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EDITED BY

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THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY AMONG THE STUDENTS AT GUY'S HOSPITAL.

At the present time we find the same difficulty existing which has existed ever since homœopathy came into being, namely, the almost impossibility of getting hold of students at the various schools of medicine in order to point out to them in what homœopathy, in its principles and practice, really consists. They, as a rule, go to the medical schools utterly ignorant of the very meaning of the word, which, in such young men just commencing the study of medicine, is perhaps not surprising. But during their whole term of study they are *kept* in ignorance of its meaning, aims, and results by their teachers, who not only jeer at it and speak of it with contempt, but, whether from ignorance on their own part or otherwise, so misrepresent it that the student ends his course of study, gets his diploma, and proceeds to enter on practice with the most mistaken ideas of the whole matter, if he ever gives it a thought. He believes, not unnaturally, with implicit faith, what his teachers tell him, and begins to treat disease in the "orthodox" manner, and with the belief that homœopathy is all nonsense, and its adherents to be pitied, contemned, and avoided as heretics. We, in our journals, keep pegging away, availing ourselves of every opportunity of explaining

and expounding our views, principles, and practice ; but nine-tenths of what we write, in the hope of the seed falling into good ground and bearing fruit, never meets the eyes of those whom we most desire to influence, namely, the young men of the profession in their term of study, or at the end of it when they get their qualification to practice. Could we succeed in getting any definite channel of inter-communication we should have converts in abundance, as they have but to see the truth for it to appeal to their open minds. Of course their previous teaching in regard to homœopathy has to be antidoted, but this would be fairly easily accomplished if we once got hold of them and had a fair field and no favour.

It was, therefore, with much pleasure that in the *Guy's Hospital Gazette* of March 1st we found a paper on "Medical Heresies" which was read by Mr. OWEN RICHARDS, one of the students at Guy's Hospital, before the "Physical Society" on January 29th. The two medical heresies Mr. RICHARDS takes up are homœopathy and Christian Science. We do not feel flattered by the latter being associated with us, but let that pass. But as to homœopathy, we are only too pleased to find that at a students' society of one of the largest medical schools in the metropolis one of its members has the courage to come forward and read an, on the whole, excellent account of his subject, as accurate perhaps as one could expect from a student, and, what is more, the paper is written with a marked and unexpected fairness that is quite refreshing, and is an example to his seniors in the profession which we should be glad to see followed. Were such fairness visible in more authoritative quarters in public utterances and in print, not only would homœopathy advance at a much more rapid pace, but therapeutic treatment in the old school would begin to enter on a new era of progress which could only end in one way, namely, the adoption of homœopathy as the dominant practice. Mr. RICHARDS begins by an excellent and honest statement, which must have at once appealed to his audience as a good reason for their listening calmly to what he had to say without prejudice. "These are," he says, "both of them (*i.e.*, Homœopathy and Christian Science) reasoned systems of medical theory and practice ; they make no appeal to the supernatural, they do not claim that their practitioners possess any power which may not be exercised by any

man who takes the trouble to study and understand their principles. They lay the whole of their methods openly before the public, and by doing so they purge themselves of *quackery*. For the essence of quackery is the claim by individuals to possess secret knowledge or power which they keep secret for their own use and benefit." He further adds that "for the sake of fairness I have drawn my information almost entirely from sources which they themselves recommend, and from the little I have been able to see personally of their methods." This is as it should be. The first thing in discussing any practice is to know what one is speaking about, and to ascertain the principles and practice of homœopathy from proper and reliable sources, and not from one's own "inner consciousness," as so many members of the old school do, in describing it. The latter course results in setting up lay-figures resembling nothing that ever before existed, and then knocking them down—a very easy, but a very ridiculous thing to do. Mr. RICHARDS then proceeds to give a history of the origin of homœopathy, which, though not altogether correct, answers his purpose. He says :—

"Homœopathy was founded in 1796 by HAHNEMANN. Hahnemann was a Viennese doctor, who was very dissatisfied with the state of medical practice at that time—which, indeed, left much to be desired. He felt this so acutely that he had given up his practice, and was earning his living by translating books, and doing work in chemistry. While he was thus occupied it occurred to him that it might be possible to arrive at some more accurate knowledge of the action of drugs by giving doses of them singly to healthy persons and observing the effects. This was a perfectly sound method of experimenting, which apparently had been neglected. The tendency at that time was rather to deduce the action of drugs from general principles, or from authority, and to give them two dozen at a time in one mixture. His first trial was with *quinine*. He took several scruples of this in successive doses at a time when he was quite well. He was thrown into a feverish state which had some resemblance to the fever of malaria. This first suggested to him the theory, which he afterwards adopted, that diseases which are produced or simulated by large doses of a drug in healthy people are curable by small doses of that same drug in such people—just as malaria, which is produced or simulated in previously healthy people by large doses of quinine, is cured with some certainty in fever patients by small doses of quinine. He proceeds to

test this hypothesis with other drugs, and he and others carried out a most laborious examination of the symptoms produced by large doses of almost all the known drugs of that period. These researches extended over many years, and their results are embodied in certain large volumes called the *Provings*. The process of taking a dose of any drug and recording the symptoms which ensued, was called the 'proving' of that particular drug."

HAHNEMANN was a German, not a Viennese. His method of arriving at his law of similars was not exactly as Mr. RICHARDS describes. It was while translating CULLEN'S *Materia Medica* that he noticed there a statement that cinchona could produce, in large doses in a healthy person, symptoms closely resembling those of intermittent fever. The brilliant idea occurred to him that perhaps this was not a mere coincidence, but that it was an example of what might be found a definite law in therapeutics, namely, that the same drug which produces a train of symptoms closely resembling any well-known form of disease, would in smaller doses cure it. His first step was to commence provings on himself with cinchona, and he found that he could produce in himself all the main symptoms of an attack of intermittent fever. He then set to work to see, in the first place, if he could find any conscious or unconscious illustrations of this theory in the writings of physicians from the time of Hippocrates downwards to his own time, knowing that Hippocrates had stated that "some diseases are cured by similars and some by opposites." In these various works, the knowledge of which shows his marvellous erudition, he found quite a large number of cases in point. His next step was to "prove" other drugs on himself and his friends in order to ascertain the pure effects of drugs given singly to a healthy person. With these slight corrections, Mr. RICHARDS' sentences are correct. It was, however, cinchona that HAHNEMANN proved, and not quinine, which was then not known. Mr. RICHARDS' next sentences are quite pardonable for a beginner in the study of homœopathy, as the "schema" form of presenting symptoms, though valuable in many ways, is at first a little confusing, and has been objected to by many of our own school as not giving us the relation and sequence of the different symptoms. It was to remedy this defect that our late loved colleague, Dr. RICHARD

HUGHES, compiled that masterly and laborious work, the *Cyclopædia of Drug Pathogenesis*. Mr. RICHARDS says :—

“ Unfortunately, these researches, which might have been of enormous value, are rendered nearly useless by the arrangement of the results. All the symptoms either produced by the drug, or simply following its administration, in the case of perhaps a dozen ‘provers’ of different ages, constitutions, and nationalities, are recorded indiscriminately ; and arranged not under the names of those individuals who felt them, but under the name of the organ to which they were referred. Thus, if a drug caused headache in eleven cases and sneezing in one, headache and sneezing would be put down together under the title ‘head’ with nothing to show that one was commoner than the other. Further, all the mental and moral conditions were recorded—that very common mental state of ‘desiring to do a good action, but not one of any particular kind,’ is attributed to a drug of which I have forgotten the name. The result is a welter of conflicting and insignificant symptoms ; thus, to belladonna are attributed no less than 1440 symptoms of various kinds.”

He then proceeds :—

“ However, out of all the confusion came certain facts, which confirmed Hahnemann in his hypothesis.

Thus, *belladonna* given in a large dose produced a scarlatina rash, fever, and a sore throat, the clinical picture of scarlet fever. Hahnemann gave belladonna to scarlet fever patients and they subsequently recovered. He gave it to healthy people and they did not catch the disease when they were exposed to infection.

Rhus toxicodendron, or the poison oak, a drug not in the pharmacopeia, when given in large doses, produced symptoms which were considered an epitome of typhus or typhoid fever. In small doses the sufferers from these diseases took it and subsequently got well.

Aconite in the same way simulated and cured ‘simple inflammatory fever,’ which I take to be septic fever. Incidentally, one prover died of aconite poisoning.

Equally gratifying results were obtained with *perchloride of mercury* in dysentery, and many other drugs could be cited. In this way, Hahnemann was led to develop his scheme of medicine, which consisted essentially in observing the symptoms produced in healthy people by large doses of single drugs, and giving these drugs in small doses to cure diseases which presented similar symptoms. This principle was embodied in the motto—‘*Similia similibus curantur.*’

The doses at first were small, but not minute. For some

time Hahnemann gave the usual doses, and some of his followers insist that the principle of homœopathy is independent of any question of dosage."

Mr. RICHARDS is mistaken in supposing "simple inflammatory fever" to be the same as septic fever. The inflammatory fever cured by aconite is such as we all know as the initial fever which follows a chill, or which exists in the first stage of any acute inflammation, and it has no place in the treatment of septic fever. We may also explain to Mr. RICHARDS that, in regard to his last sentence about the principle of homœopathy being independent of any question of dose, he is so far correct. The essential principle is the selection of the remedy in accordance with the law of similia, but the small dose follows as a necessary corollary. For if the drug can produce in a healthy body a set of symptoms closely resembling those present in the patient and arising from disease, it stands to reason that such doses would only aggravate, and, as Mr. RICHARDS himself says in a subsequent sentence, "HAHNEMANN was confronted with the difficulty that fair-sized doses of many drugs only aggravated the symptoms which they were designed to cure." Hence, as a necessary corollary to the law of similars, the rule of the dose is to give less than will aggravate the disease under treatment. How much smaller the dose should be, is really a matter of experiment in the first place and of experience. The dose question then, though only a corollary from the practical employment of the law of similars, is yet far from being independent of it, but must go along with it in order to obtain success.

But let Mr. RICHARDS speak for himself as follows:—

"However that may be, Hahnemann himself soon adopted the system of minute doses, and explicitly embodied it in his creed. This came to pass in the following way. Hahnemann was confronted with the difficulty that fair-sized doses of many drugs only aggravated the symptoms which they were designed to cure. Thus, cantharides produces symptoms resembling 'strangury,' which I take to mean a spasmodic stricture. Yet when a fair dose of cantharides was given to a patient suffering from strangury, it not only failed to cure him, but increased his sufferings enormously. In fact, a century before homœopathy was ever heard of, one Greenfield—a member of the College of Physicians—was sent to Newgate for malpraxis by the President of that College, because he

had given cantharides to a patient suffering from this complaint. Similar disasters followed the use of many other drugs which were theoretically indicated.

HAHNEMANN met this difficulty by saying that when drugs are given in large doses we get their gross physical effects, whereas when they are given highly diluted we get their hidden remedial power. This change was due to the fine division of their particles, and he instanced the difference between metallic mercury given in its natural state and the same metal given minutely divided, as grey powder. He contended that the rubbing or shaking by which the drugs were divided or diluted developed their properties as remedies. This process of division he therefore called *dynamization*, and the resulting solutions he called progressively *higher potencies* of the drug.

These dilutions were very considerable. The mother tincture from which they were made was of the same class as the B. P. tinctures, sometimes stronger, sometimes weaker. Of course, many of the drugs are not pharmacopœial.

The dilutions are arranged on a decimal scale. Thus, the first dilution would be a 10 per cent. solution of the mother tincture, the second a 1 per cent., and so on. HAHNEMANN recommended the thirtieth dilution or potency for routine use. The percentage of the mother tincture contained in this would be represented by a decimal point followed by 26 noughts and a 1. Thus :—.00000000000000000000000001. It is to be remembered that the tincture is only a solution of varying strength of the drug, and that the medicine would be given in doses of a few drops in a tumbler full of water.

In the same way solids were diluted with lactose. After the sixth dilution with sugar, it was found possible to dissolve them all in water—at any rate metallic mercury of this dilution gave no undissolved residue. In the same way solutions of lead, copper, platinum, zinc, and other bodies not readily soluble in water were prepared. The subsequent higher dilutions presented no difficulty.

Armed with these drugs the homœopaths soon found proof of their value.

In 1836 the Asiatic cholera attacked Vienna. All the hospitals were filled, and filled under pressure, so that there was probably no selection of cases. The allopathic mortality was 66 per cent., the homœopathic only 33 per cent. The homœopathic hospital was presided over by an allopathic doctor, who seems to have 'covered' the avowedly homœopathic treatment. This remarkable result produced a great sensation, and as a result the Emperor removed the restrictions which had previously been placed on the practice of

homœopathy, and placed the hospital on an equal footing with the others, so that 'covering' became unnecessary.

The results continued to be extremely good. Statistics are rather confusing, it will be simplest to take those of one fairly definite type of disease, *pneumonia*.

In a series of 1,134 cases of this disease admitted to the orthodox hospital at Vienna, there was a mortality of 23 per cent.

In a series of 538 cases admitted during the same period to the homœopathic hospital, there was a mortality of 5 per cent. That is to say, that on the face of these figures there were more than four times as many deaths under the old treatment.

The homœopathists found the explanation of these results in the efficacy of their medicines. The real explanation would seem to lie in the very drastic treatment which these cases received at the hands of the orthodox physicians of that time. It was an epoch when calomel, tartar-emetiç, blistering and bleeding were the routine treatment of most diseases. A good deal of light is thrown on this point by the experiments of an orthodox physician of about that date, DR. DIETL of the Wieden Hospital, Vienna. Dr. DIETL treated a series of 380 cases of pneumonia during three years—85 were treated by repeated bleedings, with a mortality of 20 per cent.; 106 were treated with tartar emetiç with a mortality of 20·7 per cent. the remaining 189 were treated simply by diet, without any medicine; the mortality among these was only 7·4 per cent.

Thus we have the result that the treatment by either of the two orthodox methods then in vogue, in a definite disease of easy diagnosis, like pneumonia, gave a mortality of over 20 per cent. Nursing without treatment, or with homœopathic treatment, gave a mortality of less than 8 per cent. It is impossible to avoid the conclusion that the orthodox drastic treatment was responsible for a mortality, an additional and avoidable mortality, of 12 per cent.

What the homœopathists did was to save men from this danger and let nature have a fair chance. Their treatment probably differed more in form than reality from the modern expectant treatment. At any rate, results like these caused a rise and spread of homœopathy all over Europe. The medical trades unions of the time, the colleges and universities, persecuted its practitioners, denied them degrees, boycotted them socially and professionally, expelled them from towns. As orthodox medical practice improved, this acrimony died away; the orthodox doctors learnt what homœopathy could teach them, and the homœopathists learnt to reject the

more mystical and extreme parts of HAHNEMANN'S teaching, and the treatment of both is to-day surprisingly alike.

Modern homœopathic treatment is seen at its best in the Homœopathic Hospital in Great Ormond Street. This is an extremely well equipped hospital, staffed by men from Guy's, Thomas's, and the other big hospitals. The surgical side is much what the surgical side of Guy's would be if we had a good deal more money and rather less work, a splendid theatre, and bright, clean, roomy wards, with cases of hysterectomy, pylorectomy, excision of the rectum, and all manner of other operations, doing, as far as one can see, extremely well. The antiseptics used are biniodide, lysol, and carbolic in the usual strengths; there is no question of dynamizing them to a higher potency.

On the medical side the differences are more apparent than real. In a case of enteric, for instance, the case is taken and written up in the usual way; no stress is laid on subjective symptoms at the expense of physical signs. If necessary, the diagnosis is helped by a series of Widals. The patient is carefully nursed, and probably some drops of a high dilution of *Rhus toxicodendron* are given in water every few hours. I do not think any objection can be made to this, OSLER expressly says that water should be given freely in this disease.

On the other hand, when a case really requires drugs, the drugs are given, and in effective doses. Ergot, potassium iodide, iron, even sodium cacodylate, and many other active drugs are given, at times, in what we should consider full doses.

Naturally the practice differs in detail from ours. Sodium salicylate in acute rheumatism is replaced usually by *agaricus*, which I imagine contains a trace of *muscarin*, and morphia is only given reluctantly.

But, speaking generally, the cases which do not need active treatment receive high dilutions of rare drugs, to which their cure is attributed. Cases which need drugs get them.

For anyone who wishes to amuse himself at the expense of homœopathy there is ample material. The Provings are very funny reading, and HAHNEMANN in his later years became increasingly fantastic and mystical. From absurdly high potencies he progressed to recommending the method of smelling a solution of the desired drug. He talks of homœopathic treatment of one disease by another; of combating emotions by small amounts of similar emotions artificially produced. Thus, the soldier alarmed by the cannon's roar is fortified by the beating of a drum, that is to say, by a small dose of a similar noise. The cries of the wounded are meanwhile robbed of their terrors by the shrill scream of

the pipe. He finally loses himself in the quagmire of animal magnetism.

But amongst all this nonsense we must not lose sight of the great services which the homœopaths have rendered us. At a time when drugs were given in mixtures of twenty or thirty, they began to give single drugs. They instituted experiments to define the action of each drug, and they gave them either for a definite reason or not at all. They freed us from a most painful and dangerous system of treatment. Their experiments were inaccurate and badly recorded. They took no account of anything but symptoms. Their main idea was unsound, their writings were as windy as their medicines were watery, but for all that they were the pioneers of a rational system of therapeutics."

We have given these long extracts from Mr. RICHARDS' paper, in fact we have practically engrossed the entire essay, in order to show in his own words the essential fairness of the writer's intentions, and the evidence of his having taken pains to read up his subject. The result is just what we might perhaps expect from a superficial survey of the question on the part of a student who has not had the opportunity to test for himself the practical truth of homœopathy, which is the only test worth having. It is easy to criticise and pick holes in what is known in the old school as heretical teaching, and to laugh at the extremes of a great genius who has revolutionized the practice of medicine. But we are truly glad to see such a paper read at a Students' Medical Society. It draws attention to the subject, and this is infinitely better than the silent ignoring of it under the influence of "orthodox" teachers. The great need of the present time is the fearless investigation by students and practitioners of homœopathic principles and practice, and its open discussion on its merits. And such a paper as Mr. RICHARDS' undoubtedly will help to encourage such liberty of opinion and fairness in open discussion as is absolutely essential to any real progress in scientific therapeutics.

There are, however, several points in the latter part of the paper which we must notice before we end our remarks. In speaking of the mortality in pneumonia in Vienna under homœopathic treatment as 5 per cent, while under the expectant treatment it was 7.4 per cent, it is hardly in harmony with Mr. RICHARDS' fairness otherwise, to say, "Nursing without treatment, or with

homœopathic treatment, gave a mortality of less than 8 per cent." He might easily have drawn attention to the fact that, in his own figures, the homœopathic treatment showed a mortality of 2.7 per cent less than that of the expectant treatment with nursing and no medicine. There must be some reason for this fact, and one would have expected that Mr. RICHARDS would have concluded that in the homœopathic treatment there was something decidedly better than the expectant method, and that he would not have added that "their treatment (*i.e.*, of the homœopaths) probably differed more in form than reality from the modern expectant treatment." There must be a very decided difference in the two treatments other than in "form," when out of (taking his own figures) 538 cases of pneumonia treated in the Homœopathic Hospital there was a mortality of only 5 per cent, while in "the orthodox Hospital" out of only 189 cases there was a mortality of 7.4. We commend this fact to Mr. RICHARDS' consideration, and ask him if he thinks he is quite fair in thus stating his conclusions. He also says that to-day "the treatment of both is surprisingly alike." This is not correct, except to a limited extent, and this limited extent is due to the direct or indirect influence of homœopathy. It has shown the profession how injurious and barbarous the old "orthodox" treatment in HAHNEMANN'S day, and for long afterwards, was. It has led to the prescription of only a few drugs in one "mixture," and latterly, in the hands of those who know, to the prescription of single drugs only. It has led to the conviction that in order to understand the action of drugs at all, they must be tested or "proved" on the healthy human body. It has led to the administration of much smaller doses than used to be given. It has led to the recognition of the fact that symptoms are not only not to be ignored, but that they are really the guides to the selection of the medicine, since it is by them—objective and subjective—that disease in its multifarious forms manifests itself to our knowledge. It has led, through the influence of Dr. SYDNEY RINGER and others, to the adoption, without acknowledgment of its source or its principle, of a large amount of actual homœopathic practice, and the absorption into current practice of drugs which were never before heard of in the old school, and the use of which was a subject of jeers and merriment, but which were and are

the daily employed medicines of the homœopaths ever since the time of HAHNEMANN. And because homœopathy has had this remarkable power and influence in revolutionizing the practice of the old school, so that its practice at the present time is contrasted with that current in HAHNEMANN'S time as light is to darkness, till Mr. RICHARDS can say that "the treatment of both is surprisingly alike," yet we cannot accept this statement except with the limits we have named. The main and essential difference between the treatment of the two schools consists in the adoption of a rule of practice, guided by a definite law in the one case, and the essentially empirical, law-ignoring methods of the other. When homœopathic treatment is advocated and employed by men of the old school it is only in the way of therapeutic "tips," in which the bed-rock principle of similars is studiously ignored and kept in the background. Till this course of tactics is abandoned and the principle of similars openly discussed and admitted, the practice of the two schools must remain essentially distinct, and the mere superficial resemblance, as shown by the large use of homœopathic medicines, small doses, and "tips" by our opponents, must remain merely superficial.

We note with pleasure that Mr. RICHARDS has visited the London Homœopathic Hospital, and that he can speak so highly of its equipment and its surgical side. As to the medical side, while he admits that every care (taking enteric fever as an example) is taken in writing up the cases, etc., he remarks that "no stress is laid on subjective symptoms at the expense of physical signs." He surely understands that symptoms include objective as well as subjective ones, the physical signs being of course an essential part of the case as it presents itself to us. The views of physical diagnosis were very different in HAHNEMANN'S time to what they are at the present day, and surely Mr. RICHARDS must know that no man in his senses nowadays would think of ignoring physical signs, while at the same time going into minute detail in the subjective symptoms present. When he says "The patient is carefully nursed, and *probably* (the italics are ours) some drops of a high dilution of rhus toxicodendron are given in water every few hours. I do not think any objection can be made to this. Osler expressly states that water should be given freely in this disease," we can see

that, in spite of his general fairness, his mind is still prejudiced, and he is resolved to look on the homœopathic medicines as equal to so much cold water, which we regret to observe. And when he goes on to say, "On the other hand, when a case really requires drugs the drugs are given, and in effective doses," we always thought that a "drug" was synonymous with a "medicine," but Mr. RICHARDS probably means by "drugs" medicines which are chiefly and largely used in the old school, though common to both pharmacopœias. As to his examples, ergot is in use in both schools, and we commend to his notice our remarks on the dose question. Potassium iodide in constitutional syphilis is a medicine whose action has never been explained. It is certainly not antipathic, and though we cannot claim it as being clearly homœopathic, it more nearly resembles homœopathic action and similarity than anything else. It is admitted by both schools to be specific, whatever its theory of action may be, and consequently we should be culpably narrow in our views were we not to prescribe it in this disease, and in the usual doses. Iron, again, is known to both schools as valuable in anæmia. Its *modus operandi*, whether as a food or as a medicine, is still an open question with all. But it has a distinct relation as a medicine in anæmia to the law of similars, since it is well known that in places where the drinking water is largely impregnated with iron anæmia is very common. Sodium cacodylate was recently introduced as a mode of giving arsenic in larger doses than can be safely employed with the ordinary preparations. Certain cases to which arsenic is homœopathic may require larger doses than ordinary, such as some obstinate skin diseases, and then there is surely no objection to a homœopathic physician making trial of this new preparation of arsenic. We should like to know, however, what "many other active drugs" he saw given. One would think that in order to make such an assertion Mr. RICHARDS had visited the hospital wards for months on end, which is hardly likely, as he speaks of "the little I saw," and we know so well the practice of the physicians there that we must be excused if we decline to accept such a statement, especially when we find him saying in the next paragraph that in acute rheumatism, the salicylate of sodium of the old school is "replaced usually" by agaricus. This statement is sufficient to

show how inaccurate are his observations on what he saw. If *agaricus* was prescribed in any case of acute rheumatism it must have been in a very unusual one, where the symptoms were so peculiar as to call for *agaricus*. *Agaricus* has no place in an ordinary case of acute rheumatism ; its pathogenesis does not in the least indicate it as a remedy for the disease, and we may safely say that no homœopath would think of prescribing it unless some individual case presented the symptoms indicating it, which must be rare indeed. We ourselves never before heard of *agaricus* being given for acute rheumatism, and we have never seen a case indicating it. If Mr. RICHARDS did actually see it prescribed it would only show how careful the physician who ordered it was, in watching the symptoms of the case and being guided by them to a very unusual remedy. But to say that this medicine is "usually" the one given to replace the sodium salicylate of the old school is quite enough to make us question the accuracy of his other statements, though we have been at pains to answer them. It is a pity that this "fly in the apothecary's ointment" should have been allowed to mar the good points of the paper. But we suppose we must allow for prejudice, even in observations at the bedside.

One would have thought that when Mr. RICHARDS, after mentioning the success of aconite, belladonna, and rhus in the homœopathic treatment of diseases indicating them, and adding, "equally gratifying results were obtained with perchloride of mercury in dysentery, and many other drugs could be cited," he would have been open to the mental process of considering that *possibly* all other drugs would act in the same beneficent manner as the homœopaths state that they do. But, as we have said, we must allow for prejudice, which is one of the most powerful and baleful antidotes to the clear vision of even an honest enquirer after truth.

Lastly, we may note with surprise a small point, but one not to be passed over in a medical essay, namely, his speaking of "strangury" as a word he seemed never to have heard of in any other than homœopathic works, and saying he supposed it meant "spasmodic stricture." We would ask Mr. RICHARDS as a favour to himself to look up in any medical lexicon the meaning of the good old word "strangury," or ask his teachers at Guy's.

Cantharides has no place in the treatment of spasmodic stricture, which is a very different condition from strangury.

If Mr. RICHARDS will look at the October number of this *Review* he will be interested in reading a record of the conversion to homœopathy of the late Dr. HORNER, of Hull, and of Dr. MAHENDRA LAL SIRCAR, of Calcutta, both of whom were asked to write a paper against homœopathy, and were bitter antagonists to the system owing to their ignorance of it, but who, as Mr. RICHARDS has done, in order to write of it with knowledge, got hold of authoritative homœopathic books on the subject. They found from these that it was not the unscientific quackery they supposed it to be, but had an *a priori* claim to their reason. They then had the honesty and courage to try it in practice, with the result that both became convinced of its truth, theoretically and practically, and they both practised it ever afterwards with enthusiasm. We sincerely trust that Mr. RICHARDS will pursue the study of this "heresy," and that in the end his prejudice will vanish, and that he may see the truth of the greatest guiding law in the treatment of disease that has ever been given to the world, and after a full personal testing of it in practice be able to enrol himself in the number of those who are not afraid, in spite of authority, to openly state their convictions and act upon them.

As we stated at first, we end by saying that such a paper as Mr. RICHARDS' is on the whole a valuable one as opening up the subject of homœopathy for free discussion among his fellow-students, and inevitably tending to clear the atmosphere of thought in the minds of the old school rising generation, and to foster the expression of right to liberty of opinion, which already exists in every branch of philosophy and science, save in the one unique exception of therapeutics.

In writing the foregoing article, when commenting on Mr. RICHARDS' statistics in regard to the treatment of pneumonia, we purposely avoided introducing any further statistics from ourselves, preferring to keep rigidly to the facts brought forward by Mr. RICHARDS. But it may be interesting to him and others to read an extract from No. 40 of the "Homœopathic League Tracts." These valuable tracts, which may be had from the Homœopathic

Publishing Co., Warwick Lane, E.C., we commend to the study of Mr. RICHARDS and others. They are well worth reading and studying, and afford much field for thought to any enquirer into the principles and practice of homœopathy. In 1852 PROFESSOR HENDERSON, of Edinburgh, Professor of Pathology in the University, read a paper on the treatment of pneumonia before the Annual Congress of homœopathic practitioners, which in that year assembled in Edinburgh, and of which he was president for the year. This essay he published in the 10th volume of the *British Journal of Homœopathy*. The following is the extract from the No. 40 Tract, which gives a sketch of the results which PROFESSOR HENDERSON brought forward.

“ He had full details of forty-seven cases, and very nearly full of three others, the majority of which occurred to M. Tessier, the physician to the Hôpital Beaujon, in Paris, and the remainder to himself. He analysed the progress of each, and contrasted the results obtained by DIETL, of Vienna, in his three groups of cases treated by venesection, tartar emetic, and nursing without medicinal or other interference — by what is termed ‘expectancy.’ The febrile disturbance, as indicated by the pulse, he found to have been at an end in cases that were bled, in 11·1 days from the initiatory rigor ; in those treated by tartar emetic, in 9·2 days ; in those by expectancy, in 9·1 days ; and in those treated homœopathically by himself and M. TESSIER (the patients generally having come under care on the fourth day of the fever), in 8 days from its commencement ; while in sixteen instances, where the patient came under care on the second day, the fever had disappeared on the sixth day. . . . That the pneumonic process can be abbreviated is still more strikingly shown by Professor HENDERSON’S research. He computed the duration of each case from the date of the first symptoms of the inflammatory fever to the cessation of all local physical signs — to the complete resolution of the hepatization.”

Treated by venesection,	the average duration was 35 days.
“ “ tartar emetic “ “ “ “	“ “ “ “ 28·9 days.
“ “ expectancy “ “ “ “	“ “ “ “ 28 days.
“ “ homœopathy “ “ “ “	“ “ “ “ 11·66 days.

“ These facts,” wrote Professor HENDERSON, “ present not only a triumphant and irrefragable testimony to the positively remedial powers of homœopathy, but they likewise prove, I think, that it cures and saves life in a different way from that in which unassisted nature does in this disease ;

it tends to cut short the disease by preventing exudation or restraining it within very narrow limits, both of extent and degree. Consolidation may indeed take place under homœopathic treatment, but that it does not consist in any considerable amount of exudation into the air-cells appears from the rapidity with which it vanishes. Within an average of four days from the cessation of the fever the whole of the local disease was gone."

EDINBURGH THERAPEUTICS.

By R. E. DUDGEON, M.D.

DR. BYROM BBAMWELL, the well-known Lecturer on Clinical Medicine in the School of the Royal Colleges, Edinburgh, whose *Clinical Studies* published periodically till 1890 obtained a well-deserved celebrity, has commenced a new series of these studies, the first number of which has just been published, and is to be followed by others at intervals of three months. This first issue is very interesting, and doubtless the succeeding numbers will prove equally so. The form in which the different subjects are presented differs from any other works on clinical medicine with which I am acquainted. A case of some disease is introduced, examined, and the students are asked to make the diagnosis and suggest the treatment. As they generally give more or less erroneous answers, the lecturer points out their mistakes and gives what he considers the true diagnosis and the appropriate treatment. There is no doubt Dr. Bramwell is a thorough master of pathology, and his diagnosis is in most cases likely to be correct. His treatment, too, as regards diet and regimen is probably the best possible, but to the practitioner of the method of Hahnemann his therapeutics often leave much to be desired. In pathology and diagnosis Dr. Bramwell belongs to the most advanced section of his school, but in therapeutics he is essentially mediæval, by which is to be understood middle nineteenth century. He does not hold with so many of the medical lights of the present day, that the business of the physician is not to cure, but only to treat disease. On the contrary he says: "Our great object as practical physicians is to cure disease," which is precisely what Hahnemann says in the first aphorism of his *Organon*. He does not despise

and disparage the use of drugs in disease like Gull, Goodhart, and many others of his school; on the contrary, he has an unbounded faith in the remedial powers of medicine, ancient and modern, and of counter-irritants, setons, and even of blood-letting by leeches, venesection, and cupping. It is almost refreshing in these days of medical pyrrhonism to meet with an authority of no mean reputation in the old school who displays such an old-fashioned confidence in the drugs and appliances of our youth.

The first article in this new series of *Clinical Studies* is a lecture on Chlorosis and Pernicious Anæmia. For the treatment of chlorosis he recommends iron in the form of Blaud's pill, and "rest in bed." Of course iron in some form or other is necessary, but I have often found a wineglassful of Flitwick water or a grain or two of ferrum redactum taken after a meal to be sufficient. As regards "rest in bed," that is often impossible; for many chlorotic girls are engaged in domestic service or other indispensable duties, and cannot be kept in bed without losing their livelihood, so we have to cure them while they are still performing moderate domestic or other remunerative duties. As the menstrual function is generally deficient, sometimes suppressed, pulsatilla, of which Dr. Bramwell knows nothing, is often extremely useful.

As regards the next subject considered, pernicious anæmia, Dr. Bramwell had already obtained a considerable reputation for his treatment of this serious disease by means of arsenic. He says: "Provided a patient who is suffering from pernicious anæmia can take large doses of arsenic, I almost always find that improvement, and, in many cases, temporary cure results," but he says also, "I have never personally known any case in which a lasting cure has been brought about by the administration of arsenic." "I was led to try arsenic," he writes, "in the treatment of pernicious anæmia, for the following reasons: I know that in pernicious anæmia the heart is in an advanced stage of fatty degeneration; I know that in fatty degeneration of the heart arsenic is often of great benefit." Very good, but why is arsenic of benefit in fatty degeneration of the heart? Surely because it possesses the power to cause fatty degeneration of the heart, as is shown in many of the cases of poisoning by arsenic recorded in the *Cyclopædia of Drug Pathogenesis*.

But this is only a round-about sort of homœopathy, for fatty degeneration of the heart can hardly be considered an essential factor in pernicious anæmia. The homœopathicity of arsenic to pernicious anæmia is shown in a much more decisive manner by many of the symptoms of its toxic action. Dr. Hughes, in his last great work on the *Principles and Practice of Homœopathy*, shows that the effects of arsenic resemble pernicious anæmia in a more direct manner, *viz.*, in the necrosis of the red corpuscles, the febrile symptoms, and the anasarca; he might have added, in the characteristic discolouration of the skin, in the fatty degeneration of the heart if this must be considered a characteristic feature of pernicious anæmia, and in the ecchymoses so frequently seen in this disease. The treatment of pernicious anæmia by arsenic has been successful in the hands of homœopathic practitioners. Thus Dr. C. Blackley relates (in the ninth vol. of the *Annals*) four cases which were apparently cured by arsenic, Dr. Arnold relates a successful treatment in the 41st vol. of this *Review*, and Dr. Galley Blackley another in the same volume of this periodical. Dr. Bramwell seems to think that the medicine to effect the best results must be given in the largest possible doses, even up to 60 drops per diem of Fowler's solution, but cases successfully treated by our colleagues got very much smaller doses, that of Dr. Arnold never more than two drops of the 1st centesimal dilution three times a day. Dr. Galley Blackley's case did not improve in the hospital under an alternate use of arsenic and phosphorus, but was apparently subsequently cured by arsenic administered under the advice of an allopath—so probably in larger doses than Dr. Blackley had employed. I may mention that in the homœopathic cases the characteristic mis-shapen blood corpuscles were observed when the arsenical treatment was commenced, and that when the cure was effected these had disappeared. It is impossible to suppose that a man of Dr. Bramwell's intelligence should be unaware of the striking resemblance of many of the pathogenetic effects of arsenic to the characteristic symptoms of pernicious anæmia. But if he knows this, as I presume he must, he must see that the cure of the disease by this drug is a conspicuous example of a homœopathic cure. But instead of acknowledging this, he says

that he was led to the selection of arsenic by the circumstance that arsenic is often of great benefit in fatty degeneration of the heart, hardly a pathognomonic or peculiar symptom of the disease. But even then he could scarcely fail to see that the relation of arsenic to fatty heart is manifestly homœopathic, as this morbid lesion has frequently been observed in cases of poisoning by that drug.

Three cases of chorea follow. The first was complicated with endocarditis. The treatment was absolute rest in bed, a fly-blister over the region of the heart, though Dr. Bramwell thinks it very uncertain that a blister is of use in endocarditis; however, he adds, "it may do good, and can certainly do no harm"; milk diet, "a grain of quinine three times daily, and gradually increasing doses of arsenic," quantity not stated; probably the quinine antidoted to some extent the increasing doses of arsenic. The next case is a girl of 7½, in whom the choreic symptoms were very slight. She did not improve after a fortnight of treatment as an out-patient, but rapidly improved when admitted as an in-patient, kept at rest in bed and fed with large quantities of milk. No medicine appears to have been given. The third case, a girl, aged 14, had severe chorea, chiefly on the left side. She was well dosed with arsenic; 6 drops of Fowler's per diem for two days, then 9 drops for two days; 12 drops the next two days, then 15 drops for two days, and lastly 18 drops per diem. These heroic doses made the patient much worse, spasms increased, she became very restless and sleepless, pulse more rapid, temperature rose slightly. So medicine was discontinued, and perfect rest, isolation, and large quantities of milk were prescribed, under which treatment she rapidly improved, though after six weeks' treatment she was not quite well apparently, for she was instructed to continue the treatment at home. Evidently the medicinal treatment was a complete failure.

The next article is on epilepsy, and a case is given which is an exquisite example of what I have termed mediæval treatment. The patient, a young woman, aged 23, had been suffering from epileptic attacks for three and a half years. The fits were on an average four a day, generally slight, but attended with loss of consciousness and spasms. She got 20 grs. of bromide of lithium three times a day for four years. The lithium bromide was given in place

of the combination with potassium, sodium or ammonium, because the patient was dyspeptic, lithium being good for dyspepsia. After taking the medicine for a year "the fits practically ceased altogether." Notwithstanding this the medicine was continued in the same doses for three years, or as stated in the next page for four years. After that for two more years (next page says one more year) in 10-gr. doses three times a day, and for six months longer in the reduced dose of 5 grs. three times a day. Thus the total quantity of bromide of lithium taken by the young woman amounted to upwards of 26 lbs. ! Evidently, with respect to the bromide treatment of epilepsy, Dr. Bramwell does not share Dr. Goodhart's opinion, who said in his address at the annual meeting of the British Medical Association of last year: "It has become the routine treatment of epilepsy, and as such I think it often does a great deal of harm, and I am by no means certain that it does any equivalent good." I think it would be difficult to find a practitioner on this side the Tweed who would continue to administer such enormous doses of bromide for five years after the fits had apparently been cured. A common experience of practitioners is that bromides, while suppressing the epileptic fits, have a disastrous effect on the mental faculties of the patient. I remember a gentleman, whose wife had undergone the bromide treatment for epilepsy under that distinguished specialist the late Dr. C. B. Radcliffe, telling me that the fits had ceased, but that his wife had become an idiot. But possibly the brains of Scotch lassies are made of tougher material.

The next article is on megrim, and a case is given illustrating Dr. Bramwell's treatment of this disease. During the megrim the patient had to take 20 grains of phenacetin as soon as the attack occurred. If this did not relieve the headache she was to take a second similar dose at the end of an hour; and if still unrelieved, a third dose at the end of another hour, but never more than 60 grains in one day. He does not tell us what to do if the third dose misses fire. In order to prevent the recurrence of the attacks the patient got 7 to 10 grains of salicylate of sodium with 2 or 3 drops of Fowler's solution three times a day. Under this treatment the attacks of megrim were greatly reduced in number, and perhaps severity, but they were not completely checked, for she writes

some time after having returned home that she had had one severe headache, while apparently still going on with the medicine.

The next article is entitled "Jacksonian epilepsy," and is more conspicuous for its pathology than for its therapeutics. A case of the disease illustrates the article, or clinical conversazione as we should call it. The subject of the disease was a girl, aged 4, who had suffered for some weeks from convulsive attacks affecting the left lower, and occasionally also the upper, extremity. The disease which Hughlings Jackson first described, and to which his admirers have given his name, consists of painless, usually clonic, spasms of a localized group of muscles, without loss of consciousness. Why it should be called epilepsy is not very obvious, as it does not seem to have a feature in common with epilepsy; even the convulsions are utterly unlike, being limited to a small group of muscles, and these are greatly weakened or even paralyzed by the convulsions. In this case the spasms occurred at the rate of two or three a week. The child looked perfectly healthy and well nourished, and was of a singularly placid disposition. Follows a great deal of learned talk and much cross-examination of the students about the pathology of the disease, resulting in the conclusion that in this case the cause of the malady was a tumour in the brain somewhere about the Rolandic area of the right side. The students being asked how to treat the case, one suggested "operation." This Dr. Bramwell thought was premature; drugs must first be tried. One student suggested bromide of potassium. That might do as a palliative, especially if combined with chloral hydrate, but would not disperse the tumour. Another student proposed iodide of potassium. "Yes," says the Dr., "that is the drug." So this medicine was given from the beginning of November, at first 2 grains, gradually increased to 15 grains, three times daily. But the attacks continued with unabated severity and frequency, so on the 20th January the iodide was discontinued, and 10 grains of bromide of potassium with 5 grains chloral hydrate given three times daily, reduced on the 21st January to 5 grains bromide and $2\frac{1}{2}$ grains chloral. Here the history of this interesting case breaks off, so we do not know what effect this energetic medication had on the health of the little girl. As Dr. Bramwell never gives

us a reason for his drug selection except in the case of pernicious anæmia, we are left to conjecture why he gave the remedies mentioned in this case. We may imagine that the iodide of potassium was given because iodine has a reputation for dispersing tumours, but why, on the failure of the iodide, bromide of potassium and chloral hydrate, which had previously been ruled out of the list of possible remedies, should be given to the little patient, passes our limited intelligence to discover. It would seem that Dr. Bramwell thinks of powerful drugs what he formerly stated with regard to fly-blisters, if they do no good they can do no harm; but we are precluded from thinking so, as on p. 85 he says, "too active drug treatment may do more harm than good"; but probably he does not think 15 grains of iodide of potassium three times a day too active drug treatment for a child of four years old. What a pity he did not know the value of cuprum in such cases! I think it rather unfortunate that the name "epilepsy" should have been given to this disease, for the word is naturally a temptation to the allopathic practitioner—who has an ineradicable tendency to prescribe for names of diseases in place of diseased individuals—to administer bromide, a temptation to which, in this case, Dr. Bramwell himself has succumbed; though he had previously declared that the drug is not a real remedy for the disease, as the result proved.

The next article is on ichthyosis. Thyroid extract seems to have been of use in some of his cases, though rather as a palliative than a cure. This from an observer of one of the cases is no unusual experience of thyroid extract givers: "His mother tells me that he keeps well as long as he takes the thyroid extract; he relapses when it is stopped."

The last article is a lecture on the treatment of acute pericarditis. Dr. Bramwell deliberately rules out aconite from the medicines suitable for pericarditis, and he of course knows nothing about the virtues of spigelia in that disease. That his favourite treatment by a large fly-blisters to the precordial region, even when aided by leeches and cupping glasses, can compete with these two remedies in the successful treatment of peri- and endocarditis, no homœopathist who has witnessed their successful employment will allow. The lecture concludes with two cases in which the heart's ventricle was penetrated by

the aspirating needle intended for the pericardium. The one case died within an hour; the other, notwithstanding that she seemed before the operation in articulo mortis, rallied after 10 ozs. of blood had been withdrawn from the heart by the aspirator, and regained perfect health. Although the treatment in this case may seem to have been a kind of rough homœopathy, it would not be prudent to imitate it, as its success was hardly to have been anticipated.

I have thought it worth while to give a criticism of this new periodical, as it seems to be issued as a sort of counterblast to the therapeutic scepticism of most of the exponents of physic on this side the border. Dr. Bramwell is not the man to lament with Sir Douglas Powell that his medical art "cannot cure a common cold," for he seems ready to tackle and try to cure the most serious diseases. He would not answer the question, "Why do we give drugs?" like Dr. Goodhart, "To hide our ignorance, or to mark time while we watch and wait." Dr. Bramwell gives drugs because he believes they will cure his patients. He is sometimes disappointed, but he is never discouraged; he will try, try again till he succeeds in mastering the disease, or the disease succeeds in mastering him. It is refreshing to turn from the scepticism of the physicians of the southern metropolis to the therapeutic faith of those of the northern city, and personally I feel grateful to Dr. Bramwell, as he reminds me of the heroic treatment I witnessed in the Edinburgh Infirmary in the late thirties or early forties of last century. At the same time it is sad to think that one who possesses such an enthusiasm for his art, such a profound knowledge of pathology, and such skill in the diagnosis of disease, should display such a crude empiricism in therapeutics, and should wilfully neglect to study and practise the rational and only scientific method of treatment that is now entering on the second century of its career, and is successfully practised by thousands of qualified practitioners all over the world. Can that Edinburgh faculty which was adorned by the illustrious pathologist William Henderson, the great exponent and defender of the scientific method of Hahnemann, only now show us its eminent pathologists wasting their energies on the futile cultivation of discredited Christisonian therapeutics? What would not scientific—by which I mean homœopathic—medicine gain by the

accession to its standard of zealous and intelligent diagnosticians like Dr. Byrom Bramwell? *Cum talis sis, utinam nostras esses!*

SIX CONSECUTIVE YEARS' WORK AT A PRIVATE NURSING INSTITUTION WITH NO MORTALITY.

By GEORGE BURFORD, M.B.,

Physician for Diseases of Women to the London Homœopathic Hospital.

(Continued from p. 598.)

CONTINUING the detail of this six years' work, the abdominal sections I here classify in similar series, followed by a few special cases selected for annotation.

After the question of a Nursing Home, already alluded to, had been decided, the next important item was the preparation of the patient for operation, where surgical measures were requisite.

As regards abdominal section, my usual course is to keep the patient under observation some few days before operation—to become acquainted with the average state, to note the urinary output day by day, to regulate the dietary, to eliminate carefully any constipation, and for the most part to put the patient on *arnica* in attenuation as a vulnerary. In cases of fibroid tumour of the uterus, whenever marked anæmia had been followed by cardiac defects, a preliminary course of strychnine nit. $\frac{1}{100}$ continued over a fortnight or less, I have found of the greatest service.

CASES REQUIRING OVARIOTOMY.

Case	Medical Attendant	Disease	Operation	Result
A.	Dr. Carfrae -	Ovarian cystoma -	Ovariectomy -	Recovery
B.	Dr. Shackleton -	Unilocular cyst -	Ovariectomy -	Recovery
C.	Dr. F. Clifton -	Huge dermoid cyst -	Ovariectomy -	Recovery
D.	Dr. Graham Wills	Ovarian teratoma -	Ovariectomy -	Recovery
E.	Dr. McKilliam -	Ovarian cyst with pregnancy -	Ovariectomy -	Recovery
F.	Dr. Kennedy -	Ovarian multilocular cyst -	Ovariectomy -	Recovery
G.	Dr. Ed. Capper -	Double ovarian cystic disease -	Ovariectomy -	Recovery

The distinction I have drawn between cases of disease of the appendages with and without chronic peritonitis,

is a clinical as well as a pathological one. When chronic peritonitis co-exists, the Fallopian tubes have usually undergone gross changes, and are responsible for the peritonitis secondarily evoked. In the absence of this complication, ovarian defects are commonly the *fontes et origines mali*.

CASES OF CHRONIC DISEASE OF THE APPENDAGES, WITH PERITONITIS.

Case	Medical Attendant	Disease	Operation	Result
H.	Dr. Madden	- Double pyosalpinx -	Salpingectomy	- Recovery
I.	Dr. Blyth	- Double tubo-ovarian disease - - -	Oophoro-salpingectomy -	- Recovery
J.	Dr. Shackleton	- Double tubo-ovarian disease - - -	Oophoro-salpingectomy -	- Recovery
K.	G. B. - -	- Pelvic peritonitis, R. appendages involved	Removal of R. appendages	- Recovery

CASES OF CHRONIC AFFECTION OF THE APPENDAGES, WITHOUT PERITONITIS.

Case	Medical Attendant	Disease	Operation	Result
L.	Dr. Greig	- Chronic pelvic pain -	Salpingo-oophorectomy	Recovery
M.	G. B. - -	- Chronic pelvic pain, with hæmorrhage -	Salpingo-oophorectomy	Recovery
N.	Dr. Neild	- Chronic pelvic pain, enlarged ovaries -	Salpingo-oophorectomy	Recovery
O.	Dr. Neild	- Chronic pelvic pain, cirrhused ovary -	R. ovary removed	Recovery
P.	Dr. Bodman	- Chronic ovaritis -	Salpingo-oophorectomy	Recovery
Q.	Dr. Purdom-	- Chronic ovaritis, with retroflexion - -	L. ovary removed, vagino-fixation	Recovery

CASES REQUIRING HYSTERECTOMY.

I have here included both abdominal and vaginal hysterectomy.

Case	Medical Attendant	Disease	Operation	Result
R.	Dr. Gardiner Gould	Carcinoma of corpus uteri - - -	Hysterectomy	- Recovery
S.	Dr. Seanson	- Fibroma uteri - -	Hysterectomy	- Recovery
T.	Dr. Washington Epps	Cancer of cervix -	Vaginal hysterectomy -	- Recovery

OTHER ABDOMINAL OPERATIONS.

Case	Medical Attendant	Disease	Operation	Result
U.	G. B. - - -	Gall stones - -	Cholecystotomy -	Recovery
V.	G. B. - - -	Ventral hernia -	Rectification -	Recovery
W.	Dr. Wallis - -	Suppuratory ectopic gestation -	Removal - -	Recovery

MALIGNANT DISEASE OF THE BREAST (TWO CASES).

1. The first of these cases is unusually interesting. Removal of the right breast for malignant disease some five and a half years ago has not been followed by any recurrence of the disease up to date. Additional interest lies in the fact that this patient has, and has had for many years, a very large fibroid uterine tumour. The growth in the breast occurred during the active history of the fibroid; removal of the breast was not followed by any alteration in the character of the uterine growth. This the patient still possesses, though its troublesome symptoms are very much lessened and the patient's health improved solely by therapeutic measures.

2. In the other case, one of diffuse malignant disease, sufficient time has not yet elapsed to allow a reliable verdict on the final issue.

Certain among these cases were of unique interest, and a short summary of the principal points in selected instances here follows:—

Ovariectomy at the seventh month of Pregnancy: Healthy child delivered at term.

A married lady, seven months advanced in pregnancy, was found by her medical attendant to have also an abdominal cyst of some dimensions. In addition to the acute distress due to the bulk of the mass, intractable vomiting, with much impaired nutrition, caused a grave prognosis to be given unless relief were forthwith obtained. Operation being decided on, ovariectomy was performed, the cyst removed, and the physical condition thereafter was entirely satisfactory.

On the third day mental aberration ensued, with marked insomnia, conditions which were very soon controlled by the use of actæa 3x. The lady made a good recovery; pregnancy proceeded without interruption to term, when delivery of a living and well-developed child was safely effected.

Cholecystotomy for Gall-stones.

A single lady, who had recently spent some years in Spain, came to me in a chronic condition of dyspeptic ill-health, chequered by repeated abdominal crises. Her complexion was muddy and sallow; there were no marked articular troubles and no loss of flesh. An acute seizure while under observation satisfied us as to the local origin of the pain; examination under anæsthetic discovered no organic abnormal physical signs.

Exploratory abdominal section, continued into the gall-bladder, shewed this viscus to contain several stones of a mulberry shape; these were removed, and the gall-bladder drained for some weeks. The convalescence was somewhat tardy; but in time, with sea air and an appropriate dietary, the improvement in health was all that could be wished.

Abdominal Section for Suppurative Fœtus from Ectopic Gestation.

A married lady, with a history of repeated crises in the earlier months of pregnancy. Fœtal movements were felt up to about the sixth month, then ceased; a condition of intra-peritoneal suppuration began to develop, with pyrexia, vomiting, and diarrhœa, free perspirations, and much emaciation. The maximum temperature was 102°.

The pelvic conditions precluding any safe vaginal operation, the abdomen was opened, the uterus incised, pints of fœtid pus evacuated, the fœtus removed, and the placenta peeled off. The uterine incision was for the most part closed, then the abdominal opening corresponding, and the abscess cavity drained with gauze.

After many oscillations and a prolonged convalescence the patient ultimately fully regained her normal health; the period returned, and painlessly; and within a year of her perilous plight she was able to cycle with ease.

Ovariectomy for Large Dermoid Tumour.

A single lady, æt. about 25, was accidentally discovered by her medical attendant to have a large abdominal tumour, he being in attendance for some thoracic symptoms. Though the patient was single, the existence of the tumour was neither known to herself nor observed by her friends. Careful medical examination at once detected it, and she was sent up to me for operation. At the operation a very large and typical dermoid ovarian tumour, weighing in

all the quite unexpected sum of *thirteen pounds*, was removed. The patient made a good recovery. It is singular that so weighty a mass had developed without causing any symptoms of local discomfort.

Bilateral Salpingitis, with Secondary Ovarian Implication.

A lady, æt. 43, had been curetted for hæmorrhage some ten years previously by Dr. Wesselhoeft. Three and a half years ago the hæmorrhage returned, and later, what purported to have been a severe attack of peritonitis, developed. She now suffered much pain, and unduly frequent and very prolonged periods made her anæmic. Therapeutic treatment proving ineffective, abdominal section was performed; both Fallopian tubes found considerably diseased, with numerous and dense adhesions involving both ovaries. The appendages were enucleated and removed, a good recovery ensued, and health and vigour completely restored.

Gangrenous Uterine Fibroid, with Anæmia from Hæmorrhages and Septic Absorption.

A married lady, suffering from considerable blood losses and very foetid discharge, was considered by an eminent consultant in town to have malignant uterine disease, and radical operation was proposed. Electing to put herself under homœopathic care, she called in a colleague, who brought her to me for opinion. Examination showed the vagina to be filled with a foetid mass issuing from the cervix uteri, which was itself quite free from implication. I diagnosed the state as that of gangrenous fibroid, a view which was supported by the results of operative removal. The patient made a thorough recovery, and has since lost her marked anæmic and cachectic condition, having recovered her health and strength completely.

Ovarian Tumour of Rapid Growth and Uncommon Character.

A single lady, æt. 25, was brought to me evidently suffering from an abdominal tumour of dimensions, which had recently been discovered by her medical adviser. The physical signs were those of a semi-solid mass, no fluctuation thrill being obtainable. As in the course of a couple of months' observation the mass increased rapidly and marked emaciation was developing, I performed abdominal section, removing a large ovarian growth, appearing to the naked eye like a dermoid; hair and bony

plates were distinctly visible. Submitting it to the examination of Mr. Targett, he pronounced the mass to be a teratoma in type. The patient made an excellent recovery.

Vaginal Hysterectomy for Carcinoma of the Fundus Uteri.

A single lady, æt. 56, and some years past the menopause, noticed the recurrence of irregular but slight hæmorrhage from the uterus. There was no pain, the general health was good, and the organism well nourished. Examination under anæsthetic showed an enlarged uterus, and fragments removed by curetting, submitted to expert examination, indicated the already-suspected presence of cancer.

Vaginal hysterectomy was performed under local conditions of much difficulty. The convalescence was marked by urinary difficulties, which yielded to appropriate measures, and the recovery thereafter proceeded with no further break.

The foregoing is an account of the principal surgical cases under my care at a single Nursing Home during this period. I have purposely left out of consideration my cases at other similar institutions, and those where operation has been conducted at home. In order to point the moral, I have selected this place and the cases there treated in order to demonstrate the almost absolute certainty of result where the operator is well acquainted with his nurses, these again being thoroughly familiar with his detail of after-treatment, and the whole procedure carried out under conditions the suitability of which have been attested by results.

Minor cases and purely medical cases have not been included in the list, these having no particular bearing on the main argument.

AN ESSAY ON MEDICAL EDUCATION.

SUGGESTED BY THE ADDRESS OF PROF. HENRY E. ARMSTRONG, LL.D., PH.D., V.P.R.S., PRESIDENT OF THE EDUCATIONAL SCIENCE SECTION, BRITISH ASSOCIATION, 1902.

By W. M. STORAR, L.R.C.P., L.R.C.S. (Ed.), Mount Charles, Belfast.

THE British Association for the Advancement of Science has met, discussed its affairs, and departed. Belfast has

been honoured. It remains now to be seen in what respects we are disposed to profit by the knowledge we have gained and the advice we have received. I have no wish in this short essay to discuss any of the scientific papers which were read by some of the most eminent *savants* of our day. Many of the addresses were upon topics too abstruse to be followed with any intelligent interest by any except specialists or experts in particular branches of science. So for my purpose I shall confine my attention to the Presidential address in the Educational Science Section by Professor Henry E. Armstrong, LL.D., Ph.D., V.P.R.S.

The one idea running through the whole of his brilliant and eloquent address is that most of our present educational systems are obsolete, out of date, not abreast of the latest discoveries in science, and therefore unsuitable for helping our students to advanced positions in the world of industry and commerce. Prof. Perry, in the engineering section, had exactly the same complaint to make. Prof. Armstrong therefore pleads for an entire revision of our methods, for more respect for the individuality of students, for more exercise of the scientific imagination, in order to liberate education from the grip of the senile hand now holding power in our schools, colleges, and universities.

While he directed his scathing criticism against the prevailing antiquated modes still settled like a blight over education in general, I could not help feeling that many of his remarks applied with equal force to the state of medical education in this country—a subject in which I take a very great interest.

Prof. Tyndall said in 1870 that "science had already to some extent leavened the world." That is over thirty years ago, and many wonderful things in most branches of science have been discovered in that time; but it is generally admitted that, while surgery has advanced by leaps and bounds until there is scarcely an organ in the body which has not felt the surgeon's knife, medicine or therapeutics, which is the science and art of healing, has made scarcely any apparent progress at all. Professor Armstrong, with his mind on education generally, and I, with my mind on medical education, ask, "How are we to become plastic to the extent that the growth of knowledge demands, in order that rigidity may be relaxed, that conservatism may give way to a wise spirit of advance?"

And he answers in one short phrase only, "By the scientific use of the imagination." Next he says: "But the tendency of our education is to kill rather than develop the very power on which the progress of the world depends. The prevailing policy is that of the party in power, and, more often than not, of a caucus behind it. Those who dare to differ or offer advice are looked at askance, and always with jealous eyes, and too often everything is done to block the way of the reformer, not from any base motive, but, as a rule, from sheer inability to appreciate what is proposed—from sheer lack of imaginative power."

How closely all these remarks apply to the blind and stupid obstruction which has met that grand generalization of Hahnemann in the realm of therapeutics, only those who have made a careful study of the history of homœopathy know.

"Few will deny that we are seldom other than creatures of habit, and that plasticity of mind is a rare attitude." There is no member of my profession (and I say this without any fear of contradiction whatever) who has had sufficient plasticity of mind to venture to study Hahnemann's researches and those of his followers, and who has also made a few experiments himself, who has not become perfectly convinced of the enormous value of this theory in the practice of physic. Unfortunately the said plasticity of mind is so rare that the majority of the members of the medical profession condemn the theory before they have tried it, generally on the *ipse dixit* of an antiquated professor who, from the depths of his inner consciousness, and from that only, knew by instinct that there was nothing in it!

"The importance of the part played by theory in science cannot be exaggerated. We have only to think of the influence exercised by the Newtonian theory of gravitation, by the Daltonian theory of atoms, by Faraday's conception of lines of force, by the wave theory in its varied applications, by the Darwinian theory of evolution; we have only to think of the way in which the reflections of one weak man in a secluded Kentish village have changed the tone of thought of the civilized world. Such theories are the very foundations of science. While facts are the building stones, theories furnish the design, and it is the interpretation of facts in the light of theory, and the considered application of theory to practice

that constitute true science. The marvellous development of scientific activity during the past century has been consequent on the establishment of fruitful theories. If teachers generally would pay more attention to theory their teaching would doubtless be more fruitful of result; facts they have in plenty, but they lack training in the considered use of facts. False prophets among us have long taught the narrow doctrine that practice is superior to theory, and we pretend to believe in it. That the belief is founded on misconception may safely be contended, however; the two go together and are inseparable." Francis Darwin says of his father that "he was just to his theories and did not condemn them unheard, and so it happened that he was willing to test what would seem to most people not at all worth testing." Would that this eminent example of a mind "to let" were more common in our profession. It would not then be necessary to bewail the fact that a most fruitful theory has been lying about which has, wherever applied, worked an extraordinary revolution in the practice of medicine. Physicians generally are content to be guided by what they call empiricism or rule of thumb, which is no rule at all, and any kills or cures effected by that system or no system are reckoned "regular" because guided by no "regula" or rule. Out of this bewildering chaos a careful study of Hahnemann's theory of homœopathy would undoubtedly lead them. But "our schools are paying no proper attention to the development of imaginative power, or to giving training in the use of theory as the interpreter of facts; didactic and dogmatic teaching are producing the result which infallibly follows in their wake, sterility of intellect."

This result has come about so surely among physicians of the old (or allopathic) school that few of them consider there can be any way out of their present muddle, and, sad to relate, most of them seem content to remain where they are. Dr. Cuming, the late Professor of Medicine at Queen's College, Belfast, did not believe in physic, and naturally most of his students are somewhat of that opinion; in fact, a mild scepticism about the value of drugs at all, tempered by a strong feeling that the public should still continue to swallow them, is the prevailing medical fashion. To this curious, sterile, inert *impasse*

has the profession come, all for the want of a reliable working theory.

But "the priesthood of the craft are, in fact, possessed by the spirit of narrow parochialism, and upholders of an all too rigid creed, being lineal descendants of a privileged class whose functions were far more limited than those which must now be discharged by teachers, if teaching is to be given which will serve as an efficient preparation for life under modern conditions."

The theory which Hahnemann resuscitated and spent the best part of his life in demonstrating as of extreme value in the practice of physic, is so simple and so easy of being tested that it has earned the supercilious scorn of those who sit in high places in the colleges and universities, and those who have sat at the feet of the scornful have very naturally imbibed the same notions. In order to show how fruitful of good this theory has long since proved itself I need only mention the following instances—a few of many—in which it has guided physicians to what is now recognized generally as the best results in the practice of medicine:—

1. The treatment of cholera by camphor, arsenic, and copper.
2. The treatment of malaria by cinchona and quinine.
3. The treatment of dysentery and tropical diarrhœas by arsenic, corrosive mercury, and salines.
4. The treatment of simple chills and fevers by aconite.
5. The treatment of renal and cystic affections by cantharis, turpentine, and iron.

Quite recently Surgeon-Major Deane, of the Indian Army, was awarded the Kaiser-I-Hind gold medal for the best results in the treatment of bubonic plague, chiefly with dilutions of the serpent venoms, guided thereto by his special knowledge of Hahnemann's theory.

Curiously, many physicians treat many of the above diseases with some of the remedies suggested by the *similia similibus* or homeopathic theory, but they do so without any real knowledge of or respect for the theory which has placed such treasures in their way; they get their knowledge in a haphazard fashion from some casual informant and apply it crudely, and therefore with less happy results than if a conscious and grateful recognition of the value of the theory were guiding them. And for any further progress they are just as much in the dark as ever.

“That familiarity with the name of this theory should breed such contempt is passing strange, but how great the guilt in these days of those who allow the contempt to grow up, knowing as they must that the ignorance is easy to dispel, knowing also that those versed in the mysteries have ever sought to lay bare all that is within their ken.”

It is quite sufficient in most medical circles to mention the word homœopathy to have the whole theory ruthlessly condemned with contempt, and without examination or enquiry of any kind. This theory has been before the scientific world for over a century, but on account of the ignorance and apathy, and lack of imagination in high places, it has been forced to fight its way painfully to some sort of recognition. And this recognition is neither small nor grudging in places where an environment suitable for the reception of new ideas prevails, and where there are fewer vested interests in the antiquated lore which vaguely promenades as science in this college-ridden and professor-ridden old country. We are only just beginning to rise superior to the dead hand which prescribed that we should spend the best years of our youth in painfully poring over 2,000-year-old classics. We cannot forget that we live now in a real live world, and that the most of the knowledge we should acquire is for everyday use.

Until Hahnemann promulgated his theory, medicine had scarcely made any progress for a thousand years. Bleedings frequent and copious, and mercurial salivation, setons, searing irons, and always violent purgation were the order of the day. The very name of our oldest medical paper, *The Lancet*, is evidence of the sanguinary gruesomeness of the practice of our fathers. All other medical theories have died a natural death within a very few years of their birth. Hahnemann's theory alone survives, and that it is a reliable working hypothesis must be evident from the fact that it has weathered a hundred years of contumely and bitter persecution, and that it now numbers among its accredited followers over 15,000 physicians in the United States, about 300 in Great Britain and Ireland, and still more in our free and progressive colonies of Canada, Australia, India, and the Dependencies. In fact, there is no country in the world where this theory has not received recognition from men

of the highest scientific rank and culture. To quote Prof. Armstrong again: "Unfortunately it too often happens that those placed in authority are the very last to attempt to march with the times. Bodies such as our universities might have been expected to lead the way, to keep a most watchful eye on all that was happening, and to note and apply all improvements. The very contrary has been the case. As a rule they have advanced only under severe pressure from outside, and scarcely a change can be credited to their initiative. It does not seem to have occurred to them that an Intelligence Department would be a desirable appendage. All suffer from the fatal blot that discretion and authority are vested in a few heads of departments; the younger and more active spirits have no opportunity granted them while their minds are plastic, full of courage, and instinct with advance; so when the time comes that they *can* act they have lost the desire through inanition. This is the terrible disease from which all our public offices and many industries suffer. It is right to accord experience its proper value, but it is wrong to put aside youthful energy and inventiveness. Our American cousins owe their advance largely to the recognition of these facts."

I have already mentioned the great and growing estimation in which Hahnemann's theory is held in the United States, which is the best evidence possible of its paramount fruitfulness. In fact, physicians over there who have no knowledge of the practical value of that theory are considered quite old fogies and out of date.

Prof. Armstrong speaks slightly of the value of college diplomas and university degrees, which are evidence more often of opportunity and capacity for cramming than of really great intelligence. This system of examinations, he says, "leads to the worship for ever afterwards of those who have gained prizes, instead of regarding them but as victors for the moment and requiring them at each step to give fresh proof of power. Nothing is more unwise than the way in which we over-rate the pretensions of the 'first-class' man; we too often make a prig of him by so doing. Those who succeed best in examinations are too frequently not those most fitted for the work of the world. A long experience has convinced me that the boys a few places down a class are, as a rule, the best material. Those at the top have acquisitive power, but

more often than not they lack individuality and the power of exercising initiative. We must base our judgment in the future on evidence of training and of general conduct, not on isolated examinations. . . . If our young people fail to show intelligence in later life, it is as a rule because the conditions under which we place them in earlier life are such as not only to leave their intelligence undeveloped, but, what is far worse, such as to mar their ability."

"There are three courses open to examining bodies—to lead, to maintain themselves just abreast of the times, to stagnate. As a matter of fact the last is that almost invariably chosen—a syllabus when once adopted remaining in force year after year. Consequently examinations tend to retard rather than to favour the introduction of improved methods."

Hahnemann himself would never have become a doctor of medicine if that degree had not been secured before he promulgated his theory.

Harvey, the discoverer of the circulation of the blood, was boycotted by all his contemporaries. We are told no one over forty years of age believed in his discovery, although anyone might have verified it in ten minutes. Galileo would have pleaded in vain for a Fellowship of the Astronomical Society of his day, for was it not decreed by the Authorities that the earth, not the sun, was the centre of our planetary system? Dr. Pope, whom I have the honour of knowing, was refused his M.D. at Edinburgh University *after* he had passed all his examinations, because it became known that he was sympathetic to Hahnemann's theory. Mr. Harvey, another medical gentleman, a friend of mine, was not allowed to sit for his final examination at Aberdeen University, because he would not engage not to practice occasionally according to that theory. Mr. Blake, of Taunton, had his Membership of the Royal College of Surgeons, London, taken from him for the same reason. Dr. Pearce, of Northampton, was consigned to Newgate by Mr. Wakeley, of the *Lancet* (coroner for Middlesex), on a charge of manslaughter for failing to cure his brother (Mr. Pearce) of cholera, although Dr. Pearce was himself stricken with the same malady, and therefore unable to attend to him.

Now what is the remedy for all this ignorant boycotting of valuable information?

The schools and colleges, and professors, are so full of mutual admiration for each other and the glorious positions they occupy, that it would seem an impertinence to disturb their amiable equanimity by the suggestion that there are ideas and theories waiting for examination which they should bestir themselves to investigate. Practically they say, "What we don't know now isn't worth knowing. If we have not evolved any theory, you may depend upon it any other must be quite worthless."

It is hopeless, therefore, to appeal to the colleges or to the heads (so-called) of the profession. The people must take this affair in hand for themselves, and decline any longer to submit to the tender mercies, which are cruel, of a very unenlightened professional ring. When the demand for up-to-date practitioners is created by a more enlightened public opinion, the supply will very shortly be forthcoming. Unfortunately, on this matter the people have been kept very ignorant, and the best informed of them have been afraid to stand up against the browbeating and insolence of the ordinary physicians, who are, with a few honorable exceptions, far too ready to pronounce an all too summary verdict upon this theory without any previous adequate enquiry.

A British Homœopathic Association has quite recently been formed, with its head office in London, for the purpose of enlightening the people on this very important subject. The following are some of the officers of the Association: President, The Earl Cawdor; Vice-presidents, The Earl Dysart and Lord Calthorpe; treasurer, Joseph Howard, Esq., M.P. And on the general committee are: R. W. Perks, Esq., M.P., Sir Robert Hunter, W. M. M'Arthur, Esq., M.P., Col. Clifton Browne, and others. Anyone interested in this Association should write to the Secretary, 29, Monument Street, London, E.C.; or for a list of literature upon the subject of Homœopathy, to the Homœopathic Publishing Co., 12, Warwick Lane, London, E.C.

THE PRESENT STATUS OF HOMŒOPATHY.

BEING THE PRESIDENTIAL ADDRESS DELIVERED BEFORE
THE FIFTY-EIGHTH ANNUAL SESSION OF THE AMERICAN
INSTITUTE OF HOMŒOPATHY, CLEVELAND, O., JUNE 17,
1902.

By JAMES C. WOOD, M.D.

THE American Institute of Homœopathy convenes to-night,

June 17, 1902, under very different conditions from those which confronted it fifty-seven years ago at the first meeting. Then it was an infant in swaddling clothes, with a membership of but forty; now it is a giant with a membership of over 2,000. Then there were less than 300 homœopathic physicians in the United States; now there are over 15,000. Then there were no homœopathic colleges and no hospitals; now there are twenty colleges and 340 hospitals, dispensaries, and sanatoriums under homœopathic control, having properties and endowments aggregating several millions of dollars. Then there were but two journals devoted to the interest of homœopathy and homœopathic therapeutics; now there are thirty-two. Then the literature of homœopathy was limited to a few books devoted to *Materia Medica* and therapeutics alone; now the whole domain of medicine has been covered by writers who practice and teach the law of similars. Then for a member of the so-called regular school to consult with a member of the so-called homœopathic school, meant professional ostracism and disgrace; now such consultations are of daily occurrence, and are openly advocated by men occupying high positions in the American Medical Association. Then, and up to five years ago, no credit was given by colleges under the control of the older school for time spent in homœopathic colleges; now students in homœopathic colleges, and homœopathic graduates, are placed on a par in nearly all colleges of the older school with students of, and graduates from, so-called regular institutions. In short, the world has been moving in matters medical as well as in matters religious and political, and he who ignores this fact is either purblind or a laggard. Persecution on the part of the dominant school was followed by tolerance; tolerance has been followed by respect; and respect, unless we guard carefully our vantage ground, will prove but the forerunner of assimilation.

I am prompted this evening to indulge in the foregoing retrospection and prognostication for the purpose of bringing the issue which so much concerns the school homœopathic fairly and squarely before you. I cannot better define and emphasize the present attitude of the dominant school towards the homœopathic than by quoting from Dr. Reed's presidential address last year, before the American Medical Association. In describing

the "New School of Medicine" (Dr. Reed does not mean by this term the "homœopathic" school, but rather the new school of thought), he says: "It acknowledges no distinctive title, it heralds no shibboleth. It is a school of human tolerance, of personal independence, of scientific honesty. It is the slave of neither prejudice nor preconception, and abandons the accepted truth of yesterday, if it be only the demonstrated error of to-day. It places no premium upon personal prerogative, and extends no recognition to individual authority. It makes no proclamation of completeness, no pretension to sufficiency. It recognizes that truth is undergoing progressive revelation, not ending to-day, but continued through the ages. It yields its plaudits to achievement, and recognizes that he is the greatest among men who reveals the most of truth unto men. It greets as a friend him who thinks, though he think error; for, thinking, he may think truth, and thereby add to the common fund. It heeds all things, examines all things, judges all things."

Again, Dr. Wm. Osler, of Johns Hopkins University, in the *New York Sun*, of January 27, 1901, said: "The century has witnessed a revolution in the treatment of diseases and the growth of a new school of medicine. . . . A new school of practitioners has arisen which cares nothing for homœopathy, and less for so-called allopathy. It seeks to study rationally and scientifically the action of drugs, old and new."

Many similar quotations could be made from the writings of prominent men of the dominant school, but the two distinguished gentlemen whom I have quoted represent a type of thinkers of that school which is constantly increasing in numbers. On the other hand, a similar type of thinkers is growing up in the homœopathic school; and in many articles upon the present status of homœopathy, and its relations to other systems of therapeutics, these thinkers have shown a disposition to meet their old time antagonists more than half way. In view to these facts I am prompted to-night to propound the following questions, and to answer them to the best of my ability:—

1. What influence has homœopathy had, if any, upon the medical thought and practice of to-day as represented by the dominant school of medicine?
2. Has homœopathy fulfilled its mission, and should

we now permit ourselves to become a part of the dominant school of medicine ?

3. What evidence can we put forth going to show that the law of similars, upon which the homœopathic school is based, is a law of nature and a law of cure worthy of being elaborated and studied by all who have at heart the best interests of humanity ?

4. What have been the chief obstacles to the growth of homœopathy, and to its acceptance by the dominant school of medicine ?

5. Is homœopathy losing in numbers, prestige, and popularity, as claimed by certain writers of the dominant school ?

6. What should be our attitude toward that school and toward innovations in medicine ?

These, I submit, are vital questions, and should be met fearlessly and without equivocation. As true scientists and sincere humanitarians, we should be willing to cast aside theories which time and experience have proved untenable, and supplant them by others which seem more reasonable and seem also better to conform to modern thought and attested facts. I shall, therefore, undertake to answer them in the spirit of one who cares for schools of medicine as such, the homœopathic not excepted, only so far as he believes that the art of healing can best be subserved by maintaining, for the present at least, distinct organization.

I begin then by asking : " What influence, if any, has homœopathy had upon the medical thought and practice of to-day as represented by the dominant school of medicine ? "

I quote a few extracts from Holmes' *Principia Medicinæ*, which was a standard work in medicine one hundred years ago, when Hahnemann began his studies. For inflammatory fevers, venesection is advised " until the pulse returns to its proper strength." For ophthalmia, " bleeding, especially from the jugular veins ; cupping on the nape of the neck ; leeches to the temples and below the eyes, frequently repeated ; blisters applied to the neck, behind the ears, on the head and temples ; setons and issues in obstinate cases." For pneumonia, " large and repeated blood-letting ; when the strength does not admit of further venesection, cupping should be performed betwixt the shoulders ; clysters, blisters,

large doses of tartar emetic, etc." For toothache, "venesection, mercurial purgatives, sudorifics, emetics, scarifying the gums, leeches to the gums, blisters behind the ears, etc."

This much merely to show that down to the time of Hahnemann 2,400 years of empiricism had done little to dignify medicine as a science, or even to elevate it to the standard of an art. For hundreds, nay, thousands of years talented men had been engaged in the cultivation of the profession of physic. They toiled amidst discouragements and dangers, and exercised a philanthropy and a devotedness for which our meed of praise is offered with an ungrudging hand. But the inference that such efforts did more than blaze the way for that which was to follow, cannot be admitted.

In 1813 Pinel, one of the most celebrated of continental writers, said of the therapeutics of his day: "The *Materia Medica* has been nothing but a confused heap of incongruous substances, possessing, for the most part, a doubtful efficacy, and nothing, perhaps, is more just than the reproach which has been attached to it, that it presents only a shapeless assemblage of incoherent ideas and of puerile, or, at least, of illusory observations."

Fifty years later Dr. Paris, the President of the Royal College of Physicians, wrote: "The revolutions and vicissitudes which remedies have undergone, in medical, as well as popular opinion, from the ignorance of some ages, the learning of others, afford an ample subject for philosophical reflection." "And," he says, "passing to modern times, we should not be surprised at the very imperfect state of the *Materia Medica* as far as it depends upon what is *commonly called* experience. Ray attempted to enumerate the virtues of plants from *experience*, and the system serves only to commemorate his failures; Vogel likewise professed to assign to substances those powers which had been learned from accumulated experience; and he speaks of roasted toad as a specific for the pains of gout, and asserts that a person may secure himself for a whole year from angina by eating a roasted swallow."

Polypharmacy was carried to such an extent that some of the most popular prescriptions, during the seventeenth and eighteenth centuries, contained from fifty to one hundred ingredients.

It was Hahnemann who first brought order out of chaos

and placed therapeutics on a scientific basis. He it was who advocated the systematic proving of drugs upon the healthy, the single remedy, and the minimum curative dose. As is well known, he also enunciated the law of similars as expressed in the formula, *similia similibus curentur*. While the law of similars was suggested by writers before the Christian era, and later had been revised by Boulduc Thoury, Von Störck, and especially by Stahl; and while both Haller and Von Störck emphasized the importance of first trying upon the human body the remedy unmixed with any foreign substance, no one of these men had actually made such provings in a systematic way. This painful path was first trodden by Samuel Hahnemann. How greatly his pioneer labours have influenced the older school, we can easily determine by examining their literature. Their *Materia Medicas* are now filled with the provings of drugs upon the well. Their pages contain innumerable illustrations of the application of the law of similars; and the advantage of administering remedies separately, "in order (in the language of one of the most recent writers) to more accurately observe their effects, as well as to discontinue, or change the dose of, any one which may be necessary," is pointed out by all. Their improved and more refined pharmacology was made imperative by homœopathy.

Much more might be said going to show the influence which Hahnemann and his teachings have had upon modern medical thought; but, inasmuch as the facts which I have put forth are attested by men like Fletcher, Mott, Forbes, Liston, Trousseau and Bristowe of the older school, it seems necessary to adduce no further evidence under this head. Let me say, however, before passing to my next topic, that I am not so foolish as to assert that without Hahnemann and his followers, medicine would have remained where it was when Hahnemann enunciated his great law of cure. On the contrary, I am inclined to believe that if the law of similars had been presented by one less dogmatic than Hahnemann, and had not been so obscured by mysticism and unthinkable hypotheses, it would long ago have become the working rule of all schools of medicine in the application of drugs to disease.

My second question follows the first in logical sequence: "Has homœopathy fulfilled its mission, and should we now permit ourselves to become a part of the dominant school of medicine?"

The spirit of the times is encouraging amalgamation and co-operation in competing corporate, business, and philanthropic enterprises, and why should not the great schools of medicine bring themselves into harmony with this spirit? Even theology, which has ever been weighted down by bigotry and dogmas, is learning the great lesson that truth is the prerogative of no denomination and no sect. The modern theologian believes with the great Swiss reformer, Zwingli, that the Father of Truths spoke truths to Plato, to Socrates, to Buddha, to Mohammed, and to Confucius, as well as to the Founder of Christianity. In this spirit there was held ten years ago during a National Exposition the "World's Congress of Religions." Upon the same platform sat side by side Jew and Gentile, Catholic and Protestant, Mohammedan and Buddhist, Trinitarian and Unitarian, Dogmatist and Free Thinker, Materialist and Transcendentalist. A survey of theological history during the last years of the century just closed reveals a spirit of religious tolerance which should bring the blush of shame to the cheek of him who is the disciple of Hippocrates.

Nevertheless, one who sincerely believes that he is advocating a principle and a truth which is destined, when it is fully elaborated and universally accepted, to benefit mankind beyond all human computation, would be a moral coward to salve his conscience for the sake of peace and harmony, or for position. When a great and powerful body, such as is the dominant school of medicine, which has antagonized us for years, which never granted us concessions that were not forced, which bitterly opposed our admittance into state and governmental institutions, suddenly changes front, tears down its high walls of intolerance and exclusivism, and receives with open arms "him who thinks, though he thinks error, for, thinking, he may think truth and thereby add to the common fund," it behoves us as custodians of that great principle and that great truth to question the motive, and act with deliberation.

I impugn neither the honesty nor the good intentions of men like Reed and Osler. They have become thoroughly imbued with the idea that homœopathy, possessing, perhaps, a modicum of good, has now outlived its usefulness, and that the rank and file of the members of our school are anxious to renounce our name and abjure our principles

for the sake of becoming an integral part of the body medical. They recognize (Dr. Reed says it in so many words) that the homœopathic profession, especially in co-operation with the eclectic school, is powerful enough to defeat any medical legislation, proscriptive or otherwise, which the dominant school may desire to inaugurate. This condition of affairs, says Dr. Reed, "was brought about under the stimulus of ostracism and the fostering care of public sympathy thereby induced." If, therefore, we will drop our distinctive name, apologize for having so long remained a "sect" in medicine, and promise to commit no *lese majesté* in the future, we are to be received into the fold of so-called regular medicine.

I am willing to admit that the "unity of medicine" under proper conditions is something devoutly to be desired. But the dominant school of medicine is not yet ready to accept these conditions, They involve a full recognition of homœopathy and the law of similars by all colleges and societies of that school, so that homœopathy shall be taught in such colleges as thoroughly and as earnestly as at the present time it is taught in our homœopathic institutions. That time will not have arrived until homœopathy shall have so perfected its peculiar system of therapeutics as to have gained a large number of advocates among the writers and teachers who designate themselves as "regulars." That that time will come in the future there is not the shadow of a doubt, and I shall further along endeavour to show how we, as a school, may hasten its advent. Meanwhile some light may be thrown upon current tendencies by citing the experience of a prominent member of an old school faculty in this city, who one year ago, in order to obtain the sentiment of the profession regarding the wisdom of establishing a homœopathic chair in his college, sent a reply postal card to all "regular" physicians in the State of Ohio, asking their opinion on the subject. Nearly every man under forty years of age was in favour of establishing the chair, while almost without exception the older men opposed the scheme. This is valuable testimony, and shows conclusively that it is to the younger men we must look for unprejudiced thought and action.

I have already endeavoured to show the impress which homœopathy has left upon the dominant school. But this impress has been general rather than specific. The

therapeutics of that school is yet in the most chaotic state. Empiricism of the rankest kind still characterizes its literature and its teachings, even in the application which it makes of homœopathic remedies. Vaunted specifics come and go like the morning dews. To-day some remedy is heralded as a universal panacea for certain diseases and certain conditions; to-morrow it is assigned to oblivion, there to remain with the thousands which have preceded it. This process has continued until the average old school practitioner has become a therapeutic agnostic, so far as internal medicine is concerned, relying rather upon mechanics, dietetics, and prophylaxis, than upon remedies to cure disease.

This is a sweeping arraignment, but testimony in support of it can easily be adduced. No one will, I think, question the standing of Dr. James F. Goodhart, who delivered the annual address on medicine before the 1901 meeting of the British Medical Association. Dr. Goodhart asks the question, "Why do we give drugs?" "Often," he answers, "not because the disease demands them, but because the patient is not happy until he gets them; too often he is not happy then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the 'Exchange' speculates in futures, an enhanced reputation being the windfall that it is hoped to secure; and then we often give drugs as an experiment in the hope that they may do good."

As to drugs themselves, he says: "Diseases run in fashions and so do drugs. Their popularity is enormous, far in excess of their merits; and by and by they sink into the cold shade of neglect. . . . Who does not even now remember the boom of antipyretics. A few of them remained to us for other purposes; but as antipyretics, who gives them now? . . . They were rushed for more than they are worth, and they are now buried by later booms, such as animal extracts and antitoxin, and many of these will be buried too."

These are not the sentiments of one who has no right to speak *ex cathedra* in the counsels of his school. Dr. Goodhart has but few peers as a writer and teacher. Nor is he a sporadic case. He but echoes the teachings of men like Osler, Tyson, and Anders of this country, writers who have produced works classic in all that pertains to

the domain of causation, pathology, and diagnosis. One has but to pick up any modern text-book on practice belonging to the older school to find in almost every chapter confirmation of Dr. Goodhart's agnosticism so honestly expressed.

It is indeed refreshing to turn from the agnosticism and uncertainty which characterize the therapeutics of the school to the precision and the permanency of the therapeutics of the homœopathic school. The indications for bryonia in rheumatism and pleuritic pains were given us nearly one hundred years ago. Bryonia is just as useful to-day as it was then for the conditions enumerated, when the indications prevail. And so it is with hundreds of other remedies based upon a law of nature immutable and unchangeable rather than upon an hypothesis put forth to explain supposed facts and phenomena.

From the standpoint, then, of a homœopathic physician, it is not yet time to surrender either our name or our distinct organization. The law of similars, or if you please, the law of substitution, can no more be separated from the distinctive name of "homœopathy" than can the teachings of Martin Luther be separated from that of the Reformation. In another twenty years the term "homœopathic," which in the past has acted like a red flag flaunted in the face of an angry bull, will not grate upon the ear of progressive and liberal men of whatever school, any more than at the present time do the terms "psychopathic," "neuropathic," and "hydropathic." The school which has so long been thrown into hysterics by the term "pathy" is rapidly being split up into many.

With this single reservation, then, that we shall hold fast to our historic name and to our fundamental principle, we can meet the liberally inclined gentlemen of the older school more than half way in all matters pertaining to the public weal, whether they have for their object the betterment of civic government or the advancement of medical education. There can be no possible objection to our affiliating ourselves with their societies, provided that in so doing we are not called upon to renounce either our name or our principles; and if they admit us to affiliation, we, on our part, ought to be equally magnanimous and open the doors of our societies to all physicians complying with the standard educational requirements, upon the same terms. If they advance methods of cure

which can advantageously supplant the law of similars, we shall remain receptive and open to conviction. But we believe we still have a mission to perform in perfecting and advancing that law, so that it will be accepted by all schools as a working law in therapeutics. Until that mission is performed, we shall preserve our independence and our identity.

Again, however pleasant may be the relationship existing between the two schools of medicine among the teachers, writers, and specialists of the respective schools, especially in localities where homœopathy is strong numerically, this feeling does not prevail in communities where homœopathy is but feebly represented. In order to speak authoritatively upon this subject, I wrote a personal letter to representative members of this Institute residing in various sections of the United States and Canada, asking the following questions:—

1. What is the relationship existing between the two professions in your city?

2. Is the homœopathic profession received kindly in the various hospitals of your city under old school control, and upon the same terms as is the regular profession not connected with the staff of such hospitals? Do the members of the regular profession consult with homœopathic physicians, and do they treat you fairly and squarely?

3. Is there any discrimination made in official appointments?

4. Do the two professions meet harmoniously and pleasantly in a social way?

A tabulation of the answers to these questions shows that in nearly all cities in which homœopathy is strong numerically, the relationship existing between the two schools is reasonably cordial and pleasant; that consultations between members of the respective schools are of common occurrence, and that the homœopathic profession has access to nearly, if not quite, all the hospitals under old school control. In the city of Cleveland the utmost cordiality and liberality prevails between the two professions, and many of my warmest friends are men of the older school. On the other hand, in sections of the country where homœopathy is not fully established, the bitterest antagonism on the part of the dominant school still exists. Consultations are held but rarely, if ever; homœopathic physicians are debarred from the established hospitals; the grossest discrimination is made in official

appointments, and socially there is no intercourse. All this in the year of our Lord 1902, and 250 years after Wm. Harvey said, "I claim that liberty, which I willingly yield to others, namely, in subjects of difficulty, to put forward as true such things as appear to be probable until proved to be manifestly false."

To be continued in our next issue.

REVIEWS.

A Lecture on Homœopathy. By JOHN HENRY CLARKE, M.D.
London: Homœopathic Publishing Co. 1902.

THIS lecture, dedicated to the sisters and nurses of the London Homœopathic Hospital, was delivered at the Hospital to the nurses. Dr. Clarke very properly considered that the nurses should be made aware of the true meaning and aims of homœopathy—its "idea"—so that they should more fully enter into the aims of the physician when nursing a case of illness for him. This is really a very important thing, not only for nurses, but for the general public to understand. Many of our patients are staunch homœopaths from having observed on themselves and others the beneficent action of the medicines in curing disease *cito, tuto, et jucunde*, but are practically ignorant of the *raison d' être* of it, of the true meaning of *similia similibus*, and of the beauty of having a law in medicine. They do not fully appreciate the immense advantage that homœopathy has over the old school in being able to treat disease by a definite and sure *law* instead of by haphazard empirical methods. To remedy this defect of ignorance on the part of a considerable portion of the homœopathic public, Dr. Clarke has published his lecture in a nicely-got-up little book. He explains the principles of homœopathy in a popular way, so that it can be understood by anyone, and it is thus well fitted to attain its object. It is eminently readable, and if once begun it will be read through. We heartily commend it, and we hope it will have a wide circulation.

A Contribution to the Œtiology of Cancer. The Presidential address delivered before the East Yorks and North Lincoln Branch of the British Medical Association at Hull, *May*, 1902. By ALEX. THEODORE BRAND, M.D., C.M., Driffield, Medical Officer, Driffield Cottage Hospital. The Aberdeen University Press, Ltd., 1902.

WE have received the above address, and have pleasure in noticing it, as a very interesting one. Dr. Brand names the various theories explanatory of the origin of Cancer which

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have been promulgated from time to time, and finds them all unsatisfactory. He adopts and advocates the theory of outside infection, regarding which he says, "Of course the acceptance of the Infective theory includes the acceptance of the existence of an infective micro-organism, whether microzoon or microphyte, not yet discovered; but this need not stand in the way of its acceptance, since no one questions the fact that Variola, Pertussis, Scarlatina, or Morbilli, etc. are infectious and due to the influence of micro-organisms, although no germs have, so far, in these cases been isolated." He brings a good deal of evidence in support of this theory, and he is so sure of its truth that he says, "It seems to me that, after all, any trying to hold a brief for the Infective hypothesis of Cancer is a work of the purest supererogation, since it must be evident that it is hopeless to attempt to explain the causation of cancer on any other ground." But it by no means follows that because all other theories fail to explain its aetiology, the infective theory should be sound. We are sorry we cannot accept this theory, against which there is much to be adduced. To take one point only, which Dr. Brand notices, on the question of heredity—he admits that belief in heredity and in the infective theory are incompatible, which is unfortunate, as we think that evidence is strongly in support of the hereditary transmission of cancer. He admits that 50 per cent. of cases of cancer show cancerous parentage, and this most men would think a striking fact, and one not easily set aside as evidence. Yet he says, "The occurrence of cancer in several members of a family after the death of parents from that disease, cannot be accepted as evidence of heredity; but, on the contrary, it can, and ought to be accepted as evidence of infection from an obvious source." It is curious how facts can be interpreted as evidence in totally opposite directions.

One point of much interest Dr. Brand brings forward, namely, the occurrence of peculiar spots on the skin in cancer cases. He noticed this first when a student, "a quarter of a century ago." In this case—mammary cancer—he noticed the chest "had scattered over it a number of bright scarlet, shining, punctate spots, unaltered by pressure, and varying in size from a pin's head to a split pea." The surgeon operating said he had noticed such spots before. Since then Dr. Brand has rarely or never failed to find them, sometimes few and small, at other times larger and more numerous, but almost invariably present. He has found them not only in mammary cancer, but in pelvic cancer, and in a "case of cancer of rectum and liver." He quotes Leser, Freund and Hollander, as having found the same thing occurring in their

practice, and Leser says that "he has not seen any literary notice of it in such a connection." They also consider that these spots have a definite relation to cancer, and that when found in large numbers in young or middle-aged people, there is every reason to suspect cancer." Dr. Brand refers to a paper on "the origin of cancer," published in 1872, by the late Campbell De Morgan, of Middlesex Hospital, in which he describes what seems to be these spots, and which got to be known at the Middlesex Hospital as "De Morgan's spots." They are, however, never found to develop into cancerous growths. It would be interesting to know if observations on an extensive scale showed that the existence of such spots are the rule in cancer, or otherwise, what their meaning is, and what their diagnostic or prognostic value.

The address is interesting, and shows careful thought and study.

Report of the Plague in Calcutta, June, 1901—June 1902.

By Major H. E. DEANE, R.A.M.C. Special Health Officer,
Calcutta, 1902.

WE have received this very interesting and able report, full of careful observation, thought, and important deductions. Major Deane's mind is evidently a pre-eminently open one, ready to receive facts from every source, and entirely free from prejudice in his conclusions. The first paragraphs of the Report embody his views and frame of mind in dealing with his subject. "Learn to say 'I do not know'" (Rabbi's exhortation). "Have two special objects in view with regard to diseases, namely, 'to do good or to do no harm' (Hippocrates' Epidemics). The first of the above quotations might be taken as a model of an abridged plague report. The advice contained in the second was given in the 5th century, and applying it to plague policy has not been improved upon in the twentieth."!

We have not space to go into many details, and this seems the less necessary as Major Deane has, we believe, sent an elaborate paper on Plague to the British Homœopathic Society. We therefore only draw attention to the main points of the Report. It was expected that a more severe outbreak than formerly would take place in 1901, and still worse in 1902. But while in the former two years the epidemic was practically stationary, it declined in 1902. Major Deane considers that one cause of the lessened extent of the plague in Calcutta, as compared with some other places, is the "bustee" construction of the city, and the figures "seem to afford some corroboration of the opinion that the further

we get away from darkness and stagnant air, the fewer people we find attacked by plague." And the "bustee" construction of houses minimises the darkness and stagnant air that elsewhere obtains. "The only other visible factor I can see is the method of dealing with the disease—disinfection." As to the mode of infection of plague, Major Deane has made a most interesting and important investigation, and in a clear and logical manner proves, as far as we can judge, the conclusion he has formed, namely, that infection is chiefly conveyed by the air. It would take too long to give his arguments, but they seem to us to be convincing. The prevalent belief that dead rats are the chief source of infection, Major Deane does not hold. He says, "I cannot convince myself that they (dead rats) are anything more than an unimportant means of spreading the disease." He concludes the report by a long section on the methods of prevention of plague, first, by demolition, where possible or permissible, of insanitary, dark houses; and secondly, by disinfection. This process, carried out chiefly by perchloride of mercury, has been most successful, and when thoroughly done, has been found to make a plague-infected room perfectly safe for almost immediate re-occupation.

The whole report is most instructive, and will well repay study on the part of those who are interested in this fatal disease. It is an exceedingly able and judicially impartial one, and reflects great credit on Major Deane, the Special Health Officer.

To Major Deane's report are added appendices by Drs. Pettifer, Hossack, and Crake, and it is but fair to say that Dr. Pettifer lays much greater stress on rats as a source of infection than Major Deane does.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the session 1902-3 was held at the London Homœopathic Hospital, on Thursday, October 2nd, 1902. Dr. Roberson Day of London, President, in the chair. There was an excellent attendance of Fellows and Members. The business of the evening was the inaugural address of the President, which was entitled

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and of which the following is a summary of the leading points.

Dr. Roberson Day said that in the selection of a suitable subject for his Presidential Address, he had sought a matter which all have at heart, rather than a purely medical one:

the advancement of Homœopathy, and the necessary factors upon which such advancement depends.

For many years our fathers have most diligently been sowing the seed, by their practice and the cures they accomplished, by their dispensaries and the founding of hospitals, by their writings, and in the early days by lecturing on Homœopathy. To-day the harvest is well nigh ripe, and ready for reaping, but alas! the labourers are few. The question confronts us, How are we to meet this difficulty?

Perhaps no means are more successful in spreading homœopathy than our hospitals and dispensaries. Hospital Extension is therefore what we must aim at. In this vast metropolis, with its 5,000,000 inhabitants, what hospital accommodation have we? There is only one homœopathic hospital, and its last annual report tells us that with its 100 beds and out-patient department, 1,092 in-patients and 21,822 out-patients received treatment. Certainly an entirely inadequate provision for the needs of London. Liverpool has long been a stronghold of homœopathy, and possesses the second largest hospital in the kingdom. There is also a very large dispensary at a distance from the hospital, but in connection with it and under the same jurisdiction. At the Mount Vernon Hospital for Consumption, at Hampstead, the out-patient department is in Fitzroy Square. Not only is there no necessity for a connection between the out-patient department and the hospital, but for many reasons it would be better if all hospitals could be removed into the pure country air, away from the crowded centres of population, and where land is cheap. Our hospitals can be vastly increased in efficiency by extension of out-patient facilities. The number of our beds is limited, but the out-patients are unlimited. In 1897, at the London Homœopathic Hospital, there were 16,000 out-patients, in 1901, 21,000, an increase of over 1,000 a year; whereas the in-patients are limited to 100 beds. Seeing that it is now fifty-eight years ago since the hospital was founded, the time has surely come when the nuclei of other hospitals should be established. New Out-patient Departments should be established and affiliated with the parent hospital, and have a local influential committee. They should become self-supporting, a scale of charges should be made similar to those at private dispensaries, and this should allow the medical officer to receive an honorarium after paying expenses. The title of Assistant Physician or Assistant Surgeon might well be attached to the post of medical officer, and it would serve the additional purpose of keeping suburban men in touch with the central hospital.

Another important point is the need of *well-qualified medical men*. Homœopathy has suffered too much in the past from the man who with some smattering of medicine and a bogus M.D. degree, has set up in practice as a homœopath, and advertised his "Homœopathic Dispensary" by sandwichmen parading the streets! It behoves the members of this Society to be worthy of the master who first enunciated the law of *similia similibus curentur*. At the age of twenty he was familiar with eight languages, and by his indomitable energy educated himself at Leipsic and Vienna Universities, defraying the cost by his translations and literary work. As the sculptor gains an inspiration from the Venus of Milo or the beautiful marbles of Canova and Thorwaldsen, so may we from the pioneers of Homœopathy, who amidst much persecution and opposition founded a system of medicine which has revolutionised the world of physic.

As so often happens when circumstances become easy, sloth is apt to creep on. Visitors, and particularly foreigners who come to this country, have no means of finding where the homœopaths are, for they have like lambs lain down beside the wolves, and in certain streets in the West End they literally live next door to each other. An American visitor to London unexpectedly falls ill at one of the big hotels. In answer to his enquiries he is assured that there is no homœopath in London, but that Dr. X. is very able and always attends the visitors. Consequently, Dr. X. (an allopath), is called in. How can this state of things be remedied?

This Society publishes annually a list of the names and addresses of its members, but in an awkward form. What is needed is a Directory, carefully edited, which shall contain the names and addresses of all qualified practitioners with their qualifications, and any other details of use to our patients.

We can do much for our chemists, as they for us. They exist for the homœopathic public, and can do much to further the interests of homœopathy in ways which are precluded to us. There is need for more homœopathic chemists, but more pressing need for more homœopathic doctors. This certainly is the most urgent need of our times. On all sides we hear the lament that there is no homœopathic doctor in the town or district. Wherever a homœopath settles there is soon established a stronghold of homœopathy—Bournemouth, for instance—while Great Yarmouth, with a larger population, has no one to represent homœopathy. The reason is not far to seek. There are the old difficulties and opposition to be met in every town where a homœopath settles for the first time; no friendly hand will be extended by the medical profession, and he must to a great extent labour alone. To

face this state of things requires much steadfastness of purpose. Is it not possible as a Society to extend a helping hand to our younger members who are about to settle in life? Is there not a responsibility which has not hitherto been recognised? Could not an "Advisory Committee" be formed, of a certain number of our members qualified by their years and knowledge of the needs of homœopathy, to give advice? It should be their especial duty to ascertain the state of homœopathy in this country, and where would be the most favourable centres for opening fresh ground. An estimate could be arrived at as to the number of converts to homœopathy already settled in a district. Further than this, we should in certain cases approved by the committee, offer temporary financial assistance to enable the new settler to stand the siege of the first few years. The whole matter should be put on a sound financial basis, and the fund could be subscribed by an increased yearly subscription; or even a limited liability company could be formed, and members and others who have the welfare of homœopathy at heart, asked to subscribe for its shares.

It is a question whether any good ever comes of *controversy*, or that it has helped on any cause in any way. The most important controversy of recent years was carried on in the "Times" newspaper, and the strife so grew that even "Punch" had a cartoon upon it. What was the result? Everything soon settled down as before, the bruises of the fray alone were left! Still, much depends on the attitude maintained towards the profession. The American Institute of Homœopathy has defined a homœopathic physician as "*one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medical learning is his,—by inheritance, by right.*" One of the most conspicuous differences between the two schools of medicine is the *belief* of the homœopath and the *disbelief* of the allopath in the power of medicine. In an admirable address by Professor Wood of America, occur the following remarks made by Dr. Goodhart before the British Medical Association, 1901. "Why do we give drugs? Often not because the disease demands them, but because the patient is not happy until he gets them; too often he is not happy then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the "Exchange" speculates in futures, an enhanced reputation being the windfall that it is hoped to secure; and then we often give drugs as an experiment, in the hope that they may do good." How different is the case for homœopathy! We are never

at a loss to prescribe something, and we know, the more accurately we watch the pathogenesis of the drug in question, the more certain we are of a cure. Although, no doubt, there is less active persecution to-day than formerly, still it does exist. We are still treated as outcasts, our contributions are refused publication in the medical journals, we are not allowed to join any of the medical Societies, even the Medical Defence Union refuses us membership, and the College of Physicians so tyrannizes over its members that even those who would meet us in consultation dare not do so. Dr. Gairdner naively remarks, "The true physician derives his chief claim to that character from his perfect intellectual and moral freedom." The quotation is commended to the notice of the College of Physicians.

The best course to pursue in the face of such hostility is to leave such *severely alone*, never to miss an opportunity of showing courtesy, and at all times to stand firmly on our rights as equally well qualified to treat the sick, nay, better qualified, since we have added a knowledge of homœopathy to our previous studies. Occasionally, however, an enquiring mind is met with, and it is well to make a commencement with such by an invitation to our hospital, for here can be seen the practical application of homœopathy.

But where we find one medical man of an enquiring mind, we find fifty laymen who are open to conviction. We must consider the laity of to-day, and how well-informed many of them are on medical subjects. It is to them we must look and appeal for justice, for they come to the subject with unbiassed minds.

In Hahnemann's days the system of medicine was little short of barbarous in its practice, but thanks to the lessons of homœopathy, a great change has come over the old school medicine. It behoves us to be well abreast with the times. Many advances have been made since the time of Hahnemann—the germ theory of disease, bacteriology, antiseptics, and antitoxin serums; and it is our duty to emulate the *spirit* of Hahnemann, who was not behind his times, but a long way ahead.

The establishment of special departments at the London Homœopathic Hospital has done much to further the progress of homœopathy, but there are still some vacancies to be filled.

Our *nurses* have been a perennial source of solicitude. We are all convinced of their superiority; they understand our ways, they conscientiously carry out our directions, they uniformly give satisfaction wherever they go; and yet we have never been able to devise a method of

retaining their services. They either join some old-established nursing institute, or in twos and threes take quarters for themselves as private nurses. What is needed is a Nursing Hostel, under a competent matron, and distinct from the hospital. Telephonic communication is essential, and residence at the institution.

The great majority of the public have no idea of the persecution homœopathy still suffers at the hands of the majority of the profession, and some up-to-date statement of what homœopathy is, and the unreasonable attitude of the allopaths, would be of the greatest value; some short pamphlet that we could put into the hands of our patients should do much to clear away misrepresentation.

“Efficiency” in ourselves, in our Society, in our institutions. We do not want the man of divided aims, who will treat his patients *more Hahnemanniana*, and when in difficulties will call in consultation Sir X. Y. Z. to administer the remedies of an empirical school of medicine. There still exists the chasm which divides those who prescribe by a guiding rule and those who prescribe empirically. Emerson said, “Whoso would be a man must be a nonconformist.” Much work remains to be done, and it is our privilege, nay, more, our DUTY to assist in a cause which, although only partially acknowledged, has contributed so much to alleviate the sufferings of humanity.

A hearty vote of thanks was accorded to Dr. Roberson Day for his address, and thereupon at his invitation as President, the Society adjourned for supper at the Hotel Russell.

NOTABILIA.

THERAPEUTICS OF SMALL DOSES.

IN the former times the tendency was to give large doses of medicine. A pint bottle was frequently filled, and a tablespoonful, and sometimes two, were given at a dose. Some of the older books recommend forty, and even sixty grains of quinine at a dose; and twenty grains of calomel were given at a time, and even more. The tendency is now towards elegance and small doses. Since the discovery of the various alkaloids, it is more common to prescribe small and frequently-repeated doses, and many authorities claim that they are equally effectual as larger doses. I do not advocate small doses in all cases, for there are diseases which can be treated with heroic doses. In follicular tonsilitis and scarlet fever,

one-grain doses of potassium chlorate every hour will afford much relief, and is likewise beneficial in diphtheria. One-grain doses of croton-chloral every half hour is beneficial in facial neuralgia. In obstinate cases of urticaria, sodium salicylate in two-grain doses every half hour acts well; also does drop doses of balsam copaiba every half hour.

Sydney Ringer says: "In the so-called irritative dyspepsia, where the tongue is furred, and the papillæ red and prominent, a drop dose of Fowler's solution taken shortly before eating, will be found of great benefit. Administered in the same way, it will arrest the distressing vomiting of drunkards, and simultaneously improve the state of the stomach." Given in the same dose it is often beneficial in vomiting in pregnancy.

One-tenth grain pilocarpin hydrochlorate hypodermically is useful in erysipelas, and Waugh claims it a specific in sthenic cases. Drop doses of wine of ipecac is useful in vomiting of cancer, given every fifteen minutes; also in vomiting of children. For vomiting of infants, A. A. Smith, of New York, has used one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of this mixture every ten minutes. In the wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one half-grain to one pint of water, a teaspoonful every half hour. Sick headache is sometimes relieved by drop doses of tincture of nux vomica every five minutes.

One of the best remedies for inflammation of the bladder is one drop of tincture of cantharides every hour. A drop of the tincture given three or four times a day is particularly useful where there is a desire to make water accompanied by great pain in the region of prostate gland, and along the urethra, while at other times severe twinges of pain are felt in the same part; the urine being healthy, or otherwise containing an excess of mucus, or even a small amount of pus. Women, especially of middle age, often suffer from a desire to pass water and inability to hold it for a long time, others cannot help passing urine on standing or sneezing or coughing; one drop three times a day gives great relief, and sometimes cures with astonishing rapidity, even where symptoms have lasted for a long time.

In excessive menstruation fluid extract of ergot has been successfully used in minim doses every half hour for six or eight hours before expected flow. A simple febrile condition with hot, dry skin, full bounding pulse, may be relieved by half minim doses of tincture of aconite repeated every half hour; also useful in nasal catarrh, and the commencement of tonsillitis. Subacute nasal catarrh, with abundant secretion, is often allayed by minim doses of tincture of belladonna

every half hour until eight or ten minims are given. Apomorphin in doses of 1-200 grain four times a day often produces brilliant results in spasmodic cough. Cannabis indica 1-3 to 1-2 grain given for weeks three times a day is useful in the treatment of migraine.

Atropin in doses of 1-200 grain usually controls night sweats. Digitalis in small doses frequently repeated exerts a beneficial influence over various kinds of hæmorrhages.

In cases of tonsillitis, when the tonsils are enlarged and almost touching, and danger of patient suffocating, one-third of a grain of mercury-with-chalk every hour will relieve the trouble. The same powder in same doses four times a day is beneficial in mumps. Small and frequently repeated doses of calomel, 1-26 to 1-10 of a grain every hour, are useful in diarrhœa of children. Likewise, in so-called bilious vomiting of adults.

Many more examples might be referred to, but I feel this is sufficient to prove much smaller doses might be used than usually are. I claim no originality, but have collected these facts from various sources, and have demonstrated the most of them by actual practice.—*Read before the St. John Medical Society, by J. H. Gray, M.D.*

(And still the old school say there is nothing of value in homœopathy.—Ed.) From the *Minneapolis Homœopathic Magazine*, March.

THE KING S TUESDAYS.

THE principal events in the life of his Majesty King Edward VII. have happened on a Tuesday—*viz.*, on Tuesday, Nov. 9th, 1841, his Majesty was born; on Tuesday, Jan. 25th, 1842, he was baptised; on Tuesday, March 10th, 1863, he was married; on Tuesday, Dec. 8th, 1863, he was appointed a member of the Privy Council; on Tuesday, Nov. 21st, 1871, it was definitely ascertained that he had contracted typhoid fever; on Tuesday, Feb. 27th, 1872, he attended the Public Thanksgiving Service for his recovery; on Tuesday, Jan. 22nd, 1901, he succeeded to the throne; on Tuesday, Jan. 29th, 1901, the Royal Standard was hoisted at Marlborough House for the first time; and on Tuesday, June 24th, 1902, his Majesty underwent an operation for perityphlitis. As an exception to the above-mentioned cases it may be stated that it was on a Monday (July 18th, 1898) that the King sustained a fracture of the left patella through missing his footing while descending the spiral staircase at Waddesdon Manor during a visit to the late Baron Ferdinand de Rothschild.—*Lancet*, July 5, '02. Quoted from the *Calcutta Journal of Medicine*.

DIETETIC PREPARATIONS. CADBURY'S MILK CHOCOLATE.

WE have pleasure in bringing under the notice of our readers the Milk Chocolate prepared by Cadbury Bros., Ltd., of Birmingham. It is a confection of exquisite flavour and a food of special value. It is made by the most modern methods, only high class cocoa, fine loaf sugar, and full cream fresh milk from the pastures of Worcestershire, etc., are used.

The following is the analysis :—

Fat	30·3 per cent.
Cocoa Butter	22·6 per cent.
Milk Fat	7·7 per cent.
Cane Sugar	42·0 per cent.
Milk Sugar	10·9 per cent.
Proteids or Albuminoids	10·3 per cent.
Ash	2·1 per cent.
Moisture	1·6 per cent.
Indigestible Fibre	0·75 per cent.
Undetermined Bodies	2·05 per cent.

Alkalinity of the Soluble Ash (calculated as K₂O = 0·16 per cent.)

From a consideration of these figures, the value of this milk chocolate as food is very evident.

A considerable proportion of the cocoa butter is replaced by the still more valuable and readily assimilable fat, *i.e.* milk fat, which gives the chocolate a delicate mellow flavour, as well as adding to its digestibility.

Turning to the sugar contents, it will be seen that part of the cane sugar is here replaced by milk sugar, so well known to the medical profession for its property of non-fermentation.

Whereas in ordinary plain chocolate the sugar amounts from 50-60 per cent, in Cadbury's milk chocolate only a little over 40 per cent is present, so that the exceedingly sweet taste is avoided, and also the thirst-producing tendency which is noticed in chocolates having high cane sugar contents.

The albuminoids of the milk and cocoa, both readily digestible, are present to the extent of 10·3 per cent, giving the chocolate high place as a nerve and muscle food, and being of particular value to those who have to undergo severe exercise.

A point worthy of attention is the very small quantity of indigestible fibre, thus pointing to freedom from shell or husk, and leaving practically the entire chocolate available for assimilation.

The chocolate is, we are assured, entirely free from colouring matters and preservatives, such as salicylic acid, boracic acid or borax, and formalin, and the low alkalinity of the soluble ash shows that the cocoa used in the manufacture is free from added alkalis, such as potash, etc.

Nevertheless, the percentage of moisture is so low, that the chocolate possesses excellent keeping qualities, and undergoes no deterioration in any climate.

We can heartily recommend this milk chocolate, both as a confection and as a food of great value in all circumstances. It is perhaps the finest preparation of the kind on the market. It is made up in cakes of different sizes.

CORRESPONDENCE.

THE RICHARD HUGHES MEMORIAL FUND.

To the Editors of the "Monthly Homoeopathic Review."

SIRS,—As only about one third of the British homoeopathic practitioners had replied to our circular issued at the beginning of June inviting subscriptions to this fund, the enclosed reminder was circulated last month. I am asking the treasurer to send you a list of any fresh subscriptions he has received up to the latest date available before you go to print. The amount collected, though considerable, still falls a long way short of what we had hoped it might have reached. We wish to notify, through you, that the fund must close finally at the end of the year, and to ask all our colleagues who have not yet replied, "*dare cito*," as there will be no fear that they will be asked "*dare bis*."

Yours sincerely,

EDWARD M. MADDEN.

Sec. to B. H. S. Committee for the Richard Hughes Memorial.

BURLINGTON HOUSE,
BROMLEY, KENT,
Oct. 16, 1902.

BRITISH HOMŒOPATHIC SOCIETY,
LONDON,
Sept., 1902.

The Richard Hughes Memorial Fund.

Dear Sir,

As no reply has so far been received from you in answer to our circular appeal issued two months ago, soliciting subscriptions to this fund, and as we feel sure it can only be through some accidental neglect or oversight that you have not already responded to it, we venture to ask you again not to let this opportunity go by of paying a well deserved tribute to the colleague who has done more than anyone in this country to advance Homœopathy and to assist us all in

practising it, and at the same time of enabling those he has left behind to feel his loss less acutely from the mere material standpoint.

It is needless to repeat here the reasons already given for raising this Fund, or to re-state the intention of giving the whole, or very nearly the whole, of the sum raised as a free-will offering to his widow and children, but we would strongly urge upon you that, for the credit of British Homœopathy, it is essential that this Fund should be contributed to, each according to his means, by all who hold it dear, and therefore beg of you once more to join us in this effort.

We are, yours very faithfully,

J. ROBERSON DAY, *President of the B.H.S.,*
Chairman.

J. G. BLACKLEY, *Treasurer.*

G. F. GOLDSBROUGH,

JAS. SEARSON,

ED. M. MADDEN, *Secretary.*

The Committee appointed by the Council of the B. H. S. for this fund.

P.S. Promises or Cheques should be sent to the Treasurer at 29, Devonshire Place, London, W.

As a sequel to the above letter, Dr. Blackley has sent us the following further list of donations. Eds. M. H. R. :—

	£	s.	d.		£	s.	d.
Dr. A. C. Pope	5	0	0	Dr. Cavanagh	2	2	0
W. Willett, Esq. (per Dr. Burwood)	3	3	0	A. G. Wilkinson, Esq. . .	0	10	0
Dr. F. H. Bodman .. .	2	2	0	Dr. Ord	1	1	0
„ Chris. Wolston .. .	3	3	0	„ F. W. Clifton	1	1	0
„ T. H. Hayle	2	2	0	H. H. Corbett, Esq. .. .	1	1	0
„ Chapman	0	10	6	Dr. Hervey Bodman .. .	1	1	0
„ Eubulus Williams .. .	1	1	0	„ Wills	1	0	0
„ Vincent Green .. .	2	2	0	„ Pincott	0	10	6
„ W. H. Roberts .. .	1	0	0	„ F. S. Arnold	1	1	0
„ Murray	1	1	0	„ Seelenmeyer	3	3	0
„ H. Mason	1	1	0	„ L. E. Williams	2	2	0
R. M. Theobald, Esq., M.A.	2	2	0	Miss Cunard Cummins .. .	1	1	0
Dr. Percy Wilde .. .	5	0	0	„ H. C. Madden (per Dr. Madden)	5	0	0
„ B. W. Nankivell .. .	1	1	0	Brighton Fund (per Miss E. Harvey)	1	11	6
„ Edith Neild	0	10	6	Dr. A. R. Croucher .. .	1	1	0
„ Ramsbotham	5	5	0	„ Clifton Harris	1	1	0
„ Spencer Cox	1	1	0	„ A. E. Hawkes	2	2	0
F. H. Shaw, Esq. .. .	2	2	0				
Dr. Newbery	1	1	0				
„ H. A. Eaton	1	1	0				
„ Rowland Wilde .. .	1	1	0	Previously reported	74	4	0
„ Wingfield	1	1	0				
„ Miller	1	1	0				
„ Scott	1	1	0	<i>Total</i>	<u>£783</u>	<u>19</u>	<u>6</u>

A NOTE ON DR. HUGHES' "PRINCIPLES AND PRACTICE."

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—Having just looked over the last and crowning work of our late esteemed colleague, I can endorse all the favourable comments that I have seen upon it, and quite expect that it will be regarded in future by a large portion, if not the whole, of the homœopathic world, as the ablest presentation of our system that has yet been written. It is not my object at present to eulogise a work that stands above any praise that I can offer; my object is simply to make a remark on a point that is really of not much importance, but is, perhaps, worth alluding to. In considering the Schema at p. 63, he says, "I may quote Dr. Dudgeon's caustic description of the Schema. 'It is,' he says, 'as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the noses all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the tableaux Hahnemann has presented us with in his *materia medica*.'"

On reading this over I was reminded of the fact that some years ago I pointed out the unsoundness of the analogy in the *Review*, and hoped we should never hear it quoted again, but Dr. Hughes has allowed it to escape his critical eye. If the analogy had been a fair one, Dr. Dudgeon's criticism would have been called for, and nothing he could say would have been too caustic in treating such a stupid arrangement. But a moment's reflection will show us that it is not so. We do not, in grouping the symptoms, say of chamomilla, collect the symptoms of the different members of the order *Compositæ* and throw them together indiscriminately, as we are supposed to do by the illustration. One medicine only is dealt with at a time, and the various provings of it rather resemble a number of photographs of one and the same person taken from different points of view, which when collected give a completer picture of the individual than any single one could give. This is so obvious that Dr. Dudgeon himself will see that he is saddling the Schema with a defect that does not rightly belong to it. It has its unquestionable imperfections, that we are all conscious of, but this particular one cannot be assigned to it, and I must ask Dr. Dudgeon's indulgence for once more drawing attention to it.

BIRKENHEAD, Oct. 16th.

P. PROCTOR.

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. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E.C.; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

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Communications have been received from—Major H. E. DEANE (Calcutta); Dr. DUDGEON, Dr. BLACKLEY, Dr. GOLDSBROUGH, Dr. BURFORD (London); Dr. STORRAR (Belfast), Dr. PROCTOR (Birkenhead); Dr. MADDEN (Bromley); Dr. A. T. BRAND (Driffield); Dr. HAWKES (Liverpool); Dr. RICHEY HORNER (Cleveland, Ohio).

BOOKS RECEIVED.

A Contribution to the Etiology of Cancer. By Dr. A. T. Brand, Driffield, 1902. *A Lecture on Homœopathy.* By John Henry Clarke, M.D., London. The Homœopathic Publishing Co., 1902. *Homœopathic World*, October. *The Therapist*, October. *Medical Era*, September. *Homœopathic Recorder*, September. *Minneapolis Homœopathic Magazine*, September. *American Medical Monthly*, September. *Homœopathic Envoy*, October. *Pacific Coast Journal of Homœopathy*, September. *Medical Brief*, October. *The Clinique*, September. *Medical Advance*, September. *Medical Century*, October. *Medical Times*, New York, October. *Le Mois Medico-Chirurgical*, Paris, August and September. *Revue Homœopathique Française*, October. *Revista Homœopática Catalana*, September. *Annaes de Medicina Homœopathica*, July. *Leipziger Populäre Zeitschrift für Homœopathie*, October. *Allgemeine Homœopathische Zeitung*, September and October. *Homœopathisch Maandblad*, September. *Transactions of the American Institute of Homœopathy*, 1902. *The Journal of the British Homœopathic Society*, October. *The Principle of Homœopathy Applied in the Treatment of Milk Fever in Cows.* By J. Sutcliffe Hurndall M.R.C.V.S., 1902

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AUGUST, 1902.

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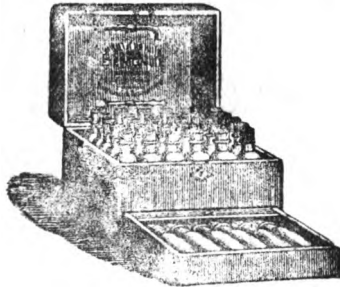
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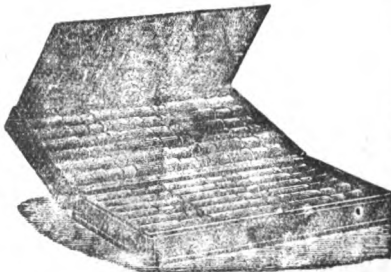


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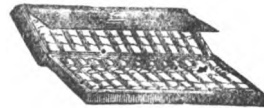
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