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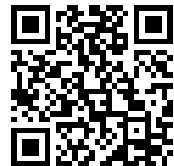
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# The Monthly *Homœopathic Review*

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EDITED BY

**A. C. POPE, M.D., & D. DYCE BROWN, M.A., M.D.**

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AN OBJECT LESSON.

THE question of the relations between the two schools of medicine, the homœopathic and the allopathic, crops up from time to time, and we cannot but notice with a measure of regret that the sighing for union between them is heard almost exclusively from one side only. The old school are quite content to let matters go on quietly, as they have done for some considerable time. No indication comes from their side of a desire for a united profession, animated by liberty of opinion and of practice, at least in so far as homœopathy is concerned. Liberty of opinion and practice is permitted and encouraged in every direction except in the one direction of homœopathy. Any new medicine which is recommended by someone on the most theoretical, or rather hypothetical, grounds is taken up, tried, reported upon, and dropped after due experimentation. Any new theory of treatment is calmly discussed as a legitimate subject for consideration, and adopted, or the reverse, according to circumstances, till it is found, when weighed in the balances, to be found wanting. But exception is always made in the case of homœopathy. If a medicine is brought forward which is palpably homœopathic in its curative action, and explainable in its results

in no other way, provided in the publication of its "discovery" as a "new remedy" no allusion is made to the tabooed principle on which it acts, its action being explained in a quasi-scientific way sufficient to blind the eyes of those who are not "in the know," it is all right. The medicine is adopted and absorbed as a "new remedy," and praised in its results on the authority of Dr. So-and-So. But if the principle of its action is openly and honestly stated, the old school will have nothing to do with the "new remedy," and the introducer of it probably has reason to regret his honesty and moral courage. The policy of silence which has been for many years now the leading plank in the allopathic platform, is evidently adopted in the hope of quietly absorbing us. They "discover" our well-known medicines, use them, find them more or less successful as "tips," and when told they are homœopathic they politely reply that they are nothing of the kind, that they are given on the authority of So-and-So, who explains their action in a scientific manner, and that they always use them. The hope of this species of procedure is that in no long time so much of homœopathy will be quietly adopted that they will be able to absorb us entirely, and leave us no *raison d'être* for our existence, while they, at the same time, ignore the base-rock principle on which these medicines are found to be successful, and refuse to discuss it, or openly allow it to be claimed as a law of therapeutics. They thus hope to save their face, avoid climbing down from the pertinacious and uncompromising attitude of dogmatism which they have maintained ever since the days of HAHNEMANN, and so triumph over us in the end.

When this is so manifestly the policy of the old school, one wonders to find that in the homœopathic school there should be any other feeling than that of defiance. We *know* we have in our custodianship the greatest truth that has ever been enunciated for therapeutic guidance, a truth which is actually a law of nature, so that we can base on it, with greater success than by any other method of cure, our practice, not in one or two ailments, but in the whole circle of disease. We are bound in honour to stand up for our principles, and for liberty to act on them, whatever the opposition may be or may involve, believing that in the end we shall be victorious, since truth must prevail over error. But we are also bound not merely

to stand, but to put on our armour and fight in order to conquer. We have a position rendering it quite unnecessary to be otherwise than completely independent. We have our hospitals, our dispensaries, our societies, our annual and international congresses, our journals, our consulting physicians, and our operating surgeons, and what more do we want? And yet we, to our surprise, find among a few of our school a desire, we might almost say a craving, to be re-united to the old school. These men do not wish to give up their principles and practice, but they dislike isolation from the majority, and exclusion from the old-school societies and intercourse, and fancy that some approach on our side might be welcomed by the other. Theoretically, and in the abstract, we agree that union in the profession is a desirable consummation, but such a union is not one at all unless the old school agree to it on our terms. The irreducible minimum of these terms on our part is the free and full admission of the truth of the law of similars, a full recognition of right on our part to practice in accordance with it, an admission to all societies and hospitals on a footing of perfect equality, and also free scope for papers and discussions on homœopathy in the allopathic journals. Any union short of this is not only utopian, but absurd—a contradiction in terms; in short, an impossibility. We should otherwise be simply absorbed, and like the story of the Lion and the Lamb, the lamb would only have lasting peace inside the lion, and be seen no more.

We find the same yearning for union existing among a few of our colleagues in the United States, and it is here that we get the Object Lesson which gives the heading to this article. In the *Medical Century* for October we have an editorial entitled "The Lion and the Lamb," and in it we read: "The injury done to homœopathy by our liberal-minded members joining old school societies, is well illustrated in the case of the two prominent Buffalonians who recently joined the Erie County Medical Association. We have been informed that these gentlemen renounced neither the distinctive name of homœopathic physicians, nor their principles, yet *American Medicine*, on June 7th, in speaking of the matter, said: 'These physicians will now be looked upon as regular practitioners,' in that triumphant way, as if to imply that heretofore they were irregular, and the simple joining of an old school

society changed them from irregularity to regularity, and this item has been gloatingly copied by a large number of the journals of the dominant school. If the allopathic school hopes to swallow the entire homœopathic school in the manner these two gentlemen were disposed of, we had better give the lion a wide berth and let him continue his roar."

This is just the result we should have expected; and we are not sorry that the *fasco* has actually occurred, and that thus the striking object lesson is before us as a warning of what may be anticipated from attempting to mix oil and water. In this country such a *fasco* is not likely to occur, as at the present time we venture to assert that no old school Medical Society would listen to any application for membership coming from a homœopath, unless he were prepared to recant his opinions and renounce all connection with homœopathy, at least in name. He might then be allowed to practice as he likes on the quiet, but he would find himself in a very unhappy predicament, obliged to smother his convictions, and act a dishonest part, pretending to practice one way while actually adopting another, and we should pity him from the bottom of our heart. If our weaker brethren, especially those in country practices, who are some distance from large towns, and have to fight the battle single-handed, would look at the facts of the present position of the two schools in their relation to each other openly and in a common-sense way, they would see that the way to attain their object, with which all sympathize in the abstract, is to set their back against the wall, resolve to fight more vigorously than ever, and be more independent than ever, with the assured consolation that the war must come to an end sooner or later, and the more determined the stand that is made, the sooner will be the victorious ending. Let them read again the able and inspiring words of Mr. KNOX SHAW in his presidential address at this year's Congress, and those of Dr. WOOD, the President for this year of the American Institute of Homœopathy, which we have reproduced for our readers' pleasure and gratification in our issue of last month and of this, and let them once for all have courage to do their utmost and help on by their whole influence and bearing the new forward movement of the British Homœopathic Association. In so doing, while advancing the cause of truth, they will



be doing the best for themselves in the end, and will win the respect of their opponents. That this last remark is correct we know, and its feeling was once voiced to us by one who has recently been removed by death, and whom, therefore, we may now not shrink from naming, Mr. LENNOX BROWNE. In a conversation he said, "I wonder you homœopaths don't put yourselves more in evidence than you do, and fight. You would be far better if you did." This, coming from a prominent member of the old school, has never been forgotten by us, as showing how much more we are respected when we stand up boldly for our principles and fight for them, than when calmly lying on our oars and letting the boat drift. Still more should no homœopath cherish the idea of offering himself as a member of a society at the risk of a sharp rebuff, unless he is prepared on the principle of "anything for a quiet life" to be swallowed entire, and disappear, thus losing the respect of his former colleagues and likewise, and most assuredly, that of his new associates.

We conclude these remarks by quoting another and excellent passage from the editorial in the *Medical Century*, and we trust the object lesson we have had will have the desired effect: "That there is an attempt to be made by our old school friends to swallow us cannot be doubted a moment by those who keep in touch with the signs of the times, and that this is to be done by first greasing us, or, perhaps, seasoning us with the spices of flattery, can also not be doubted. The thought occurs to us, why are our old school brethren devoting so much attention to the homœopathic school? Why do they not seek to amalgamate and swallow the eclectic school, a school with numbers equal almost to our own? The answer seems clear; the success of homœopathy; the fact that homœopathy is the school that has become accepted by the educated people of the land to such an extent as to set our brethren, not to investigating our claims, since they compete so successfully with their methods, but antagonize us, absorb us, and do away with what they have ever termed the trading on a name. All their energies, all their dynamite is expended against the rock which homœopathy has become. Eclecticism and eclectic medicine is not liked any better by them than is homœopathy, yet we do not hear of any special ostracism or antagonism on the part of our allopathic brethren against

that school. The fact is, despite all that has been written recently regarding the unity of medicine, the dominant school is not ready to accept the condition that homœopathy demands of it, a condition that involves the recognition of the underlying principles of our system, and the frank statement of the fact that much of the therapeutic progress in that school is due to the influence of homœopathy, the recognition of our law of cure in short.

“Furthermore, we, as a school, should bear in mind the fact brought out by another speaker at the Utica meeting, namely, that truth and error cannot be amalgamated without truth suffering, and although the old adage of truth crushed to earth being bound to rise, yet why submit it to such an avoidable indignity? As President WOOD in his address before the Institute truly said: ‘From the standpoint of a homœopathic physician, it is not yet time to surrender either our name or our distinctive 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 the teachings of MARTIN LUTHER be separated from that of reformation.’”

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## TWO ARUM CASES.

By A. MIDGLEY CASH, M.D., Torquay.

1. *Cure of Severe Pain in Maxillary Joint.*—Lady C., æt. 94, seen in August, complaining of pain of a high degree of intensity (not otherwise easily described) in the right temporo-maxillary joint. Felt on chewing or speaking, but coming at any time without often any apparent cause. There was no inflammation or tenderness about the joint. Constitution gouty, and liable to chronic bladder troubles. She was wearing a plate which fitted her mouth comfortably, but whenever she removed it a severe attack of pain would occur. The pain had lasted off and on for six months, and latterly had become more frequent and more severe, often apparently affecting the ear also. She got Belladonna and Causticum, which gave her relief for about a week. At the end of that time the pain returned severely in the jaw, together with pain on swallowing, and a sense as if the throat was obstructed.

*Arum Triphyl.* 3x was now prescribed, 2 drops every two hours. The next day she could report marked relief to pain, and the discomfort in the throat was gone. The pain continued to diminish, though for some days it would offer to return when moving the jaw, as in speaking. The arum was continued for three weeks, at the end of which time the pain was entirely gone, nor has there been any return since it was discontinued five weeks ago.

In this case Arum acted very satisfactorily—removing a well-defined, distressing pain of six months' duration (of an obstinate nature) in a very old and feeble patient.

In Allen's *Handbook of Materia Medica* under "Face" is given: "Sprained pain in lower articulation of jaw when swallowing." This, though not at all the symptom of my case, is yet the nearest thing to it I have found in the repertories. Under "Maxillary Joint" in the cypher repertory I do not find Arum given, neither is it in Lippe's repertory, though from this work I got the indication for belladonna, which at the first, in conjunction with Causticum (also a maxillary joint medicine), gave temporary relief. However, Arum is worthy of notice in acute pain in the temporo-maxillary joint, and from my experience of it I shall keep it in mind in any similar future case.

2. *Relief of a Chronic Inflammatory Condition of Mouth and Throat, probably due to Drain Poisoning.*—Miss E. F., æt. about 35. Recently returned from Rome. The drains had been up in the street near her rooms, and she appeared to have had a dose of sewer gas. First came a sharp attack of suppurative tonsillitis, and she was very ill for some time. This was followed by an aphthous condition of the mucous membrane of the mouth, which remained red and irritable at the date of my first inspection. The throat was in a similar condition; the lips were sore; there were large varicose veins at the base of the tongue. She was dyspeptic and flatulent. Bowels uneasy, irritable, and irregular.

The treatment consisted in regulating her diet, and she was given Pulsat. 3x, gtt. v ter die, and 2 tabloids Merc. Sol. 3x at night. Healing began in the lips, and the bowels became more easy and regular. The condition, however, of the mouth and throat remained much the same.

In addition to tonic measures she then took Arum Tri. 3x, grs. ij thrice daily. In thirteen days she reported

herself as much better—the throat feeling easy and the sub-lingual veins rather reduced in size. Improvement continued, so that in another week she could report herself cured, the mucous membranes of the mouth and throat having recovered their normal condition.

The Arums, Maculatum and Triphyllum, are well-established remedies in scarlet fever and diphtheria with severe throat and mouth complications. It is chiefly in the acute cases, and in such of these as exhibit a high degree of intensity, that the remedy comes into use. However, it seems to act well also in cases of a more chronic nature, where the force of the poison falls upon the mucous membranes of the mouth and throat, as in the case cited. It is interesting here to note the association of scarlet fever and diphtheria with drain poisoning, which latter was apparently responsible for my patient's attack.

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## THE EVOLUTION OF THERAPEUTICS.

By P. JOUSSET, M.D.<sup>1</sup>

THE study of general pathology has always comprised four chapters: man, malady, cause, and therapeutics. Before the last of these Tessier stopped, disheartened by the nonsense which then (1840) represented this part of medicine. We were emerging at that moment from the excessive therapeutics of Broussais, and of his pupil Bouillaud, whose method of treatment by repeated blood lettings was after all but a distant echo of Broussaism.

Chomel posed as the avowed adversary of this kind of therapeutics, and professed to represent the common-sense method in a sort of syncretism where evacuants and vesicatories predominated. He went to extremes in order to demonstrate the therapeutic errors of his adversaries, for we read in the *Clinique de l'Hotel Dieu* the history of a young girl suffering with rheumatism, where he applied the method of blood letting, *coup sur coup*, simply in order to demonstrate its falsity; and although the account shows aggravation of the complaint after each bleeding, he continued the experiment to the end, that is to say to the autopsy.<sup>2</sup>

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<sup>1</sup> Translated from *l'Art Médical*, March 1902, by Dr. Blackley.

<sup>2</sup> *Clinique de Chomel*, vol. II, p. 228.

Louis, the friend of Chomel, the unintelligent statistician, laboured hard to demonstrate that pneumonia was cured a few days earlier by means of tartar emetic than by the antiphlogistic method.<sup>3</sup>

Recamier, who came next, applied through thick and thin the most outlandish methods and the most energetic means; but it was chiefly by his application, often disastrous, of surgery to medicine, that he showed his unfortunate activity.

Above this rabble soared the grand figure of Andral, who, in his sceptical wisdom, resolved the whole of therapeutics into apozems and red-currant syrup. It remains only to mention Magendie, the clever joker who under the name of experimental medicine placed expectancy on the pinnacle of therapeutics. Such is the picture, as sad as it is exact, which therapeutics presented towards the middle of last century. It is easy to understand how, in the face of such a hopeless mess, Tessier found himself drawn towards the reform of Hahnemann. This reform, represented by a positive law and by an experimental *materia medica*, had a scientific character which was totally lacking in the official system of therapeutics. Doubtless Tessier, and after him his pupils, were wrong in not making sufficient reservations both against the exclusivism of the law of similars, as well as against the evidences of illuminism and mysticism which taint one part of Hahnemann's work; but this fault was owing on the one side to the splendour of the truths contained in the first part of Hahnemann's reforms, and on the other, and principally, to the odious persecution which cast the disciples of the new doctrine violently and unjustly outside schools and hospitals, and forced them, so to speak, to serve under a flag with all the colours of which they were not absolutely in sympathy.

At the present day there is certainly some amelioration of this state of things, and as the teachings of the laboratory have shed a new light upon the curative art, it seems possible to propound a "constitution" for therapeutics.

#### I.—THERAPEUTICS OF HIPPOCRATES.

Hippocrates has been called with good reason "the father of medicine." We find in fact in his books, side by side with errors which belong to the age in which he lived,

<sup>3</sup> Louis:—*Memoire sur les effets de la saignée*, p. 55.

truths of the first order, axioms which have come down through centuries without being weakened, views large and profound which belong only to men of genius. In therapeutics especially, Hippocrates formulated the general principles which constitute the very basis of that science. These principles comprise : a doctrinal formula, that it is nature which cures the disease ; and two indicative laws.

(1). *It is the organism which cures the disease. Natura medicatrix.* Nature cures diseases ! This axiom constitutes the essence of Hippocratic therapeutics : it is not hypothetical, and rests upon rigorous observation of the sick. Clinical observation demonstrates that all curable diseases, even the gravest, can be and are cured without any treatment. It is therefore incontestable that the organism can and does suffice for the curing of diseases. The axiom *natura medicatrix* rests upon the observation of the sick at the bedside. But our age has furnished one more demonstration of its truth, that, namely, of the laboratory. The destruction of pathogenic microbes by phagocytes is an example of the organism defending itself, by its own powers, against the attack of a morbid agent, and a proof of the possibility of the spontaneous cure of disease.

Professor Bouchard, with his clear insight into pathological problems, has said : “ Whether we consider it in its normal or in its pathological conditions, phagocytism is one of the manifestations of *natura medicatrix* ; one of the methods of a natural attempt at preservation and cure.”<sup>4</sup>

To what extent and in what manner may the drug and the doctor intervene in these dramas of health and disease, of life and death ? Hippocrates goes on to tell us : in the formula *medicus interpres et minister*, which the Hippocratists have always translated : The physician is the minister and interpreter of nature. The physician ought therefore to study the morbid process in all its details, its causes, its symptoms, its lesions, its movement, that is to say its evolution. *Medicus interpres.* The physician having thus seized the whole expression of the disease, becomes the minister capable of choosing the remedy. How shall this choice be made ? Routine, caprice,

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<sup>4</sup> *Microbes Pathogènes*, p. 9.

fashion, and inspiration are evil counsellors, and we should remind ourselves in any case that medical intervention is only legitimate when it is justified by an *indication*.

Now what is an indication? *Indication is the evident necessity for decided action*, but this is a general law. What are the rules which will guide the physician in particular cases? Hippocrates has formulated two laws of indication, to wit, the *law of contraries* and the *law of similars*.

Let us now study these two laws, and state precisely the sense of those texts of Hippocrates which enunciate them.

(a). *Law of Contraries*.—This law has for its formula, "*contraria contrariis curantur*." "If we always know," says Hippocrates, "we should be in a position to administer what was useful, taking the indication of the remedy from amongst contraries."<sup>5</sup> Thus Hippocrates takes the trouble to precisionise; the law of contraries does not apply to the disease, but to its cause, consequently he is right in saying that this law of indication is only applicable to diseases of which we know the cause. We must not lose sight of this meaning of *contraria contrariis* if we wish to understand what follows. If the true sense given to the law of contraries by Hippocrates needed to be rendered more exact, the following adage would leave no doubt upon the point: *sublata causa tollitur effectus*. This adage is the necessary and universally accepted complement of the law of contraries.

(b). *Law of similars*.—*Similia similibus curantur!* This formula is from Hippocrates, and it sums up and governs the facts we are about to relate. "The disease is produced by similars, and by means of the similars which have caused it, the patient returns from sickness to health. Thus, whatever produces strangury, which is not, cures strangury which is; cough, like strangury, is caused and removed by the same thing."<sup>6</sup> *Similia similibus curantur*. Let us precisionise the sense of this formula! Did Hippocrates wish to say that it was the *similar of the cause*, which should be given in order to cure the disease, as we have seen that he said concerning the law of contraries? It is easy to demonstrate that such was not his thought. He does not say in fact, that if cold produces strangury and cough (as is possible), that

<sup>5</sup> Vol. vi, p. 93, *Littre's Translation*.

<sup>6</sup> *Loc. cit.*, 336 and 337, §12.

we should prescribe cold in order to cure them ; but he says definitely that the disease is cured by the *similars which we administer*. Now that which we administer is a drug, and the only possible sense of the passage from Hippocrates is this : The drug which produces strangury or cough is the drug which cures these two symptoms. Besides, *apropos* of the law of contraries, Hippocrates specially names the cause, and with the law of similars he does not mention it. The interpretation which we give to the thought of Hippocrates is that which has been accepted by all medical men, and for that reason the law of similars has remained inoperative. If all that were necessary to cure a disease were to apply the cause that produced it, where would have been the difficulty ? But to choose a drug capable of producing the very disease which we wish it to cure, it is necessary to know the action of drugs upon the healthy, a method of investigation which had become a dead letter.

Hippocrates fixed the value and significance of the law of similars by a clinical application thereof, when he treated and cured a case of cholera with *veratrum album*.<sup>7</sup> *Veratrum album* produces in the healthy man the symptoms of cholera, and in prescribing it Hippocrates applied the law of similars.

*En resumé*, Hippocrates teaches that it is the organism which cures diseases, and that two laws ought to guide the physician in his therapeutics, the law of contraries and the law of similars.

Whence did Hippocrates acquire this knowledge of the power of the organism in curing disease ? Who taught him the two laws which answer to all the difficulties of practice ? And, above all, whence has he derived the apparently paradoxical axiom of *similia similibus curantur* ? Evidently from tradition and from what he then called *ancient medicine*. We do not know, and shall, probably, never know, the exact sources from which Hippocrates drew these therapeutic axioms. After all, what matter ! Clinical observation has justified the axiom *natura medicatrix*, and the law of contraries answers, with the law of similars, to all the necessities of therapeutics, whether curative, palliative, or prophylactic.

It is the law of contraries which guides the surgeon in

<sup>7</sup> *Loc. cit.*, tome v, p. 15, § 10.



removing, after injury, the causes of pain, hæmorrhage, or deformity. It is also this law which gives to the physician the rules necessary for combating and evacuating mineral, vegetable, and animal poisons. It is the law of contraries which teaches the technique necessary to avoid accidents after traumatism, accouchement and operations, for it teaches us to destroy the microbe which causes pyæmia; and the results of aseptic surgery are evidence of the fertility and power of this law of contraries when it can seize and destroy the cause of the disease. Again, the law of contraries teaches us the rules of palliative therapeutics. It teaches that opium can take away pain, that chloral can procure sleep, that purgatives remove constipation, that cold water lowers the temperature, etc., etc. In a word, palliative therapeutics, which always consists in suppressing a symptom, finds in the law of contraries an absolutely sure guide how to apply for this purpose the properties of drugs which we have learnt by experiments.

The law of contraries, however, ceases to be applicable to those diseases whose cause is said to be *internal*, and we shall see in a coming paragraph that all attempts, even in modern times, to apply the law of contraries in choosing a remedy for such have failed. The internal cause of disease, even of such as is evolved with the aid of a pathogenic microbe, is nothing but a particular property of the organism, which renders it apt in certain conditions and with certain causes at work to produce a determinate morbid process.

The organism is, or is not, a favourable soil for the development of disease. This is the keystone of etiological teaching; and since the contrary of this particular disposition of the organism does not exist, it is impossible to apply here the law of contraries. If the law of contraries is inapplicable to the cause, still less is it applicable to the disease itself. What is the contrary of pneumonia, of typhoid fever, or of diphtheria? The mere asking of the question is an absurdity.

But how do we know that the law of similars can suffice to guide the physician in the choice of a drug for the cure of a disease? In the following manner: Drugs administered to a healthy man produce in him a *complexus* of lesions and symptoms arising in a certain definite order, and which from analogy we may call a *drug-disease*. It

is the knowledge of this drug-disease which makes treatment by similars possible. Thanks to the initiative of Hahnemann and his immediate pupils, and thanks also to therapeutists of the present day who busy themselves with pharmacodynamics, these drug-diseases enable us to apply the law of similars. We now know not only what produces strangury or cough in a healthy man, but the study of pharmacodynamics has revealed to us the symptoms and lesions produced by the majority of remedies, so that physicians of the present day are able to apply the law of similars by relying upon experimental *Materia Medica*.

Here we would interpose a remark of the highest practical importance, especially to those of our colleagues who have studied *Materia Medica* from a different point of view to ours. It is that we, by means of methodically graduated experiments, study, in men and animals, the *ensemble* of symptoms and lesions produced by drugs, constituting in fact a sort of drug-disease. We never forget, in fact, that such studies have for their object the immediate application of the law of similars to the treatment of disease; in this way we place on a lower level what is now called the *physiological action* of the drug, and as for the *hypertoxic* effects which kill an animal in a few minutes, they are almost (? quite) useless. When we study, for instance, the action of digitalis upon the heart, we place in the front rank, on the one hand, the knowledge of the cardiac depression and asystole produced by large doses, and on the other the superexcitation of cardiac contraction produced by feeble doses. We should, doubtless, be happy to know if the action of digitalis is centred upon the pneumogastric, upon the intracardiac ganglia, or even upon the muscular fibres of the heart itself, its physiological effects in fact; but we do not occupy ourselves needlessly with the claims of the various rival theories which profess to explain these facts. In the same way the experiments of Franck, who kills a dog in two minutes with digitaline, appear to us destitute of all therapeutic utility.

Our method of study is something quite different. We administer small but ponderable doses, which we increase or diminish in quantity or frequency according to the effects produced. This method, which ensures a long survival of the animal, gives us a *tableau* of symptoms and lesions

which cannot be obtained by the enormous doses usually employed. Some examples of such experiments will serve to illustrate our method.

*(To be continued.)*

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## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

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Phillips Memorial Hospital, Bromley, Kent.

MR. PRESIDENT AND GENTLEMEN,—In rising to read this paper, I cannot but feel, as we all must do, how sad our associations are in connection with it. You are all aware that our lamented and dear colleague Dr. Richard Hughes had agreed to write a paper for the Congress on the above subject, which had been selected by the Council. Had he been spared to be with us to-day, we should have had a real treat in the way that he would have written the paper, full as it would have been of information and detail, expressed so gracefully, and dealing with our colleagues in the old school in a gentle and broad-minded, though firm, manner. It would have been a paper which would not only have been listened to with marked attention, but would have well repaid reading afterwards. All this we may conclude from our knowledge of Dr. Hughes' personality and character, as well as from our remembrance of his previous numerous writings. But the hand of death was laid upon him before he had written anything. Had he written the paper before he went on his last journey to Belfast, I should have had the sad task, as secretary, of reading it for him, and so my part would have ended. But as this was not the case, the Council requested me to fill his place and write a paper on the same subject. I feel, therefore, that I stand before you at a great disadvantage under such sad circumstances, and I hope you will deal leniently with my endeavour to fulfil the task allotted to me.

My aim in this paper is to show how largely, from comparatively recent times till the present day, our friends of the old school, while running down our principles of treatment as unscientific, as the "grave of medicine"

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

and as absurd ; while refusing to meet us in consultation, preventing us becoming members of the various medical societies, or holding any public appointments in connection with hospitals or otherwise ; while calling themselves "regular" practitioners, and us, consequently, irregular ones ; in other words, professionally tabooing us ; and stating, as the *Lancet* did the other day, that our treatment "is tantamount to no treatment at all," yet show clearly how our principles and practice are adopted by them, though without any acknowledgment, or any hint of the source from which the "new" treatment is obtained. Imitation is said to be the sincerest form of flattery, and in spite of all denunciations of our principles and consequent treatment of disease, it cannot but gratify us to find that in this unmistakably practical way our views are steadily leavening the practice of our opponents. Our gratification is, however, a trifling matter. But what is more important, and well worth the consideration of those who taboo us, is that it is one of the strongest arguments in proof of the truth and solid basis of our therapeutics. When we find a man who opposes our views, and not merely opposes them, but denies their scientific nature, and will have nothing to say to us in consequence, and yet adopts our treatment—treatment that from an allopathic standpoint is utterly wrong and absolutely contra-indicated, treatment that is explicable on no other theory than the action of the law of similars, and who publishes his successful use of such therapeutics, we maintain that his theoretical opposition is simply ridiculous and a contradiction in terms. We have always stated that however beautiful homœopathy is in theory, the practical results of the theory are the only tests that are of real value. If a theory fails to be borne out in practice it is worthless. Hence, *per contra*, if our opponents find the homœopathic treatment a success, whether prescribed wittingly or otherwise, the ground of theoretical objection is cut away from their feet. It is this practical, forcible, and irrefutable argument that I propose to demonstrate in this paper. There is, therefore, nothing original in my paper. It is simply an array of facts, collated for a special purpose, but perhaps of more value as an argument than an article containing original views. You will also be good enough to observe that in arranging these facts I quote *entirely from allopathic writers*, and abstain

altogether from any statements from homœopathic sources, either as to pathogenesis or treatment.

Perhaps I should begin by recounting the remarkable amount of blind evidence, that is, evidence given unwittingly, which Hahnemann discovered in his marvellously wide reading in medical works published before his own day. Showing an extraordinary amount of erudition, Hahnemann studied these works after he had thought out the doctrine of similars, to see if any conscious or unconscious use had been made of it since the days of Hippocrates, who stated that "Some diseases are cured by likes, and some by contraries." The amount of such evidence, which he published in support of his views, is remarkable. If any of my hearers have not read these cases, the sooner they do so the better for themselves and for their further appreciation of the careful study and learning of the great Hahnemann. But though this information remains a sealed book to allopaths because they will not look into it, yet it would take up more time than I should feel warranted in doing in a Congress paper to go into these ancient records. And, besides, it might be said that they were too ancient to have much bearing on the relations between the two schools to-day. I therefore only refer to them in passing as being most interesting and instructive, as showing how long before Hahnemann's time the principle of similars was frequently acted upon in practice. They are well worth reading, and constitute what I would call the first chapter in the books of evidence in support of my present argument.

The second chapter consists of similar evidence from old-school standard authors up till the time when Dr. Sydney Ringer published his *Handbook of Therapeutics* in 1869, the epoch from which I date the commencement of what I term the third chapter.

This second chapter evidence I now proceed to analyse. I have got together the goodly number of forty-one medicines, *common to both schools*, of which we find the homœopathic employment—that is, their use in curing disorders similar to those produced by these medicines in full doses, recorded by standard writers. These standard works from which I quote are: (1) *Trousseau and Pidoux' Traité de Thérapeutique*, 7th edition; (2) *Pereira's Materia Medica*, 3rd edition; (3) *Wood's Materia Medica*; (4) *Waring's Manual of Therapeutics*; (5)

*Christison on Poisons*, 4th edition; (6) *Taylor on Poisons*, 4th edition; (7) *Graves' Clinical Lectures*, Neligan's edition.

These medicines are, alphabetically:—

1. *Acid Sulphuric*.—Taylor, Pereira, and Wood concur in stating that it causes disturbance of digestion, griping pain in stomach and bowels, and purging, often with blood. Wood states that this may occur from its “too long continuance in medicinal doses.” Conversely, its use in diarrhœa is too well known to require references, so also is its value as a stomach “tonic” in small doses, while its use in painter's colic, which is characterized by severe abdominal pain, is well known.

2. *Acids Nitric and Hydrochloric* act in a similar manner in inflaming or irritating the stomach, while both are largely used in small doses as stomachic “tonics,” to improve appetite and digestion.

4. *Acid Oxalic*.—This produces pain, bloody vomiting, and great prostration, and the stomach is found, *post-mortem*, red and inflamed, while Waring states that an Italian physician had obtained “uniform success” with its use in inflammation of the mucous membrane of the stomach.

5. *Alum*.—Trousseau and Pidoux state that when employed *externally* it at first contracts the vessels, pales the inflamed part, the swelling and the colour of the part are diminished, and the tissue seems as if dried up. But if (the opposite effect) the application be used too strong, or too long continued, this primary condition is followed “by the phenomena of true inflammation.” Pereira and Wood make similar statements. Conversely, in a weak solution, its value as a gargle or an eye-wash is well known. Internally these same writers state that in large doses it causes pain in the stomach, difficulty of digestion, with vomiting and diarrhœa. Conversely, Waring quotes Sir J. Murray as speaking of it in the highest terms in catarrhal affections of the stomach, while he, Wood, and Pereira all speak of its success in the treatment of diarrhœa.

6. *Ammonia*.—The use of ammonia as a “diffusible stimulant,” chiefly in the form of sal volatile, in fainting, collapse, and general depression is in daily employment. But it is not generally known, or at least is conveniently forgotten, that in large doses ammonia produces this

very state—great depression, faintness, collapse, coldness of the body, feebleness of pulse, and loss of voice. Hence its constantly used medicinal effect is purely homœopathic, a fact which the public have no idea of.

7. *Antimony*, or its usual form *tartar emetic*.—Its use in the old school is pre-eminently homœopathic. Its pathogenetic effect is well known, causing loss of appetite, nausea, vomiting, and much depression of the vital powers, and diarrhœa, with much irritation of the alimentary canal. Majendie found in his experiments with animals that it almost always produced inflammation of the lungs, from which the animals died. Schlœpfer obtained the same results, as recorded by Christison, and Taylor states also that it causes congestion of the lungs. Conversely, we find Graves speaking of its use in certain forms of dyspepsia. But its value in pneumonia is well known, and here we find the homœopathicity of it in pneumonia by the effects of large and small doses. When it used to be given in large doses under Rasori the mortality was, as quoted by Dr. Hughes Bennett, 1 in 5, while in cases treated by Dr. Dietl, of Vienna, with diet only, the mortality was 1 in 13½. Pereira, in fact, naively remarks that “if tartar emetic has a tendency to inflame the lungs, or at least to occasion pulmonary engorgement, we should expect that large doses of it would not be very beneficial in acute pneumonia.” This is common sense. Those who still use large doses of it find that it is only in “sthenic” cases that it can be borne, and that in debilitated subjects it is “contra-indicated.” Dr. Gairdner, of Glasgow, in his Clinical Lectures, gives an admirable exposition of the true dosage of antimony in pneumonia, which I must quote. He says: “In general, I regard the ordinary physiological action of antimony as quite opposed to its therapeutic action (the italics are Dr. G.’s own), and whenever they occur I make it a rule either to suspend the remedy or diminish the dose, believing it to be, on the whole, much safer to forego the possible advantage of the antimonial medication than run the risk of superinducing the least degree of poisonous action.” He then gives a case where he gave tartar emetic to an enfeebled, exhausted patient, and says: “In this case, as in several others of similar character which have occurred to me, I ventured notwithstanding the extreme weakness and exhaustion of the patient, upon the administration of small doses,

along with diffusible stimulants, and was rewarded by seeing the remedy produce its best effects, *viz.*, a *therapeutic without the least trace of a physiological action*. The dose should rarely exceed the  $\frac{1}{10}$ th or even  $\frac{1}{2}$ th of a grain to begin with in such cases—sometimes even less.” This is exactly the homœopathic idea—giving a remedy which causes a similar state of disease, and in doses small enough to produce no aggravation, thereby obtaining the curative result. And the constant prescription by allopaths of tartar emetic in pneumonia and bronchitis is a pure piece of homœopathy. *Apropos* of the irritative action of antimony on the gastro-enteric mucous membrane, it is noteworthy that Trousseau and Pidoux state that when given in pneumonia “antimony was more useful in those cases, precisely, when the stomach and intestines were most irritable.” This is beautiful homœopathy.

8. *Arsenic*.—The entire modern use of arsenic by the old school is, I may say, entirely homœopathic. Its action on the gastro-enteric mucous membrane, causing great gastric and intestinal pain of a burning character, red tongue, nausea, vomiting, diarrhœa of a watery type, prostration, cramps in the legs, and tenderness in the epigastrium and abdomen, is too well known to require more than this short description. One would have thought that to employ it as a medicine in these very conditions when the result of disease, would be too obviously contra-indicated from an allopathic point of view to be thought of, and, if used, too obviously homœopathic to pass unnoticed, or its meaning pondered over. Yet such is the case. In 1857 Dr. Black, of Chesterfield, writes to the *Lancet*, recommending arsenic as being, in his experience, a “specific” in *cholera*, even in the stage of collapse, and states that a Liverpool physician, disgusted with the ordinary treatment, had found such success with it that he now used no other medicine. Trousseau advises it in chronic diarrhœa and the diarrhœa of phthisis. Dr. Handfield Jones quotes Mr. Hunt, the writer on skin disease, as speaking of its “eminent utility in checking chronic diarrhœa and gastric irritation,” while Dr. Leared, of the Great Northern Hospital, writes to the *British Medical Journal* praising its value in certain forms of gastric pain. Trousseau and Pidoux speak of its improving the appetite, facilitating digestion, and in “diminishing the sensibility of the stomach,” and in *gastralgia*. They



add that their own observations, added to those of others, "seem to us to authorize the employment of arsenic in extremely small doses (*à doses extrêmement petites*) in certain refractory organs of the digestive organs; for example, in dyspepsia or gastro-enteralgia, accompanied by obstinate diarrhœa, and in certain cases of lientery with a cachectic state that nothing else can modify." Dr. Begbie, of Edinburgh, in his "Contributions to Practical Medicine," gives a passage which is worth quoting. He says: "As to an irritable condition of the gastric mucous membrane being a bar to its employment, late experience has proved that in many cases arsenic is the most valuable remedy we possess for allaying and ultimately removing this morbid condition. An intimate sympathy exists between the skin and the mucous membrane of the bowels; and it has been remarked that in many cutaneous affections diarrhœa is apt to concur and to keep pace with the progress of the primary disease. It is certain that in such cases arsenic can be employed, not only with advantage to the skin affections, but with a corresponding improvement in the condition of the bowels; the relief and cure of the two disorders being coincident with the development of the earliest symptoms of arsenical operation. But apart altogether from this class of cases, there is another where the skin affection complicates the disease of the bowels, and where the continued irritation, with frequent dejections of vitiated secretions and bloody mucus, gives rise to the suspicion that ulceration of the inner coat has taken place; or where the evacuations are of such a character as to lead to the belief that a process of eruption and desquamation analogous to that observed in the skin is going on. In such cases small doses of arsenic cautiously administered have been found highly serviceable—correcting the secretions, checking the diarrhœa, and restoring a healthy character to the mucous membrane. Arsenic has lately been extolled as a remedy in cholera, having been employed in full and frequently repeated doses during the vomiting, purging, and collapse of the disease." Christison, quoting from Hahnemann (!), describes the symptoms of chronic poisoning by arsenic as follows: "They are a gradual sinking of the vital powers of life, without any violent symptoms—a nameless feeling of illness, failure of strength, slight feverishness, want of

sleep, lividity of the countenance, and an aversion to food and drink and all the other enjoyments of life. Dropsy closes this scene, along with black miliary eruptions, or colliquative perspiration and purging." To place against this picture, Dr. Graves, in his *Clinical Lectures*, gives a case where the patient was "in an extreme state of emaciation and debility—in fact, a complete skeleton, and unable to support himself on his legs. . . . For the last two years he had never slept at night, except in consequence of an opiate." He was put on arsenic, and the result was that his sleep gradually returned, "he daily gathered flesh and strength, and in the course of a month was so altered for the better that were it not for the depressed nose no one could have recognized him to be the same being whose misery a month ago had so strongly excited our commiseration."

Next, as to the action of arsenic on the skin, the various forms of skin eruption well known to be produced by arsenic require no reference, while conversely the value of arsenic in nearly every form of skin disease is universally recognized.

Inflammation of the conjunctiva is uniformly seen in over-dosing or poisoning by arsenic, with sandy pain, redness, œdema of the eyelids and lacrymation. Conversely, we find Handfield Jones saying that "arsenic appeared to be a specific in chronic inflammation of the eyes and of the lids." Waring says: "In catarrhal ophthalmia, and more especially in those forms which are of a passive, subacute, or chronic character, or where the irritability of the conjunctiva is excessive, arsenic has proved very beneficial in the hands of Dr. Mackenzie. In strumous ophthalmia Dr. Thorp states that arsenic is a most valuable agent in inveterate cases."

Arsenic produces epilepsy. Christison gives a case which he calls "a good example of epilepsy supervening on the ordinary symptoms of inflammation." Waring quotes several authors who had used it successfully in this disease. It also produces convulsive movements of the voluntary muscles, as stated by Christison, Taylor, and others. Taylor gives a case where the patient "had such a degree of nervous irritability that a current of air caused spasms and convulsions." In a case of my own, of poisoning from arsenical wall-paper, which was seen by another doctor with me, the symptoms so exactly

resembled chorea that, before the cause was discovered, I had advised arsenic as the remedy. Conversely, Pereira, Begbie, and others speak in the highest terms of its value in chorea, the former saying, "I know of no remedy for this disease equal to arsenic, which, in a large proportion of cases, acts almost as a specific."

Now for the chest-symptoms of arsenic. Christison, Taylor, and Pereira all testify to the power of arsenic to produce irritation of the lungs and air-passages, shortness and difficulty of breathing, chest pain, and pneumonia, oppressed respiration, and dry cough, with hot sensation in the air-passages, and, *post-mortem*, redness of the lining of the bronchial tubes, with pneumonia. Conversely, Dr. Begbie speaks of its value in bronchitis, bronchial irritation, hay-fever, and asthma. Of its use in phthisis, Trousseau and Pidoux speak very highly. They say: "We have seen the diarrhœa moderate, the hectic fever diminish, the cough become less frequent, the expectoration take a better character, but we have not cured. Nevertheless, the results which we have obtained are motives of encouragement to us, and nothing prevents us hoping that in cases only slightly advanced we might obtain a cure." Dr. Leared also speaks of the advantages he found from arsenic in phthisis. And Waring quotes M. Garin, a French physician, as saying that in chronic bronchitis with copious expectoration and much emaciation he had used arsenic with much success. I may justifiably repeat that the entire modern use of arsenic is homœopathic.

9. *Belladonna*.—Its power to produce convulsions is well known, while Trousseau and Pidoux speak in very high praise of its value in epilepsy, in eclampsia of infants, and of puerperal women. They say that "belladonna administered in small doses sometimes produces unhopèd for results." On the bladder, these authors state that a demi-paralysis is produced, with involuntary emission of urine, and, conversely, that it is one of the most efficacious remedies in incontinence of urine. Brown-Séquard, Handfield Jones, Waring, and numerous writers testify to the same. On the brain, the action of belladonna is well known, causing mania, hallucinations, delirium, and general mental excitement. On this Trousseau and Pidoux remark—and this quotation is very important from our standpoint: "Analogy, that guide so sure in therapeutics, ought to lead us to use belladonna in the

treatment of mania, inasmuch as belladonna taken in large doses produces a temporary mania; for experience has proved that a multitude of diseases are cured by therapeutic agents, which seem to act in the same manner as the disease to which we oppose this remedy." This is a beautiful testimony to the law of similars. Waring says: "In the delirium occurring in fevers and in erysipelas, belladonna is sometimes a more effectual sedative than opium, and is often admissible when the latter is not so."

Next, the testimony of Trousseau and Pidoux, Pereira, Taylor, Handfield Jones, and Waring is clear and decided as to the power of belladonna to produce a scarlet eruption resembling that of scarlet fever. Conversely, the observations of Hahnemann that belladonna acts as a valuable remedy in scarlet fever, and also as a preventive, has been called in question by various allopathic writers; but Waring most fairly gives the authorities and facts for and against, and winds up by saying, "The weight of testimony is decidedly in favour of its preventive action." He then adds that "as a remedial agent in scarlet fever belladonna appears to be undoubtedly a valuable remedy," and he quotes several authors in support of this. In erysipelas, on account of this pathogenetic red rash, it is the chief remedy with homœopaths. In support of this practice we have the authority of the celebrated Liston. In the *Lancet*, after giving several cases of erysipelas treated by himself with aconite and belladonna, he says, after speaking of its good effects, "Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is pursued." He then goes on to say that this is the homœopathic remedy for erysipelas, and continues: "I believe in the homœopathic doctrine to a certain extent, but I cannot as yet, from inexperience on the subject, go the length its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have ever hitherto been prescribed. The beneficial effects, as you witnessed, were unquestionable. I have, however, seen similar good effects from the belladonna prepared according

to the homœopathic pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and enquiry. We shall continue the employment of this plan of treatment in erysipelas so long as we find it as successful as it has been." It is quite refreshing to find such honest and fearless views coming from such a celebrated man, and to find them published in the *Lancet* of that date. Had our opponents generally adopted such an attitude towards homœopathy, it might have been to-day the dominant practice in the profession.

10. *Bismuth*.—We have evidence in Pereira and Christison of bismuth causing gastro-enteritis, watery purging, with pain and vomiting, and, *post-mortem*, well-marked evidence of inflammation of the bowels. The converse medicinal action of bismuth in irritative dyspepsia, vomiting, and diarrhœa is well known. But I pass over this without pushing the point, as we are often told that bismuth is frequently adulterated with arsenic, and that these irritative symptoms are the result of the arsenic, and not of the bismuth.

11. *Cinchona and Quinine*.—The action of cinchona in producing a state very similar to that of ague—the fact that led Hahnemann to the discovery of the homœopathic law—has been disputed by some writers. But there is ample evidence of it in trustworthy authors, and in the facts noticed in the workers in cinchona and quinine. And we find the authority of Trousseau and Pidoux supporting it. They first quote Bretonneau as saying: "Each day's observation proves that cinchona, given in a large dose, determines, in a great number of subjects, a very marked febrile movement. The characters of this fever, and the time when it shows itself, vary in different individuals; oftenest, tinnitus aurium, deafness, and a species of intoxication precede the invasion of this fever; a slight shivering then occurs; a dry heat accompanied by headache succeeds to these first symptoms; they gradually abate and end by sweat. Far from yielding to new and higher doses of this medicine, the fever produced by cinchona is only exasperated." Trousseau and Pidoux then go on to say: "But if strong

doses are renewed each day and continued during a long time, besides the stomach pains of which we have spoken, there manifests itself a species of fever exactly indicated by M. Bretonneau, and which affects an intermittent type when the cinchona is given in an intermittent manner. This fever is a species of vicious circle in which very often inexperienced physicians turn who are ignorant of the action of cinchona; they redouble the doses of the medicine, and throw the patient into a state which may be very serious." Conversely, of course, cinchona and quinine are *par excellence* the remedies in ague—a pure piece of homœopathy.

Next, as to its action on the stomach, the use of cinchona and quinine as so-called "tonics" in certain forms of dyspepsia and gastralgia is too much in daily employment by the allopaths from the time cinchona was discovered till now to require references on this point. But it is not generally known, or at least the fact is ignored, that this drug produces in large doses the very conditions it is so commonly prescribed to cure. If this is doubted, hear what Trousseau and Pidoux say: "In the healthy body, in a moderate dose, its ingestion causes a feeling of inconvenient heat and weight in the region of the stomach. In persons a little irritable it cannot be borne, and causes vomiting. . . . It causes pains in the stomach which take in certain persons a remarkable intensity. These pains, which persist some length of time after the medicine has been omitted, yield with difficulty, and ought in general to prevent physicians employing it for too long a time continuously in the treatment of gastralgias, which call for tonics. . . . When the digestive tube is in a normal state, quinine determines there a moderate excitation, which shows itself oftenest by a simple augmentation of the functions of that organ. But if the digestive tube be in a morbid condition, or if the dose be too large, or, still more, if the use of the medicine be too prolonged, this excitation changes easily into inflammatory irritation in all its degrees and with all its consequences, *viz.*, thirst, vomiting, local pains, and diarrhœa." Cinchona and quinine are therefore here shown to be purely homœopathic as stomach "tonics."

Lastly, the action of quinine in causing headache, vertigo, and noises in the ears is well known, while conversely its value in curing or relieving these very conditions is equally well known.

12. *Chlorine*.—The action of chlorine, when inhaled undiluted, or in too strong a solution, causes spasm of the glottis, violent spasmodic cough, tightness of the chest, difficulty of breathing, and inflammation of the air-tubes and lungs. All authors, as Pereira, Wood, Christison, Trousseau and Pidoux, etc., agree in this.

Conversely, Trousseau and Pidoux say: "It cannot be denied that chronic catarrhs have been most successfully modified by that method of treatment, which has most frequently produced acute bronchitis." Please mark this remarkable admission. They then state that M. Toulmouche, of Rennes, obtained good results in the treatment of acute and chronic catarrhs by inhalations of chlorine. His cases amounted to 309. Dr. Wood, of America, says: "As a useful remedy in chronic inflammation of the air-passages, I can speak confidently of its good results." He discovered its beneficial action by its curative effect on himself while suffering from chronic catarrh, and says: "From this fact I inferred the use of chlorine inhalations in chronic bronchitis, and have ever since taught the use of this remedy to my pupils. Others have found it not less beneficial." Its good effect has since then been recognized, though seldom used, as it became official in the British Pharmacopœia of 1857.

13. *Chlorate of Potash*.—A case is reported in the *British Medical Journal* of 1858 in which stomatitis was produced by this drug, while of its power to cause salivation, Trousseau and Pidoux say: "The most remarkable and, so to speak, characteristic phenomenon which follows the ingestion of chlorate of potash consists in salivation, proportionally abundant as one increases the dose." Conversely, in ulcerative stomatitis it is looked upon as nearly a specific in the old school; while in mercurial stomatitis, in which salivation is a constant and essential symptom, Trousseau and Pidoux say: "Thanks to the most numerous and most decisive experiments, we may consider chlorate of potash given internally, if not an infallible specific, at least as the means most generally efficacious in the treatment of mercurial stomatitis." Fortunately, we now seldom see a case of this disease, but the facts remain all the same.

14. *Chloride of sodium*.—Common salt. Used as a daily article of diet in small doses promoting digestion, it is not generally known that in large doses it causes

vomiting, and in still larger ones inflammation of the intestinal canal, as stated in all works on toxicology.

15. *Copaiba*.—Of its pathogenetic action Wood says: "If continued long, or given largely, the copaiba is apt to produce an obvious irritation of the urinary passages, evinced by a disposition to frequent micturition, and uneasy sensations of burning or pain in passing urine. . . . The irritation of the urinary organs sometimes amounts to complete strangury, with scalding and cutting pains, bloody and scanty urine, etc. Occasionally the renal irritation is so great that the kidneys almost cease to secrete." Conversely, its therapeutic use in certain conditions of inflammation of the urinary passages, viz., in gonorrhœa, is well known. From its irritative effects it is a usual rule not to give it in the acute stage for fear of aggravation of the inflammation. Trousseau and Pidoux's article on copaiba on this and other points is well worth study. In the *Cyclopædia of Practical Medicine*, vol. i, it is stated that "in chronic cystitis occurring in persons of a strumous diathesis, or in debilitated constitutions, more advantage is often derived from stimulants of the urinary organs, such as the turpentine, and, above all, small doses of copaiba and cubebs pepper." Mr. Liston says of cystitis that copaiba will "often remove speedily the most intense irritation when all other means have failed." When copaiba is given in large doses it is well known to cause disturbance of the gastro-enteric tract, and Wood says: "If continued long, or given largely, it is apt to disturb the bowels . . . producing nausea and vomiting, with or without purging," while he on the next page says: "In chronic inflammation of the intestinal mucous membrane, especially when attended with ulcers, or supposed to be so, it would appear to be clearly indicated, and it has, in fact, been employed with decided advantage associated with opiates in chronic diarrhœa and dysentery."

16. *Cuprum*.—Copper. Its physiological action is so well known as to require no reference now to any works on toxicology. It causes nausea, vomiting, with griping, colicky pains in the stomach and bowels. The abdomen is distended and painful, the pain increased by pressure and not relieved by vomiting. Then follows purging, with tenesmus. There is violent headache, with cramps in the thighs and legs. There is hurried breathing, small,



quick, irregular pulse, great weakness and prostration, intense thirst, cold perspiration, and coldness of the limbs, giddiness, stupor, coma, and generally convulsions, followed by paralysis of motion and sensation, and death. The stomach and intestines are found after death much inflamed and ulcerated. One would have thought that a drug producing this condition of gastro-intestinal inflammation would be the last medicine from an allopathic point of view to be prescribed in diarrhœa and ulceration of the bowels. But, as is well known, copper is one of the medicines most used and most trusted by the old school in chronic diarrhœa, and in the diarrhœa of phthisis, in which ulceration is usually present. Wood says: "The particular conditions in which I have found it (sulphate of copper) especially useful, and in which, so far as my experience goes, it is equalled by no other remedy, is a kind of chronic enteritis, attended with diarrhœa, distressing pains in a particular part of the abdomen, with or without tenderness on pressure, emaciation, great depression of spirits, pulse often, though not necessarily, frequent, and a moist tongue. In such cases I have been disposed to ascribe the obstinacy which they exhibit, and sometimes in an extraordinary degree, to the existence, within a comparatively small extent of the bowels, of a chronic, indolent ulceration, which requires a strongly excitant and alterative impression to enable it to take on a healing tendency. I have seen these, after having been treated by a diversity of remedies, opiates, astringents, etc., and lingering month after month without permanent relief, yield most happily to the persevering use of this remedy, combined with a little opium to render it less offensive to the stomach. A beneficial change is usually experienced in a few days, and afterwards regularly advances to a cure." This is pure homœopathy.

Although it produces convulsions, it has been used with success in chorea and epilepsy, as cited by Pereira, Wood, and Waring.

17. *Cubebs*.—Wood says that "in excess it produces irritation or inflammation in the urinary passages and a general febrile condition." Conversely, its use in gonorrhœa is well known, and under *copaiba* I quoted a passage where its value, like that of *copaiba*, in chronic cystitis is testified to.

(To be continued.)

## 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.

*(Continued from p. 689.)*

In the face of these facts are we not in duty bound to stand by the many little coteries of men who, in this country and in Europe, are waging an unequal fight for the sake of principles which they believe to be right and just?

Again, in logical sequence, I approach question three.

“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?”

In answering this question it is necessary to form some conception of what nature is. I think it can best be defined by the words “unity” and “harmony.” The science of nature is the study of relations by which matter and elements are bound together. Therefore, a new scientific fact is simply the perception of a new relation. A “Law of Nature,” then, means a law which fits or matches other well-known laws with harmony and precision. “Thus,” says Dole, “each new element, as it is discovered, fits into a kinship of elements, where before there had been a gap. The unrevealed thing is not yet a truth till its relationship is found out. As soon as the scientific eye sees with regard to the new flower or tree, the new chemical element, the new planet, that this matches with all other things known; as soon as the astronomer finds that the hitherto supposed disturbance in his calculations is in fact demanded by the law of gravitation, that it heralds the presence of an unknown asteroid, the area of truth, that is, harmonized knowledge, is widened.”

Carrying this beautiful conception of nature to its logical conclusion, we are forced to believe, even in these days of intense materialism, that an all-wise Creator did not create harmony so complete that “the characteristic of everything natural is that it fits together with everything

else" only to leave his children at the mercy of caprice and chance in contending with disease and suffering. Must we see order in one place and chaos in another? "Must we," to paraphrase again from Dole, "stand in wonder at one moment at the marvellous correlation of the machinery and the forces of the world, and then at the next moment be struck aghast at the disorderly results of the working of this Titanic system in the one realm where its working concerns us"—in disease, in life, and in death? To me, a physician, the supposed unity of nature avails but little if it merely correlates the several natural sciences into a "poem or symphony" from which nothing can be omitted, and stops short of affording a law of cure which is beneficent and reliable.

But while it is probable that a law of healing exists in nature, it by no means follows that the law of similars is that law. In undertaking to prove that it is, it is unfortunate that all methods of cure must ever remain without the domain of the exact sciences. It is impossible to repeat experiments in the biological sciences as in chemistry and in physics. Even in the exact sciences, as we call them, which deal with facts, we touch forces that we cannot understand. Herbert Spencer has shown that we cannot take up any problem in physics without being quickly led to some metaphysical problem which we can neither solve nor evade. If this is true of the science of physics, how much more true is it of the science of the human organism. In disease no two cases are alike, and it is impossible to make invariable deductions because of the disturbing influences of constitutional bias, race, and environment.

I therefore know of no way of proving that the law of similars is a general fact, a principle, a law of nature, except by clinical demonstration. Learned hypotheses may be brought forward to explain a fact, but they still remain hypotheses. We may find it difficult or impossible to explain why a magnetized steel bar when it is encircled by a current of electricity will move to the right hand or to the left, instead of pointing steadily to the north pole of the earth; but it is a fact, nevertheless, that it will. It is impossible to explain why the ripened apple drops to the earth instead of flying off into space, but it is a fact that it does drop to the earth. It is difficult to explain why oxygen will combine with the other elements

only in the proportion of sixteen parts by weight; but it nevertheless remains a fact—a law of nature unalterable and uncompromising. And so it is with the law of similars. It is hard to explain why a remedy which will produce certain symptoms when given to a person in health, will cause similar symptoms to disappear when administered in disease. It nevertheless remains a fact, demonstrated beyond all question in the clinic and at the bedside, that it will do so within certain limitations. This one fact is worth more to the agonized mother bending over her sick child, than all the theories set forth by all the physicians since the dawn of civilization. It matters little to that mother whether the shibboleth of homœopathy is expressed indicatively or subjunctively, so long as her child is restored to health.<sup>1</sup> The old world is weary of the quibbling over creeds, definitions, and formulæ. In any department of thought it is the essence of truth rather than its form of expression that the earnest seeker most cares for. Theories and hypotheses put forth to explain the law of similars “inductively founded upon innumerable instances” only obscure its almost sublime simplicity.

Homœopathy is, then, a practical fact to be observed at the bedside. It is simple and intelligible; and it stands upon its comparative merits. There has never been a public trial of it made, but that it has gained immeasurably by comparison with the methods of treatment of the older school. Let us enumerate some of its most obvious claims to superiority, which have been emphasized by many writers:—

1. Homœopathy affords a practical guide in the treatment of disease, while so-called regular medicine, as regards therapeutics, notwithstanding its marvellous strides in all other departments, is still in a condition of chaos and uncertainty.

2. Homœopathy aims at the eradication of disease whenever this is possible, rather than merely to afford palliative relief.

3. Homœopathy economizes the vital powers by administering the minimum curative dose.

4. The homœopathic physician first learns the properties of drugs by experimenting upon the healthy, rather than upon the sick.

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<sup>1</sup> There has been much useless discussion by various homœopathic writers as to whether the now historical phrase should read “*Similia similibus curantur*,” or “*Similia similibus curentur*.”—T. C. W.

5. The homœopathic physician is therefore better prepared to treat any new form of disease which may present itself than is the so-called regular physician, for the reason that he bases his treatment upon the phenomena of disease rather than upon its essence, and deals with such phenomena inductively rather than deductively.

The foregoing claims are not re-echoed at this time in the spirit of a narrow partisan who can see nothing good beyond the realm of his own school of medicine. On the contrary, I realize that it is becoming more and more the mission of the true physician to prevent rather than to cure disease. I realize, too, that there are many other methods and possibly other laws of cure. I am aware that for infinite ages human beings have suffered and died under all methods of cure, and that the best we can do under the most favourable conditions is too often futile and valueless. These claims are presented for the purpose of comparison rather than from a spirit of boastfulness. If they are substantiated by facts, as I honestly believe they are, let us pass to question four :—

“What have been the chief obstacles to the growth of homœopathy and its acceptance by the dominant school of medicine ?”

I have already intimated that the growth of homœopathy and institutions homœopathic has been, in many sections of this country at least, far from unsatisfactory. Now, if the law of similars is the best and most universally applicable of all the laws or methods of cure yet enunciated or evolved, as we claim, should it not long ago have been accepted by progressive and scientifically inclined physicians of all schools? Hahnemann promulgated this law at a time when, as later experiments proved beyond all peradventure, the treatment in vogue was doing infinitely more harm than good. Hahnemann himself was a physician of acknowledged ability, culture, and scientific attainment. He had more than a national reputation as a chemist and a scholar. He was a recognized member in good standing of the so-called regular profession. He published his first observations and experiments in a well-known and recognized journal of his school—Hufeland's; and the law which he enunciated was destined to revolutionize the practice of medicine and pharmacy. Yet it remains a fact that the law of similars is still unacceptable to a great majority of medical practitioners

throughout the world. It is our duty, as custodians of this great law, fearlessly to analyze the reasons why this is so. Such an analysis will show that the great obstacles to the acceptance of homœopathy have been two in number. They are, first, the dogmatic and ultra-conservative spirit of scientists in general; second, the counter-dogmatism of Hahnemann himself and of certain of his followers.

In approaching the discussion I shall first remind you that the dogmatism of science is and ever has been the most intense of all forms of dogmatism, that of religion not excepted. As John Fiske puts it, "There has grown up a kind of puritanism in the scientific temper which, while announcing its unalterable purpose to follow Truth, though she leads us to Hades, takes a kind of grim satisfaction in emphasizing the place of destination." On the whole this vigorous and rigid scientific temper is commendable and desirable, but if the evidence of truth is not immediately forthcoming; if such evidence conflicts with long existing conceptions of truth, history shows that all innovations destined to promote the welfare and happiness of mankind have ever been contended against by human passions and human prejudices. Thus in 1592 a celebrated anti-religious professor of Padua had so little faith in the discovery of Galileo that he declined to look through the great astronomer's telescopes in order to disprove the charge of "heresy" which had been made by the church. In 1737 Galvani, when he announced his great discovery, was dubbed "the frogs' dancing-master." In 1743 Lavoisier, a noted French scientist, declared, in discussing the possibility of aerolites: "There are no stones in the sky, and therefore none can fall upon the earth." In 1752 Benjamin Franklin was greeted with shouts of laughter by the Royal Society of Great Britain when he declared the identity of lightning with other electrical phenomena. And as recently as 1822 Daguerre came very near being consigned to an asylum for affirming "that he could fix his own shadow on magical metallic plates." Nearly fifty years after Harvey had announced his great discovery to the world, the Paris Royal Society of Medicine gravely listened to an essay which classed it among the impossibilities. Jenner's great discovery of vaccination, notwithstanding that it affords us security from that horrible and once universal plague, small-pox,

is still bitterly opposed by a small minority of educated physicians. Hydrotherapy, while to-day the chief reliance of the older school in the treatment of fevers, was ridiculed for years by that school. Electro-therapy and hypnotism were long practised by irregulars and quacks, before the regular profession investigated their worth. And certain men prominent in the profession are to-day emphasizing the inutility, if not the actual harmfulness, of antiseptics and asepsis, even though thousands upon thousands of lives are annually saved by the practice inaugurated by Lister. Such being the attitude of the scientific mind toward all great revolutionary discoveries, it is perhaps not much to be wondered at that the law of similars should make headway but slowly.

One would, however, naturally think that the revolt of Descartes against the scholastic philosophy of the seventeenth century, and that the contributions made to science by Newton, as well as the discoveries of Harvey, Black, Lavoisier, and Copernicus would have so prepared the way for the advent of a great and natural law in healing, as to have made its reception cordial and its application universal. But it is hard for men of any generation not to be influenced by the prejudices and errors of their predecessors and contemporaries.

In the second place no earnest student of the history of homœopathy can, I think, fail to recognize the fact that much of the opposition with which it has had to contend is due to factors inherent in the teachings of Hahnemann and a small party of his followers. Hahnemann's dogmatism in his older days repelled many who otherwise would have investigated his system. It was a dogmatism begot by persecution, by exile, by poverty, by calumny, by unreasonable and intolerant criticism, and finally by victory and success. This man, who drank of the very dregs of poverty for truth's sake, well deserves all the encomiums that you and I who have profited by his sacrifices can bestow upon his memory. The very least that a grateful profession in this great republic could do was to insure the perpetuation of that memory by erecting in our capital city the most beautiful and artistic monument in that city. I cannot say too much for the genius of this great man and physician. His name will be handed down to successive generations as one of the world's benefactors. His writings, compared with the

writings of his contemporaries in medicine, were far in advance of his day and generation—a fact which, if anything, intensified his dogmatism. But hypothetical explanations have led more than one great mind into waters too deep for safety. Facts do not fit hypotheses, even though reason says they should. The strength of any chain of arguments is no stronger than its weakest link; and thus Hahnemann, by the use of such terms as “vital principle,” “dynamic action,” “spiritual” and “potentization,” obscured the law of similars with theories based upon hypotheses which, until the end of time, will remain nothing but hypotheses. The law of action and re-action asserted itself here as it ever has done. Hahnemann passed from the gross materialism of his day to extreme infinitesimalism, which has ever retarded the recognition which homœopathy long ago should have received.

Had Hahnemann possessed a personality less attractive and a genius less inspiring, it is possible that his dogmatism would not have so thoroughly infected some of his followers. In my mind there is little choice between the dogmatists belonging to the different schools of medicine; at the best the difference is only one of degree. Should I live to be an hundred years old, I shall never forget the impression made upon me by two such dogmatists, while a student of medicine in the University of Michigan, when its homœopathic department was but a few years old. A professor in the department of medicine and surgery, narrow and intolerant, made the assertion that “he would rather a patient suffering from intermittent fever would die under 20-grain doses of quinine, than get well under the thirtieth dilution of *natrum muriaticum*.” When the information was carried to a certain instructor in the homœopathic department, he replied that “he would rather a patient would die under a strictly homœopathic remedy than get well under massive doses of quinine.” Four hundred years before, these men would have attained to high rank in the Inquisitorship of Torquemada.

Men of this stripe are yet to be found in all schools of medicine, but I am glad to say that they are growing fewer in number each year. It is useless to meet them by bland, unmodified denial, since, as De Quincy says, “all errors arise in some narrow, partial, or angular view of truth.”



They do not seem to realize that the problems of medicine will never be solved once for all, but that each generation has to make its own solution. Those in the homœopathic school are, as a rule, honest and sincere in their convictions, which makes them all the more unreasonable. I have no desire to restrict them in freedom of thought or liberty of action. They should, however, be willing to grant equal privileges to all others. The term "mongrel," when one sees fit to advocate measures other than homœopathic, no longer has a place in the literature of any modern school of thought. The "holier than thou" assumption belongs to the dark ages rather than to the twentieth century. Criticism of the *Organon* should not be confronted by traditional views and dogmatic statements which decline investigation and revision. Hahnemann's teachings should be accepted for what they are worth to-day, not what they were worth one hundred years ago. New discoveries and innovations in medicine and prophylaxis should be duly investigated and not contended against, as though truth were better subserved by jealously ignoring all without the pale of the law of similars. If that law cannot withstand the searchlight of twentieth century methods, it were better a thousand times over to let it go to the wall than to lose one single life by clinging to an exploded dogma. If you think that I am putting the case too strongly, let me ask you to carry the application to the bedside of your own household!

Personally, I have no fear of such investigations and such comparisons. If homœopathy is what we claim for it, investigation and comparison will but aid us as a school. If it lose by comparison, we should be the first to express our gratitude for better methods. "There is," says Emerson, "a statement of religion possible that makes all scepticism absurd." There is, in my opinion, a statement of homœopathy possible which will purge it of its superfluities, and make it acceptable to all thoughtful and intelligent physicians. This cannot be made in a day. Further, it must be done by the homœopathic profession itself. New provings along the lines followed this year by one of our special societies, utilizing, as was done, the microscope, the test-tube, and all modern methods of diagnosis, are imperative. We should work for a large endowment to accomplish this end. There is here an opportunity for some of our philanthropic rich to do a

world of good for suffering humanity—a fact which we should keep constantly before the public.

“Is homœopathy losing in numbers, prestige, and popularity, as claimed by certain writers of the dominant school of medicine?”

It must be admitted that, since the dominant school has changed its attitude toward what it pleased to term the “sectarian schools,” a considerable number from the homœopathic ranks have taken degrees from so-called regular colleges. Down to five years ago, with two or three exceptions, converts from homœopathy to the dominant school were almost unheard of, whereas converts from that school to homœopathy were many. The new order of things was therefore proclaimed far and near as conclusive evidence that homœopathy was dying, if not dead. In order to controvert this statement, I wrote to all of the homœopathic colleges in this country asking for the number of graduates and students of regular colleges who have, during the last five years, received degrees from homœopathic colleges. I find that during this period 284 men and women, coming from the ranks of regular colleges and schools, received degrees from eighteen homœopathic colleges in the United States, with two colleges to hear from. During the same period of time there has been a total of 1,930 degrees conferred by the same colleges. Let the gentlemen of the older school, who annually “bury” homœopathy, ponder over these figures. We have so often been killed and “buried” by our enemies that the process is becoming rather agreeable than otherwise. We revive with alacrity, and continue to press the electric buttons which open the doors of the wealthy and the cultured throughout the land. I ask in all earnestness if it were possible for any advocate, no matter how ingenious and plausible, to inaugurate a system of medicine which could survive one hundred years of criticism and persecution, becoming, as it has, a great power in this free land of ours, were it not founded upon a great truth rather than upon a mere hypothesis? In spite of the most unjust legislative restrictions which prevail in nearly all foreign countries, homœopathy has established itself in every civilized community on the face of the globe. Homœopathy is neither dead nor dying, but, on the contrary, is daily gaining in prestige and popularity.

Finally, "What should be our attitude toward the dominant school of medicine and toward innovations in medicine?"

In answering this question it is first necessary to define the legitimate sphere of homœopathy and its limitations. I discussed this phase of the subject in an address which I had the honour of delivering before this body three years ago, and as Dr. Dake so concisely expressed my views I quoted from him as follows:—

1. "The homœopathic law relates to no agents intended to affect the organism chemically.

2. "It relates to none applied for mechanical effect simply.

3. "It relates to none required for the development or support of the organism when in health; and

4. "It relates to none employed directly, to remove or destroy parasites which infest or prey upon the human body."

To this series of propositions I would add:—

1. It relates to none which acts in a purely eliminative way to rid the system of poisons and ptomaines.

2. It relates to none which acts in a purely physiological way, as a food; and

3. It relates to none which acts in a purely stimulative way.

I believe that an explanation such as the foregoing, fairly and squarely expressed, will disarm criticism and extend the usefulness of homœopathy. It places our school upon a broad and liberal foundation, which will appeal strongly to all earnest students of medicine. It will limit the law of similars to its legitimate sphere of action—the curing of diseases which are curable by the principle of substitution, and leave its advocates free to utilize all methods of cure or relief which will best subserve the interests of the patient. There are, to be sure, men who will claim that the homœopathic remedy is all-sufficient for all conditions. If these gentlemen have become so proficient as to require nothing without the domain of the law of similars in contending with disease and suffering, they are to be congratulated; there are comparatively few of us who possess the knowledge to do so. Personally, I believe it the duty of the physician, first to prevent disease, if possible; secondly, to cure disease which he cannot prevent by the safest, surest,

and easiest method at his command; and, thirdly, to bring comfort and relief to the incurable by those means which are most available and most satisfactory, whether homœopathic or otherwise. This course leaves a wide scope for the application of the homœopathic law, while it broadens our conception of the healing art. We are physicians first, and homœopathists secondly.

Watts once said: "The mind which is searching for truth ought to remain in a state of suspense, until superior evidence on one side or the other inclines the balance of the judgment and determines the probability and certainty to the one side."

Unfortunately all truth cannot be put into the forms of a mathematical proposition, and "he who would master any truth must learn what a jealous mistress he must serve."

How much more inspiring would have been the history of medicine had these trite sayings been kept in mind by the men who have gone before. How much more honourable will the history of the future become if we now heed them, and purge the profession of its dogmatism, bigotry, and intolerance. "Scientific inductive research," says Tyndall, "requires patient industry, and a humble and conscientious acceptance of what nature reveals. The first condition of success is an honest receptivity and a willingness to abandon all preconceived notions, however cherished, if they be found to contradict the truth."

The medicine of to-day is but the consummation of the medicine of the past ages, and infinitely more is expected of us than of our forefathers. Much more is being accomplished than formerly without the use of drugs. Prophylaxis is no longer what the Platonic Atlantis was to the Greeks—a mythical land of unfulfilled promises. The wonderful conquests of surgery are the marvel of the age. The germ theory of disease has revolutionized the practice of both medicine and surgery. Pathology is rapidly finding its place among the exact sciences. Microscopy, hæmatology, and skiagraphy have added much to the certainty of diagnosis. Notwithstanding these wonderful strides, our frequent failures at the bedside ought to make us modest and thankful for any new method or system of cure which promises to benefit mankind. We are as yet able, in our efforts to comprehend that which pertains to the essence of life, and the dissolution

of human beings, which we call death, to penetrate little beyond structural appearance and functional phenomena. We can classify neither an idea nor an ambition, and much patient research remains yet to be made in the field of psychology. We are still groping our way in darkness in dealing with the great primeval and ultimate facts—the beginning and end of life. Hæckel and others have undertaken to solve the problem from the standpoint of materialism, but have dismally failed in their efforts to do so. In view of these limitations, can we afford to be narrow and dogmatic in our efforts to conserve life and assuage suffering?

The medicine of to-day needs, more than all else, men like Lyman Abbott, Phillips Brooks, and Archbishop Ireland to liberalize it. No sincere and educated physician belonging to any school should be ostracized because of his particular belief in therapeutics. The one standard should be that of knowledge, character, and professional conduct. The real sectarians in either religion or the sciences are the intolerant and the bigoted.

I believe with Richard Henry Savage that, "there is no man, no sect, no single school, which can in these broadening days of intelligence tie down the human hearts of the twentieth century to any bounden or grovelling belief."

"We have a debt," says Emerson, "to every great heart: to every fine genius: to those who have put life and fortune on the cast of an act of justice: to those who have added new sciences: to those who have refined life by elegant pursuits." That debt was formally acknowledged by this Institute when, in 1899, it adopted the following definition of a homœopathic physician: "A homœopathic physician is 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 tradition, by inheritance, by right."

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We append the report of the Committee on the President's address:—

The Committee on President's address desires to express its hearty and very general endorsement of Professor Wood's views.

We especially commend his interpretation of the present

status of homœopathy—its broadening influence upon the progressive medical thought of the last century, and his belief that its influence is still operative, and for years to come will remain operative in maintaining homœopathy as a specialty in therapeutics.

We recognize the dogmatic spirit of Hahnemann, to which reference has been made, to be the outgrowth and natural sequence of the non-receptivity and bigotry of the time in which he lived. While we deplore the necessity for such a professional attitude, we are of the opinion that it was necessary for the development, the growth, and the very existence of homœopathy. The mysticism characterizing some of Hahnemann's theories serves to show the human element, but it in no way detracts from the lofty scientific basis of his work.

We recognize the current tendency toward medical affiliation throughout the land, but inasmuch as a recognition of the law of similars is still withheld, we commend the attitude of the President in urging continued separate organization.

So long as the therapeutics of the old school is destitute of a guiding law, the strenuous promulgation of the law of *homœopathy* is a necessity, and our present organization must be maintained.

We would in no way discourage or obstruct the advent and widespread adoption of sentiments of fraternity and toleration among medical men, but until there shall be evidences of mutuality and reciprocity among men of varied faiths in medicine—to give as well as to receive—there can be no furling of colours or abandonment of distinctive organization. This attitude is, for the present at least, imperative, in order that the interests of our school may be protected and that the truths of homœopathy may be disseminated.

We further recommend that the address be published in pamphlet form for distribution.

(Signed) JAMES W. WARD, M.D., *Chairman.*

O. S. RUNNELS, M.D.

H. P. BELLOWS, M.D.

REVIEWS.

*Diseases and Therapeutics of the Skin.* By J. HENRY ALLEN, M.D., Professor of Skin and Venereal Diseases. Hering Medical College, Chicago, Ill. Philadelphia: Boericke & Tafel, 1902.

OUR colleagues in the United States are prolific in the publication of books, many of which are valuable, though we cannot say this of all. The above work seems to us too much of a book written for the sake of writing a book. Coming from a Professor of Skin Diseases, we expected to find the results of the author's special experience, which would have been really valuable. Had he pointed out, for the help of the student or busy practitioner, the comparatively small number of remedies which are in the majority of cases required in each form of skin disease, with their indications of course, but specially with the results of his own individual experience, stating what remedies, theoretically indicated, were largely successful, or otherwise, it would have been a real boon. Many remedies in the pharmacopœia have marked skin symptoms in their pathogenesis, while some of them are clinically much more valuable than others. Anyone can ascertain from a *Materia Medica*, in its various forms of presentment, and a *Repertory*, what medicines have skin symptoms, but they are so numerous that a student, and often a practitioner, wants to have the guidance of a skin specialist to show him from special experience which of these numerous drugs he is likely to find meet successfully the case he has to treat, and what success he can record with certain medicines as compared with others. But this valuable information which one expects from a Professor of Skin Diseases is conspicuously absent in this work. The book might have been written by anyone with a *Materia Medica* at his hand, even by a student. There is nothing original in it, or anything which one cannot get elsewhere. We shall, of course, be told that such information is not wanted by the true homœopath, and that each individual case must be treated on its own merits and its own individual symptoms. This is perfectly true, but in that case what is the use of a book on skin diseases when the *Materia Medica* and a *Repertory* are at hand? These are open to every one to study individualization. But in a special book on the subject we expect more than this, but we don't get it. As we have stated before, when reviewing other works on homœopathic medicine, there is in every disease a prevalent type, so marked in its symptoms as to enable us to call the

disease by a special name, differentiating it from something else. The prevalence of this special type results in the fact that, in the majority of cases of the given disease, certain remedies—comparatively few—are required, while in those cases which differ from the ordinary type one has to study other drugs to meet their requirements. This, then, is what we look for in a book, as the embodiment of the author's special experience. After giving his experience, the indications for unusual cases come in well as a supplementary part.

Dr. Allen's general description of each form of disease are well enough, though they can be found in abundance in other works, but the therapeutical part, which is, of course, the really important feature of a homœopathic work, is of little value. We get a long list of alphabetical remedies for each disease, followed by a summary of the pathogenesis of a certain number of them. Thus, under Eczema, we have an alphabetical list of 90 drugs, with a sketch of the indications for 30 of them, arranged alphabetically. Dr. Allen very correctly insists on the fact that skin diseases are not merely local disturbances, but are dependent on something wrong constitutionally, but we find that dietary directions, which are of the utmost importance, are treated in the most perfunctory manner, for example in Eczema. We note also that Dr. Allen is a strong anti-vaccinationist.

The second half of the book, consisting of 125 pages, is devoted to what Dr. Allen entitles "Dermatological Therapeutics." This is a *résumé* of the skin symptoms chiefly, of 185 remedies, summarised from the *Materia Medica*. He advises no external application of any sort, even to palliate intense itching, except occasionally olive oil.

The book is a disappointment.

*The Principle of Homœopathy Successfully Applied in the Treatment of Parturient Apoplexy, commonly called Milk Fever, when occurring among Cows kept for Breeding or Dairy Purposes.* By J. SUTCLIFFE HURNDALL, M.R.C.V.S. Headland & Co., 1902.

THIS is a very interesting *brochure*, and Mr. Hurndall has done well to publish the results of the homœopathic treatment of this disease in cows, one of the most fatal and unmanageable diseases that the veterinary surgeon has to deal with. Nothing more convincingly proves the efficacy and benefit of treatment by the great law of similars than to be



able to show its success in the lower animals, where fallacies cannot occur, and where the results are patent. There can be no place here for the influence of imagination, and the facts speak for themselves. Mr. Hurndall points out that "the rate of mortality has been and is still disproportionately high as compared with that in the common and better understood ailments of cattle. . . . and although the disease has attracted much attention, veterinary pathologists are far from being agreed as to its nature. The various opinions held as to the character of the disease and its causes account for the uncertainty which exists as to its treatment, and one may add, without being chargeable with any discourtesy, the unsatisfactory results attending the same." He proceeds to show how, when the allopathic veterinary surgeon prescribes in accordance with this or that pathological theory, when "he is quite uncertain what organ or organs are the real seat of the disease, whether the udder, the uterus, the brain and nervous system, or the digestive organs," treatment cannot be otherwise than unsatisfactory. Whereas, when the homœopathic veterinary surgeon prescribes, he is able to discard uncertain pathological views, and treats the case by the guidance of the various symptoms by which the disease presents itself to his observation, and which are met by giving medicines which "cover" the totality of symptoms. This is, of course, the only true method of therapeutic treatment. Mr. Hurndall proceeds to give descriptions of the various forms and stages of the disease, and their marked symptoms, and then names the chief remedies which meet the various forms and stages, both in the way of prevention and of cure of the actual disease, with their pathogeneses, as far as this disease is concerned, very fully given. He claims successful results far exceeding those of allopathic treatment, and urges the trial by veterinary surgeons of homœopathy in the Milk Fever of Cows. He points out that with the present unsatisfactory results of allopathy they cannot get worse results from homœopathy, and may get much better ones. That they will get better results Mr. Hurndall, from his large experience, is quite sure. Besides the medical treatment, he goes fully into the details of general care, nursing, and dieting required by the cows when thus seriously ill.

We commend the study of this able *brochure* to all veterinary surgeons, and we are pleased to notice it in our columns, as giving valuable evidence of the truth of the law of similars in the treatment of the lower animals, and so adding to the cumulative proofs that the law of similars is a law, and *par excellence* the law of therapeutics:

*The Physician's Diary and Case-Book for 1903.* London : Keene & Ashwell, Limited.

WE have much pleasure in once more drawing our readers' attention to the above excellent diary and case-book. There is good space for diary and short notes of cases for each day, and nearly two hundred pages of blank paper for further notes, with an alphabetical lettered index for names. There is besides the usual information on matters of general interest, and, of course, a calendar. Every practitioner should have a copy of this useful diary.

*The Concise Chemical Analysis Chart.* London : Jarrold & Sons, 10 & 11, Warwick Lane, E.C.

WE have received the above, and for those engaged in chemical analysis we are sure the Chart will be a great help, as facilitating practice in qualitative analysis. The details are full and clear.

#### NOTABILIA.

#### THE BRITISH HOMŒOPATHIC ASSOCIATION AND THE TWENTIETH CENTURY FUND.

A CONCERT in aid of the above took place on October 30th, at the Norfolk Hotel, Paddington, at 3.30 p.m., admirably organized by Mrs. H. J. T. Wood and Mrs. Stephenson, of the Ladies' Committee. There was an excellent audience, and the concert was much appreciated. The financial result left a substantial balance in hand for the funds of the Ladies' Committee. The British Homœopathic Association is much indebted to the energetic action of the Ladies' Committee, and especially to the ladies above-named, for having got up this delightful concert. Tea was provided for the audience—an excellent idea.

Mrs. John H. Clarke, of Clarges Street, the wife of the editor of our contemporary, the *Homœopathic World*, organized a sale of silver articles at the Holborn Viaduct Hotel, on November 20th and 21st, in aid of a fund for instituting a "Burnett Professorship of Homœopathic Practice." A number of the late Dr. Burnett's patients wished to perpetuate his memory in some tangible form, and it was deemed that the most suitable form of doing so, and the one that it is believed he would have rejoiced in, would be the foundation of such a professorship. We understand that the promises for this object are such as to render its success assured. The proposal was brought before the Executive Committee of the British Homœopathic Association and has received its

full sanction and approval, the funds to be administered by the Association for this special purpose. Mrs. Clarke's spirited action in getting up the silver sale was much appreciated by the Committee, and a vote of thanks was passed to her for her good work. We hope to report in our next issue the results of this sale. Fancy bazaar prices were not asked, but only the ordinary shop prices, the silver having been bought at manufacturers' cost.

Lady Durning Lawrence has promised a donation of £100 to the funds of the Ladies' Committee. Donations to the Twentieth Century Fund are coming in very satisfactorily. One of £100 has been given through Dr. Hawkes, of Ramsgate, the donor's name being kept secret, and another of £30 from Miss Jane Houldsworth, per Dr. Dyce Brown, has been received.

We would specially call attention to the announcement that a drawing-room meeting is to be held, by invitation, at Brighton, at the house of Mrs. Rudhall, 3, Sussex Square, on Saturday, the 30th inst., at 3.30 o'clock, for the purpose of founding a Local Branch of the British Homœopathic Association. Much interest is, we believe, being evinced in this movement, and an important deputation from the London Executive Committee will be present. We wish the movement all success, and hope to give full particulars of the meeting in our next issue.

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### THE PHILLIPS MEMORIAL HOSPITAL.

WE have pleasure in recording the concert in aid of the above valuable institution, which was given at the Grand Hall at Bromley on the evening of Wednesday, the 12th of November. These concerts are, we are glad to see, becoming annual, and are, we know, looked forward to with much interest by lovers of music and well-wishers to the Hospital. The concert of this year was, as formerly, a great success. We have not heard the exact amount that was obtained, but as the hall was quite full, the proceeds must be satisfactory, as they have been in former years. The decoration of the hall with flowers was quite a feature of the evening, while the list of all the performers was unusually large, and the programme full and admirable. Among the leading performers were Mesdames Ella Russell and Ada Crossley, and M. Tivadar Nachez, who, even if alone, would have sufficed to draw a full house. We understand that most, if not all, of the distinguished performers gave their valuable services gratuitously, which gave the concert additional

charm, and enabled all the proceeds, after paying expenses, to go to the Hospital. The whole was a very great and gratifying success, thanks to the organising of Mr. Lindsay Bell.

We also note with pleasure, as announced in the *Bromley and District Times*, that when Bromley resolved on having a Peace and Coronation Celebration on August 9th an appeal was made for liberal subscriptions, not only to make the celebration a success, but that the residue might be given as a donation to the local Hospitals. The result was that £102 remained over for this object. It was then resolved to, if possible, augment this sum, and a further appeal was made for that purpose. Mr. T. Dewey generously offered to augment what was raised by the 31st of October by a donation from himself of one-fourth of what was raised, besides offering to pay all expenses in connection with the movement. This effort resulted in a fund of £660, including Mr. Dewey's handsome and generous gift; and of this sum the Phillips Memorial Hospital comes in for a sum of close on £160.

We heartily congratulate the managers of the Hospital and the medical staff on this valuable addition to their funds, over and above the proceeds of the concert.

#### LEUTENANT-COLONEL DEANE, R.A.M.C.

WE have much pleasure in informing our readers that our friend and colleague, whom we have hitherto spoken of as Major Deane, has been promoted to be Lieutenant-Colonel. His promotion, after so many years of valuable service in the Army, and after his excellent and energetic work as Special Plague Commissioner for Calcutta, is well deserved, and we congratulate him. We are pleased to hear that Colonel Deane is coming to England in February for a month's leave of absence, and that he will read a paper at the British Homœopathic Society on "Notes on the Plague in Calcutta." He may be assured of a warm welcome from his colleagues in England.

#### SYDNEY HOMŒOPATHIC HOSPITAL.

WE are glad to learn that at a public meeting held in July at Sydney it was resolved to establish a Homœopathic Hospital in the Metropolitan District, and arrangements have been made to take over a suitable building, at 301, Cleveland Street, where the business of the Institution is now being carried on. We are informed that the movement has been largely and influentially supported.

We congratulate our colleagues in Sydney, and the public of Sydney, on this important forward movement. We have no doubt it will be successfully carried out, and it has our very best wishes, as the capital of New South Wales should certainly have a Homœopathic Hospital. The fact of this movement having been set on foot shows what a firm position homœopathy has obtained in the Colony.

In issuing a circular appealing for funds, the committee of management enclose a statement "with a view to showing the economical value to the public of the homœopathic system of treatment" as shown in the official report of the various Hospitals in Melbourne, taken from the Report of the Inspector of Charities for 1901. These comparative statistics are so interesting that we cannot refrain from reprinting them.

	Melbourne Hospital	Alfred Hospital	Melbourne Homœopathic Hospital
Daily average of in-patients....	285	114·2	87·8
Average cost per occupied bed	£78	£68	£62 3s 3d.
Total out-patients.....	15,806	3,483	7,344
Estimated cost of out-patients	£1,808	£577	£277
Average cost of each in-patient	£4 11s. 10d.	£4 15s. 11d.	£3 4s. 8d.
Local contributions .....	£11,505	£4,310	£2,395
Government grant .....	£13,800	£4,000	£1,400
Cost of management .....	£7,627	£2,944	£1,301
Mortality, per cent. ....	14·5	12·7	6·7
Average stay, in-patients—			
Male.....	20 days	25 days	18 days
Females .....	22 days	25 days	18 days

These facts speak for themselves, and require no comment.

### HUGHES' MEMORIAL FUND.

THE following have been received by Dr. Blackley since last announcement :

	£	s.	d.
W. Clowes Pritchard, Esq. .. .. .	2	2	0
Dr. A. Spiers Alexander.. .. .	2	2	0
Société Homœopathique de France .. .. .	4	0	0
		8	4
Previously reported .. .. .	783	19	6
	<u>£792</u>	<u>3</u>	<u>6</u>

### MEETINGS.

#### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session 1902-1903 was held at the London Homœopathic Hospital on Thursday, November 6th,

1902, at 8 o'clock. Dr. Roberson Day, President, in the chair.

The following specimens were exhibited by Dr. E. A. Neatby: (1) Uterus removed by vaginal hysterectomy, showing carcinoma of cervix; microscopic section from same, showing junction of diseased and healthy portions. (2) An ovary removed by cœliotomy, showing papilloma protruding through the albuginea; microscopic section of the same. (3) A small uterine myoma removed by myomectomy. Recovery ensued after operation in all these cases.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

¶ A paper was read by Dr. Vincent Green entitled "Post-nasal Adenoids: A Clinical Study." Dr. Green pointed out that a considerable divergence of opinion exists as to the etiology and treatment of this disease. The mucous membrane lining the pharyngeal vault and its immediate vicinity is well supplied with mucous glands opening on its surface, and in the underlying connective tissue are the usual lymph nodules, which are especially abundant in this region. Adenoids are brought about in much the following way: As soon as a child is able to crawl about it inhales the dust off the floor; this, travelling in the air current through the nasal meatus, impinges on the pharyngeal vault, in which mucus always tends to accumulate. This soon becomes loaded with germs and irritating particles, which cause the mucous glands to hypertrophy with the resultant excessive secretion, and in the same way set up an enormous proliferation of the lymph nodules. To make a certain diagnosis the pharyngeal wall must be seen or felt. Hypertrophied turbinates are sometimes met with as a complication of adenoids. In such a case the prognosis should be guarded, as removal of the adenoids will not relieve the symptoms of obstruction. A great deal can be done in the way of preventive treatment. Many infants are troubled during the first few months of life with an accumulation of mucus in the naso-pharynx, impeding nasal respiration. In such cases the nares should be mopped out with a camel's-hair brush with a suitable lotion. As regards treatment for adenoids, a cure may often be effected by carefully-regulated breathing exercises, the persistent use of a nasal snuff, and the elastic chin-strap, with at least a two months' residence by the sea, preferably in the Isle of Thanet.

Where nasal respiration is nearly or quite impossible immediate operation is advisable. If the operator is sure of his assistant, this can be done under nitrous oxide. If the operator, however, is dependent entirely upon his own

exertions, he will probably only get sufficient time for the operation by using chloroform. During the last two years at the out-patient clinic at this hospital the writer of the paper had performed the double operation of tonsillotomy and adenectomy on fifty-one patients under the one administration of gas. But whatever is used, gas or chloroform, Gollstein's curette or Lowenberg's forceps, the most important part of the treatment will still remain in the after-care and treatment of the patient, especially with regard to what is no longer a necessity, but a bad habit only, namely, breathing through the mouth instead of the nose.

In a discussion which followed the reading of this paper Mr. Dudley Wright, Dr. Herbert Nankivell, Dr. Galley Blackley, Dr. Byres Moir, and the President took part, and Dr. Vincent Green replied.

Dr. Nathaniel Grace, of Tunbridge Wells, then contributed a report of a case of gangrene. The patient was a man of fifty-one years of age. His habits had not been strictly temperate, and he had been a few years ago successfully treated for rheumatic gout. At the time of coming under observation his condition was as follows: *Right foot*: Red line at the base of the great toe running outwards and forwards, just excluding a piece of the fourth toe and altogether escaping the little toe. Beyond this the toes were black. *Left foot*: The toes were a purplish red, with the nail of the great toe distinctly black. *Hands*: Tingling pains were felt in the fingers of both hands, and the nails and finger tips were discoloured. He was put upon *secale 3x*, and the hands rapidly became all right, but the feet grew rather worse. The gangrene of the right foot became distinctly moist with foetor, and about a week later the heels and sides of both feet developed irregular dark purple patches. *Secale 3x* was given, and arrangements were being made to remove the patient to the hospital, when the epidermis suddenly commenced to separate, leaving quite healthy skin beneath. Pain was complained of shortly after, up the right leg. Nothing was to be seen, but on palpation in the lower third of the thigh a hard, cord-like structure was felt, which was very tender. There is little doubt that this was a thrombosed vein, probably the femoral itself. *Secale* was continued and *nitric acid 3x* was also given.

The part in front of the "line of demarcation" on the right foot gradually separated; the remaining ulcer healed without any trouble. He lost the nail of the *left* great toe, which has, however, since been replaced. The patient can now walk about almost as well as ever.

Dr. Grace propounded the question as to what form of gangrene this was. Excluding, for various reasons, the other

forms, it could be *inflammatory or the blocking of a main vein, in the moist division, and in the dry, symmetrical gangrene or ergot poisoning.* Of these all but one form in the moist division are excluded, *viz.*, blocking of a main vein, and one form in the dry, *viz.*, symmetrical gangrene.

An interesting discussion on these points ensued. Drs. Dudgeon, Byres Moir, Neatby, Goldsbrough, Stonham, Mr. Dudley Wright, Drs. Nankivell and Spencer Cox, Mr. Wynne Thomas, and the President took part, and Dr. Grace replied.

A third paper was read by Dr. James Searson, of Brighton, entitled "Is there too much Readiness to favour Operative rather than Medicinal Treatment?" of which the following was an epitome: It is evident that there is amongst all homœopathic practitioners an increasing faith in drugs. Conditions regarded as incurable by other systems of medicine, are by homœopathic practice proved to be curable, so that the question may well be asked, Why should any arbitrary limit be imposed on the curative possibilities of drugs? If a well-defined symptom, which is in all probability dependent upon some pathological lesion, is amenable to drug action, why should the lesion itself not be hypothetically curable?

Among the writer's earliest cases was one of glycosuria, which appeared to be a case of undoubted diabetes mellitus. The patient, a man over fifty, complained of polyuria, dry mouth, and excessive thirst. Sugar was found persistently in the urine, and the specific gravity was high. The patient was put on nitrate of uranium 3x. At the end of one week the sugar had disappeared, and only re-appeared when, as a test, the drug was withheld. The contention is not that uranium is an unfailing remedy for all diabetic cases, but that a drug in minute doses can produce objective as well as subjective curative phenomena.

A few years ago Dr. Lauder Brunton called attention to the action of minute doses of opium in curing constipation. He had observed it, he said, but could not account for it.

If one drug when introduced into the body in infinitesimal dose can go straight to the spot at which it is aimed, if the administration of another can cause an objective change in one of the body excretions, why should not the curing of tumours be within our range? Papillomata, both of skin and mucous membrane, have been dispersed by internal treatment only. Tumours of breast, clinically indistinguishable from so-called incurable tumours, have been made to disappear by the action of such drugs as phytolacca or conium; and cases have arisen where even in carcinoma cures have taken place. Corroborative evidence of the curative influence



THE  
MONTHLY HOMŒOPATHIC REVIEW.



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EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.A., M.D.

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of drugs over swellings, growths, and tissue change is found in the action of potassium iodide in gummata; that of bryonia in bursal effusions; benzoic acid in ganglia; the dispersal by various drugs of meibomian cysts; the marked reduction, if not dispersal, of bronchocele by drugs; the cure of acne; the effect of antitoxin in diphtheritic exudations; and the effect of thyroid extract on cases of myxœdema, etc., etc. This was the gist of an argument that there might be too much readiness to favour operative measures.

Dr. Goldsbrough, Mr. Wynne Thomas, Dr. Herbert Nankivell, Mr. Dudley Wright, Mr. Knox Shaw, and Dr. Neatby discussed the subject from different aspects, and Dr. Searson replied.

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### OBITUARY.

T. G. H. NICHOLSON, M.R.C.S.

WE regret to have to announce the death of Mr. Nicholson, one of our Liverpool colleagues, at his residence in Wallasey, Cheshire, on October 19th.

Theophilus G. H. Nicholson was born in November, 1832, and was the son of the Rev. E. Nicholson, Rector of Winstanley, Salop. He studied at Edinburgh and Owens College, and became M.R.C.S. in 1861. He practised for several years in Bangor, where he was highly esteemed. Mr. Nicholson removed to Liverpool about twenty-seven years ago. During this period he has served the Liverpool Homœopathic Dispensary and the Hahnemann Hospital as Medical Officer, Dentist, or Anæsthetist. He invented an inhaler for the simultaneous administration of oxygen and chloroform, and was probably the pioneer in this method of anæsthesia.

Mr. Nicholson exhibited gifts as an inventor in many other directions, and claimed to be the first to suggest the use of phosphorus cartridges against the Australian rabbit pest, a method which has been successfully adopted, although without acknowledgment to Mr. Nicholson.

Mr. Nicholson had been in indifferent health for a year before his death, during which period he was attended by his friend Dr. Watson, in consultation with Dr. Cash Reed.

During some part of his recent illness he occupied one of the private rooms in the hospital, and Dr. Hawkes relates an interesting experience of the last time he saw the deceased. Finding it necessary to perform a small operation on a child, and no one being at hand to give the anæsthetic, the little patient was carried into Mr. Nicholson's room that he might administer it, and this he did without leaving his bed. Thus his genial help was to the last available for the benefit of the Institution he had so ably served. Mr. Nicholson leaves a widow, two sons, and a daughter to mourn his loss.

## CORRESPONDENCE.

## HAHNEMANN'S SCHEMA.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—I have a great esteem and admiration for Dr. Proctor, and am truly grieved when I find myself at variance with him on subjects appertaining to medicine, and more especially to homœopathy. In his note on Dr. Hughes's *Principles and Practice* in your November number he censures rather severely a portion of a criticism of mine on Hahnemann's Schema, quoted by Dr. Hughes from my *Lectures* delivered fifty years ago. I think he has quite misunderstood the purport of my observations from not having read, or from having forgotten, the full text of the passage from which the quotation is taken. He says some years ago he pointed out the unsoundness of my analogy in the *Review*, and fully hoped that we should never hear it quoted again, but apparently Dr. Hughes was not convinced by his condemnation, as he quoted it again approvingly. My objection to the schema form of presenting the results of the provings of a medicine were founded on the fact that the provers of a medicine were not all affected alike. Each prover indeed presented a different morbid picture — a medicinal disease differing in some respects from those of his fellow-provers. To mix all the symptoms of all the provers together was, I considered, to render it impossible to discover what was the actual medicinal disease produced in each, and consequently the study of the materia medica was greatly impeded by the arrangement under anatomical heads. This has frequently been animadverted on by writers on homœopathy, and was felt to be such a serious drawback to the study of the pathogenetic effects of the medicines in Hahnemann's materia medica by the Vienna Homœopathic Society, that they made re-provings of some of his medicines, and by giving us the day-books of the provers enabled us to acquire a much clearer knowledge of the action of the medicines than we could obtain from the schema form in which Hahnemann and many of his followers presented them. Dr. Hughes's immortal work, the *Cyclopædia of Drug Pathogenesis*, is an attempt to give us the medicinal diseases produced by medicines in the natural order of their development, so that they can be studied like the ordinary records of other diseases. Unfortunately, Hahnemann's own medicines could not be treated in this manner, as we have none of the day-books of his provers, and all their symptoms are jumbled together in the schema form, which renders it difficult, if not impossible, to ascertain the special form of medicinal disease developed in each prover, and consequently to obtain a perfect knowledge of the

pathogenic powers of the medicines. My analogy of the Hahnemannian schema, with the family portrait, where each feature was separated from its natural connexions and arranged side by side with the same feature of the other members of the family group, is as true and as apt to-day as it was fifty years ago, and I am not ashamed of having made it. Dr. Proctor is quite mistaken in supposing that my illustration implies the indiscriminate throwing together of the symptoms of different members of the botanical family to which the schemated medicine belongs. On the contrary, it is the symptoms of the different provers of the same medicine which I object to have thrown indiscriminately together. Dr. Proctor's mention of chamomilla in this connexion is singularly unfortunate, for if he will look at Hahnemann's account of its effects in the *Materia Medica Pura* he will not fail to observe that, with the exception of about thirty unimportant symptoms observed by Stapf, and three from ancient authorities, the whole of the proving is Hahnemann's own contribution; but with regard to how many provers there were, what quantity of medicine they swallowed, or how the symptoms were distributed among the various provers, he gives us no information whatever. Fortunately, we are not limited to Hahnemann's pathogenesis of chamomilla for a knowledge of the action of that drug. Hoppe's admirable proving in the *Hom. Vierteljahrsch.* (Vol. xiii.), and the trials of it made by the members of the allopathic Medical Society of Vienna, supply us with a number of more or less interesting accounts of the pathogenetic action of this useful medicine. But while Hahnemann's chamomilla is the record of a one-man prover—or I should rather say contributor, for it is evident, though not stated, that the provers were several, women as well as men—it is different with many others of his medicines; his pathogenesis of belladonna, for instance, contains a complex of the provings of himself and fourteen others, together with observations by seventy-four old authors, disassociated from their natural connexions and presented in the fragmentary form necessitated by his unfortunate schema form. The schema is not a scientific arrangement of the symptoms of the provers; it is rather a sort of rough or rudimentary repertory, useful no doubt to the practitioner, but not suitable for the satisfactory study of the medicine's powers. If Dr. Proctor prefers to study the action of medicines in such an artificial disruption, then for him the *Cyclopædia of Drug Pathogenesis* has been compiled in vain, and no doubt he infinitely prefers the *Encyclopædia* of Allen, where the schema form has been rigorously adhered to.

Yours faithfully, R. E. DUDGEON.

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## BOOKS RECEIVED.

*The Physician's Diary and Case-Book for 1903.* Keene and Ashwell, Limited. *The Law of Unity and Homœopathy.* By Arthur A. Beale, M.B. John Bale, Sons, and Danielsson, Limited. *The Homœopathic World*, November. *The Journal of the British Homœopathic Society*, October. *The Medical Times and Hospital Gazette*, November. *Bromley and District Times*, November 14. *The Vaccination Enquirer*, November. *Homœopathic Recorder*, October and November. *The Doctor*, October. *The Medical Examiner and Practitioner*, New York, October. *The Medical Times*, New York. *Minneapolis Homœopathic Magazine*, October. *Medical Brief*, November. *Hahnemannian Monthly*, October and November. *Medical Century*, November. *Homœopathic Envoy*, November. *Cleveland Medical and Surgical Reporter*, October. *The Clinique*, October. *Pacific Coast Journal of Homœopathy*, October. *Calcutta Journal of Medicine*, August. *The Daily Telegraph*, Launceston, October 8. *Homœopatisch Maandblad*, October and November. *Allgemeine Homœopathische Zeitung*, October and November. *Le Mois Medico-Chirurgical*, October. *Revista Homœopatica Catalana*, October. *Annaes de Medicina Homœopatica*, September. *La Propaganda Homœopatica*, October.

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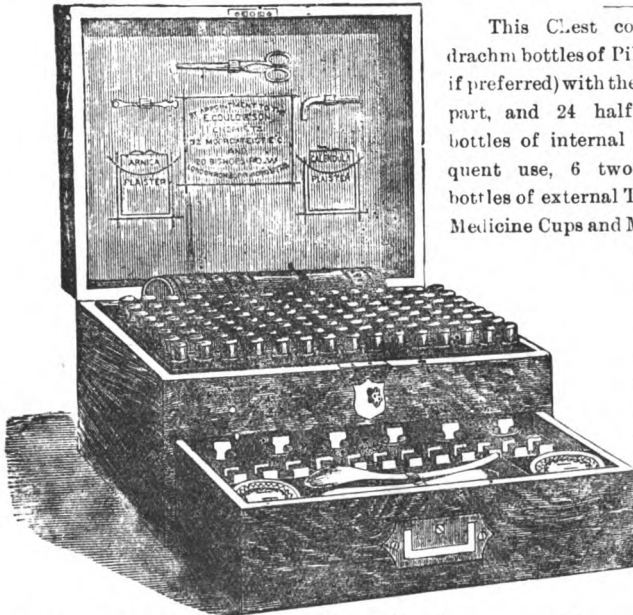


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