopathic practitioners scattered over the kingdom, who decline to enter our fold; they are isolated, solitary, without a colleague anywhere, exposed to every kind of petty annoyance from professional opponents and obliged to bear their insults in silence. A child can snap the feeble twig that he draws from the bundle, while no ordinary force can injure it when bound up with its fellows in the faggot. "Union is strength." Besides the great professional advantages that flow from co-operation, membership confers lasting friendships, social intercourse and fellowship of untold value and enjoyment. He next referred to the intimate relation between the Hospital and the Society, and felt that congratulations might be offered on the position of the former to-day, both as regards the educational work undertaken there, and on the present position of the new building.

A hearty vote of thanks was accorded to Mr. Cameron, on the motion of Dr. Yeldham, seconded by Dr. Edward Hamilton.

Dr. Buck read his paper on "*Our Triumphs and our Failures*." He had to confess that he was unable to record many brilliant cures with one remedy in a high potency. He quoted Dr. Ernest Sansom as to the perniciousness of such hasty generalisations as the dicta, *similia similibus curentur*, and *contraria contrariis* as they are based on the treatment of symptoms. He, Dr. Buck, considered Dr. Sansom took too narrow a view of the word symptom, and urged that both objective signs such as the dull note on percussion, and the subjective signs described by the patient were really the symptoms of a disease. Dr. Sansom alluded in particular to the absence of symptoms in some forms of heart disease. Dr. Buck adduced cases to illustrate this point.

Case 1 was a little child two years old, with no objective

symptoms, and who yet had a marked pericardial bruit which he considered to be of congenital origin. When twelve she had an attack of influenza with broncho-pneumonia, with an accession of the peri-cardial mischief. She made a good recovery under the influence of medicines which he indicated.

Case 2 was that of a lad aged 8 with acute arthritis and pericarditis.

Case 3 was an interesting case of rheumatic endo-carditis and pleurisy in a man aged 26, with most severe symptoms, who ultimately made a good recovery. The salient points being the mental condition, the absence of any real acute pain during the pleurisy and pericardial attack, and the absence of any friction sounds. Dr. Lees (*Lancet*, 1898) observes that pericarditis may exist and run its course, especially if it accompany pleurisy and pneumonia, without any rub being observed. He (Dr. Buck) compared the past with the present treatment of pericarditis, and quoted Dr. Lees to the effect that ice is a very effectual local application in pericarditis. He thought that it would be interesting to have the experience of the London Homœopathic Hospital on the treatment of these diseases.

The next case was one of articular rheumatism in a man aged 28, complicated with hyperpyrexia and meningitis. During the stage of delirium and unconsciousness *stramonium* was used in alternation with *phosphorus* with marked benefit. He had not obtained any good results in his chronic cases from *bryonia* 30. He alluded to a case where treatment at Matlock had removed the rheumatism.

Dr. BYRES MOIR thought the absence of symptoms was due to want of care in making observations. He thought there was a congenital pericarditis. In rheumatic fever pericarditis occurred most frequently in children under ten. He spoke strongly in favour of the *salicylate* treatment of rheumatism.

Dr. GALLEY BLACKLEY felt a comparison was needed of the treatment of acute rheumatism with the truly homœopathically indicated remedies and the *salicylate*. He, too, thought there was a congenital pericarditis and instanced cases in support of this. In obstinate rheumatic cases he advised Matlock, Buxton or Bath or the use of the Turkish bath.

Dr. VINCENT GREEN detailed a case lately in the hospital treated by the *salicylate*.

Dr. DYCE BROWN referred to the Hon. Alan Campbell's observation on the use of *lycopodium* in these cases.

Dr. HUGHES has lately lost his first case of hyperpyrexia which he thought was due to a co-existing pneumonia; the patient was progressing well under *aconite* and *spigelia* and then the temperature suddenly rose to 107° when she died.

Mr. DUDLEY WRIGHT questioned the value of comparative

statistics as it was difficult to ensure that all the conditions were the same, as hospitals varied in the length of time they allowed patients to remain in the wards.

Dr. GOLDSBROUGH had examined a number of patients who had left the London Homœopathic Hospital after treatment for acute rheumatism and had found the hearts free from disease.

Mr. HARRIS confirmed the use of *lycopodium*, and spoke of the use of *mercurius* in those cases where no relief followed sweating.

Dr. DUDGEON alluded to a case of rheumatic fever with hyperpyrexia and delirium, which yielded to *agaricus*.

Dr. EPPS said from personal experience sweating brought no relief.

Dr. THOMAS quoted a case lately under his care where he had found *mercurius rivus* 8x helpful. He had used *salicylate of soda* in occasional doses to relieve pain whilst continuing *bryonia*.

Dr. LOUGH urged the use of *veratrum viride* in the early stage of pericarditis. He deprecated in cases of acute rheumatism going outside pure homœopathy for the remedies.

Mr. KNOX SHAW wished to draw attention to the injurious effects of the *salicylate* in causing hæmorrhages, and referred to the abstracts of paper by Dr. Shaw, of Guy's Hospital.

Dr. YELDHAM wished those taking part in the discussion had mentioned the dilution used.

The PRESIDENT, as a very old practitioner, urged that whatever could be done by allopathic medicines could certainly be done by homœopathic treatment, and a great deal more. He thought the old school were not so enthusiastic in the use of the *salicylate* as they were.

Dr. BUCK having replied the meeting closed.

NOTABILIA.

NORWICH HOMŒOPATHIC DISPENSARY.

ANNUAL REPORT, 1892-3.

THE year has been free from any extensive epidemic, and the health of the city has, on the whole, been unusually good, as shown by unusually low death rates recorded. Taking this condition of things into consideration, the number of cases treated has been fully maintained. The home visits have been 1,669, while the consultations at the Dispensary have been 2,297.

The example set by Messrs. J. and J. Colman, as large employers of labour, is worthy of imitation, in supporting a charity which does good and extensive work amongst the

labouring classes, and it is hoped that support may be forthcoming from other firms.

The financial position is good, a small balance to the current account being carried to next year, and a substantial sum being invested.

THE LONDON HOMŒOPATHIC HOSPITAL NURSING INSTITUTE.

At the present time, when the work of the Hospital is being actively carried on in the temporary Hospital, at the rate of about 500 in-patients and 10,000 out-patients per year, it is most essential, both for the income and the reputation of the hospital, that the private nursing work should be fully maintained.

The present staff of nurses is about 40, including nurses for medical, surgical, special surgical, and monthly cases.

Unfortunately the receipts from that source were much less in 1892 than in 1891.

It is the earnest hope of the Board of Management that this very important branch of the hospital work, which can be fully carried on under the special arrangements made during the re-building, will be well supported by the members of the medical profession, upon whose requisitions for nurses it depends for its success.

BRISTOL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

REPORT FOR 1892.

THE work of the Dispensary was actively carried on during the past year in both branches of the Institution. There were 1,068 fresh patients at Brunswick Square, and 309 at Queen's Road, making 1,877 in all, an increase of 74 on 1891. The attendances were 6,554, an increase of 700, and there were 220 visits paid to patients at their own homes, who were too ill to attend at the Dispensary. Amongst the latter there were two deaths only, one from cancer, the other from phthisis.

These figures show the increasing appreciation amongst the sick poor of the mild system of medical treatment practised here, and the very small percentage in mortality.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

CONSULTATIONS on cases of interest in the hospital take place on the first and third Fridays in the month, at the hospital, Great Ormond Street, at 8 o'clock in the afternoon. Medical

men not connected with the hospital are cordially invited to be present. Any gentlemen having cases of interest which they would care to exhibit, or upon which they would like an opinion, may send their patients on these occasions.

DRYSDALE MEMORIAL BED.

On Tuesday evening, the 24th of October, a representative assembly of Liverpool citizens gathered together in the Tate Ward of the Hahnemann Hospital of the city to present the memorial—an endowed bed—which had been raised to perpetuate the name and services of the late Dr. Drysdale. The Lord Mayor of Liverpool (R. D. Holt, Esq.), who was accompanied by the Lady Mayoress, occupied the chair, and after stating in a few words the object of the meeting, called upon the Rev. Canon Armour to make the presentation. In doing so, Canon Armour said that the cost of the memorial had been defrayed by hundreds of persons in Liverpool and other parts of the country whose hearts had been stirred by an earnest desire to perpetuate the name and services of Dr. Drysdale. This honoured man had for 45 years been connected with the medical science of Liverpool. His name was held in high respect throughout the length and breadth of the land, and his memory was one of which Liverpool ought to be proud. He was an ideal member of the profession whose powers and skill were devoted to the relief of human suffering. Possessed of unwearied capacity of investigation, and an inexorable logical faculty, he was a born man of science, sitting like a little child at the feet of nature, and desiring only light and truth for their own sake. Never, however, did he allow his work to undermine his faith in God and man. He did his work, and then fell asleep full of years and honour. For the purpose of perpetuating his memory £1,000 had been raised by subscriptions to endow a bed in that hospital—a more fitting memorial than a statue or a monument of brass, since it was a living force which extended aid towards weakness.

The Lord Mayor, in accepting the presentation on behalf of the hospital, observed that having for 80 years known the distinguished man they were met to honour, he could from personal knowledge speak of Dr. Drysdale as so genial, kind-hearted, and confidence-inspiring a man that one had seldom met his equal. He had left a name which had added to the lustre of the medical profession of the city. In handing over the gift to the authorised officers of the Society he felt that in their charge it might safely be left. His Lordship then presented to Mr. Bacon a brass plate bearing the inscription, "Dr. Drysdale Memorial Bed. Endowed by Public Subscription, 1898."

Mr. S. S. Bacon (Chairman of the Hospital Committee), in response, said that the committee sincerely trusted that through what had been done that day many afflicted men would be restored to health and their ordinary avocations. He might say that they were inaugurating not one but three free beds—one being provided by the noble but untitled donor of the hospital and placed in the Tate Ward, another by the Misses Moore, each being of the value of £1,000. They were most urgently needed, and would be extremely serviceable. Mr. Bacon proceeded to read a letter which had been received from Mrs. Drysdale, and which concluded thus—"It comforts and pleases me very much that this memorial of my husband should be given by his friends in a way that would have been most acceptable to himself; and that in years to come his name should be associated with the relief of suffering is the best memorial of one whose life and talents were spent in so doing."

Dr. Hayward, on behalf of the medical staff, expressed the grateful feelings with which they received the memorial, and proceeded, at the request of the committee, to give the following simple, but clear, explanation of what is understood by homœopathy—the practice introduced into Liverpool by Dr. Drysdale. He spoke as follows:—As it has been intimated, we are met together to do honour to the memory of the late Dr. Drysdale, who was, so to say, the father of the hospital, inasmuch as he was the originator of the first homœopathic medical institution in this town, the original homœopathic dispensary, out of which the hospital has grown. He was also to a great extent the life and soul of the institution from its birth in the dispensary, which only a few of us remember, to its maturity, which all of us now see in this beautiful, commodious and sanitary building. As is well known Dr. Drysdale's starting the homœopathic dispensary was the signal for his persecution by the medical men of the town. They did all they could to deprive him of his membership in the Medical Institution, and to hound him out of the town. However, his quiet, persistent and scientific advocacy of the truth of the homœopathic law of medicine, together with his continual demonstration of its practical efficacy and superiority over the old system, convinced several of the then practitioners of the town—myself amongst the rest—of its truth, disarmed the persecution, and ultimately won for him the universal respect and honour of his professional brethren. The majority of the practitioners of Liverpool, however, refused, and still refuse, to examine into the merits of the homœopathic way of using medicines. They also did what they could to prevent the public from doing so, so that even now, after nearly 50 years, I fear only a small portion of the

people of this city really understand the difference between homœopathy and the old system of medical practice. I will, therefore, my Lord Mayor, by your kind permission, and in a very few words, just point out what homœopathy really is. I will say nothing about the old system, because all understand what that is.

Well, to begin with, we are all liable to be ill sometimes ; and when ill, we expect the doctor to order *medicine* to cure us. Now, what medicine shall the doctor give us for our particular ailment ? Certainly we would not like him to give us just what was ordered by old Dr. Abernethy for similar ailments, because such treatment would be quite out of date, and might be very unsuitable, leave our ailment untouched, and perhaps let us die of it. The same objections apply to the treatment of all the other great doctors of our early days.

Nor would we like him to merely repeat for us the prescriptions of the late Sir William Gull, of Sir William Jenner, Sir Andrew Clarke, or other popular practitioners, for similar reasons ; and because, like the commerce of 20 or 30 years ago, the travelling, the education, the lighting, the electric science, &c., so the medical practice of our early days was not, and is not, at all up to the practice of the present day. Now there are, so to say, a thousand and one ailments that we are subject to, and at least a thousand and two medicines, each of which has power to cure some particular ailment. But how shall the doctor find out which particular medicine will cure any particular ailment ? He cannot guess this. Neither can he take up any unknown substance and say of it that it is a medicine ; nor can he take up any particular medicine and say beforehand what particular disease it will cure. These are impossibilities. Now, to cure disease in any particular part of the body, common sense dictates that the medicine should be applied to that part. Say it is the foot, the medicine should be applied to the foot, not to the hand. Say it is the stomach, the medicine should be put into the stomach, not applied to the back. Say it is the lungs, the medicine should act upon the lungs, not upon the bowels ; for this purpose it will have to be put into the blood, so as to circulate to the lungs. Say it is the brain, the medicine should be such an one as *opium* or *belladonna*, which, even when swallowed, will operate on the brain, rather than such a medicine as *ipœcacuan.*, that operates on the stomach, or *castor oil*, *senna*, *jalap*, or *aloes*, which act upon the bowels. Certainly, to cure disease in any particular part the medicine should be chosen, because it is already known that when introduced into the blood it will act upon the part that is diseased.

Now, we know by experience or experiment and reading

that different medicines act on different parts; for instance, *ipêcacuan.* acts upon the stomach, causing nausea and vomiting; *castor oil* acts upon the bowels, causing purging; *cantharides* and *turpentine* act upon the kidneys, inflaming them; *sulphur* and *arsenic*, even when taken into the stomach, act on the skin, causing eruptions; *mercury* acts on the salivary glands, the gums and the teeth, causing salivation and loosening the teeth; *belladonna*, *hyoscyamus*, and other medicines act upon the throat, drying and inflaming it; *phosphorus* and *bryonia* act upon the lungs and pleura, inflaming them; *colchicum* acts on the joints, inflaming them, like rheumatism and gout; and so on—every medicine on some special part and in some special way, producing some special ailment, showing itself by some special effects or symptoms.

Well, supposing a patient has some particular ailment of some particular part, the *wise* physician will select for him the medicine that will act directly on that part, and thereby cure the disease, not one that will act on some other part that is not diseased. But how does the doctor know which medicine will act directly on the part that is diseased? How! Why, just by learning beforehand that when taken by accident or in large doses by persons in health they produce a similar complaint. The properly educated physician knows that *ipêcacuan.*, *tartar emetic* and *tobacco*, for instance, produce nausea and vomiting, the wise doctor therefore gives one of these to patients complaining of nausea and vomiting. So he knows that *castor oil*, *senna*, *jalap*, *blue pill*, &c., produce purging, he therefore gives one of them to patients complaining of diarrhœa. So he knows that *phosphorus*, *bryonia*, *tartar emetic*, &c., produce irritation and inflammation of the lungs and bronchial tubes, he therefore gives one of them to patients with pneumonia, bronchitis, &c., from taking cold; he knows that *aconite*, *belladonna*, *hyoscyamus*, &c., dry and inflame the throat, so he gives one of them to patients with sore throat from taking cold; he knows that *mercury* produces inflammation of the mouth and gums, with salivation, he therefore gives it to patients with inflamed mouth and gums and loose teeth; he knows that *camphor*, *veratrum*, *tartar emetic*, *arsenic*, *copper*, *colchicum*, &c., produce icy coldness and collapse with vomiting, purging and cramps and speedy death, very like Asiatic cholera, he therefore gives one of these in cases of cholera; he knows that *aconite*, *gelsemium*, and some other medicines produce shivering and feverishness; he therefore gives one of these in cases of fever; and so on with all medicines and all diseases—he gives just the medicine that goes to the part, and, in persons in

health, produces a similar ailment, as shown by similar effects or symptoms, because he knows that in sick persons it goes to the part, and in trying to produce a similar ailment it cures the patient ; just as the sun shining into a fire puts it out.

This is homœopathic *medical* practice ; the medical practice that was introduced into Liverpool by Dr. Drysdale, and that is carried on in this hospital.

The *surgical* practice is just the same as in the old school—in the Royal Infirmary, for instance ; and, I venture to say, equally good, and, in consequence of the medical treatment, more successful.

Homœopathy is treating a disease by a medicine that—in a healthy person—would produce a *similar* disease, not one that would produce the *same* disease ; it is not giving brandy to an intoxicated person ; or *opium* to a person poisoned with *laudanum* or *morphia* ; or *arsenic* to a person poisoned by *arsenic* ; it is giving a medicine that produces only a *similar*, not the *same*, disease.

Nor is homœopathy simply giving small doses of medicines ; small doses are given, certainly ; they are given because it has been found by experience that when the proper medicine is given, small doses cure the disease surely and rapidly ; more surely and rapidly than large doses do.

This, then, is homœopathy. Homœopathy is the medical practice that is based upon a law of nature.

At the conclusion of this address a brass plate was affixed by the Lord Mayor to the wall of the Tate Ward above the endowed bed. Tea and coffee were served, and afterwards a programme of music was rendered by Miss Jepson, Miss Thomas, Mr. J. C. Sutherland, and Mr. Hellawell.

DR. CROUCHER, J.P., EX-MAYOR OF HASTINGS.

As our distinguished colleague has just concluded his year of office as Mayor of Hastings, it affords us the greatest gratification to show to our readers, from the local press, the very high opinions he has gained from all, friends and foes alike. His year of office has been the greatest success, and we feel proud of him. We cannot do better than quote a passage from the "Local Notes" of the *Hastings and St. Leonards Observer*, for November 4th, which saves the necessity of comment.

"If it be true that Dr. Croucher cannot see his way clear to accept for a second year the office of Mayor, his Worship's decision will be received with general regret. Happily it has rarely, if ever, happened that a chief magistrate of Hastings has doffed the trappings of state amid feelings of general

dissatisfaction upon the part of his townspeople. True, we have had mayors and mayors. We have had occupants of the civic chair who deserved in differing degrees, the thanks of the ratepayers for the manner in which they performed the onerous duties of their office, but of not one of them has it ever been said at the close of his Municipal tenure that he was unworthy to occupy the position to which he had been elevated by the voice and vote of the Town Council. I agree that this admission might in one sense be used against the theory that has been so repeatedly put forth in this paper, to the effect that the party system of government gives us, if not the worst, at any rate not the best representatives of the town's interests that we could find. But without discussing this question at the present moment there is no gainsaying the fact that of the several occupants of the chair known to the present generation Dr. Croucher stands in the first rank for the zeal, the energy, the spirit of self-sacrifice, and, above all, the impartiality with which he performed his functions. Elected undeniably by a party vote, and amid one of perhaps the greatest scenes of party excitement within the memory of the oldest inhabitants, stormed at—almost howled at—by Radical members of the Corporation, as he took his seat for the first time as President of the Council; deserted at his dinner by a section who, no matter what party provocation, what the degree of their irritation and disappointment, had never before failed to appear at the banquet, where opposing politicians, victors and defeated, are accustomed to assemble under a flag of truce, and for the moment forgetting their divisions, make merry with toast and speech, and song, he had not been long in office before he had disarmed the hostility of his antagonists and won the esteem of all men, while he now retires from the post to which it may be said he has added new dignity and lustre, amid the regrets of all, save perhaps those few who are Radical partisans before all and everything. Here surely we have a full vindication of the wisdom of the choice of the majority responsible for the election of Dr. Croucher, as also it is possibly the highest tribute which could be offered to the Mayor's public and individual virtues. But while I thus advert to an exhibition of party feeling which, even at this distance of time, and under greatly changed circumstances, I cannot help saying was as petulantly childish as it was wholly unwarrantable, it must in common fairness be admitted that even in their moments of wildest excitement the protesting section not only disclaimed all personal hostility to Dr. Croucher but they even went out of their way to do honour to him in his private capacity. If I recall these things to-day it is out of no desire to revive unpleasant memories, but simply

from the wish to show the kind of man the retiring civic chief is who has not only lived all this down, but who, by his zeal for the public good, his generosity of sentiment, his kindness of heart, and the spirit of strict justice marking his every step, has won at once our respect and our admiration.

"It is often said, and in truth, in Hastings we have evidence almost daily of the accuracy of the remark, that if anything is to be done for the public we have usually to seek for the doer among the busiest men of the community. Dr. Croucher is a striking illustration of the pertinence of the observation. Notwithstanding the pressing calls upon his time as a medical practitioner he has yet managed to show a devotion to his public duties which is above all praise. In earlier days the Mayors of Hastings held a comparative sinecure compared with their successors, say, of the last ten or a dozen years. But the present Mayor has proved himself almost *facile princeps* of these modern civic workers. And in a special degree has he endeared himself to all by his modesty, his gentleness, his readiness to lend a helping hand to every good and deserving cause for which his aid was solicited. A stout Churchman, we have yet seen him preside at Nonconformist gatherings, at one of which gatherings within the last week or two he delivered a speech marked by the spirit of true Christian catholicity, while if any further indication were needed of the breadth of his mind upon religious matters it would be found in the fact that at this moment his name as Mayor stands as that of President of the testimonial which is being raised to the Rev. Father Foy. I could say much more of Dr. Croucher, but I confess I am restrained by the fear lest a recital of the many obligations which he has placed us under, and the feelings not merely of respect, but affection, in which he is held by the townpeople whom he has so faithfully served, should be distasteful to him. Yet, even at the risk of saying that which may be unpalatable to the native modesty of our still premier citizen, I feel it incumbent upon me to place on record this offering of the public's appreciation of the manner in which he has done the work, nay, done very much more than the work, that, on the 9th of November last, he undertook to do. As no Mayor of Hastings ever entered upon office more unselfishly, more patriotically, more courageously than he, as no man was met with more serious difficulties at the outset, so he has won the highest reward which it was in the power of a Mayor to win—the conversion even of political enemies into admiring friends, and the universal acclaim of his townspeople. But while offering this meed of public appreciation and thanks to his Worship it would ill become me, as representing the sentiments of the

inhabitants, if I did not say how impressed we all are with the grace, the dignity, the affability, the kind-heartedness which Miss Croucher brought to bear upon the assistance, which she, as Mayoress, lent her father in the carrying out of his municipal mission, as president of certain social religious functions, and as a host of almost prodigal, or, as the borough member put it recently, lavish hospitality. As both the Mayor and the Mayoress have earned our best wishes, these wishes will accompany and long attend them in their retirement. From the days of Alderman Scrivens down Hastings has had several mayoralties, which she has chronicled in red letters in the municipal records, but one of the most memorable of these, one to look back through years in the future with respect, gratitude, and affection, will be that of Dr. and Miss Croucher."

Such a career is fitted to benefit homœopathy to no small degree, and we offer our congratulations to the ex-mayor on his masterly official career, which he has not allowed to interfere with his professional work. A still further proof of his unique success, and of the esteem of his fellow townsmen, takes the form of an illuminated address of congratulation on vellum, which is to be presented to him. It is the first time in the annals of Hastings that such a step has been taken, and it speaks volumes.

WRIGHT'S IMPROVED PHYSICIANS', SURGEONS', AND CONSULTANTS' VISITING LIST.

Compiled by Robert Simpson, L.R.C.P., L.R.C.S. 1894.
Bristol: John Wright & Co. London: Simpkin, Marshall & Co.

THIS is one of the best visiting lists we have seen; for those who prefer to write a list of their patients only once a month instead of every week it is distinctly the best that has been presented to our notice. Why, however, it should be only for "*improved physicians and surgeons*"—and what these gentlemen might be—we are not quite clear. The book is light, thin, contains the maximum of room and information in the smallest space, and has a neat flexible leather cover, with flap. The only alteration which would appear to us an improvement would be making the book about an inch shorter. We think everybody would be pleased to exchange the ordinary heavy and cumbersome pocket visiting lists for this truly improved one.

THE MEDICO-ETHICAL MISSIONARY.

I am the well-known Ernest Hart,
 Editor of the *B. M. J.*,
 In ethics I am awful smart,
 On etiquette I've much to say.
 My ethics means just to abuse
 The homœopaths with all my force;
 My etiquette is to refuse
 Them all professional intercourse.
 Of wallowers in my ethic slime
 In England I've a goodly crop;
 Of medical deportment I'm
 The *Æsculapian Turveydrop*.
 To teach the Yankees etiquette
 I crossed the wild and stormy ocean;
 Of high-toned etiquette, you bet,
 They haven't got the slightest notion.
 I swore that true *esprit de corps*
 Bound them to hate the homœopath—
 They simply voted me a bore,
 And set me boiling o'er with wrath.
 I said if patients of that sect
 An operator's aid should lack,
 No surgeons, who themselves respect,
 Should "act as sawbones to a quack."
 I said rank fools were all who held
Similia Similibus.
 "A blooming bigot you!" they yelled,
 Likewise "You rasping little cuss!"
 I shook the dust from off my feet,
 Cursed the obtuse American,
 And now I'm back in Wimpole Street
 A sadder if a wiser man.

L'ENVOI.

May Hahnemann, and all his ways
 Confounded be in every part
 Of Britain, is, as Shakespeare says,
 A pious "prayer of earnest heart."

THE PARALDEHYDE HABIT.

In the *Edin. Med. Jnl.* (July) Dr. Elkins gives a detailed description of a case of the paraldehyde habit. His report is most instructive, but we have only space for the useful summary he gives:—

General Symptoms.—Great emaciation; anæmia; slight rise of temperature in the evenings.

Circulatory System.—Heart's action weak and irregular; pulse intermittent and soft; palpitation.

Alimentary System.—Stomach derangement, especially flatulence; costiveness; bouldimia.

Respiratory System.—Breath smelt of paraldehyde.

Nervous system.—1. Motor symptoms; general muscular weakness; general tremulousness, especially in tongue, facial muscles, and hands; gait feeble and unsteady; general restlessness. 2. Sensory symptoms: "strange feelings" running through body. 3. Mental symptoms: insomnia; great mental anxiety and agitation; discontent; unreasonableness; mental confusion; mental excitement; temporary loss of memory and incoherence of speech; shouting; tendency to strip himself; hallucinations of sight (he saw "strange beasts"); hallucinations of hearing (he heard his death would appear in to-morrow's paper, he heard his wife had said she wished he were dead); delusions (that he was being poisoned, that his milk was drugged with laudanum, that a woman was in his bed, preventing him from occupying it; that people were tormenting him, that the doctors meant to kill him, that the house was on fire, that harm was about to happen to him). It will be noticed that the hallucinations of sight and hearing and the delusions, were all of an unpleasant kind.

OBITUARY.

LORD EBURY.

THE death of Lord Ebury, which occurred on November 18th, at the patriarchal age of 92, will be deeply regretted by all interested in the history of homœopathy in this country, as he was always a staunch champion of the therapeutics of Hahnemann, from a period beyond the memory of most of its present adherents. It was in 1828 that his attention was first called to it by his brother, the late Earl of Wilton, and since that time he has never swerved from his allegiance to the therapeutic rule of *similia similibus*. His connection with homœopathy was not limited to his personal belief in its truth and its employment for himself and family, but he zealously entered into any scheme for a propagation of a knowledge of it, and an application of its benefits among the public at large. He was President of the English Homœopathic Association, which, during its short career, did much propagandist work by means of meetings, pamphlets, and books of a popular character. He was President of the Hahnemann Hospital, which had a short existence of three or four years. Lord Ebury then joined the Board of Management of the London Homœopathic Hospital, whose President he remained till his death. His presidency was not merely an honorary one, for he frequently attended the meetings of the board, and helped them much by his sagacious advice and

suggestions. Until the last year or two he presided at the annual meetings of the Governors of the Hospital, and charmed all by his genial manners and interesting addresses. But his services to homœopathy were by no means limited to these functions. He was a tower of strength to homœopathy in both Houses of Parliament. When in the Lower House, as Lord Robert Grosvenor, member for Middlesex, he succeeded in defeating the anti-homœopathic machinations of the President of the Board of Health appointed by Government to collect statistics of the cases of cholera treated in the London Hospitals during the epidemic of 1854. It was found, when the returns of the Board were presented to Parliament, that the statistics of the London Homœopathic Hospital (which was one of the hospitals set aside by Government for cholera cases) were suppressed. The subject of our memoir induced Parliament to order a special return of the suppressed report of the Homœopathic Hospital, which revealed at once the reason for its suppression by the allopathic Board of Health, for it showed that while the mortality in the allopathic hospitals was about 58 per cent., that of the homœopathic hospital was only about 16 per cent.

In 1855, when the Crimean War was raging, Lord Ebury headed a deputation of noblemen and gentlemen to the Secretary of State for War, in order to induce him to appropriate some portion of the hospital accommodation in the East for the purpose of giving our sick and wounded soldiers the benefit of homœopathic treatment. Their request was not granted, but it was right to make the attempt.

A still greater service to homœopathy was rendered by Lord Ebury in the House of Lords in 1858, when the famous Medical Act was passing through Parliament. When it was on the point of being read for the third time in the House of Lords, it was discovered that it afforded no protection against the rejection of candidates for degrees and diplomas if they were suspected of homœopathic leanings. When this was brought to the notice of Lord Ebury, he entered warmly into the matter. With the aid of Mr. W. Cowper (afterwards Lord Mount Temple) and Dr. Dudgeon, who had brought the matter to his notice, a clause was hastily drawn up, and Lord Ebury hurried off to the Secretary of State who had charge of the Bill, and after much persuasion induced him to allow the clause to be brought before the House at that late period. This clause was inserted in the Bill by Lord Ebury's energetic action, and is familiar to all as Clause XXIII which is regarded as the charter of the rights of homœopathic candidates. It required no little trouble and persevering energy to do this invaluable service to homœopathy, and not only the present but future generations of homœo-

pathists will feel a high sense of gratitude for Lord Ebury's services on this occasion.

The homœopathic body, at the instigation of Dr. Yeldham, endeavoured to give expression to their recognition of Lord Ebury's great services to the cause of homœopathy, by presenting him with a testimonial, which took the form of his portrait painted by Mr. Cyrus Johnson. A few of the subscribers met to make the presentation at Lord Ebury's house in March, 1882, and the late Major Vaughan Morgan, the energetic and ever regretted chairman of the Board of Management of the London Homœopathic Hospital, was appropriately chosen to speak for the subscribers. Lord Ebury delighted all by the hearty way in which he thanked his visitors, and he gave an interesting account of his experience of homœopathy, and declared his continued faith in the truth of the therapeutic rule we owe to Hahnemann.

We should mention that Lord Ebury took a warm interest in the London School of Homœopathy, and that from the first he was President of the Homœopathic League and was much interested in the tracts of the League which he used to distribute among his friends.

The homœopathists of the present day cannot feel the same need of an influential friend in the upper social ranks which was so useful in the earlier years of its introduction into this country. But those of us who are old enough to remember the time when the practitioners of homœopathy in Britain could be counted on the fingers of one hand, know well how useful to us was the advocacy of the system by highly-placed and intelligent laymen, and among all these few can compare with the late venerable nobleman in zeal and courage, in advocating and defending the homœopathic system, in season and out of season, through good report and evil report, for the long period of seventy years of an active and useful life.

We leave to others more competent than ourselves the pleasant task of enumerating the great services of our deceased friend to the cause of philanthropy, of which, no doubt, he considered homœopathy a branch. Of his private charities and benevolences, which were numerous and munificent, we have no authority to speak. His contributions to the funds of homœopathic hospitals and institutions did not exhaust his homœopathic benevolence, for he was always ready to assist with his purse any case of pecuniary distress among the widows and families of poor homœopathic practitioners.

That one who had so earnestly pressed the value of homœopathy upon his friends, had shown his sense of it by

contributing to institutions and projects for extending its benefits and propagating a knowledge of it, should himself have availed himself of its advantages is only what would be expected, and so it was with Lord Ebury, his medical attendant for many years past and during his last hours having been our old friend and colleague, Dr. Dudgeon.

CORRESPONDENCE.

HOMŒOPATHY IN NORTHAMPTON.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The Congress at Northampton has done good service by drawing attention to the early struggle maintained with the opponents of homœopathy 40 to 50 years ago. I cannot, however, allow the statement of Dr. Croucher, as reported in your *Review* (p. 708), to the effect that "Dr. Clifton had done the work of a dozen men in propagating the truths of homœopathy far and wide in the midland counties," to pass without the following comment, viz., that the introduction of homœopathy to Northampton and several other midland towns, was effected by my father, the late Dr. Charles T. Pearce, 42 years ago, before Dr. Clifton commenced his medical curriculum. By lecturing, by defending, with the valuable aid of Dr. Sharp, homœopathy in the columns of the local newspapers, and by publishing the *Homœopathic Record*, my father waged the battle of homœopathy in the Midlands in 1851 to 1861. I shall be happy to show my copies of the *Homœopathic Record* to any friend of the cause who may call upon me. It forms an interesting compendium of the writings of several well-known early practitioners of homœopathy. I do not desire to minimise the meed of praise given to Dr. Clifton for his well-sustained efforts to propagate a knowledge of homœopathy, but claim justice to the memory of my father, whose work should not, I think, have been passed over in silence. It cannot be ignored, for it is bound up with the history of homœopathy in this country.

Yours truly,

ALFRED J. PEARCE.

19, Queen's Road, Twickenham,
November 10th, 1893.

AN APOLOGY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The paragraph of the leading article of your current number, which animadverts severely on certain expressions in my letter of August 5th to the *N. A. Journal of Homœopathy*, demands some explanation from me, for which I ask the favour of a few lines' space.

As readers of the *Review* probably know, I am an enthusiastic supporter of "the" or "a" *Directory of Homœopaths*. The recent controversy having, naturally, occupied much of the "*Medical News*," I am engaged, quite honorarily, of course, to furnish to American readers, possibly, my strong views may have coloured my monthly notes—generally written in haste to catch the Saturday mail.

Let me assure my colleagues who oppose the *Directory* that the unfortunate epithet, "Weak-kneed" was *not intended* to apply to the *faith in homœopathy* of these gentlemen, but to the supposed readiness to bow to the dictates of the rank and file of our allopathic *confrères* in respect of our distinctive titles and institutions.

However, your remarks on p. 647 (line 13 onward) reassure me that this supposition is groundless; and I, therefore, *frankly and unreservedly withdraw* the phrases objected to, and shall note the matter in my next American communication. I deprecate the introduction of names into your article, especially as I was not aware up to the date of writing that Dr. Richard Hughes, my esteemed teacher in homœopathy, had taken a stand adverse to the *Directory*. In a very friendly letter, dated November 3rd, he remarks: "There was, indeed, nothing personal in your characterisation of those who differed from you on the *Directory* question. . . . It is one which admits of difference of opinion between the best friends, and consistently with the utmost respect."

I quite admit that Mr. Knox Shaw, and those who act with him, have, as I have, the sincere desire to promote the cause of homœopathy. As regards the British Homœopathic Society, I am in hearty sympathy with its aims, principles and work, and expect that during its jubilee year it will include all qualified and avowed British homœopathic practitioners. In that case there would be no need for a Chemists' Directory.

One word in reference to my little treatise (still in MS.) to prevent misconceptions. *Common-sense Homœopathy* was begun in 1877. It is written on the lines of the League tracts, and is an attempt to bring before intelligent laymen

the essentials of homœopathy, supported by statistics, scientific proofs of the infinitesimal, common-sense reasoning, &c., and to disassociate true homœopathy from colourable imitations of it, such as Mattheism, Schusslerism, Dosimetry, &c.

Yours faithfully,

J. MURRAY MOORE.

Liverpool,

November 6th, 1898.

THE TREATMENT OF ACUTE RHEUMATISM.

(Letter from the Honourable ALLAN CAMPBELL, M.D., Adelaide, South Australia.)

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The following letter was addressed to me personally, but the subject is of such interest that I think the object of the letter will be best attained by its publication in the *Review*.

D. DYCE BROWN.

"Adelaide, 25th August, 1898.

"Dear Dr. BROWN,—By No. 8 of the new issue of the *Journal of the British Homœopathic Society*, I see the members of the Society have had an interesting discussion on "Rheumatism." This revives an intention I formed some time ago to write to you and ask you to carry out a series of cases of rheumatism in the hospital, treated with the trituration of *lycopodium* 8x. You may give a dose of *aconite* if you choose, and when you choose, but begin *lycopodium* at once and stick to it, giving 8 grs. every three hours. I think you will find that in *lycopodium* you have a remedy unequalled for fair uncomplicated acute rheumatism. If endo-carditis arises, even then stick to it, but give any other remedy indicated with it. I have treated at least half-a-dozen cases lately with it, but I don't wish to presume upon my very limited experience. In fact it is difficult in private practice to take the notes necessary to determine precisely the use of a drug like this. Will you, therefore, kindly institute a fair trial in the hospital, and I shall be disappointed if your results are unfavourable.

"You know how *lycopodium* covers the symptoms of copious uric acid (brick dust) sediment. This is generally a very prominent symptom in acute rheumatic fever. There are other symptoms, but apart from details I hope you will put my suggestion to the test. We have not in this Colony so many nor so severe cases of rheumatic fever in private practice

as in the old country, hence I think you have more opportunity at command to try a remedy. It seems to act so effectively in restoring the vegetative system that the rheumatic fever takes its leave accordingly. When the functions of the liver are fully restored it seems to me there is complete elimination of the rheumatic element. However, I shall be greatly pleased to learn from you that numerous trials have been made and with success, shortening the period of attack by two or three weeks.

"Yours most sincerely,

"ALLAN CAMPBELL."

VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—We all have confidence that you will not allow us to enter into the hopeless mazes of a statistical warfare in this matter of vaccination; yet I venture to think that homœopaths can take their part in the reform and purifying of the present crude methods of conferring immunity to small-pox.

Starting from the argument, now pretty well established, that vaccine lymph must have some actual pathological descent from smallpox for it to be successful in giving immunity; we may feel that in our calf lymph, smallpox virus, attenuated by passing through an animal body, we probably have in a crude and indirect way, got hold of some impure form of ptomaine, such as is produced by the small-pox bacillus in the blood of patients suffering from the disease.

Bacteriology has given us very many fads, many unproved theories; it has done great damage to medicine by taking hold of the professional brains with one idea, to the exclusion of drug studying; it has enabled many young aspirants to professional eminence to attain their ambition at a leap, without the long years of struggle and careful application of practice amongst actual suffering men and women; for the discoverer of a new germ now-a-days takes the top seat at once, whether his germ be a real or sham one, and notwithstanding that he may not be able to diagnose and to treat the simplest ailments; but bacteriology seems to have given us one or two facts of practical importance, and these reflect upon our present method of vaccination. I take it that it is now ascertained that the bacilli of infective diseases do produce in the blood certain poisons, that these poisons produce the symptoms of the disease, including the rash; that with the full development of these poisons the work of the bacilli is over, they are destroyed by their own produc-

tions, they die, and the disease ends, in recovery, if the organism has been able to stand the strain of being the battle ground of the struggle between disease and the *vis medicatrix nature* (in which I still believe, in spite of arguments against "vital theories," &c.). Further, bacteriology has proved that these poisons, if prepared in an isolated and pure form, not only act curatively in disease, but also confer immunity upon the animal into whose blood they are injected; if there be any substance in vaccine lymph capable of conferring this immunity to smallpox, it is the special ptomaine of the bacillus of that disease, or some analogue of that ptomaine.

Considering the vast care taken in isolating other ptomaines for laboratory experiments and the difficulty in isolating them, it is a little strange that we are content to prepare our vaccine in so crude a way as we do; vaccine lymph is not an isolated single substance, but a complex one, quite capable, whilst conferring immunity to one disorder of also conferring receptivity to others, a serious matter when we use the tuberculous animal par excellence for the breeding ground of our lymph.

I have spoken of analogues, and I will venture here to urge what I have already been discussing in a certain lay scientific journal, that these poisons producing the symptoms of the disease, and acting curatively and as preventives, may have everyone of them, analogues in the vegetable or mineral kingdom, if so, it is the work of the homœopath to discover them, for we know as no other men know, the action of drugs on the animal body, to name two only which would appear hopeful, *belladonna*, producing all the symptoms of scarlatina, and preventing it as many of us believe, and *antim. tart.*, acting in the same way with smallpox, though we have very few facts to prove the preventive power of the drug. Last week I vaccinated a child with pure *tartarised antimony*, the operation was completely successful and the vesicles resembled perfect vaccine vesicles. How can I tell if *antimony* be as good a preventative as calf lymph when the whole population for generations is under the influence of another fluid?

Yours obediently,

GERARD SMITH.

UNREGISTERED PRACTITIONERS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As I am the one referred to at the Congress at Northampton, I trust you will allow me to say a few words. The remarks made respecting me are calculated to do me great injury, as I was not there to answer them. It was

stated that I had some years ago passed a single session at Charing Cross Hospital, that it was only anatomy, and that it was *all* the medical education I had received; and that about a year ago I wished to have a diploma, and applied to a well-known homœopathic college in the United States, and that I received a reply that if I would come out, stay six months, and pass the examinations, I should get the degree. *All* the above-mentioned statements are untrue, and you have been misinformed by some one. I did not study at Charing Cross. I did *not* go to America with *only* one year's study at a medical school. I did not study *only* anatomy, but physiology, midwifery, diseases of women, surgical anatomy, &c., and homœopathic medicine and therapeutics I had studied 30 years. I also passed a full examination nearly four years ago at the largest and first homœopathic college in the United States, and thoroughly satisfied my examiners.

I feel sure that, in justice, you will allow this letter to appear in the next issue of the *Homœopathic Review*, and do all in your power to undo the mischief these remarks did me in the minds of those present.

I am, Gentlemen, yours faithfully,

M.D., U.S.A.

In accordance with the wish of the writer we publish the foregoing letter. The statement that he had had only one winter session of anatomy at a London medical school was made to Dr. Dyce Brown by himself. He now states that this is incorrect in fact, and that Dr. Brown must have misunderstood him. This Dr. Brown is quite willing to believe, and he therefore withdraws the statement, and regrets that he should have been found capable of so misunderstanding what seemed to him plain language.

Dr. Brown finds, with regret, that his dates are wrong. Instead of the degree referred to being a quite recent one, he finds evidence to show that it was obtained nearly four years ago.

While thus gladly withdrawing statements which he finds are incorrect, he would suggest to "M.D., U.S.A." that it would render his position much stronger and clearer with the public, if he would state categorically when and where he passed through the curriculum of study he delineates in such very general terms in his letter, naming the hospital at which he studied, and the dates at which he attended the various courses of lectures he mentions. All this we shall be happy to publish.—[Eds. *M. H. R.*]

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.

Dr. C. WOLSTON, formerly of Croydon, has now settled in practice at Summerhill, Chislehurst.

We regret that, owing to pressure of space, we have been obliged to postpone till next issue, Dr. Tuckey's paper, and letters from Dr. Percy Wilde, Dr. A. C. Clifton, Mr. Gerard Smith, and Mr. G. A. Cross.

Communications have been received from Dr. BERRIDGE (London); Dr. A. C. CLIFTON (Northampton); Dr. E. CLIFTON (Leicester); Dr. J. CAPPER (Liverpool); Dr. C. WOLSTON (Chislehurst); Mr. G. A. CROSS (London); Mr. KNOX SHAW (London); M.D., U.S.A.; Mr. PHELPS (Liverpool); Messrs. Keene & Ashwell (London).

BOOKS RECEIVED.

—*The Surgical Treatment of Epilepsy*. By Dr. Gowing Middleton. Paris. 1893.—*Rheumatism: Some Investigations Respecting its Cause, Prevention and Cure*. By Percy Wilde, M.D. London: Jno. Bale and Sons. 1893.—Keene & Ashwell's *Physician's Diary and Case Book*. 1894.—*Wright's Improved Physicians' and Surgeons' Visiting List*. Bristol: Wright & Co. 1894.—*L'Homœopathie et les Maladies des Enfants*. By Dr. James Love. Paris. 1893.—*Quatre ans dans un Dispensaire d'Enfants*. By Dr. James Love. Paris. 1890.—*The Bulletin*. London. Nov.—*The Court Circular*. London. Sept.—*"To-Day"*. London. Nov.—*Homœopathic League Tracts*. No. 47. J. Bale & Sons. London.—*The Homœopathic World*. London. Nov.—*Medical Reprints*. London. Nov.—*The Chemist and Druggist*. London. Nov.—*The Monthly Magazine of Pharmacy*. London. Nov.—*Baby: The Mother's Magazine*. London. Nov.—*Food and Sanitation*. London. Nov.—*The Hastings and St. Leonards Observer*. Nov. 11.—*The Indian Homœopathic Review*. Calcutta. Jan.—*The North American Journal of Homœopathy*. New York. Nov.—*The New York Medical Times*. Nov.—*The New England Medical Gazette*. Boston. Nov.—*The Hahnemannian Monthly*. Philadelphia. Nov.—*The Homœopathic Recorder*. Philadelphia. Nov.—*The Clinique*. Chicago. Oct.—*The Minneapolis Homœopathic Magazine*. Oct.—*The Medical Argus*. Minneapolis. Oct.—*The New York Medical Record*. Oct. and Nov.—*The Chironian*. New York. Oct.—*The Homœopathic Physician*. Philadelphia. Nov.—*The Medical Century*. Chicago. Oct. and Nov.—*The Medical Advance*. Chicago. Oct.—*The Medical Envoy*. Lancaster, U.S.A. Nov.—*Electro-Homœopathy*. Geneva. Nov.—*Les Bouchons et les Vins*. Boulogne. Nov.—*Bulletin Générale de de Therapeutique*. Paris. Nov.—*Archiv. für Homœopathie*. Dresden. Oct.—*Leipziger Zeitschrift. für Hom.* Nov.—*Homœopathisch Maandblad*. The Hague. Nov.—*La Homœopatie*. Mexico. Oct.

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, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 56, Moorgate Street, E.C.

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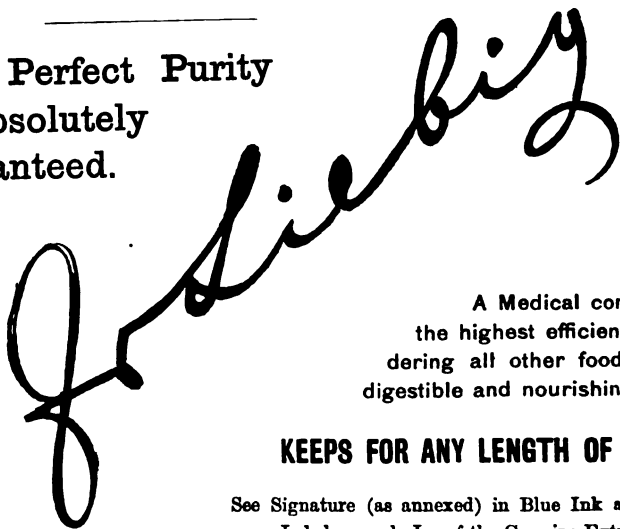
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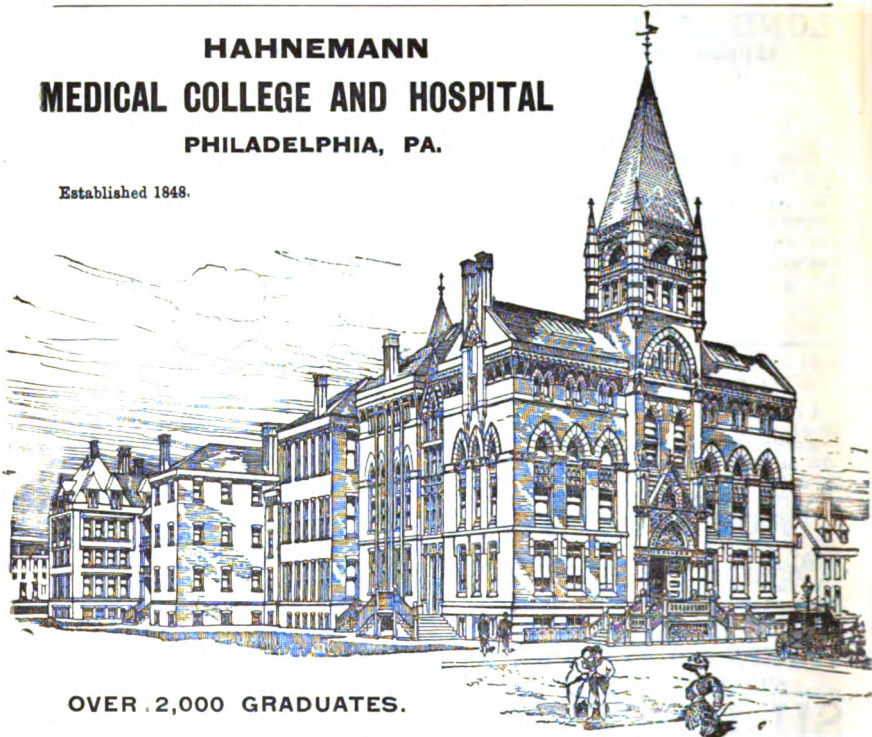
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