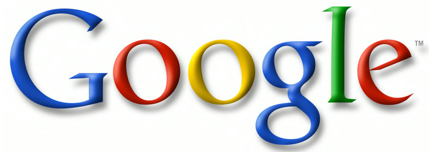


Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

+ *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
+ *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
+ *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
+ *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

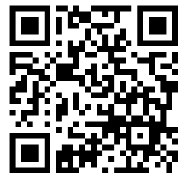
Über Google Buchsuche

Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter `http://books.google.com` durchsuchen.

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google™ books

https://books.google.com



H 610.5
B86
H76r
B 224225 J

The Monthly Homœopathic Review

Vol. 46, No. 1.] JANUARY 1, 1902. [Price 1s.

EDITED BY
DRS. POPE, DYCE BROWN & EDWIN A. NEATBY.

Contents:

PAGE

To Our Readers 1
The Edinburgh Medical Journal and Homœopathy 2
Advance, Homœopathy! By Richard Hughes, M.R.C.S. 7
Cancer and Malaria. By P. Proctor, L.R.C.P. 11
Notes of a Case of Tubercular Peritonitis treated by Laparotomy. By Edith Neild, M.B. (Lond.) 13
Combined Fœtal and Maternal Dropsy. By H. Valdemar Munster, M.D. (Edin.) 16

Reviews.
The Physician's Diary and Case-Book for 1902 18
The Origin and Nature of Matter and Force, and Life and Mind. By John W. Hayward, M.D. 18

Meetings.
British Homœopathic Society 24
British Homœopathic Congress 25

Notabilia.
Our Editorial Staff 26
Sectarianism 26
Clinical Notes 29
Poisoning by Lead: Mental Symptoms 31
The Discovery of Anæsthesia 33
Phillips Memorial Hospital: The Annual Concert 36
As Others See Us 38
Dr. Charles W. Hayward and the General Medical Council 40
The Kaiser-I-Hind Gold Medal 41
Compound Tablets 41
Two Lectures on some thoughts on the Principles of Local Treatment in Diseases of the Upper Air Passages 42

Correspondence.
A Proposed Extension of the London Homœopathic Hospital 61

LONDON:

E. Gould & Son, Ltd., 59, Moorgate Street.

Telegraphic Title—"CALENDULA, LONDON."

May be had from
SIMPKIN, MARSHALL & Co., STATIONERS' HALL COURT. E.C., AND
EDINBURGH—J. C. POTTAGE. | DUBLIN—J. A. RAY.
NEW YORK, U.S.—BOERICKE & TAFEL, 145, GRAND STREET.
MELBOURNE—MARTIN & PLEASANCE, 180, COLLINS STREET.

Subscription 12/- or $3 per annum Post Free.

Digitized by Google

Cadbury's

COCOA

ABSOLUTELY PURE, THEREFORE BEST.

tirely free from all foreign substances, such as Kola, Malt, Hops, Alkali, &c.
y's COCOA is very easily digested; it imparts new life and vigour to those of delicate constitution,
 be safely and beneficially taken by the robust and delicate alike. An ideal beverage for
Children, promoting healthy growth and development in a remarkable degree.
"*The standard of highest purity.*"—THE LANCET.

GOULD & SON, LTD.,
Chemists by Appointment to the London Homœopathic Hospital,
NUFACTURING HOMŒOPATHIC CHEMISTS,
WHOLESALE AND RETAIL.

American, German, and British Fresh Plant Tinctures, recently Imported and Prepared.
Homœopathic Pharmacies fitted up with every requisite.
59, MOORGATE STREET, LONDON, E.C.

ENTERED AT STATIONERS HALL
SOUND — NUTRITIOUS — INVIGORATING
HALF GUINEA ALE
WALTHAM BROS. LTD
BROWN STOUT 2/6 doz
NURSING STOUT 3/-
Bottled at THE BREWERY STOCKWELL.S.W.
GUARANTEED BREWED ONLY FROM MALT & HOPS

Peptonized
In TINS, 2s. 6d.
Half-Tins (Samples), 1s. 6d.
COCOA
& Milk.
Most Delicious, Nutritious and requiring no digestive effort.

SAVORY & MOORE, LONDON.

Digitized by Google

THE MONTHLY
HOMŒOPATHIC REVIEW.

TO OUR READERS.

At the beginning of a new year we inaugurate our editorial duties by greeting our subscribers and readers, and wishing them a very happy and prosperous new year. We and our predecessors during the last five and forty years have striven to do our best in the conduct of the *Review*, and we shall continue to do all we can to further the cause of homœopathy, which we all have at heart, to make the *Review* the true representative of all that is best in the interests of our body, and to maintain the high standard of honesty and of professional ethics which we have hitherto striven to attain. The year opens with an earnest endeavour on the part of us all to resume a more active propaganda of homœopathy than has been carried out of late. The Twentieth Century Fund and its aims have been already brought prominently forward to the notice of the profession by Dr. Burford's able presidential address at the British Homœopathic Society in October, and by our leading article of November. In this month's issue[1] will be found an account by Dr. Byres Moir of what has been accomplished, and a very satisfactory announcement it is, showing an excellent beginning in the way in which the scheme has been taken up and in the funds already promised. And there is every prospect of the " plan of campaign " turning out a complete success.

[1] Dr. Moir having withdrawn his communication for amplification, it will appear in our February issue.—Eds.

Digitized by Google

If it is thus successful we shall be able to look back on 1902 as an epoch-making year in the history of British homœopathy.

We have lost by death during the past year several of our colleagues, Dr. J. COMPTON BURNETT, Dr. G. A. CRAIG, Dr. B. SIMMONS, and Dr. T. WILSON, but we are glad to know that we have a number of fresh accessions to our ranks to fill the vacancies which death must be constantly creating, and we have now three lady-doctors practising homœopathy, and members of the British Homœopathic Society.

In the conduct of the *Review* we expect the support of all our colleagues. We shall be glad of any assistance in the collecting of pieces of news of interest and relating to our body and cause, as we may occasionally miss items of interest unless we have our attention drawn to them by our colleagues. And we trust that all our colleagues will loyally do their utmost to make the literary contents of the *Review* as valuable as heretofore by contributing papers, and especially cases of interest—interesting not merely as cases, but specially as showing good and clear results of homœopathic treatment. They need not be rare cases, but ordinary cases showing the correct selection of the remedy and its curative effects. Cases of this kind are really valuable and do a vast amount of good in teaching correct homœopathic prescribing. There must be ample material for this in the practice of everyone if our colleagues would only spare some time and trouble to write out their experience. If this were done from a real sense of duty to our great cause, and if our *confrères* would thus loyally support our endeavour to make the *Review* a success, it would make the editorial labours easier, the writers would benefit themselves in the very fact of studying and collecting their cases, and it would make the *Review* a storehouse of material, valuable not only at the time, but for subsequent reference. With the expectation of this cordial support we commence our new year with confidence.

THE EDINBURGH MEDICAL JOURNAL AND HOMŒOPATHY.

WE wonder how long the attempt to boycott homœopathy and homœopaths in the old-school journals will continue.

Digitized by Google

The traditional tactics are strictly adhered to as yet, and we suppose that editors are too much afraid of the ban of the great trades-union to "try it on" until the voice of the profession compels them to alter their tactics. The latest illustration of these tactics comes from the *Edinburgh Medical Journal*, and this time, by an amusing mistake on the part of the editor, he finds himself in the rather awkward position of having invited our colleague, Dr. ROBERSON DAY, to contribute a paper to his journal. How the editor should have so known Dr. DAY and yet have not known that he was a homœopath is rather curious. Dr. DAY'S name appears in every published list of the staff of the London Homœopathic Hospital, and in our journals, as contributing papers on the homœopathic treatment of diseases of children, which is his speciality. However this question may be speculated on, the curious fact remains. On November 4th the editor wrote to Dr. DAY as follows :—

"DEAR SIR,—I am making arrangements for the journal for the coming year and shall be glad if you can undertake to send me a paper. I would like a short practical article of, say, ten or twelve pages of about 500 words each, and if illustrated so much the better. The publisher is always glad to be at the expense of reproducing good clinical pictures when they add to the interest and value of the article.

Trusting you may be able to promise me a paper for an early number,

I am, yours sincerely,

G. A. GIBSON, Editor."

To this Dr. DAY replied on November 5th as follows :—

"DEAR SIR,—In reply to your request to contribute an article to your journal, *The Edinburgh Medical Journal*, I shall be pleased to send you a paper entitled "*The Treatment of Broncho-pneumonia in Children*," as practised at the London Homœopathic Hospital.

Yours sincerely,

J. ROBERSON DAY, M.D. (London).

Physician to the Department for Diseases of Children,
London Homœopathic Hospital, etc., etc."

On November 9th the editor wrote as follows :—

"DEAR SIR,—Many thanks for your kind note of the 5th and for the promise of the article contained therein. I regret that through an error on the part of my assistant

Digitized by Google

the invitation to contribute an article to this journal was sent to you. As you will readily understand, it is impossible that I can avail myself of your kind acceptance. With apologies for the trouble which I have caused you,

I am, yours sincerely,

G. A. GIBSON, Editor."

It will be here noted how convenient it is to have an "assistant," afterwards called a "clerk," on whom to throw the *onus* of an "error." Such a device is familiar in a business firm when one partner has to say something unpleasant, and does so by stating that his other partner's views obliged him to say so-and-so. And in medicine, a few years ago, we had an amusing example of the same tactics, when in a certain well-known work there appeared in the "index of diseases" and their remedies quite a long list of homœopathic medicines for their corresponding diseases. When driven to explain by inconvenient criticisms, the distinguished author attempted to get out of the awkward position by putting the blame on his amanuensis, to whose care, he said, he had committed the getting-up of this most important section of the book. It is the old story of Adam laying the blame on Eve, and it is not a method we can admire.

Dr. ROBERSON DAY, however, was not to be put off in this way. He was in no mood to lower his flag, or whittle away his homœopathic beliefs in print to please his opponents. As the late Dr. DRYSDALE on one occasion admirably said, "As long as we believe that the homœopathic is the law of the action of specific medicine, so must we in common honesty confess that we do. While our professional brethren separate themselves from us on that account and falsely brand us as sectarians, we must be content to bear the accusation. Until the majority of medical men return to the behaviour of men of science and gentlemen, and allow homœopathy to be discussed like any other theory, in medical literature and societies, there must exist a separate literature and societies to which no more appropriate name than homœopathic can be given" (*Monthly Homœopathic Review*, vol. xxi, p. 624). Dr. DAY not unnaturally thought that the invitation to write a paper for the *Edinburgh Medical Journal* indicated that the staff of that journal was returning to the behaviour of men of science and gentlemen, but when the invitation was followed by a declinature of the proposed

Digitized by Google

paper on the part of the editor, he manfully stuck to his colours and resolved to fight it out. He therefore replied on November 15th as follows: "You say 'as you will readily understand, it is impossible that I can avail myself of your kind acceptance.' Now this is just what I *cannot understand*. Here am I, a well-qualified physician with special experience on the subject I have offered to write upon, drawn from years of private practice and a large hospital practice among children, willing to show you and your readers the methods of treatment and the results we obtain, which compare favourably with those of any other hospital I have seen or heard of. I promise you it shall be a clear and interesting article—practical and essentially clinical, and every medicine used shall be stated. I will not go into any theory of action of remedies, but confine myself to cases, symptoms and results. If you like, I can illustrate with temperature charts, which are always kept, with tracings of temperature, pulse and respirations. Now here is an offer! Could I do more? I am, moreover, willing to accept any suggestion you may be pleased to make on the subject which would help me in the preparation of the article for your special readers."

To this courteous letter the editor replied on Nov. 21st:—

"DEAR SIR,—The invitation to contribute a paper to the *Edinburgh Journal* was inadvertently sent to you by the mistake of a clerk, and I am sorry that it has been the means of putting you to trouble. I do not think it can be difficult to understand why the journal must remain closed to practitioners who profess an exclusive or special system. I am unwilling to say anything unpleasant, therefore the phrase about your being able to understand.

Yours faithfully,

A. GIBSON."

We may here note that the "assistant" has come down to be a "clerk." And we may also remark that it is not exactly usual for the editor of an influential journal to give such *carte blanche* to a "clerk" as would permit the possibility of his "inadvertently" sending the cordial invitation of the first letter to a London physician to contribute a paper. We hope the "clerk" got a severe castigation and did not put his tongue on his cheek while receiving it.

Digitized by Google

On December 3rd, Dr. Day replied :—

"Dear Sir,—I should have replied before to yours of November 21st, but pressure of work has hindered. There is surely no need to say anything unpleasant, as we are gentlemen and members of the same profession, and have at heart the desire to do the best for our patients. But your clerk's error has made it necessary for me to ask for an explanation, and I see it is the same old story. You allopaths know little or nothing of what we homœopaths do or practise. (I use these terms simply for the sake of clearness.) We are both trained and qualified in the same medical schools, but the homœopaths have studied in addition, and conscientiously believe in the use of remedies (not secret remedies) used in accordance with the law of homœopathy. Should this be a sufficient reason for closing your journals and societies to us? The position is illogical and untenable, and outside our profession incomprehensible. I appeal to you as editor to have the courage to admit my paper. Just think how allopathic practice has changed since Hahnemann's day. Think of the bleeding, blistering, salivating and purging which was regularly practised, and the overwhelming number of coal-tar products which are used to-day and discarded as worthless to-morrow, the ever-changing method of prescribing, because there is no law to bring order out of chaos, and then turn to the constant and even course homœopathy has run since the time of Hahnemann. *Magna est veritas, et prevalebit.* I wish I could talk the matter over with you, for I feel you have a great responsibility resting on you. We have been called quacks, and charlatans, and dishonourable, and every evil motive ascribed to us—for why? Yes, please say. But the unbiassed public, the educated public (for we have patients in all ranks of life), are simply shocked at the uncharitable way in which the allopaths treat us. Yours, etc."

To this the Editor of the *Edinburgh Medical Journal* made no reply. He must have felt uncomfortable by Dr. Day's plain speaking, and deemed that silence was the best refuge.

The whole incident is entertaining but melancholy. The editor probably thought, notwithstanding the "inadvertence" and "error" of his "clerk," that Dr. Day would feel flattered at being asked to contribute to the

Digitized by Google

journal, and that he would for the time drop his colours and give a good paper without introducing homœopathy by name. Had he done so, very probably the paper would have been accepted. But to Dr. Roberson Day's honour he would have none of this, and preferred to speak of his beliefs openly and honestly, whether his paper was accepted or not, and we have no doubt the editor in his heart honours him for so doing. At the present day the old school in practice and in the press welcomes any man who abjures the name of homœopath and who puts his views and modes of practice in his pocket, while anyone who has the courage of his opinions and the honesty to say what he believes, and what his practice is, is boycotted. And this is the twentieth century!

ADVANCE, HOMŒOPATHY!

The readers of this *Review* will have learned from its November number that a movement is in the air for the furtherance of the cause of homœopathy. Dr. Burford, the newly-elected president of the British Homœopathic Society, took the opportunity afforded him by the annual address from the chair to consider the present condition of the Hahnemannic reform, and to indicate what it needs for its development and progress. Unlike such surveys in the past, however, that of Dr. Burford did not limit itself to theoretical discussions and barren urgings. It was pregnant with a well-thought-out plan, and led up to an immediate practical outcome. The time had come, he maintained, for another effort to go forward to enhance the usefulness of the *methodus medendi* we had adopted, and to commend it to the profession and the public.

Since then, those of us who are members of the Society have been enabled to read Dr. Burford's paper at their leisure, and to consider his counsels and exhortations. It becomes his colleagues to express their sympathy with his views and to give their judgment on his recommendations. I believe that the present number of the *Review* will show that this duty has been largely performed in *vivâ voce* manner. Perhaps a few words in print also from one and another of us may not be without use.[1]

[1] This is the first of a set of signed papers relating to the 20th Century Fund in its various aspects, to appear consecutively.—Eds. *M.H.R.*

Digitized by Google

The two questions raised by Dr. Burford's address are: (1,) Is the present a time for a step forward in our propaganda? (2,) Are the modes of action proposed by him the best that can be chosen?

1.—The first I answer unreservedly in the affirmative. One ground on which I do so is that we are now a united body. It has not been so until lately; at least it was not so in the early years of my acquaintance with British homœopathists. When I joined their ranks forty years ago, they had only partially recovered from a schism, which for some years had organized them in London into two societies with two hospitals. The would-be rival institutions had been short-lived, but their *personnel* kept mainly apart. We could only agree by remaining very quiet; and all forward action was during the sixties and early seventies deprecated by our then leaders. When, about 1875, Dr. Bayes began to urge it and to commence the movement which culminated in the establishment of the London School of Homœopathy, dissensions arose which fettered and finally wrecked it. We could not agree as to the name and status of the School, or as to its connection with the London Hospital; while an attempt on its part to give a Licentiateship roused yet more strife. The time had not come then, but it is otherwise now The British Homœopathic Society, which in 1883 numbered only about 120 members, has since come to include in its fellowship nearly all the avowed homœopathists of our islands; and, whatever differences of opinion on minor points we may entertain, ever acts as one for the good of the cause. Our revived Congresses have done much to cement unity and promote good fellowship among our colleagues; and we need not be afraid lest would-be converts should be discouraged by the divisions they would find among ourselves.

But I think that Dr. Burford has done well to base his argument for advance mainly on the strength of our position in England at this day, as shown by our hospitals. In 1861 I found the London Hospital with but fifty beds, and unable for lack of funds to keep these all occupied. It did no operative surgery, and had no special departments. The report of the Board of Management for the year specified showed the total number of cases treated to have been 3,328, of which 288 were in- and 3,040 out-patients. The history of the institution since then

Digitized by Google

is too well-known to need recounting. After a time of inertia it began a course of almost uninterrupted progress. The year 1900 found us in a new building, holding 100 beds, and caring for 1,128 in- and 21,014 out-patients during the year; holding its own as regards surgery with any hospital of its size, and having special officers and clinics for diseases of women and of children, of the eye, the throat, nose and ear, of the skin and of the nervous system. It had in 1861 only two associates; now it has nine, one of which—that of Liverpool—rivals itself in number of beds available and of patients received. Nothing was more pertinent and impressive in Dr. Burford's address than the exposition it gave of our past progress and present attainments in this respect, and we are bound to draw the moral and enforce it on our old-school colleagues. Our growth and numbers in the matter of hospital service can only be due to one cause—the increasing and now widely-extended appreciation by the poor of such service on our part. We have thus a new argument to bring forward in favour of our method, and should be up and doing in its enforcement. Our comparative statistics of mortality have been discounted; our reasonings in favour of homœopathic theory have failed to impress: but what can the thriving of our hospitals mean? The explanation from novelty has ceased, now that sixty years have passed since the new system was introduced into Great Britain, to have any plausibility. If the working-classes seek to our medication in numbers already large and ever increasing, must it not be because they get better under it more frequently, more quickly, and more thoroughly, and so are able to get into their life-time more of the work on which they and theirs depend for livelihood? No controversy with our principles, no demonstration of the necessary futility of infinitesimals, will avail as against such facts. The poor have been attracted around us, not because convinced by arguments, but from experience of the benefits we can render. As Dr. Garth Wilkinson once put it—they may know nothing about the best method of cobbling, but they do know when their shoes fit and they can walk in them with comfort.

We should move forward because of our united forces and our hospital evidence; but also because of our now adequate Materia Medica. Hitherto we have had to

Digitized by Google

apologise for what we could present in this way; now that time is passed. I remember, when I was in America in 1884, showing to one of our leading colleagues there the article on aconitine as it was intended to present it in the newly-proposed Cyclopædia; and he said at once, "If you can give the whole Materia Medica in this form, recognition on the part of the old school is very close at hand." I hardly think that we realise, either here or across the Atlantic (though better here), what a change has been wrought in our position by our possession for the first time of a genuine and intelligible drug pathogenesy. A record of what is known in this sphere is obviously indispensable for working the method of Hahnemann; and we have never had it till now in such a form as we can display without a blush. Much is needed to make it perfect; and such work, by way of fresh drug-proving, is among the steps in advance Dr. Burford calls upon us to take. But the record of fresh experiment and observation can only be presented on the same lines as those which the united wisdom of the American Institute of Homœopathy and the British Homœopathic Society has traced; it can only be a supplement, homogeneous in all features, to the Cyclopædia already issued by these sister-associations.

2.—I must speak in less detail of the specific measures Dr. Burford would have us to take. The endowment of lectureships, the financing of drug-provings, the travelling scholarships, the subsidies for original research, and the encouragement of cottage hospitals,—all commend themselves to me as fitting objects to which we might apply the funds we shall endeavour to raise. The fresh places and personalities proposed for the Materia Medica lectureship is an ingenious idea, and should promote the success of the chair. It will do ourselves good, if nothing more, to be called upon to provide occupants for it. The one thing I miss in the programme is an opportunity each year of surveying the progress of our method, estimating its gains or losses during the twelvemonth, and replying to any criticism that may have been made upon it. I would give this opportunity by reviving the Hahnemannian Lecture. In 1879 I urged that the time had come for the British Homœopathic Society to carry into effect a suggestion of the late Dr. Hayle's, and to institute an annual oration which should do for Hahnemann what the

Digitized by Google

Harveian and the Hunterian accomplish for the worthies from whom they take their name. The Society could not see its way to undertaking the task; and the honour of fulfilling it fell from its hands to those of the School, under whose auspices such a lecture was delivered each year from 1880 till (I think) 1886, when it unhappily fell into desuetude. I would urge, I say, its revival. We have many fresh minds to conceive it, fresh pens to write and tongues to utter it. Let us give it all reasonable publicity, that so Hahnemann's memory may be kept green and his claims to honour vindicated; while note may be taken, expository or defensive, of the progress of the curative method he spent so many laborious years in forming and applying to practice.

RICHARD HUGHES.

ALBURY, GUILDFORD.

CANCER AND MALARIA.

BY P. PROCTOR, L.R.C.P.

UNDER the above heading the following appears in the *British Medical Journal* for November 2nd, and deserves careful attention :—

"The idea of the incompatibility of certain diseases is one that has been held from the earliest periods of medical science. Hippocrates, for instance, taught that persons who suffered from quartan fevers were not liable to be attacked by epilepsy, and it has long been supposed that carcinoma and tuberculosis were to some extent mutually antagonistic. In the course of an investigation into the history of malaria, Professor Loeffler has come upon a remarkable statement in a work on intermittent fevers by Trnka de Krzowitz published in 1775. The author, who was Professor of Anatomy at the University of Tyrnava in Hungary, states that a woman underwent amputation of the left breast for a scirrhous cancer which subsequently affected the right breast, and was treated with mercury externally as well as internally. The treatment proved useless, but the tumour disappeared when the patient contracted a double tertian fever. Professor Loeffler sees no reason to doubt the accuracy of Trnka's observation, and is of opinion that the experiment of inoculating someone who is suffering from carcinoma with a mild

Digitized by Google

form of malaria is well worth trying. He points out that inoculation through the agency of mosquitoes is easy, and that the subsequent cure of the fever is also simple. He is supported in the idea that there may be some antagonism between the diseases by the experience of Dr. Pagel, who resided for nearly ten years in North Borneo, and who does not remember to have seen a single case of carcinoma there. The whole matter requires investigation, and Professor Loeffler appeals to medical men in the tropics to record their experiences as to the spread of carcinoma in malarious districts in order that as much light as possible may be thrown on an interesting question."

Whatever theory may be held in explanation of the homœopathic cure of disease, and however doubtfully the facts may be regarded by the general profession, there is no question about the supplanting of one disease by another. Cases are on record of advanced phthisis being permanently cured by an attack of small-pox, one such case being mentioned to me by our colleague Dr. Hayward, and I am informed of another in which inveterate gout had been absolutely got rid of by the same means. Some years ago Dr. Parkin, in his work on Climate and Phthisis, adduced evidence to show that ague was antagonistic to both phthisis and typhoid in the sense that the latter appeared in districts where they had been previously unknown after the localities had been drained and ague abolished. He was led to think that the cause of the three diseases was essentially the same, malaria, modified by circumstances, but requiring practically the same treatment. He held that in the organism also ague and phthisis excluded each other and appealed to experience for proof. Whether that is so as a matter of fact I am unable to say, and am not aware of any research on this line, but it is in a direction that deals with facts and not with speculation and might well repay enquiry. Whether this relationship of exclusion holds between cancer and ague remains to be seen, but if it be possible to induce ague in a cancer case some beneficial results might reasonably be expected to follow. We are already using toxins and antitoxins, and it is but a step further to employ the living germs. Coley's fluid is already employed in malignant disease, and that, I believe, contains the whole of the culture, toxins and germs together of the two kinds of bacteria employed.

Digitized by Google

Whether the law of similars will hold here as well as in the sphere of ordinary medicines remains to be seen. The whole field of enquiry lies open for investigation, and with the urgent necessity of doing all in our power for the relief of an intractable disease like cancer, no clue to a possible remedy should be lost sight of. The malarious mosquito has been brought to London for experimental purposes, and is available, and there is a special honour awaiting the man who will demonstrate the curative efficacy of a three or six months' treatment by this method. It cannot be said here that the remedy is worse than the disease, for nothing can compare with the ravages of cancer in this country, and the course of ague, thanks to modern methods, is well under control and can be stopped at any time. Any method that promises a cure for malignant disease is worth notice, and the present one is supported by such analogy and runs on such acknowledged curative lines that one feels called upon to direct special attention to it. It was by attending to such hints and traditions that led to the discovery of vaccination, which, with all its imperfections, constitutes as yet the only defence we know of against small-pox.

NOTES OF A CASE OF TUBERCULAR PERITONITIS TREATED BY LAPAROTOMY.

By Edith Neild, M.B. (Lond.),

Honorary Physician to the Tunbridge Wells Homœopathic Hospital.

Mrs. H., aged 26, was the mother of two children, the youngest of whom was nine months old. When the baby was a month old she had pleuro-pneumonia, but she continued to nurse the child, and was still doing so when first seen. The family history was doubtful; a brother and a sister were said to have had phthisis and recovered. Mrs. H. had lived in India several years, but had had no Indian diseases.

She came to my father for advice on April 3rd, 1901. Her chief complaint was of feeling tired. She also said that she was getting stout (though more careful enquiries showed that she was really losing flesh), and that she perspired heavily at night. Her temperature was found to be 101°.6

Digitized by Google

Her abdomen measured twenty-nine inches round the umbilicus. There was a considerable quantity of free fluid in the abdominal cavity, but no masses were to be felt. There was slight tenderness in one or two places. Nothing abnormal was made out per vaginam.

On examination of the *chest,* fluid was found to be present in the right pleura, and fine râles were heard above this on deep inspiration. No involvement of the apices of the lungs was made out then or later.

The temperature was found to swing from about 100° in the morning to from 103° to 104° in the evening. The bowels became relaxed and were moved two or three times a day. She had a good deal of nausea and distaste for food, and was much troubled by excessive salivation. She slept very badly. The cough was sometimes troublesome, and fluid soon appeared in the other pleural cavity.

The fluid in the abdomen gradually increased, though she was kept in bed on a suitable diet. The measurement round the umbilicus was thirty-one inches on April 21st.

The urine contained a trace of albumin, and only amounted to about ℥xvj or less daily. There was no swelling of the feet or other sign of heart weakness. The pulse was usually good and rather slow in proportion to the temperature.

Mrs. H. went into hospital on April 19th, and almost immediately had an attack of pleurisy on the right side. She was steadily losing ground.

On April 24th she was seen by Mr. Knox Shaw, who decided to open the abdomen at once. The peritoneum, which was much thickened and vascularized, was found to be studded all over with tubercle, and three or four pints of clear, yellowish fluid were withdrawn. Deposits of tubercle were also seen on the intestines.

The improvement was immediate and marked. For the first day or two the temperature did not rise above normal. The cough stopped at once, appetite came back, diarrhœa ceased, and the quantity of urine increased. But the temperature gradually went back to its old swing, the range being a little lower, from 99° in the morning to 102° at night.

In spite of this the patient steadily gained ground. She went home on May 11th, with the temperature still as above, but in other respects greatly improved. There was never any return of fluid in the abdomen, and that

Digitized by Google

in the pleural cavities steadily decreased. She used to lie by a widely-opened window all the morning, returning to bed at the time when her temperature usually rose. By the first week in June the evening temperature had come down to 101°, and the morning temperature began to touch normal. She then spent her mornings on a couch in the garden, and was carried back to bed in the afternoon.

By the middle of July the evening temperature had come down to 99°.6, and all this time she was growing stronger and gaining flesh. Towards the end of July she went into the country for a fortnight, and while there the temperature rarely rose to 99°. She ate and slept well, and could walk a mile or two without fatigue. The only drawback was that the wound, which healed slowly at first, soon broke down again and obstinately refused to heal. At this time, beyond slight dulness and deficiency of breath sounds at the bases, very little amiss could be made out in the lungs.

Mrs. H. and her family left Tunbridge Wells in August for Wiltshire, and about a month ago I heard from her. She had, in September, a sharp attack of pleurisy, and was ill three weeks. Since then she has again been much better, and the wound is now quite healed. She feels well and has no discomforts of any kind. The temperature does not rise above normal.

The drugs used were: *Before* the operation, ars. iod., 3x, and calc. carb., 6; *after*, strych. nit. for about three weeks, and ars. iod. for three or four months.

The case is of special interest as showing that even the undoubted presence of lung and pleural infection, if not advanced, is no bar to the operation for tubercular peritonitis. The progress in this case was *very* slow, but was steadily forward the whole time.

Remarks by Mr. Knox Shaw.—This case is one of peculiar interest from the operative point of view. First, its rather acute nature made one hesitate to advise a laparotomy—a procedure known to be very satisfactory in the more chronic form with a moderate amount of ascites. Secondly, the presence of a tuberculous pleurisy made the prognosis most grave. Still the combination of fluid in the pleural and peritoneal cavities produced so much distress that it was imperative to do something to relieve the patient. With Dr. Neild anæsthetizing and Dr.

Digitized by Google

Edith Neild assisting, a three-inch median incision was made. Simple tapping or aspiration does not seem to produce the same effect as an ordinary laparotomy incision. Free drainage only was used, no flushing of the peritoneal cavity with any antiseptic or sterilized fluid being attempted. The wound was closed with catgut sutures..

COMBINED FŒTAL AND MATERNAL DROPSY.

By H. Valdemar Munster, M.D. (Edin.).

An example of the above rare condition having occurred in my private practice, I have thought the case deserving of a place in medical records.

Mrs. G., æt. 31, was due to be confined on the 26th November of this year. I was called to her on the 8th October on account of her size being remarkable and her feet very swollen. I found enormous anasarca of lower limbs and abdomen, and my first thought was that the case was one of hydramnios with secondary pressure symptoms, for the abdomen was really enormous (measurement was 40 inches in circumference); so much so that patient had great difficulty in getting about at all, although a strong woman otherwise. Questioned, she said that she had not observed fœtal movements for some time. The urine was very scanty, loaded with urates, and contained a quantity of albumin. I advised rest in bed.

On the 9th October I examined patient more carefully, and found both lumbar regions resonant. The fœtal heart sounds were audible in the usual area and numbered about 132 per minute. Diarrhœa had occurred several times in the night.

My partner, Dr. Purdom, saw the patient with me on the 10th inst., and agreed with me in treatment, namely, in advising to await developments. He also thought the case one of hydramnios.

I was sent for at 5.30 a.m. on the 12th October, labour having set in. I found the os dilated, so burst the membranes at 6.30, when to my surprise only about half a pint of liquor amnii was discharged. I was still more puzzled to feel high up a boggy mass presenting, giving exactly the sensation of pressing an œdematous area. The bowels had moved at 2 a.m., and urine subsequently.

Digitized by Google

At 9.15 a.m. I put on forceps, and after great difficulty delivered the head of the child, which at first sight looked like an anencephalic fœtus without any bridge to its nose. Subsequent examination, however, proved that the altered shape was entirely due to anasarca. Soon after this the uterine contractions came on with redoubled vigour, but no further progress towards delivery was made, although I applied vigorous traction. At 10.30 I concluded there was some enormous abdominal tumour in the fœtus rendering delivery by natural efforts impossible. I therefore sent an urgent message to Dr. Purdom, fearing that even abdominal section might be needed to save the life of the mother.

Dr. Purdom arrived almost immediately, and we at once proceeded to put the patient deeply under chloroform. When patient was fully under, Dr. Purdom introduced his hand into the uterus and made vigorous traction, the internal hand being hooked between the child's legs and the external hand applied to the child's head and arms, the child being by this time dead. After about forty minutes' hard work, during which I aided Dr. Purdom by grasping the uterus externally, he succeeded in extracting the body of an enormously dropsical fœtus.

The uterus was still quite as big as an ordinary full-term uterus, and the reason of this was found to be that the placenta was œdematous and about as large as four or five ordinary placentæ put together. There was free, but not excessive, bleeding during the third stage, and the liquor amnii was quite of an ordinary quantity.

At 4 p.m. I returned to see how patient was, and found her doing well. I then proceeded to examine the body of the fœtus. An incision into the boggy tissues of the scalp showed that the skull was intact, but that the scalp was very œdematous over it. Indeed, the whole skin surface of the child's body was distended to the utmost with anasarca, and the face quite distorted. On opening the abdomen, which measured 15 inches in circumference, a large quantity of ascitic fluid burst out, and the thorax was also full of dropsical fluid. I removed one kidney and found it lobulated, but on section it did not show any morbid appearance.

The mother made an uneventful recovery, the dropsy passing off in a few days and albumin disappearing from

Digitized by Google

her urine. This was the sixth pregnancy, and patient had given birth to several healthy children, though the fourth and fifth pregnancies had been abnormal.

The case is instructive in showing what great difficulties may be overcome by persistent traction and counter-pressure over the uterus. A real advantage might be gained in such cases by carefully introducing an instrument with the object of puncturing the child's abdomen, when it was discovered to be enlarged by the operator's internal hand; but this would be a delicate and not very easy procedure. It would almost require a special trochar and canula for the purpose. In cases of fœtal dropsy the child invariably dies soon after, if not before, delivery, so that saving the infant's life is not a question to be much thought of.

I regard the case as one of primary dropsy of the ovum and secondary of the mother, caused in her case by pressure of the enlarged uterus upon her kidneys and abdominal blood-vessels. I am quite at a loss to account for the fœtal condition, and as the literature of the subject appears to be very scanty, I should be glad to have a little light from someone of wider experience and knowledge on the etiology of such cases.

REVIEWS.

The Physician's Diary and Case-Book for 1902. London: Keene & Ashwell, Ltd.

We have received a copy of the above, and advise all our colleagues to possess themselves of one. It is admirably arranged as a diary and for short notes of cases, and will be found of service to all doctors. When fuller notes are taken, ample space is given in the latter half of the diary in the shape of nearly 200 blank quarto pages with lettered index.

The Origin and Nature of Matter and Force, and Life and Mind. A paper read by John W. Hayward, M.D., before the Birkenhead Literary and Scientific Society, Nov. 24th, 1901. Birkenhead: Willmer & Co., Ltd., 1901.

We have a great regard for Dr. Hayward and his talents, and we always look for his writings with anticipations of pleasure

Digitized by Google

and profit. But in this pamphlet we have an exception, as we cannot see our way to agree with many of his premisses, and consequently with his conclusions. In studying "Matter and force, life and mind," Dr. Hayward takes the extreme materialistic view of life and mind, a view with which we cannot agree, and which leads inevitably to degrading views of the Divine Being, and of life and mind. We may say at once that those who adopt Dr. Hayward's materialistic views will be delighted with his pamphlet, but we can only regret to find that he does hold such ideas, and that he tries to propagate them by reading a paper of this type at a scientific society, and publishing it. His description of protoplasm is very good and correct, but when he comes to the origin of protoplasm, he advocates the extreme Darwinian theory of evolution. He thus says, "As already stated, most biologists maintain that protoplasm can be made only by living animals and plants. There are, however, many distinguished scientists who hold that it can be produced independently; and that it was so produced originally; that is, it was produced by means of successive combinations and recombinations of not-living matter, by the ordinary evolutionary processes of nature. I, myself, believe this really was the way in which protoplasm was at first made." And again, "In their production of the organic ferments, chemists have got very near to protoplasm; and it would therefore be unwise to assert that they will never be able to go a little further and even produce protoplasm." Dr. Hayward, as far as we can understand him, ignores the existence of the "vital principle" or of life existing as a separate element in the material body, further than a special arrangement of atoms, and dependent on the "innate motion" of these atoms. This innate motion of the atoms he believes "betoken the potency, incipiency and province of life and mind." In other words, most men believe that in protoplasm we have got to the ultimate point to which life can be exhibited, but that we can go no further, and are still as much in the dark as ever as to what constitutes life; but Dr. Hayward believes that the innate motion of the atoms and molecules is life. This materialistic view we cannot take in. We believe that there is a vital principle, or called by some other name, which is altogether separate from matter, and which is the wonderful means by which matter shows a living state, and we doubt whether we shall ever get beyond this point in our finite knowledge. The following passage we quote to give Dr. Hayward's views in his own words.

"Now, if the foregoing is anything like what really did occur during the long series of Nature's evolutionary operations in the vast ages through which the earth has passed, it does seem

Digitized by Google

quite probable that protoplasm was truly one of the products of Evolution: that it was *evolved* like all the other parts of the world out of the primitive matter of the universe, in the ordinary way of evolution, and was *not created specially*, as so many biologists maintain; that there was here no break in Nature's chain; not a break-down and start afresh in the scheme of evolving the earth and its inhabitants out of chaos; but that protoplasm first appeared on the earth when some of the matter of the earth had been made sufficiently complex for the purpose. Indeed, this is what was to be expected, what ought always to have been expected: to expect anything less; *to suppose that protoplasm had to be specially created, would be to accuse Nature of bungling.* Nature makes no such mistakes, her chain extends without a break from eternity to everlasting, by continuous infinitesimal links up through the whole of the universe; through non-living matter, living matter, life, mind and spirit inwards, perhaps as an inconceivable circle, without either beginning or end.

"Nor is there any sharp and distinct line marking off living from not-living matter, as is still the orthodox belief of biologists, any more than there is marking off animal from vegetable matter, or vertebrate from invertebrate animals; or there is between the infant, the boy and the man, or between the sexually immature and mature; all are (indistinct) grades in development or evolution.

"Man finds himself a being marvellously constructed of matter, in a material universe apparently evolved from atoms possessed of an innate motion that forced them to construct the universe. As a reasoning creature he is driven to be not satisfied with the knowledge that the atoms have innate motion, but must inquire after the origin of this mysterious power in the atoms. In this enquiry he meets with evidences, everywhere present, of an Eternal, Omniscient, Omnipotent source, and is compelled to believe that in the beginning—if there ever was a beginning—this Eternal One, the 'Unknowable' of Herbert Spencer, the 'God' of theology, gave the command: 'Let there be matter;' or said to Himself, or to the universal Spirit, or the all-pervading Ether: 'Let there be atoms, and let the atoms have the property that will make them attract and repel each other, different atoms having different attractions, so that by their different attachments they may produce an infinity of varied motions, and an infinity of varied bodies and varied qualities of bodies, so that matter may gradually evolve by slow and imperceptible steps up from simple to complex, and from complex to living; through plants to animals, up to man.'

"And man nowhere sees evidence that any of the stages

Digitized by Google

in the evolution of the universe were separate creations, abrupt changes, or sudden developments, as some scientists have supposed.

"As already stated, protoplasm is the most complex substance known, and it is necessary that it should be so, for it has to serve the most complex of purposes, *viz.*, the purposes of life, of all kinds of life from the lowest plant to the highest animal life. On its first coming into existence it probably differed but little from the highest of the not-living organic bodies, the ferments, because it had to exhibit only the very lowest kind, the first dawnings of life. Perhaps it was by one of the molecules of one of these ferments attracting one or two molecules of some other highly complex body; or by favourable circumstances causing a slight re-arrangement in the constituent elements, that the first molecule of protoplasm was made. It is, indeed, very probable that something like this really did occur.

"Besides, inasmuch as protoplasm has to serve the purposes of all grades of life, from the lowest to the highest, it must of course vary in its powers, and therefore in its composition and quality: it must vary with the life phenomena it has to exhibit. The quality of the protoplasm of animals must differ from that of plants, must be of a higher type, because it has to exhibit higher life phenomena. The protoplasm of the nerves of animals must be of a higher type than that of the muscles, because it has to serve the higher function of sensation; that of the organs of the senses must be of a higher type than that of the nerves, because it has to serve the higher functions of smell, hearing, sight, etc.; and that of the organ of the mind—the grey matter of the cerebral hemispheres—must be of a still higher, indeed of the highest, type, because it has to serve the very highest of life phenomena, *viz.*, those of conscious mind. These differences depend, in all probability, on differences in the number or arrangement of the component molecules; they are, however, much too subtle for our detection. Nature works here with such infinitesimal quantities and inconceivable arrangements that we cannot even imagine them."

Again, as to the origin of life, let us hear Dr. Hayward once more:—

"From what has been advanced on the functions of protoplasm, you will, I think, be prepared to learn that I agree with those biologists who view 'life' as the phenomena resulting from bio-chemical changes going on in protoplasm; as the phenomena evidencing that these changes are going on. Let me repeat: 'Life is the sum of the phenomena resulting from bio-chemical changes going on in the protoplasm of the body.' Life is not a force or energy; all the natural so-called forces

Digitized by Google

are convertible into one another, and are re-convertible: life cannot be converted into any force; it can only continue or cease: it ceases as the light of a match ceases when the substance of the match is burned away. Nor is life a mode of motion: it is not motion at all; it is only *one of the results of the motion that is going on amongst the ultimate molecules of protoplasm,* just as fire and warmth are results of the chemical changes going on in coal that is burning, and light is a result of the chemical changes going on in a lighted match or candle. Nor is it a separate entity, any more than is the light of the candle or the warmth of the fire: it begins with the beginning of the specific bio-chemical changes, and ceases with their ceasing. Animal life, as it now exists on the earth, is started in the individual by the union of the molecules and motions in the ovum of the female with those in the sperm cell of the male; and in the higher animals in no other way. It is maintained by the appropriation of pabulum, in response to the calls and needs of the organism in which it exists, which calls and needs result from wear and tear by the activity or work performed by the organism. The strength and vigour of the individual life depend partly upon the vigour originally imparted by the parents; partly on the activity and vigour of the bio-chemical changes going on in the protoplasm of the body and the appropriated pabulum; and partly on the general care and management bestowed during the life. Life may well be likened to the spin of a top, in which the spin is started by the spinner; its vigour being imparted by the force given to the spin, and the continuance of the spinning by the care and assiduity of the whipping: its ceasing to spin is analogous to death.

"As to difference between the life of plants and animals: life being the product of protoplasm, and protoplasm being present alike in plants and animals, both have life; and the only difference *there can be between plant and animal life is that of degree or quality;* and for the same reason there can be no other difference between animal and human life than that of degree and quality. The greater the quantity or proportion of protoplasm, the more of life; and the higher the quality the greater the vigour of life.

"Death is the result of the ceasing of the bio-chemical changes that go on in the protoplasm of the body; whatever puts a stop to these changes causes death. And once stopped these changes can never be re-started; protoplasm once dead is dead for ever.

"When life on the earth first began no one can tell. Nor does anyone know for certain how it began: whether it was one of the results of the pre-ordained or pre-determined evolutions of the universe, when evolution had produced the highest

Digitized by Google

albumenoid, proteid or ferment, *and progressed one step further*, as some scientists think; or whether it was the result of a special creative act on the part of the eternal all-pervading Spirit, when the fulness of time had arrived for life to appear on the earth, as many scientists, most philosophers, and nearly all theologians maintain, we will not attempt to decide. These are questions that will best be left for each one to settle for himself.

"So much as to the origin and nature of life."

His remarks on the origin of mind are on the same lines. Thus :—

"The logical conclusion to be drawn from these facts is that the protoplasm of the grey matter of the nervous system, especially that of the brain, is the source of the phenomena of mind, just as the protoplasm of the general system is the source of the phenomena of life. As life is the phenomena resulting from the bio-chemical changes that go on in the protoplasm of the body generally, and ceases with the ceasing of these changes, so mind is the phenomena that result from the vital changes that go on in the protoplasm of the grey matter of the nervous system, especially of the brain, and it ceases with the ceasing of these changes—goes out as the light of a lamp does.

"Mind, then, is *not a separate* intelligent or spiritual entity that uses the brain as the medium through which to work and display its powers. Nor is it a universally existing something, an emanation from the Deity, that is apportioned off in separate quantities to individual human and other beings. *There is no separate Ego or I.* 'I am,' is only a result of consciousness; and consciousness is only one of the operations of the mind. Nor is mind the immortal soul; it is the sum of the phenomena resulting from the activity of the grey matter of the nervous system."

Finally, Dr. Hayward says of Spirit, "The spirit is understood to be an entity separable from the body, being simply a dweller in the body during the body's life; and at death takes its flight *to some unknown region*" (the italics are ours).

We have given full extracts from Dr. Hayward's pamphlet, that it might not be said that we had misread his views, and garbled what he did say. We think our readers will feel that while a review is not the suitable place for a discussion, our first remarks are fully justified, and that Dr. Hayward's religious views—of God and of creation and life—are not such as will be approved by the majority of our readers, or that we can adopt.

Digitized by Google

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the Session 1901-1902 was held at the London Homœopathic Hospital on Thursday, December 5th, 1901, at 8 o'clock. Dr. Burford, of London, president, in the chair.

NEW MEMBERS.

Mr. Stephen Francis Smith, M.R.C.S., of Romford Road, Essex, and Mr. Adam Crawford White, M.B., C.M., of Oldham, were elected members of the society.

A REWARD FOR PUBLIC SERVICE.

Dr. Byres Moir drew attention to an announcement in the *London Gazette* of Nov. 9th, 1901, that the Kaiser-I-Hind medal for public service in India had been awarded to Major Herbert Edward Deane, R.A.M.C. Major Deane's service has been rendered mainly in connection with the prevention and cure of plague, and are to some extent known to the readers of the *Review*.

SPECIMENS EXHIBITED.

The following specimens were exhibited: (1,) A heart from a case of Bright's disease, showing recent endocarditis (Dr. Byres Moir); (2,) A uterus with mass of sub-mucous fibroids, removed from patient with cardiac disease; convalescence; (3,) Multiple fibroids of uterus removed from patient after many years of invalidism; recovery; (4,) Double tubal disease (hæmatosalpinx), operation; convalescence (the President); (5,) Sarcoma of the femur successfully removed by amputation at the hip-joint; and (6,) Vesical calculus submitted three times to lithotrity, and finally removed by suprapubic lithotomy (Mr. Knox Shaw).

SECTION OF SURGERY AND GYNÆCOLOGY.

In furtherance of the scheme for the establishment of a Twentieth Century Fund for the development of the Homœopathic method, papers were read at this meeting on the establishment of hospitals. Dr. Madden gave an account of the history and growth of the Phillips Memorial Hospital at Bromley, and showed distinctly what devotion and enthusiasm and insight into practical needs can do in the establishment of a hospital.

Dr. Wynne Thomas followed Dr. Madden with a description of the Bromley Hospital, as illustrated by reproductions from photographs thrown on the lantern screen.

Mr. Knox Shaw then read a paper entitled "The Founding

Digitized by Google

of a Cottage Hospital," having special reference to the Buchanan Hospital, St. Leonards, also illustrated by lantern slides. The following quotation from Mr. Shaw's paper admirably sums up the various points in connection with the Hospital movement: "The initiative of founding a cottage hospital will in most instances come from the medical men. Once let those in a town agree upon the necessity, and a long step has been taken towards its foundation. If the matter is first privately discussed and promises of help are forthcoming, a meeting of all likely to be interested should be called in the drawing-room of the most influential person obtainable. . . . All details should as far as possible be prepared beforehand, nothing left to the happy inspiration of the moment. At the meeting, promises of help should be sought, and a committee formed. A great deal depends on the selection of the secretary. . . . Very careful consideration should be given to framing the rules, the choice of a matron, etc., etc."

Sir Henry Burdett's book on Cottage Hospitals was recommended as a valuable help in the movement.

An interesting discussion warmly commending the movement followed the reading of the papers, in which the president, Drs. Burford, Nicholson (Bristol), Neatby, Mason (Leicester), Searson (Brighton), Roberson Day, Wills (Bath), Byres Moir, Bodman (Bristol), and Goldsbrough took part. Replies by Dr. Madden and Messrs. Wynne Thomas and Knox Shaw brought the meeting to a close.

BRITISH HOMŒOPATHIC CONGRESS.

A MEETING of the joint Councils of the British Homœopathic Congress and of the British Homœopathic Society was held on Monday, the 23rd of December, to decide on the most suitable days on which to synchronize the meeting of Congress and the annual meeting of the Society, so that members might have the opportunity of attending both at the same visit to London, where the Congress is to be held this year. It was resolved that the 9th, 10th, and 11th of July were the best days. The Society will hold its first meeting on the evening of the 9th, and its second on the afternoon of the 10th, while the whole of the 11th (Friday) will be devoted to the Congress.

There are to be several social functions in connection with these meetings. We understand that the President of the British Homœopathic Society (Dr. Burford), and the President of the Congress (Mr. Knox Shaw), propose to give receptions, and that one of the members of the Board of Management of the Hospital contemplates giving a garden party. The usual Congress dinner will take place in the evening of Friday, the

Digitized by Google

11th, at which members will dine together, and any gentlemen visitors who may be invited.

Full details will be given in due course.

OUR EDITORIAL STAFF.

We regret to announce that Mr. C. J. Wilkinson, of Windsor, has resigned his connection with the Editorial Staff of the *Review*.

NOTABILIA.

SECTARIANISM.

The more we study the subject of evolution and development the clearer becomes the universal law according to which it takes place, manifesting itself throughout the universe in every sphere of activity, be it physical, mental, or moral. It is the general law of progression from the whole to its parts, from generals to particulars. It determines essentially an analysis, by which each part is made for a time successively the starting-point of a new analysis, whereby, finally—if the process is capable of being finished—the content of the original whole is completely represented by all its fully-developed parts, These parts originally represent only potential capabilities. which, however, by this process of unfolding become actualities distinct from, yet genetically connected with, their origin.

The operations of this law can be studied in the evolution of the solar system, of mineral, plant and animal life as a whole, of the species, and finally of the individual. What more beautiful and striking illustrations can be found than those furnished us in biology in the gradual differentiation of functions and organs traceable throughout all forms of life, and so wonderfully exemplified in the growth of the human embryo?

It may seem ridiculous, or at least very far-fetched, to introduce a few considerations on the subject of sectarianism by reference to a law of evolution, and yet we think that only thus can a standpoint be gained from which the subject may be viewed impartially.

The words sect, sectarian and sectarianism have usually a discreditable meaning attached to them, and our enemies can find no more weighty weapons to hurl at us in private and public than these very terms. Homœopathy forms a sect; homœopaths are sectarians; if they would only drop their sectarian title, etc. Many among our own number seem to regard the terms with the same disfavour, and imagine that by dropping them they are advancing the cause of medicine

Digitized by Google

and testifying to their own liberal scientific attitude. From the point of view above laid down we can see at once that this is not the case, but rather that it is a step backwards, because it is not in line with the universal law of progress; that it is a premature attempt to re-unite parts which in themselves have not been sufficiently developed to form a complete whole. The parts being incomplete, their union would not represent the content of the whole from which they were originally derived, and to which they are still genetically connected.

Sectarianism is not only useful, but it is necessary. Far from being ashamed of sectarianism, homœopaths, as well as all other sectarians, in whatever field they may be found, should glory in the fact that they have been called upon to perform some special work, to search after some special form of the truth, to fill some special niche in the temple of knowledge. Sectarianism is nothing but specialism viewed from a somewhat different standpoint. We do not mean an intolerant, bigoted sectarianism, such as is usually implied when the term is employed as one of reproach; for, although the determination and willingness to pursue a road different from that travelled by others implies somewhat of these characteristics, these latter do not form essential or necessary features of sectarianism. In what does it differ from specialism? Only in this, that in it there is a more formal and distinct cutting loose from partially parallel lines of activity, and in so far is apt to assume a somewhat more aggressive attitude than does specialism. The specialist is father of the sectarian. So long as the specialist finds nothing in his chosen line of thought and work too much at variance with the views of his colleagues he is content to remain a specialist; but when the differences become too great or too numerous, he is obliged to cut himself loose, either formally or by implication, from his fellows, even if they still have many points in common.

In medicine, in spite of the extreme limit to which specialism has been carried, its necessity has come to be recognized, and theoretically it cannot be carried too far. For the development of the science of medicine in its multiform ramifications there can hardly be set limits to profitable and fruitful specialism, but in its practical application to the art or practice of medicine these limits are sooner reached. If the relation between specialism and sectarianism be such as we have indicated, it follows that in the realm of pure scientific medicine great differences of opinions and theories may exist without calling for or justifying the striking out of a new way or the founding of a sect; but so soon as theories are made the basis of practice, then contrary or divergent fundamental views, leading to conflicting methods, must inevitably lead to sectarianism. We can trace this genesis of the sect in the church as well as

Digitized by Google

in medicine. The various dogmas and tenets of the early centuries of the Christian church co-existed within the same fold until their application led to practices which compelled the separation of some from the main body and the formation of sects. In the medical world it was not the differences in opinions but in practices that led to the cry of sectarianism.

Besides being thus a necessary stage in the development of medicine, in the sense of being an unavoidable accompaniment, it is necessary also as an essential factor in this development. As we have seen, the sect does not arise until its truths and methods have assumed such importance in the eyes of its members as to compel the separation. This introduces an element of enthusiasm, and often, we might say almost always, an intolerance of dissent which is unfortunate but human, and eventually results in the most thorough and exhaustive elaboration of the peculiarities of the sect, ending either in their universal recognition or in their rejection or modification. It is only thus that we can hope for a perfect, thorough development of medicine. So long as Hahnemann propounded theories he was tolerated; when he changed his practices he became a sectarian and was excommunicated. So long as we, his followers, do not regard his views and our own on the fundamental principles of therapeutics as of paramount importance, we are allowed to remain within the fold of the regular school as physicians, to practise as we like; but when we become convinced, or as long as we remain convinced, that our views demand a different practice, and when we urge an investigation into its merits and strive for its recognition, then we become sectarians.

Homœopathy is a specialty. It makes therapeutics the main issue. This is a practical issue, and was so fundamentally at variance with the principles and practice of the old school that the foundation of a sect was imperatively demanded. Homœopathy is a sect in the true sense of the word; homœopaths are sectarians, and their title is also sectarian; and this will continue to be so until, in the process of investigation, such modifications and limitations of the present views shall result that a higher plane will be occupied, on the basis of some newly-discovered phase of truth. Even now we see indications of this, and we have reason to consider homœopathy as containing the nucleus of a new school of medicine, not as this word is generally used, but in the sense to which reference was made a couple of months ago. When this consummation is reached, the name Homœopathy, together with all its sectarian character, will naturally and of itself fall away, for it will no longer express the whole truth. Until then, let us glory in our enlightened sectarianism.—*Hahnemannian Monthly.*

Digitized by Google

CLINICAL NOTES.

By P. C. MAJUMDAR, M.D.

CASE I.—A rich gentleman, æt. about 50, came under my treatment for inveterate colic, from which he had been suffering off and on for a length of time. He was very robust and strong built.

He was addicted to drinking, which habit he retained up to the time he came under my care. All along for this colic he had been under allopathic treatment, which consisted only of morphia and other anodyne and narcotic medicines. He was disgusted with these medicines, which he said made him worse now.

I was called to his place at about 8 p.m. on the 14th May, 1900, and found him in utter distress. Two well-known allopaths were at his bedside at the time and politely told me " there is no help for him in homœopathy." They were ready with their usual prescriptions, but our patient refused to take their medicine.

Pain commenced at the navel region and gradually extended to the whole abdomen. It was so agonizing that he was unable to describe the nature of it. As an over-dose of morphia was taken, I decided to give him nux vom., of which 30th potency was administered every hour.

I visited him again at midnight, and he was so restless I could not leave him for the time being. I gave him a dose of magnesia phos., 30. Pain subsided within half an hour's time, and my patient had a sound sleep. I left the place.

Next morning his carriage was sent to take me. On my arrival there the patient remarked, " Doctor, I have not had such a sleep for the last year; did you give me a sleeping medicine ? "

I gave him no medicine to-day, and told him to take last night's medicine if pain appeared again. There was no pain the whole day and night.

Six days after he had a slight pain again; bowels were constipated. I ordered a few doses of plumbum met., 30, to be taken twice daily.

He had a good stool next morning, and pain entirely disappeared.

I ordered him to leave off the habit of drinking at once and take his meals at regular hours, which he did to my entire satisfaction.

He had no more pains, and I gave him a dose of plumbum 30 now and then, when he complained of constipation. This last symptom, he said, was the precursor of an attack of colic.

Digitized by Google

He was completely cured in about a month's time and he is well up to this date.

CASE II.—Babu —— Roy, æt. 47 years, of a robust frame of body, suffered for a long time from piles with symptoms of dysentery.

He came under my treatment on the 26th December, 1892. I examined him thoroughly and found a bunch of piles at the verge of the anus all around. These were often bleeding very profusely. Some of these seemed shrivelled by the application of some external medicines, others were very prominent and extremely painful to touch.

Sometimes severe burning was experienced, which, however, had been temporarily relieved by the application of cold water.

There were dysenteric symptoms present. Frequent urging to stools with much tenesmus. Mucous and bloody stools were present.

Had distension of abdomen in the evening with copious discharge of fœtid flatus, which, however, produced much relief of the distressing symptoms. Rumbling in abdomen in the evening.

Stools were mostly in the morning and some in the evening, but he was entirely free from stools at night.

Appetite was good and could eat very well, but it was followed by tympanitis of abdomen and increase of alvine evacuations.

When he presented himself at my clinic he looked anæmic and to a certain extent emaciated, though he was robust before.

He despaired of his recovery, and begged me to do something to give him relief if it was possible.

I gave him hope of recovery and told him to attend my office every week.

I gave him aloes 200, one dose in my presence, and sac. lac., six doses, once every morning for six days.

After the expiration of this period patient came to my office with a cheerful look. All his complaints were somewhat mitigated, the wind was much less, and dysenteric stools less in frequency and almost without blood.

Placebo powders were supplied for another week and the improvement continued. Piles were almost shrivelled and there was no pain in them. The stools were more consistent.

He took his food very well and was feeling stronger. No more medicine was given, and he continued to improve steadily till a perfect recovery took place.

A dose of sulphur 30 was given when he complained of constipation at the end of his cure.

CASE III.—Von Benke, an elderly European gentleman of obese and plethoric constitution, came to me on the 9th August, 1895. He had fistula in ano for years, and took all sorts of

Digitized by Google

medicine without any benefit. He had no other symptoms except that very thin and scanty pus came out of the fistula now and then, which was fœtid. On asking him further, he said the fistula became inflamed, swollen and slightly painful during new and full moon.

In every other respect he was in sound health.

A dose of silicea cm. was given in my presence with a few doses of sac. lac. once every morning.

There was no improvement and the patient came to me again on the 4th September.

This time silicea 200 was given with placebo powders as usual.

He was somewhat better, and during the changes of the moon his condition was not so bad.

One dose of silicea 200 once a week. A few days before Christmas the patient came to thank me for his recovery.—*Indian Hom. Review.*

POISONING BY LEAD: MENTAL SYMPTOMS.

The following case is reported by Dr. Stewart Stalker, of the Surrey County Lunatic Asylum, in the *Lancet* for November 30. The occurrence of mental symptoms from lead poisoning is well known. This case illustrates the condition so admirably that it is well worthy of preservation. It is interesting to notice that even the delusion of persecution is already recorded (*Allen's Encyclopædia. Plumbum:* Mind; symptom 23).

"The patient, a plumber, aged 30 years, was admitted into the Surrey County Asylum on August 17th, 1901. For the history of the case previously to admission I am indebted to the patient's wife and I cannot be certain of its complete accuracy, but it is to the effect that on April 12th, 1901, the patient returned from work feeling chilly and having 'pains all over him.' By night time he was delirious, and a medical man was called in on the following day who regarded the case as one of influenza and treated it accordingly. As the patient got worse a few days later another medical opinion was procured, and this led to the disease being certified as typhoid fever and he was removed to an isolation hospital. After three weeks of isolation it was recognized that he was not suffering from typhoid fever and he was sent home, remaining there until his admission to the asylum. From the outset the mental symptoms were marked, and the certificate on which he was admitted to the asylum stated that he suffered from delusions of persecution, with hallucinations of sight and hearing. During all this period he had been wasting in a marked degree, and his

Digitized by Google

condition on admission to the asylum was as follows. He was suffering from acute mania, being restless, noisy, and excited, and utterly incoherent. His mental state, in fact, very much simulated alcoholic mania. He was very emaciated, certain muscles and groups of muscles being picked out. There was marked paralysis of his extensor muscles of the forearms, and wrist-drop was very pronounced. He was unable to stand, and when held in the upright position his legs gave way under him and he tended to drop in a sitting posture. There was very evident tremor, and this was most noticeable when he attempted any movement. There was no very marked increase in the knee-jerks, and ankle clonus was absent. Anæmia was very pronounced and the face was wrinkled. On the gums there was an exceedingly well-defined blue line. The pulse was very slow and the arteries were rigid. No examination of the eyes could be made at this time as the patient was so restless, but later it was ascertained that there was a certain amount of optic atrophy.

"Treatment was at once commenced, large doses of the bromide and iodide of potassium being given. As he refused everything in the way of food and drugs, he had to be fed, and after a certain time there was evidence of gastric irritation, and raw beef-extract in small quantities was given every hour instead of the larger quantity of milk and beef-tea with which he was fed less frequently. The immediate result of the bromide was a slight abatement in the delirium, but the sleeplessness continued and the patient was getting much weaker. On the 23rd—that is, six days after admission—stimulants were resorted to as there were symptoms of collapse, and the bromide was discontinued. On the morning of the 25th the patient was nearly comatose, and I was just on the point of giving him some strychnine hypodermically when, to my surprise, he had a well-marked epileptiform seizure, and throughout the course of the day he had two others. That night he slept and in the morning he was decidedly better. From this time onward improvement was uninterrupted, perhaps the most remarkable feature being the extraordinary rapidity of the improvement in his mental condition. There were no more epileptiform seizures, and I ascertained that there was no previous history of epilepsy. He remained in the asylum until October 11th, on which day he was discharged. His condition then was as follows: He had greatly increased in weight, and the atrophic and paralytic condition in the muscles was fast disappearing and he could write fairly legibly. Mentally he was well, but there was a certain amount of deafness. The vision was somewhat impaired. There was also evident a certain degree of cirrhotic change in the kidney, as there was an excessive amount of pale-coloured urine of a low specific gravity passed daily.

Digitized by Google

"The history derived from the patient himself after his recovery did not add much to that gained from his wife. Colic had never been marked, although at various times previously to the onset of his illness he had had abdominal pains of the nature of cramp. He had been an abstainer and had never had syphilis. His memory was a complete blank from the time that he became ill until the day after he had the epileptic fits.

"That this was a case of lead-poisoning there can be no doubt, and the only deviation from an ordinary case of lead encephalopathy with epilepsy was the suddenness and acute mode of the onset. Had there been any history of alcoholism the symptoms would in all probability have been attributed to that habit and the real cause perhaps overlooked. That the acute onset was the manifestation of another malady, and that during the course of this malady the symptoms of lead-poisoning became apparent are quite possible; but is it not reasonable to think that with such evident symptoms of lead toxæmia in the later stages of the illness the initial symptoms were the result of the lead also?"

THE DISCOVERY OF ANÆSTHESIA.

By the kindness of a friend we have received a copy of a pamphlet, *Boyhood and Manhood Recollections, the Story of a Busy Life*, By G. Q. Colton. Printed by A. G. Sherwood & Co., 47, Lafayette Place, New York. There is no note of price or of the date of publication, but from internal evidence it appears that publication took place later than 1888.

The following extract is of considerable interest as bearing upon the discovery of anæsthesia.

"Towards the close of my medical studies, I gave a series of lectures, or rather experiments, illustrating the subject of chemistry, for a young ladies' seminary in this city. Among other things I made the nitrous oxide, or laughing gas. The young ladies inhaled it, and under its exhilarating influence laughed and danced. My fellow students, on learning that I could make the gas, wished me to make it for them. I did so, and we had lots of fun with it in the anatomical lecture room. One student said to me, 'Why don't you bring out a grand exhibition in the great Broadway Tabernacle, and fill your pockets?' The thing got into my head, and I determined to carry it out. I went to Mr. Hale, proprietor of the *Journal of Commerce*, who owned the Tabernacle, laid the matter before him, but said I had no money. He finally agreed that I might have the Tabernacle one evening for $50, and pay him after

Digitized by Google

the exhibition. I then wanted $75 to get out bills and advertise. My brother would not let me have it, for he felt sure that I would lose money. But another brother, in Philadelphia, loaned me the money. I then worked the thing up for about three weeks. The tickets were put at twenty-five cents each, and I gave away a good many in order to be sure of a respectable show. Well, the affair came off, and my receipts were $535! I cleared over $400 above all my expenses. This was in the spring of 1844. The success of that one exhibition determined me to go on in the business. I gave exhibitions during that summer in all the principal towns and cities of New England. On the 10th of December following, I gave an exhibition in Hartford, Conn., at which Dr. Horace Wells made the discovery of *anæsthesia*—the fact that something could be breathed which would destroy all pain in a surgical operation. Up to this time there was no such thing known as relief from pain in surgery or dental operations. The discovery was made in this way: I gave the gas to a young man by the name of Cooley, and while under its exhilarating influence he began to dance and jump about. He ran against some wooden settees on the stage, and bruised his shins badly. As the effect of the gas passed off, he took his seat next to Dr. Wells, who said to him, 'You must have hurt yourself.' Cooley began to feel some pain then, and was astonished to find his legs all bloody. He said he did not feel a particle of pain till the effects of the gas had passed off. While the audience were going out Dr. Wells said to me, 'Why cannot a man have a tooth pulled while under the gas and not feel it?' I replied that I did not know. Dr. Wells said he believed it could be done, and would try it on himself if I would bring a bag of gas to his office. The next day I went to his office with a bag of gas. Dr. Wells called in Dr. Riggs, a neighbouring dentist, to draw his tooth. I gave the gas, and Dr. Riggs took out the tooth. On recovering, and finding his tooth out, Dr. Wells exclaimed, '*It is the greatest discovery ever made, I didn't feel it so much as the prick of a pin!*' That was the first tooth ever drawn without pain. I instructed Dr. Wells how to make the gas, and then went off on my exhibition business. Dr. Wells used the gas in his dental practice all of the following year, 1845. He then went to Europe on account of failing health. During his absence in Europe, his former pupil, Dr. Morton, called on Dr. Jackson, a chemist of Boston, to learn how to make the gas, as he wished to test the truth of Wells' pretended discovery. Dr. Jackson said to him, 'That gas exhilarates. If that will destroy pain, sulphuric ether will do the same.' Upon this hint, Dr. Morton gets some ether and tries it on a boy for the extraction of a tooth. That first experiment with

Digitized by Google

ether took place on the 30th September, 1846, nearly two years after Wells'. When Dr. Wells returned to the United States in the latter part of 1847, a violent discussion took place between him and Morton in regard to the honour of the discovery of anæsthesia. During this discussion Dr. Wells became deranged and committed suicide. He died on the 24th of January, 1848. No one had tried the gas save Wells, and so Morton set up the claim that nitrous oxide was not an anæsthetic, and therefore he, Morton, was the discoverer of anæsthesia!

"In June, 1863, I went to New Haven, Conn., to give a series of exhibitions. In order to make sure of having some 'subjects' who would inhale the gas at the public exhibition, I invited thirty or forty gentlemen to a private entertainment. To these gentlemen I detailed the facts regarding Dr. Wells, but said I could never induce a dentist to try the gas. Among others present was Dr. J. H. Smith, a prominent dentist of New Haven. After the entertainment, Dr. Smith said to me that he would try the gas if I would give it. The next day I went to his office. While there an old lady—wealthy and known to everybody—came in. She had been trying to have Dr. Smith give her chloroform and extract seven teeth, but he declined to do it unless she would bring her physician to take the responsibility.

"Dr. Smith introduced me, and, after talking with her a little she said, 'I'll try the gas.' That same day I carried a bag of gas to Dr. Smith's office, gave it to the lady, and Dr. Smith extracted the seven teeth. On recovering and finding her teeth out the lady said to me, 'Don't go, doctor, I want to give you my blessing!' She said I might mention her name to my audience, and state the fact that she had had seven teeth drawn while under the gas, and without any pain or any unpleasant effects from the gas. I did so.

"I then made arrangements with Dr. Smith that I would furnish and administer the gas for one week, he should draw the teeth, and we would divide the proceeds. Before the week was out the rooms were crowded with patients, and we continued the business for three weeks and two days. During this time we extracted a little over three thousand teeth! Thinks I, this is a better business than lecturing, sometimes to 'a beggarly account of empty boxes.'

"I at once determined to go to New York, and establish an institution devoted exclusively to the extraction of teeth with the gas. The gas had laid dead and forgotten as an anæsthetic for seventeen years—*viz.*, from the time Dr. Wells started for Europe in 1845, to 1863, when I revived it. And so, while I have always given the honour of the discovery of anæsthesia

Digitized by Google

to Dr. Wells, had I not revived its use it might never have been thought of again. So that practically, the world is indebted to me for the gas.

"I opened my office in the Cooper Institute in July, 1863, and called my institution 'The Colton Dental Association,' as my name had been so long identified with the gas.

"On the 4th of February following, I commenced to ask my patients to write their names on a scroll, so that I could tell at any time how many patients I had given the gas to. The numbers are printed on the margin. The present scroll number is a little over one hundred and ninety-three thousand, eight hundred—193,800. In all this number I have never had an accident from the gas. I have given it to children of three years of age, and to quite a number over ninety—Peter Cooper among the latter."

PHILLIPS MEMORIAL HOSPITAL.

THE ANNUAL CONCERT.

"BORNE on the favouring impulses of enthusiasm, zealous and unselfish work, desire to aid the noble and philanthropic effort to alleviate suffering which our hospitals are unceasingly engaged in, and the natural wish to hear again in our own town artists whose great skill in song and on instruments has before made the hours golden, the Tenth Annual Concert in the Grand Hall, on Wednesday, November 20th, in aid of the Phillips Memorial Hospital, Bromley, became again a brilliant success. Everyone will be gratified that this large measure of reward has once more come to the organizer of the concert, Mr. Lindsay Bell, whose devotion to the cause of the Phillips Memorial Hospital, obtains for its funds by this means a substantial sum each year. He himself is, on the other hand, the readiest to acknowledge his indebtedness to the committee, to the doctors, the staff, and all the generous friends who help to further the end in view, an end so completely attained this year that twenty-four hours before the doors opened every available seat had been sold.

"The concert was opened with Chopin's Impromptu in F sharp (Op. 36) played by Mr. Arthur Newstead with much refinement. He was heard later in the twelfth of Liszt's Rhapsodies Hongroises, the poetic beauty of which was delightfully presented and its passion brilliantly interpreted. The absence of all exaggeration, and the evidence of thought and appreciation of the poetry of the music under his hand, are

Digitized by Google

qualities which will assuredly count for much in Mr. Newstead's artistic career. His acceptability as a pianist was again made plain by the warmth of the applause bestowed on him, nor would his audience be denied hearing him again. The tribute of appreciation when Mons. Johannes Wolff appeared on the platform, and after his violin solos, must have proved to him that the artistic affections of Bromley are, after all, no evanescent thing. This gifted violinist, no less than on former visits, obtained from his instrument all that exquisite tone which is pure enjoyment to his listeners, as well as displaying that virtuosity in performance which commands admiration and excites wonder. He drew upon Vieuxtemps and Wieniawski for his selections, giving a Fantaisie Caprice by the former, and the well-known Waltz by the latter. Zest for the instrumental portions of the programme was not by any means satiated with the performances on the instruments mentioned, and the audience reserved a very sufficient appetite for the contributions of Mons. Hollman. That he fulfilled their desire and expectations was evident. The dignity of the Aria by Bach, the dainty Papillon by Popper, and his own Mazurka showed how finely Mons. Hollman commands the resources of the violoncello, and had them at his bidding in interpreting such diversified selections. The Aria was treated with splendid breadth, while in the contrasting piece (D. Popper's 'Papillon') he produced with masterly effect the delicate tremulousness of the wings of the hovering butterfly. That his artistic effort was enjoyed to the full was made very evident from the continued applause which called him back to make his acknowledgments. But, indeed, the audience, having every justification for it, were in the mood to acclaim, and throughout the evening showered their rewards upon the artists until there was not time enough left to give all the items upon the programme.

"On the vocal side, there were present to charm the audience, Mrs. E. H. Bayley, Madame Alice Gomez, Mr. Kennerley Rumford, Mr. Ager Grover, Mr. William Forington, Mr. Webster Norcross, and Mr. William Sexton, the four artists last named also forming the Quartet who for so many years have delighted innumerable audiences. Mrs. E. H. Bayley sang with real expression and understanding 'Elizabeth's Prayer' (from *Tannhauser*), and although it was for a pleasing rendering of the Bach-Gounod 'Ave Maria' that she was encored, the greater merit of her singing lay in the Wagnerian excerpt. Her accompanist played with fine insight and sympathy. Madame Alice Gomez received the homage she is always sure of from a Bromley audience, yet she will not always do just their bidding. They heard her beautifully musical

Digitized by Google

and rich voice in two songs by Isabel Pettifer (the last, 'A Welcome,' sung with all Madame Gomez's charm of manner), and would have had an encore, but time was running apace, and this was denied them. However, they would not be denied when she next appeared, and this time she acceded to a demand which everyone acquiesced in. Mr. Kennerley Rumford, the popular baritone, gave a robust rendering of Browning's 'King Charles' as set to music by Maude White. Its setting truthfully depicts the words; Mr. Rumford faithfully depicted the scene the verses paint. His other selections were 'God's Rest' (Noel Johnson), 'Once at the Angelus' (Arthur Somervell), and 'If all the Young Maidens' (Lohr). He had to give two encores. There was only time to hear one of the Meister Glee Singers (Mr. Webster Norcross) as a soloist, and he was twice recalled for his singing of the bass song, 'Quaff with me the purple wine.' The Phillips Hospital concert without the Meister Glee Singers would seem shorn of some part of its attraction. They shared to the full the favours of the evening for their serious and humorous quartets. Mr. F. A. Sewell was, of course, a completely satisfactory accompanist. Mr. F. Lewis Thomas, who has also given his services for a number of years, and had been announced, was unavoidably prevented from being present.

"Madame Clara Butt (Mrs. Kennerley Rumford) was among those present.

"The stage well repaid the trouble which had been taken with its decoration. Handsome flowers and palms were banked all round and along the front, and these were effectively lit up with the electric light, which had been installed by the Bromley Electric Light and Power Co., Limited."—*Bromley District Times*, November 22.

AS OTHERS SEE US.

It is always salutary to know what others think of us, and say of us, in our professional capacity, and it goes without saying that we are pleased when a contemporary makes such kindly and generous remarks on the manner in which we editorially try to do our duty, as the following comments from the pen of our plain-spoken and genial friend, Dr. Frank Kraft, the editor of *The American Homœopathist*. In the matter of reviews of books, we always try to give an honest opinion for the guidance of our readers. We thank Dr. Kraft.

"*The Monthly Homœopathic Review*, of London, has nothing very good to say of a recent American work on the *Homœopathic Materia Medica*. There is this to be said of the English

homœopathic journals—and in like measure of England's journals generally—that when they review a book they have the uncomfortable habit of telling the bare and unvarnished truth, regardless of consequences.

"When you read a book review in an English journal you may take it for granted that it is the truth you are reading and not some cleverly padded advertisement, for the sale of the book.

"A book review over there takes on the dimensions and character of one of our own Dr. Sam Jones' reviews.

"It is to be admitted, and with regret, that many of the book reviews in the American journals are written from a cursory view of the title page, plus a little slip of excellencies contained in the book, kindly furnished by the publishers. Perhaps we may be permitted to say that we have written away from this form of review, and have had the temerity upon several occasions to offend publishers, and so reduced the number of books sent us for review. However, as we are not a specialist, and do not require to know much of scientific medicine and technique in our parish practice, the absence of the pretty volumes, with their handsome bindings and pulchrious pictures, has not handicapped us to any appreciable extent. In addition to what our learned brothers of the (London) *Homœopathic Review* have already said, we would say that most of the materia medica literature which has come to us in the past ten or twelve years, has been of the re-hash kind, bringing nothing new. For what is there new to be found in aconite and belladonna? Dewey and Boericke, and one or two others, have arranged the known facts of our materia medica in better form, for quick consumption, or for student study; but neither of these authors or collaborators, nor any of the others whose names we do not at this moment recall, lay any claim to novelty in what they present except as to arrangement of matter.

"This brings us back to our many times insisted-upon point that real homœopathy must deal with the well-tried and well-proven remedies—as totalities—and does not, cannot, deal with the isolated characteristics and keynotes, so-called, alleged of a few hundred other remedies filling the pages of the materia medica books on our shelves.

"It ought to be apparent to the Professors, as it has been to every practical physician of a dozen years' experience, that the homœopathic materia medica is a very simple affair, when properly gone about, and properly taught; and that, when once thoroughly taught, the future bookmakers can add naught thereto nor take away. It might be a unique exercise, and of considerable interest, if some of our materia medica

Digitized by Google

Professors would revise their lists of several hundred remedies and tell the students candidly which of them are taught because of their well-proven homœopathicity, and which of them because of being taken from eclectic sources. But how many of the modern Professors of the Homœopathic materia medica would be competent to make this discriminating statement?

"The London editors are not harshly criticising the work to which we are referring. They merely cite it as a book lacking in originality—which, as we have said, is not unique in this department of medicine. It will be a long cry before there will be anything new in homœopathic materia medica—even considering the proposed labours of the specialists under the commendable recommendation and impetus of Dr. Bellows."

DR. CHARLES W. HAYWARD AND THE GENERAL MEDICAL COUNCIL.

We heartily congratulate our esteemed colleague, Dr. Charles W. Hayward, of Liverpool, on his energy and pluck in coming forward as a candidate for the office of direct representative of the profession to the General Medical Council. Considering that he is a homœopath, the number of votes he polled—1385—we consider quite a triumph. We hope he will view it in the same light, and when the next vacancy occurs we trust he will see his way to come forward again. It is a curious fact that, as the *British Medical Journal* points out, over a half, or 57·4 of the profession did not take the trouble to vote at all.

In noticing the result of the election, the *Lancet* (Dec. 14th) in an editorial has the following:—"The candidature of Dr. C. W. Hayward, who occupies the bottom place in the poll, introduces a new element into the election of Direct Representatives. He is, we understand, a homœopathic practitioner, so that his election would have been tantamount to a recognition by the medical profession that the imaginings of Hahnemann are legitimate scientific developments. Dr. Hayward's success was never in question, but the position would have been comic, although most serious, had the General Council of Medical Education and Registration found in its body a gentleman whose convictions compelled him to view much of the accepted theory of medical science as incorrect. There are many directions in which reform is admittedly required in the medical profession—directions which we believe Dr. Hayward to realise every whit as fully as the other candidates—but the educational curriculum of the student does not need

Digitized by Google

to include instruction in therapeutic heresy." This is just what we should expect from the *Lancet*. The ignorance of homœopathy on the part of the writer is only equalled by his anxiety to keep the majority of the profession in the dark also, and so he hits below the belt, as usual, when he can get a chance of so doing.

THE KAISER-I-HIND GOLD MEDAL.

In the list of the honours conferred by the King on his birthday, we are delighted to see that our friend, Major Herbert Edward Deane, R.A.M.C., has been awarded the Kaiser-I-Hind Gold Medal for "public service" in India. We warmly congratulate Major Deane on this honour. He well deserves it. His work in connection with the plague, as special medical officer of Government, in superintending and carrying out the Plague arrangements in Calcutta for two years, is admirably set forth in his elaborate Report to the municipality of Calcutta. This Report was so able and philosophical, and showed such care in observation and deduction, that at a recent meeting of the British Homœopathic Society, Dr. Dyce Brown read a full summary of it to the Society. It contained such valuable information as to the spread of the plague, its slight contagiousness, its mode of prevention, and the value of perchloride of mercury as a disinfectant, that it was thought well that it should be thus brought prominently before the Society. But another, and if anything more important piece of "public service," was the introduction by Major Deane of the successful treatment of plague by snake poison. He used chiefly the poison of the cobra (*naja tripudians*), and his success drew the attention of the *Lancet* to it. This treatment was also brought before the Society, at a previous meeting, by Dr. Byres Moir, and it, of course, was of special interest to us all, as *naja* has been used for long as a homœopathic medicine. To Major Deane, however, belongs the *kudos* of having seen its relation to plague, and of putting his views into practice.

We know of no official of the Royal Army Medical Corps who more fully deserves the honour which the King has been pleased to bestow on him.

COMPOUND TABLETS.

Some time ago a correspondent directed our attention to the introduction by certain chemists of compound tablets—that

Digitized by Google

is, tablets containing more than one medicine. We then expressed our strong disapproval of such, as being against the principles of homœopathic treatment, namely, the use of only one medicine at a time. We have now had sent to us the catalogue of an American chemist at Chicago, in which a list of no less than seventy-eight "compound tablets" are advertised. In one of these arsenicum iod., aurum iod., chinin. arsen., and sabadilla are combined. In another phosphorus, sanguinaria, tartar emetic and morphinum sulph. are combined, and so on. If this is not a return to the antiquated poly-pharmacy of bye-gone days, we should like to know what it is. It is totally against the "single remedy" of homœopathy, which is one of its vaunted and important features. Our American cousins can take care of themselves and we make no suggestions to them, but when it comes to these preparations being sent to this side of the water we strongly object. Purity in prescription and the use of one remedy at a time are essential in homœopathic practice, and we trust that none of our colleagues will be deluded enough to employ these compound tablets. If these are used, all accuracy in treatment will vanish, and our friends of the old school cannot be blamed for using "mixtures" and compound pills.

TWO LECTURES ON SOME THOUGHTS ON THE PRINCIPLES OF LOCAL TREATMENT IN DISEASES OF THE UPPER AIR PASSAGES.

Delivered at the Medical Graduates' College and Polyclinic on October 2nd and 9th, 1901,

By Sir Felix Semon, M.D., F.R.C.P.[1]

Lecture I.

"Gentlemen,—In the remarkable address on 'Friends in Council' recently delivered before the British Medical Association at Cheltenham, and in which both the profession and the public got to hear a number of excellent, though perhaps not exactly palatable, home truths, Dr. Goodhart in speaking of 'patients' makes the following statement: 'With what impatience do men and women in the present day rush into the not always sufficiently repellent arms of surgery. A little pain unnerves them, and all they know of surgery is its successful side. It is a day of great things, and why should they not

[1] From the *British Medical Journal*, November 2nd, 1901.

Digitized by Google

have the benefit of these advances? And so with an ache here or a pain there they undergo an operation.' And further on he says of 'doctors': 'I do not doubt, I say, that every one of us does his best for the man that consults him, but I am not sure that in attending to the exigencies of the immediate present we do sufficiently take heed of the future. And our failings in this respect are closely bound up with those of our patients, for we in our place are so anxious to overlook nothing and to cure disease, so enthusiastic in our belief in our power to accomplish what we wish. First may be put a morbid readiness on our part to detect disease. Engaged as we are in this pursuit, there comes a risk that we too little appreciate the wide range of health, that is, how good a state of health is compatible with numberless slight and even sometimes considerable departures from normal. We tend to make our standard too severe for practical purposes.'

"It did not require Dr. Goodhart's further specific charge, namely, that 'throats and noses suffered terribly from this lust of operation that has beset the public,' to convince me that I could not do better than to introduce what I have long intended to say on the question of the principles of local treatment in diseases of the upper air passages, than by quoting the above wise words, for they tersely and accurately describe, in my opinion, the present state of the question. Not that I wish to bring a special charge against my own special branch. Dr. Goodhart's fearless denunciation shows that the 'lust of operation' is, indeed, a general characteristic of the present phase of medical development. But coming from the general to the particular, and speaking of such matters only of which I can claim personal cognisance, I am afraid I must fully endorse his statement so far as diseases of the upper air passages are concerned. Not only is local or operative treatment of these parts resorted to in numberless cases where, to say the least, it is not required; not only do operations of inestimable value in really suitable cases become discredited through being performed wholesale; not only is the old war-cry against specialism, namely, that it engendered narrow-mindedness, heard again, and this time, I am afraid, with greater justification than on previous occasions; but, worst of all, laryngology and rhinology as a whole are being held responsible for the over-zeal of one advanced section.

"Under these circumstances no apology is needed for a serious protest coming from within against the 'lust of operation,' and for an attempt to propose some simple principles which might advantageously guide our local activity in diseases of the upper air passages. This is the purpose of my lectures. Before I have gone far, you will have seen, I trust, that declaring

Digitized by Google

against exaggerations does not in the least mean counselling procrastination or giving pusillanimous advice in cases in which prompt and energetic local interference is actually required.

"Let me begin, then, by recording my own conviction that it is in the nature of things, when a part of the human body has been made more accessible to eye and hand by the progress of our science, that the treatment of affections of that part should gradually change from the medical to the surgical, or, at any rate, from the general to the topical side. The *rationale* of this change is obvious. Instead of pouring, as it has been satirically described, 'drugs of which we know little into a body of which we know less,' with the sometimes rather vague hope that some of the constituents of our mixture may reach and favourably influence the affection from which our patient suffers, we, by the substitution of local for general treatment, either modify by topical applications, the effect of which can be accurately watched, the course of the disease, or, in another number of cases, remove it altogether by surgical interference. That such a change, broadly speaking, is almost always of the nature of a distinct therapeutical advance—although, as will be hereafter shown, important exceptions exist to that rule—is conclusively proved by the increase of our healing power during the last fifty years.

"The triumphs of cerebral and abdominal surgery admit of no dispute, and, were further proof needed, it is given by the great progress we have made in the treatment of diseases of the upper air passages. Where forty years ago the practitioner treated the symptom 'hoarseness' by drugs and climatic changes, often enough in complete ignorance whether that symptom depended upon a simple catarrhal inflammation, upon syphilis, tuberculosis, an innocent growth, malignant disease, or paralysis of the larynx, we are now enabled not merely to accurately differentiate between these contingencies, but also to actually cure by topical applications or operation, if not all, yet certainly the majority, of the diseases named. Where thirty years ago the child who could not breathe through the nose and kept its mouth open was censured by parents and governesses for this 'bad habit,' and was allowed to grow up with retracted chest, deformed face, crippled in its general development, and living under a constant cloud of ear complications, we now, by the removal of adenoid vegetations, obtain—in really suitable cases, be it said—an equally surprising and pleasing change for the better in all these respects. Where twenty years ago patients suffering from what was at that time called 'chronic nasal catarrh,' accompanied by frequent frontal headaches and by symptoms referable to the absorption of the poisonous discharge which they constantly swallowed

Digitized by Google

during the night into the digestive organs, were treated with sedatives, stomachics, changes of air, and equally harmless and useless snuffs, we now discover in many such cases the cause of all the trouble in an empyema of one or another of the nasal accessory cavities, and by surgical treatment relieve the patient lastingly.

"These illustrations could be easily multiplied, but they will suffice, I think, to show the great and manifold progress made through the introduction of local treatment in a number of equally frequent and troublesome affections of the upper air passages.

"Whilst this must be unreservedly, and, indeed, most gratefully, acknowledged, it is a very different question whether the length to which the substitution of local for general treatment has gone has been an unmixed blessing. Unfortunately in almost every sphere of human activity the most useful and desirable innovations are apt to be exaggerated, and, indeed, it would almost seem that this danger is the greater in proportion to the intrinsic value of the original movement. Whilst illustrations of this may be seen almost daily in art, in commerce, in industry, and in science, a study of the development of modern medicine in particular, will show that, in spite of many disappointing experiences, almost every progress in our art is apt to become at first disproportionately exaggerated, later on equally disproportionately deprecated, and finally to emerge often enough, if at all, with considerable diminution of its original prestige.

"Need I mention the indiscriminate recommendation of many excellent remedies, which, though effectual enough in certain definite diseases, were at one time advocated for every disease under the sun; the boundless, but so soon blighted hopes after the introduction of tuberculin; the excessive employment in bygone days of electricity as a therapeutical agent; and particularly the hyperactivity which we see so often follows the introduction of new and in themselves excellent operations?

"What has always appeared to me most remarkable when reviewing these experiences is that the lessons they teach should be taken so little to heart. Time after time one sees that, nothing daunted by the most recent and unpleasant experiences of a similar kind, exaggerations of a truly astounding nature are again indulged in as soon as a hopeful medical progress is made, and again and over again one witnesses the completion of the cycle of over-estimation, under-rating, and return to soberness.

"The method of local treatment of diseases of the upper air passages has, I am sorry to say, not formed an exception to

Digitized by Google

the course of events just sketched. More than once it has had to pay the penalty of its success, and it still pays it periodically, whenever a promising innovation is being made. There is no better illustration of this than the whole history of modern rhinology. Comparing our present knowledge of diseases of the nose with what it was twenty years ago, there cannot be the least doubt that much important progress has been made. But no sooner was a hopeful rhinological innovation introduced than it was most grossly exaggerated, and no sooner had the exaggeration been recognized and minds had begun to cool down, than the place of the old idol was taken by a new fetish, which in turn was worshipped with equal enthusiasm.

"It suffices to remind you of necrosing ethmoiditis, of the nasal reflex neuroses, of the deflections and spurs of the nasal septum, of the hypertrophies of the posterior ends of the lower turbinated bodies, of the latest fad: the 'physiological insufficiency' of nasal breathing, and of all the exaggerated hopes and unnecessary operations in turn connected with these conditions, which durng the last twenty years have relieved one another like sentinels on guard, to prove that my description is anything but fantastic. Whether it be increased facility of diagnosis; be it the undeniable triumphs obtained in many affections of the nose and throat, which formerly ranked amongst the incurable; be it an evergrowing conviction on the part both of the profession and the public, that *all* affections of these parts ought to be locally treated; be it the modern teaching that a large number of the most obscure diseases of the human race, even if situated in remote parts of the body, are in reality due to affections of the upper air passages; be it, as it probably is, a combination of all these factors, there can hardly be any doubt, I think, that local, and more particularly operative, treatment of these parts, excellent as it is in really suitable cases, has of late years been considerably overdone, and that there is a marked tendency to further overdo it.

"In this connection it is interesting to inquire who have been the greater sinners, the profession or the public? Dr. Goodhart seems to think that the greater share of the blame falls upon the public. He argues, if I understand him correctly, that the modern patient forces his doctor's hands by demanding a certain article from him, and that the latter only errs by yielding to that demand. Undoubtedly there is a good deal of truth in that argument, and nowhere perhaps is this more evident than in the subject now under consideration. The public themselves have become so keenly alive to the great progress made, thanks to the introduction of local treatment, in the therapeutics of so many of the affections of the upper

Digitized by Google

air passages, that they have rushed to the conclusion, though very faulty, yet perfectly feasible and pardonable, that *all* diseases of these parts are amenable to local treatment and ought to be treated locally. They therefore consult the doctor, and particularly the specialist, with the set notion that either some local application will be prescribed for them, or that some operation will be performed. How often do I see undisguised disappointment on a face when I have explained to its owner that his case was one for general, not for topical treatment; how often do I hear, when I think I have succeeded in making it quite clear to a patient that his local sensations depended upon disturbances of his general health, which in reality required being attended to, 'But won't you give me a gargle?' It very much depends upon the doctor's strength of mind whether he will under such circumstances insist upon the line which he himself considers to be the right one, or whether he will flatter the patient's whims by giving him an innocent local placebo in addition to the constitutional treatment which is obviously indicated. There is undoubtedly something to be said in favour of the latter alternative. As Dr. Goodhart truly remarks: 'There are times when the sick are not reasonable beings, and unless they have a bottle of medicine'—or shall we in our special case say a gargle, or a paint, or an inhalation?—'to anchor their faith to (oh, shifting sands!) they are in a state of unrest that is positively harmful to their progress.' That is certainly true. And, further, when with a little knowledge of the world, and with plenty of previous experiences to guide one, one sees that the patient, disappointed at not getting what he wants, thinks: 'That doctor does not understand my complaint,' and that he is sure to fall into the hands of the topical enthusiast, or of somebody worse, who will be equally sure to mulct him in a perfectly unnecessary operation, one is confronted by the difficult question whether in the patient's own interest it would not have been better to comply with his wish and to give him something local which, if absolutely useless, would have been at any rate equally harmless, and would have set his mind at rest. I dare not say that this 'pia fraus' must never be practised. But against it are three very grave reasons, which I would particularly recommend to your consideration. In the first place, when prescribing some local application, which, of course, has to be repeated at stated intervals, you involuntarily become the patient's accomplice by concentrating his mind on his local sensations, whilst in his own interest you ought by all possible means to divert it from them. Secondly, you lend yourself to supporting the general notion, which you know is neither correct nor desirable, namely, that *all*

Digitized by Google

affections of the upper air passages ought to be treated locally. And, thirdly, and most serious of all, by yielding to the temptation you may unconsciously, and with the best intentions in the world, yet very actually, transgress the line between legitimate practice and quackery. Under all circumstances, therefore, the pious deception of which I have just spoken ought to be practised only in the rarest of cases, and the doctor ought to stiffen his back and harden his heart against meekly complying with every unreasonable wish expressed by an unreasonable patient. Better, I think, to lose such a one if he will not listen to well-meant advice than to have to confess to yourself that you have descended to the level of habitually acting against your own better conviction.

"But, gentlemen, can we really lay the flattering unction to our souls that in this whole matter the public is the sole tempter, and that our profession merely sins passively by yielding to the temptation? I must confess I do not think that question can honestly be answered in the affirmative. In my opinion and experience the 'lust of operation' (including in the word 'operation' other forms of local treatment as well) besets not only the public, but also a considerable number of doctors, and I think it cannot be seriously questioned that in the great majority of cases the initial suggestion of operative or local interference comes, not from the patient, but from the medical adviser himself. It will, of course, be said: that is as it ought to be, and I certainly am the last person to dispute that the initiative of any treatment should be taken by the doctor instead of his hands being forced by the patient. What I maintain is that the frequency with which local interference is advised and practised nowadays is unfortunately far in excess of actual requirements; that operations are performed wholesale where they are not needed, that operative proposals are being made and carried out on an extensive scale on the basis of some unproven theory, and that the operative interference itself, often enough, is unduly severe and protracted in proportion to the smallness of the complaint for which it is undertaken. It will be my duty further on, when we come to details, to substantiate these serious assertions, and I feel confident that I shall be able to do so, but I have again to touch upon that sore question, which formed the starting point of my observations, in the present connection, because I do not think it fair to lay the whole blame of the modern 'lust of operation' upon the public alone, and because I honestly believe that the operative Hotspurs amongst ourselves deserve at least an equal share of reprobation.

"This, I trust, is neither a rash nor an uncharitable statement. Whilst making it I am fully aware that in questions of treat-

Digitized by Google

ment there is very often legitimate room for considerable differences of opinion; that the more enthusiastic and therapeutically active section of our profession is actuated by motives as honourable as those of the more sceptical section, and that to the former we are indebted for most of the therapeutical advances of the present day. But when all these reservations have been made and duly considered, there remains no doubt in my mind that there are not a few amongst us who are, as Dr. Goodhart has put it, 'so enthusiastic in their belief in their power to accomplish what they wish,' that their zeal but too often greatly outruns their discretion. Starting with a 'morbid readiness to detect disease,' they suspect the cause of all ills to which human flesh is heir to be situated in their own favourite little nook, and, when they detect the smallest deviation from the normal there, they persuade themselves that they have discovered the true source of the patient's complaint, and immediately proceed to demolish it with fire and sword.

"Indeed, your 'radical localist' is a much more formidable and actively mischievous person than the poor country practitioner who caustics his influential patient's throat because the latter insists that 'something should be done' for him! Whilst he of the country succumbs occasionally—*parce qu'il faut vivre*, as the tailor said to Talleyrand—the thorough believer in local disease and local treatment *quand même* slaughters hecatombs of his own free will! In every patient that enters his consulting room he sees a prey to the arrow of his local treatment, and when he writes or speaks of his experiences, you read or hear with astonishment of the dozens or hundreds of cases in which he has found it necessary to perform certain operations and in which he has obtained 'excellent results,' whilst moreover you, with a not altogether contemptible practice of your own, can recollect but a few cases in which you have considered the operation in question indicated, and whilst you happen to know that the subsequent experiences of some of the patients on whom these operations had been performed by their perfervid advocate do not by any means justify his glowing account!

"The funniest part of the whole business—if in such serious matters one may speak of fun at all—is that almost every one of the stalwart fraternity has some pet operation of his own to which he apparently resorts under all circumstances. I confess to serious misgivings when I see it stated that Dr. X. opened more than 500 maxillary antra within a comparatively few years; that Dr. Y. finds it necessary to employ the nasal saw 'almost daily,' and that Dr. Z. discovers 'varicose veins' at the base of the tongue or in the pharynx in every third or

Digitized by Google

fourth patient, necessitating, it would appear, in his opinion, the application of the galvano-cautery in a goodly proportion of them. Statements of that kind, which are not at all uncommon nowadays, justify, I am afraid, more than sufficiently the ever-growing feeling against local over-activity in this territory of medicine, which he who runs cannot help having observed of late—a feeling, let me assure you, which is shared by no one more strongly than by the large moderate section of laryngologists and rhinologists, who from the nature of their calling have probably more opportunity of seeing what is going on than the profession at large, and who, I repeat, resent it the more keenly, as their whole speciality is held responsible for the excessive activity of its radical section. They see with sincere regret that a revolt is preparing against particular operations and forms of local treatment, which in suitable cases are most useful, but in which the therapeutic zeal of the localist has been most conspicuous and aggressive of late years. They foresee from analogous experiences that the reaction which is brewing may engulf not only the excesses against which it is directed, but the method itself, excellent though it be in really suitable cases. I feel sure that before this a protest would have been raised from their midst against what they themselves consider as excessive zeal, had not the same easily intelligible personal considerations, which have for a long time prevented me from speaking out, also, with one exception to which I shall further on specially refer, tied their tongues and pens. At last, however, the time appears to have come, when it would seem almost a duty to criticise fearlessly the present state of matters and to try and bring about a greater consensus of opinion than prevails nowadays concerning the principles which ought to guide us in the local treatment of affections of the upper air passages.

"That complete unanimity concerning these principles will ever be obtained I do not venture to hope myself. Two circumstances prevent such a happy consummation.

"First of all, as I have just endeavoured to show, the personal element enters so largely into all questions of treatment, both so far as the patient's and as the medical adviser's temperaments are concerned, that no universal formula will ever be found applicable to all cases. So long as there shall be differences in education, in intellect, in character—and these differences will of course continue to the end of the chapter—we shall have to shape our treatment in accordance with the peculiarities of each individual patient, and on what this treatment should be the opinions of medical optimists and pessimists will vary equally persistently.

"The second point which tells against the laying down and

Digitized by Google

the adoption of any general principles in the treatment of diseases of the upper air passages is the undeniable fact that our views as to whether local or general treatment should be adopted are so liable to be changed by any new discovery, that what seemed essential and indeed indispensable yesterday, may be completely thrown over to-morrow. In the introductory passages of this lecture it has been stated that whilst nowadays the treatment of these affections usually progresses from the general to the topical, we were occasionally met by a movement in the opposite direction. The best illustration of the truth of this statement is afforded by the modern history of the treatment of diphtheria. Whilst, of course, general measures were never neglected by thoughtful physicians in the therapeutics of that formidable disease, the local treatment of its local phenomena developed more and more as time went on. Caustics and astringents, resolvents and antiseptics, heat and cold, varnishes, papaine, peroxide of hydrogen, and a legion of other local applications were recommended and assiduously used to stop the local process. All of a sudden the serum treatment is introduced, and, behold, equally suddenly an end is made of almost all the local therapeutics. True, cleansing remedies and various inhalations are still used, and intubation or tracheotomy may still be required by way of local treatment, but on the whole there can be no question that local has been victoriously superseded by general treatment in this important disease.

"What we have witnessed in diphtheria we are likely to see not infrequently repeated, possibly in the near future, in other affections also if, as may be fairly hoped, further progress should be made with the antitoxin and serum treatment. Whilst, unfortunately, there can be hardly any doubt that the tuberculin treatment in its original form was prematurely inaugurated and adopted, it appears to me equally certain that Koch's fundamental idea was a most important move in the right direction, and it may justly be hoped that with further perfection of the method, we may some day succeed in killing the tubercle bacillus in the living tissues of the body without damaging the latter. When that goal has been achieved there will in all probability be an end to, or at any rate, very little further necessity for, the surgical treatment of local manifestations of tuberculosis. Hence all the local measures in, say, tuberculosis of the larynx, such as curetting, lactic acid applications, etc., which we at this moment justly look upon as important advances in the treatment of one of the most cruel complications of pulmonary tuberculosis, may one day all of a sudden come to belong to the curiosities of a bygone age! And unless it be considered

Digitized by Google

too utopian, it may even be hoped that the day will dawn when. what has been obtained in diphtheria and in syphilis, and what may fairly be looked for in tuberculosis, may also be obtained in that most cruel of all human scourges—cancer.

"From the foregoing you will have seen, gentlemen, that I am very far from flattering myself that any principles of local treatment of the upper air passages which may be proposed have any chance of becoming universally adopted or of being eternally followed. But when all has been said and freely admitted, enough remains which makes it urgently desirable that in our own day a greater consensus of opinion should be obtained as to what is desirable in the way of local treatment of diseases of the upper air passages, and how it should be carried out, than exists at the present moment. The future will have to take care of itself.

"In the following it is, of course, not my intention to discuss separately or even indeed to mention every single disease of the upper air passages, to describe every indication for its local treatment, or to enter upon operative technicalities. Quite apart from the fact that the time at my disposal is much too short to allow of such an ambitious scheme, it would frustrate, I am afraid, my very purpose. For I should have to go into such a mass of details that amongst them sight might be lost of the general principles which, in my opinion, ought to govern our actions in this class of affections. It is with these I am mainly concerned. With regard to a few important and frequent diseases only, such as adenoid vegetations and laryngeal tuberculosis, shall I enter into details, because experience has shown that even with regard to such details some general principles of thought and action are required. For the rest, if the ideas which I am going to lay before you should be found worthy of your acceptance, it will not be difficult for you, I believe, to evolve from them a line of guidance in contingencies and affections which I may not happen to mention at all.

"For my special purposes the symptoms and objective manifestations arising in pathological conditions of the upper air passages may be subdivided into the following categories :—

"1. Affections of a purely local character.

"2. Local manifestations of general or systemic diseases.

"3. Local manifestations in nose and throat dependent upon local diseases in correlated areas.

"4. Affections of the upper air passages, supposed to exercise an influence upon other organs and parts of the body. This influence may be: (*a*) Of a direct character; (*b*) Of a reflex character.

Digitized by Google

" 5. Local symptoms and sensations of obscure origin.

" (A certain amount of overlapping is inevitable in adopting these subdivisions, but it will be minimised as much as possible.)

" In conclusion, I shall have to make some observations on :—

" 6. The necessity of a proper proportion being observed between the gravity of the disease and that of the interference.

1. *Affections of the Upper Air Passages of a Purely Local Character.*

" It goes without saying that as a rule the question whether local treatment should be adopted or not in a given case will be easiest to decide in the class of diseases now under consideration. Indeed, it may be stated as a general principle that if a disease of the upper air passages be (*a*) purely local, (*b*) causing considerable local discomfort or serious disturbance of the general health, and (*c*) amenable to local treatment—such should be adopted forthwith, without precious time being lost by a policy of mere waiting or by constitutional treatment, the effect of which in almost all such affections is at best extremely doubtful and in most *nil*.

" You see, gentlemen, my proposition is, in all conscience, broad and radical enough to satisfy the most thorough-going localist. It embraces acute and chronic inflammations, abscesses, new growths, foreign bodies, hypertrophy of glands, all the various forms of obstruction, and, indeed, any other affections of the nose, naso-pharynx, pharynx, larynx or trachea, the purely local character of which can be ascertained and the nature of which demands active measures. But it limits the indication for active measures to cases in which they are really needed, by stipulating that they should only be adopted if the affection in question causes either considerable local discomfort or seriously disturbs the general health. And in this demand lies the crux of the whole question. No reasonable person will object to the removal of a nasal obstruction which almost entirely abolishes nasal breathing, and in addition causes dry pharyngitis and great liability to laryngeal and bronchial catarrh ; to the radical operation of a chronic frontal sinus empyema, which produces violent frontal headache, gastric symptoms, grave disturbances of the general health, and makes life altogether unbearable ; to the removal of adenoids, which seriously interfere with the little patient's breathing and hearing and gravely jeopardise his chance of growing into a strong and healthy person ; or to the removal of a laryngeal papilloma or fibroma which renders the patient aphonic and threatens to choke him. I repeat : In all such, and in a large number of similar cases, it will be the practitioner's obvious duty to at once attack the local disease by energetic

Digitized by Google

local measures, and I am so far from counselling a weak attitude in this class of cases, that on the contrary I wish to avail myself of this opportunity to strongly urge again, as I have done more than once before, greater energy in two classes of affections, in which one sees but too often the lamentable consequences of a policy of ignorance and procrastination. I refer to foreign bodies in the upper air passages, and, particularly, to malignant disease of the larynx.

"With regard to foreign bodies it ought to be a fundamental principle: never to allow them to remain impacted, even though at first they may not produce serious symptoms! Disregard of that rule leads, frequently enough, to serious consequences. In the nose small foreign bodies, which at first caused no discomfort whatever, have been often found to have served as nuclei for rhinoliths, which not only were the cause of chronic fœtid discharge, but the ultimate removal of which presented considerable difficulties. From the pharynx pointed foreign bodies, the immediate removal of which was neglected because they caused no urgent symptoms, have found their way into the tissues of the neck or into the thorax, and have caused fatal hæmorrhage by arrosion of large vessels. In the larynx foreign bodies, when left alone, may either cause perichondritis and lasting disablement of the larynx, or may become dislodged and fall into the lower air passages, where they may cause trouble of the most serious description. I have seen examples of almost all these contingencies, all caused by neglect in the first instance.

"Equally great, as in the class of affections just named, is the necessity of early and energetic local interference in malignant disease of the larynx. It has been conclusively shown that in a good many of those cases in which the disease begins in the interior of the larynx, more particularly on the vocal cords, it can be lastingly cured by so simple and comparatively non-dangerous an operation as thyrotomy with removal of the affected area and a zone of healthy tissue around it, provided only that the diagnosis be made sufficiently early for the affection to be still limited and circumscribed in character. Unfortunately, however, in spite of all that has been said and written, particularly in this country, as to the trivial character of the initial signs in these cases, which usually are objectively represented by the one symptom: obstinate hoarseness, and though it has been frequently pointed out, over and over again, that obstinate hoarseness in a middle-aged person peremptorily demanded a laryngoscopic examination, not a few cases still come under observation, in which the history of the commencement of the illness points to a favourable chance having once existed, but in which no laryngoscopic

Digitized by Google

examination was made in the earlier stages, and in which so much precious time was lost by useless internal medication, changes of air and similar measures, that when the patient is at last seen by an expert the latter finds that the chance has been either entirely lost, or that a much more formidable and maiming operation was now required than had been originally necessary, in addition to which the probability of recurrence was now infinitely greater than it had been at the beginning of the disease. Such cases are so sad, and the responsibility of those who disregard the small beginnings is so heavy, that I would again earnestly plead, as I have done more than once before, for earlier recognition and adoption of the necessary energetic local measures in suitable cases of malignant disease of the larynx.

"It is really time that the profession should shake off the unfortunate fatalistic belief in the incurability of cancer, which still holds the public and paralyses all healthy progress in combating that scourge! As matters stand at present, it is not too much to say that the public actually fight against a more hopeful view, and against the most convincing operative results. If, in a case that had been operated upon, recurrence should unfortunately take place, one hears at once the chorus: 'Of course, cancer always returns.' If, however, the patient, in spite of all croaking and dissuading from operation which forms the common characteristic of patients' 'friends,' remains well ever after, one hears equally frequently: 'But was it really cancer?' or even what has, at any rate, the merit of settling the matter to the speaker's own satisfaction: 'It cannot have been cancer.' Such being the general attitude, it is, I hold, the duty of the profession to educate the public towards a better understanding; to teach them that not all forms of cancer are equally malignant; that there is an enormous difference regarding the chances of operation in cancers of different parts; and that, if cancers of certain parts be recognized sufficiently early, whilst the mischief is still purely local, and if they then be at once thoroughly removed, the chances of a lasting cure are very good indeed.

"But whilst thus warmly pleading the cause of local treatment in diseases of the upper air passages where it is really needed, I have no word of defence for the notion which, I am afraid, is very prevalent nowadays, that the discovery, often enough accidental, of the slightest deviation from the normal—or what the observer may be pleased to consider as a deviation from the normal—should be immediately pounced upon as a signal for local interference, and should be visited by some operation or other. Not every little crest or spur of the nasal septum requires the saw, the chisel, or the trephine, not every

Digitized by Google

little puffiness of the mucous membrane over the turbinated bones the galvano-cautery, or the snare. No immediate radical operation is necessarily indicated when a drop of pus is seen in the middle meatus of the nose, nor has the turbinotome to come into play each time the posterior ends of the lower turbinated bones appear a little fuller and more rounded than they usually are. Not every little bunch of adenoid tissue by chance discovered in the vault of the pharynx must needs be removed, nor ought every tonsil to be cut which slightly projects beyond the palatal arches. Not every granulation or every visible vein at the posterior wall of the pharynx demand the application of the galvano-cautery, nor must the uvula inevitably be clipped, because to the man who considers it his duty to 'do something' it appears to be a little longer than he would like to see it. No long course of astringent applications is peremptorily indicated when the vocal cords appear slightly pinkish in the case of a professional voice user, and not every singer's nodule demands operative treatment.

"I know well enough that such views are diametrically opposed to that teaching according to which every abnormality should be set right, lest it should ultimately cause mischief of some kind. But whilst fully admitting that prevention is better than cure, I do not hesitate to say that one may go too far, even in the laudable intention to prevent mischief; that life is quite endurable, nay, even enjoyable, though one should be the possessor of a small spur in the nose, or of some granulations in the throat, and that I honestly believe that local tinkering of the kind just described is equally little in the interest of the patient and in the interest of the good name of our profession. Yet this is what I am afraid is going on at present on a large scale, and of which one not only hears on all sides, but actually sees but too many examples. Let me give you but one illustration which quite recently occurred in my own practice. A young lady, recently married, nervous, excitable, and anæmic, complained of choking sensations in her throat, and of a desire to 'swallow empty.' She consulted a specialist, who found nothing to account for these sensations, but discovered in the vault of the pharynx a little adenoid tissue which, to his thinking, was larger than it ought to be. On examining her ears, he thought the tympana were somewhat retracted. On the strength of the result of this examination, he advised the lady to have the adenoids removed, 'as otherwise she might become deaf in both ears in six months.' Yet this lady had never been deaf in her life, there was no deafness in her family, and she had never suffered from any symptoms referable to the existence of adenoids. The patient was of course greatly frightened, and a consultation was

Digitized by Google

arranged between the first medical adviser and myself. I did not see the least reason for any operation, as I found no more adenoid tissue than one sees in large numbers of perfectly healthy individuals, and as the lady's hearing power was absolutely normal. The first adviser himself admitted that on that day there was no inward drawing of the drum membranes. As I considered the sensations complained of to be of the nature of simple paræsthesia due to her anæmia, we agreed to send the patient, before any operation was undertaken, abroad, to take iron waters and baths. She returned perfectly well.—In the course of the consultation, when the decision had been arrived at that no operation should take place at once, I asked the first adviser in private whether he had expected that the removal of the adenoid tissue would cure the sensations which originally had brought the patient to him. He admitted that he had not thought it would. Here, then, gentlemen, you have a case in which the patient seeks relief for a certain definite complaint. Nothing is suggested to relieve this complaint, but an operation is proposed to avoid an extremely unlikely, not to say imaginary, contingency, and the patient's nerves receive a considerable shock.

"I should at this juncture like to make two observations which, though interrupting, perhaps, for a moment my chain of argument, ought not, I think, to be left out of consideration in a lecture of this character. The first refers to a lesson to be learned in connection to the case just narrated. I have the distinct impression, from what I hear and see, that it becomes more and more the fashion to frighten—perhaps unintentionally—patients, by informing them of all possible contingencies that might happen if the operative procedure upon which the adviser has set his heart were not undertaken. Now I think that such information should be given very sparingly, not wholesale, and that the adviser should carefully discriminate, where it is in the right place and where not. I am far from condemning the practice altogether. Often enough it is not only the right, but the duty of the practitioner, to warn the patient to beware of the future. Take for instance the case of a middle-aged man who comes to consult you for hoarseness. He makes very light of the complaint. You detect a suspicious-looking growth on one of his vocal cords, but it is quite impossible to make out at once definitely whether it is malignant or not. You tell the patient—without, of course, mentioning anything of your suspicion—that you must see him again in a few weeks. He demurs to this and seems altogether inclined to consider you a little fussy. Well, in such case, in which the question of the diagnosis being established in time is everything, I think it is your duty to hint as delicately as you can, and always

Digitized by Google

avoiding, unless you are driven to it, the dreaded word 'cancer,' that more serious developments were not impossible, and that in his own interest the patient ought not to let slip his chances. Usually the handling of these cases is extremely difficult, and no general rule can be laid down for them. The quality, which one patient will praise as frankness, and for which he will thank you, will be condemned by the other—more probably perhaps by his friends—as brutality, and, particularly if, after all, your fears should turn to have been unjustified you will for ever be decried by that patient's family and friends as an 'alarmist.' Still, in such a case, when you see that a patient may lose his only chance from ignorance of possible developments, I hold it is your plain duty not to let him do so.—Or, to give you another example of more frequent occurrence: Suppose a mother brought you a child suffering from well-marked adenoid vegetations, with a history of more or less permanent deafness, aggravated periodically during colds, and accompanied at such times by violent earache and purulent discharge from the ears. Suppose, further, as so often actually happens, that she began the consultation by expressing a strong hope that you would not recommend an operation. Well, in such a case, it will be simply your duty, I think, when explaining the reasons why, contrary to her wish, an operation should be performed, to emphasize the great danger of lasting and serious impairment of the child's hearing if matters be left alone. But such a warning, I hold, is an altogether different thing from frightening, as in the case just narrated, a patient who comes to you for some quite different complaint, who has never suffered from symptoms traceable to adenoids, particularly not from deafness, and who has long passed the age at which adenoids according to universal experience may exercise unfavourable influences, by the threat of deafness, if by accident you discover an insignificant amount of adenoid tissue in the vault of the pharynx.—Similarly, the threat of deafness seems to me inadmissible, if a patient who never in his life has complained of his nose is found to breathe a little less well through one nostril than through the other, owing to some trifling irregularity in the configuration of his nose, and, again, I think it is very undesirable to frighten a patient with the threat of brain complications in an ordinary case of ethmoidal suppuration.

"In close connection with the point just discussed is the second one to which I wish to draw your attention. Let me advise you not to hurry patients into operations you may have to recommend, unless there be most cogent reasons for hurry. That cases occasionally occur which do not brook a moment's delay I am far from denying. I have a few times had patients

Digitized by Google

in my consulting room with such dyspnœa, that it was touch and go whether tracheotomy might not have to be performed there and then. On more than one occasion have I at a first interview opened retropharyngeal or peritonsillar abscesses, removed foreign bodies from the upper air passages or from the œsophagus, plugged the nostrils in cases of uncontrollable epistaxis, scarified the laryngeal mucous membrane for acute œdema threatening asphyxia, and performed similar urgent operations. In such cases delay, I need not say, would mean dereliction of duty, and further, if the topical application should be of so trivial a character as not to deserve the name of an operation, I see no objection to its being made at once, if at all required, in order to spare the patient a needless repetition of his visit. Thus everybody, I dare say, will apply if necessary the electric current, or the galvano-cautery, or an astringent on the occasion of a first consultation. But these cases are altogether different from those in which over-zealous operators not merely magnify insignificant affections into most serious diseases, and discover reasons for immediate operation which are unfathomable to other observers, but give the frightened patient no time for consideration, and either perform the operation there and then, or in one of their surgical homes within a few hours from the first consultation. Several well-authenticated instances of that deplorable practice have come under my own notice.

"I have left until the end of this division of my subject the discussion of local treatment in an affection which only a few years ago appeared to have been so completely threshed out from all possible points of view that nothing more could be said of it, but which quite recently has been undergoing so curious a development that it becomes an urgent necessity to again enter more fully upon it. I speak of adenoid vegetations in the vault of the pharynx. The history of that affection in England has been very remarkable, and well illustrates the vicissitudes of medical fashion referred to in the introduction to this lecture.

"Although Wilhelm Meyer's paper on the subject was read before the Royal Medical and Chirurgical Society as far back as 1870, it is no exaggeration to say that the subject up to about 1880 was practically unknown to the profession at large in this country. I well remember that in 1881 I proposed removal of adenoids in the case of a daughter of a personal friend of mine, and that the father was so startled by the suggestion of so unheard-of an operation, that before consenting he wished for a consultation with one of the leading physicians of that time. I of course agreed, and the consultation was opened by my consultant asking me, 'I say, Semon, what are

Digitized by Google

these things ? ' That was in 1881 !—For several years after that date the operation practically remained in the hands of a few specialists, and it was during that time that one frequently heard unkind remarks about the specialists having invented a new disease. The benefits, however, accruing from the performance of the operation in really suitable cases, were too obvious to be overlooked or killed by ridicule. The operation slowly came to be practised in the general hospitals, its originally rather crude technique was much improved by the invention of Gottstein's curette, and by the introduction of anæsthetics nto its performance. The original detractors became not merely silent, but not a few were changed into enthusiastic converts, and about 1890, the shortly before despised operation became the rage of the day. Everybody performed it, everybody gave the anæsthetic, the originally limited indications were rapidly extended, particularly when ' reflex neuroses '—of which more anon—became fashionable, and ultimately it seemed as if every child required an operation for adenoids. ' Have your children already been " done " ? ' was—and in some places even now is—the elegant question put by one anxious mother to another at fashionable afternoon teas. When a child caught a little cold, and snored for a night or two, the mother or governess themselves diagnosed adenoids, or, as they preferentially call them, ' aneroids.' When a boy brought home a bad report from school, the cause must have been adenoids ; when a child suffered from asthma, stammering, enuresis, epilepsy, laryngeal papillomata, and what not—adenoids again ! In fact, ' when in doubt say adenoids,' appeared to become a maxim of contemporaneous pediatrics !

" But the hardly-won popularity was not to remain long uncontested. It was about 1891 or 1892 that I first had the question—which nowadays forms one of the stock ingredients of all these consultations—put to me by an anxious mother, whom I advised to have her child's adenoids removed : ' But don't they always grow again ? ' I well remember how surprised I was at that notion, which at that time I considered extremely curious. Gradually, however, the ever-increasing frequency of the question, and the fact that more and more often children were brought to one, whose post-nasal spaces, although they had been only recently operated upon, were as obstructed by adenoids as if nothing had ever been done, taught one, that recurrences now occurred with a frequency never heard of in the old days, and that the parents' questions concerning them were much more justified than had seemed at first. Soon afterwards sinister rumours spread as to fatal results which had in various instances attended the operation. They at first received little credence, but when in 1896 statistics

Digitized by Google

were published showing that between the commencement of 1892 and April 1895, that is, in two years and a quarter, no fewer than eleven deaths had been actually reported in England alone, as having occurred in operations performed under chloroform for adenoids and tonsils, general alarm was felt. Chloroform as an anæsthetic in these cases was considered unsafe by many. Anæsthetics having a shorter lasting effect, such as ether and nitrous oxide, were resorted to, and it became an ambition to perform the operation in the minimum of time. It was boasted that it could be done in forty-five seconds, and as late as 1899 a professional anæsthetist referred in a discussion on the choice of an anæsthetic to operations for adenoids, which occupied 'a few seconds, or perhaps half a minute,' in their performance. Thus everything gradually combined to damage the prestige of the operation—wholesale performances in cases in which, to say the least, it was not needed; faulty, or at least extremely hypothetical, indications; in but too many instances, technically insufficient execution; a dread of chloroform as an anæsthetic during its performance; and a wide-spread reputation of recurrences. The natural result of all this was bitter disappointment on the part of many parents who had reluctantly given their consent to the operation on the strength of glowing promises concerning improvement in the general health, and disappearance of all possible troublesome symptoms in remote parts of the child's body which would certainly follow its performance, and who saw none of these promises realized. A paper recently published by a lady in one of the monthly reviews depicts graphically enough what is felt in large lay circles about the whole question.

(*To be concluded in our next Issue.*)

CORRESPONDENCE.

A PROPOSED EXTENSION OF THE LONDON HOMŒOPATHIC HOSPITAL.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—There probably has never been a time when greater activity has prevailed amongst our ranks, than at present. A wave of enthusiasm seems to be passing over us, and the prospects of Homœopathy were never brighter.

Since the opening of the new buildings of the London Homœopathic Hospital, the number of patients has enormously increased, and the zeal and interest shown by the staff have never been equalled. The principal increase has naturally been amongst the out-patients, and several new special departments have been opened, which by the large numbers of patients who are attracted to them, sufficiently warrant their existence.

Digitized by Google

There are the same signs of activity in the provinces, notably at Liverpool, Birmingham, Bath, and Bromley, while Hastings, Eastbourne, and Torquay continue their good work, and many other similar institutions are being initiated elsewhere. The recent Presidential Address of the British Homœopathic Society was in itself an inspiration, and the Twentieth Century Fund is going well forward.

The Ladies' Guild of the London Homœopathic Hospital was inaugurated last summer and is already awakening an interest amongst the laity, who seem fully to appreciate the efforts that are being made to acquaint them with the principles of Homœopathy and what we are doing.

It is to the laity we must look for support, *they* are unbiassed in their judgment, and having once experienced the benefits of Homœopathy, very rarely submit again to the old school methods of treatment, unless perchance they happen to settle in some benighted district where at present Homœopathy is not obtainable. There are many such districts, alas, and from these we hear the piteous cry, Come over and help us !

Now how can we best further the interests of Homœopathy and take advantage of the present state of the public mind? Most undoubtedly by means of our hospitals and dispensaries; and now follows a further question—are we Londoners doing what we should for homœopathy? Think of the vastness of our city and its far reaching suburbs, and to supply these millions of people we have *one* hospital in Bloomsbury ! and this has only 100 beds, although we have the land on which to build and double its size.

Think of the number of large allopathic hospitals whose total number of beds amounts to several thousands ! and these are distributed over the metropolitan area, so that patients have not far to go to reach them. But notwithstanding this, our patients at the London Homœopathic Hospital come from all parts, and many take over an hour's journey to reach the hospital where they have found so much benefit. For the morning clinics the patients will often start, in the winter time, while it is yet dark, so as to be in time ! One often hears it said the poor do not appreciate homœopathy, for they like a large bottle of nauseous medicine with a goodly sediment ! I would invite those who hold such views to come to our hospital and see; these notions would soon be dispelled. With such facts as these before us, we must acknowledge that we are not doing what we should in London for homœopathy.

I will now submit a scheme which I venture to hope will meet this want, and which will require only a small outlay of capital. There is no absolute need for the out-patient department of a hospital to be under the same roof as the in-patient

Digitized by Google

department; there are some hospitals in London where out-patients are seen in the densely populated quarters, and the in-patient hospital is far away removed to the more healthy suburbs.

I.—Out-patient departments affiliated with the London Homœopathic Hospital. Suitable neighbourhoods should be selected where consulting rooms, waiting rooms and dispensary could be hired. These should be in a conspicuous and easily accessible part.

II.—The Board of Management of the London Homœopathic Hospital should have supreme control, in the same way as it has at present, over the hospital.

III.—Local and as far as possible influential committees should be formed to carry out all details of the branch, acting under the Board.

IV.—Medical officers should combine in these districts, and work these out-patient departments in the same way as at present they are working dispensaries.

V.—Payment should in all cases be made by the patients on the same scale as exists at most dispensaries, and the proceeds after paying expenses should go as an honorarium to the medical officers.

VI.—The Board of Management should subsidize these out-patient departments until with their local committees they become self-supporting.

There is little doubt that such off-shoots of the hospital would soon become very popular, the status of the medical officers would be superior to those having private dispensaries, and the initiation of such departments should rest with the Board, who would bear the financial responsibility, thus relieving the medical officers of an onus which at present often prevents the successful launching of a dispensary.

By being thus connected with the hospital, these medical officers should benefit by consultation with their colleagues at the central hospital, who would gladly render any assistance—*e.g.*, by admitting serious or interesting cases for more systematic treatment.

The members of the hospital staff would thus be drawn into closer relation with those who are living and practising in the more distant parts of London—" L'union fait la force."

I wish it to be distinctly understood that these are only suggestions and subject to modifications. They are put forward with a view of eliciting friendly criticism, and the details would have to be left to the local committees, who would be chiefly concerned with the selection of sites, etc., of the various departments. The need is pressing. The time is opportune.

I remain, sirs, yours, etc.,

Dec. 20, 1901. J. ROBERSON DAY.

Digitized by Google

NOTICES TO CORRESPONDENTS.

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

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

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

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays and Saturdays, 2.0; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Wednesdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Dental Cases, Wednesdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Wednesdays, 9 A.M.

Letters, etc., have been received from—Dr. PROCTOR (Birkenhead); Miss EDITH NEILD, M.B. (Tunbridge Wells); Dr. BYRES MOIR (London); Dr. ROBERSON DAY (London); Dr. MUNSTER (Croydon).

BOOKS RECEIVED.

The Origin and Nature of Matter and Force, and Life and Mind. By John W. Hayward, M.D.; Birkenhead, 1901. *Practical Medicine.* By F. Mortimer Lawrence, A.M., M.D.; Philadelphia: Boericke and Tafel, 1901. *A Text-book of the Practice of Medicine.* By A. C. Cowperthwaite, M.D., Ph.D., LL.D.; Chicago: Halsay Bros. & Co., 1901. *Cardiac Debility.* By Herbert Nankivell, M.D.; E. Gould and Son, 1901. *Keene & Ashwell's Physician's Diary and Case Book*, 1902. *Star Lore.* By the editor of Zadkiel's Almanac. December; Glen and Co. *The Study of Materia Medica.* By Charles Mohr, M.D.; Philadelphia, 1901. *The Story of the Papaw.* By F. B. Kilmer; Philadelphia, 1901. *Indian Homœopathic Review;* Calcutta, July — November. *Homœopathic Recorder*, November. *Medical Era*, November and December; Chicago. *Homœopathic Recorder*, November. *Tasmanian Homœopathic Journal*; Hobart, October. *Medical Century*, December; Chicago. *Medical Times*, November and December; New York. *Saint Andrew*, December 12. *Homœopathic Envoy*, December; Lancaster, U.S.A. *Pacific Coast Journal of Homœopathy*, November; San Francisco. *Medical Brief*, December. *Minneapolis Homœopathic Magazine*, November. *The Clinique*, November; Chicago. *The Vaccination Enquirer*, December. *Report of the Central Public House Trust Association*, November.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

Digitized by Google

THE NATURAL AND ONLY GENUINE

CARLSBAD SALT

(IN CRYSTALS OR POWDER) is prepared from and contains all the constituents of the famous

'SPRUDEL SPRING' at CARLSBAD

the water of which is largely prescribed in cases of CHRONIC GASTRIC CATARRH, HYPERÆMIA of the LIVER, GALL-STONES, DIABETES, RENAL CALCULI, GOUT, and DISEASES of the SPLEEN, &c.

The **CARLSBAD SPRUDEL SALT** in *Powder* has the great advantage in not being affected by change of temperature or exposure to the atmosphere, and therefore in this form is the most reliable.

☛ *To avoid imitations, see that the wrapper round each bottle bears the signature of the*

SOLE AGENTS,

INGRAM & ROYLE, LTD.,

EAST PAUL'S WHARF, 26, Upper Thames St., E.C. And at Liverpool & Bristol.

Samples Free to Members of the Medical Profession on application.

SUGAR OF MILK

(Purified by Hahnemann's Method),

FOR TRITURATIONS.

Prepared by precipitation with *Alcohol*, the process being carried on in utensils which are reserved exclusively for this purpose, thereby ensuring a perfectly pure sugar.

☛ *By this process all the albuminous substances contained in the whey are entirely removed, and the existence of such impurities as albumose and other poisonous products of decayed albumen is prevented.*

E. GOULD & SON, Ltd., 59, Moorgate Street, LONDON, E.C.

TINCTURES.

"There are two distinct classes of tinctures in homœopathic pharmacy to-day, one prepared from the dry drug, or, more frequently, from allopathic extracts and tinctures; this is the way the cheap tinctures are made that supply those who regard cheapness of more importance than quality in medicine The other class in homœopathic pharmacy, supplied from fresh plant tinctures, tinctures made from plants so fresh from mother earth that they would grow again if replanted. These tinctures contain the real curative forces."—*Homœopathic Recorder*

Digitized by Google

"DÎCULES"

A new and portable form of Homœopathic preparations lately introduced.

Unlike similar preparations, "Dîcules" are not medicated with tinctures of dried vegetable substances (except when such are official), or by evaporation of fresh plant tinctures.

They will be found to retain, in a high degree, the volatile constituents of the fresh vegetable juices peculiar to homœopathic pharmacy, and hence form the best substitute for the tinctures.

The method by which "Dîcules" are prepared renders them capable of being more thoroughly medicated than pilules. Each "Dîcule" represents an exact quantity, namely, one minim (equivalent to about two ordinary drops) of any attenuation.

To those accustomed to use the stronger forms of medicines they are especially recommended.

They also form a good accompaniment to the trituration tablets of insoluble drugs, and are particularly adapted for pocket cases and chests of medicines in the solid form.

They are sold in bottles at **9d.**, **1/-**, **1/9**, **3/-** and upwards.

E. GOULD & SON, Ltd.,

59, MOORGATE STREET, LONDON, E.C.

Third Edition. Revised and Enlarged, cloth 10s. 6d.; half bound, 14s.

THE BRITISH

HOMŒOPATHIC PHARMACOPŒIA.

PUBLISHED FOR THE

British Homœopathic Society,

BY

E. GOULD & SON, Ltd., 59, Moorgate Street, E.C.

Digitized by Google

THE NATURAL MINERAL WATERS OF

VICHY

CELESTINS.

For Diseases of the Kidneys, Gravel, Gout, Rheumatism, Diabetes, etc.

GRANDE-GRILLE.

For Diseases of the Liver and Biliary Organs, etc.

HOPITAL.

For Stomach Complaints.

All the above mix well with Wines and Spirits.

CAUTION.—Each Bottle from the State Springs bears a Neck Label with the words "**Vichy-Etat**" and the names of the Sole Agents—

INGRAM & ROYLE, LTD.,

LONDON:	LIVERPOOL:	BRISTOL:
26, Upper Thames Street, E.C.	19, South John Street.	Bath Bridge.

NOW COMPLETE.

Parts I., II. and III., Large 8vo, pp. 96. Price 4/- *each.*
Part IV., pp. 144. Price 6/-.
IN ONE VOLUME. Cloth. Price 21/-.

A Repertory to the Cyclopædia of Drug Pathogenesy.

AN INDEX SYMPTOMATUM

COMPILED BY

RICHARD HUGHES, M.D.

"It should be understood that, outside of its importance as a complement of the *Cyclopædia of Drug Pathogenesy*, this work will form a distinct repertory in itself; the most reliable and valuable, up to the present time, of any repertory in homœopathic literature."—*New England Medical Gazette.*

London: E. GOULD & SON, Ltd., 59, Moorgate Street, E.C.

Digitized by Google

TONIC WINE.

DIGESTIVE. NON-IRRITANT.

A CARDIAC TONIC.

A natural Wine which does not contain Coca, Kola, or any like drug.

This wine has now thoroughly established its reputation, and has been prescribed with success by many of the leading homœopathic practitioners for some years past.

It is eminently suited to persons of a nervous temperament who suffer from weakness of the heart's action, and weak digestive powers. It has no irritating effect on the mucous membranes like most wines and spirits.

It raises the vitality, while whisky and other spirits, however much diluted, lower it.—(*Foods:* By Dr. EDWARD SMITH, F.R.S.)

Nearly all wines (except the most expensive) and spirits irritate the mucous membranes of the alimentary canal, causing flatulence, ultimate depression of spirits, &c.

Persons of gouty or rheumatic disposition, who drink no other alcoholic liquors, may use this wine with great benefit.

As it creates no craving for stimulants, its use as a tonic may be discontinued at any time without inconvenience. By raising the vitality it tends to enable patients to dispense with the use of alcohol altogether.

"VOCALISTS would do well to give the new 'tonic wine' a trial. It is undoubtedly the best wine now in the market, as it raises the vitality and assists digestion, and does not contain coca, kola, or any like drug. In flavour it resembles a pure dry hock, and we can, from experience, recommend it to all vocalists, as it brightens the voice without the after depression which generally follows the use of wines, &c."—*The Gentleman's Journal*, August, 1892.

It is sold in half bottles at 16/- per doz., carriage free.

E. GOULD & SON, Ltd.,

59, MOORGATE STREET, LONDON, E.C.

Digitized by Google

LONDON HOMŒOPATHIC HOSPITAL,

Great Ormond Street, Bloomsbury, W.C.

Treasurer—*THE EARL CAWDOR.* *Chairman*—*J. P. STILWELL, Esq.*

Supported by Voluntary Contributions. Donations and Annual Subscriptions ARE EARNESTLY SOLICITED. The Hospital is always open to the inspection of Visitors, and Clinical Instruction is given in the Wards and Out-patient Department to Medical Students and Practitioners, affording a valuable opportunity of acquiring a knowledge of Homœopathic Medicine. Clinical Assistants to the Physicians and Surgeons are appointed half-yearly, and Certificates granted by the Medical Staff. The In-patients numbered over 1,128 last year; the Out-patients over 20,600. The number of Patients treated since the inauguration in 1849, approaches 400,000. The Hospital has a staff of 45 Nurses for Ward Nursing and Nursing Invalids at their residences.

G. A. CROSS, *Secretary-Superintendent.*

SUCCUS CALENDULÆ.—The expressed juice of **Calendula** has been found by many practitioners to possess healing properties superior to those of the alcoholic tincture, and it is now preferred by many as a topical application in spray and on dressings in all cases which indicate the use of **Calendula.** It contains only sufficient alcohol to preserve it.

Supplied by E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C.

HAVERSTOCK HOUSE, Cheriton Place, Folkestone, conducted on Christian and Temperance principles. Every comfort for those not strong (non-infectious) and others. Those unable to walk taken to and fro to sea front and Leas Shelter in bath chairs (free) morning and afternoon. Private sitting-room if desired. Terms: Board residence, 2 to 3 guineas weekly; reduction October to Easter. Cycles housed.—Miss WOODWARD (Member of Royal British Nursing Association). Telegrams, "Comfort." Book Central Station.

APPRENTICE WANTED. THOMPSON & CAPPER, Homœopathic Chemists, 55, Bold Street, Liverpool.

Just Published. 36 pp., Illustrated. Price 1s.

CARDIAC DEBILITY. A paper read before the British Homœopathic Congress, held at Liverpool, 1901. By HERBERT NANKIVELL, M.D.

LONDON: E. GOULD & SON, LTD., 59, MOORGATE STREET, E.C.

Just Issued.

THE PRACTICE OF MEDICINE. By A. C. COWPERTHWAITE, M.D., Professor of Materia Medica and Therapeutics, Chicago Homœopathic Medical College; Ex-President American Institute of Homœopathy, etc. A handsome volume of 1039 pages. Cloth, 30s. Half Morocco, 35s.

PRACTICAL MEDICINE. By F. MORTIMER LAWRENCE. 1901. 15s. net.

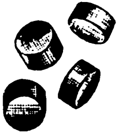
LONDON: E. GOULD & SON, LTD., MOORGATE STREET, E.C.

NEW WORK. **Practice of Medicine,** containing the Homœopathic Treatment of Diseases, by PIERRE JOUSSET, M.D. Translated from the Third French Edition with additions and annotations by J. ARSCHAGONNI, M.D. 38/- nett. E. GOULD & SON, Ltd., 59, Moorgate Street, E.C.

Published Quarterly. Price 2s. 6d.

THE JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY, Edited by RICHARD HUGHES, M.D. Containing papers read before the Society, and a Summary of Pharmacodynamics and Therapeutics. JOHN BALE & SONS, Ltd., 85, 87, 89, Great Titchfield St., Oxford St., London, W.

TRITURATION TABLETS.



Each containing One Grain of any Trituration.

THESE ARE NOT RECOMMENDED IN CASES WHERE PILULES CAN BE PREPARED, BUT AS AN ACCURATE AND CONVENIENT FORM FOR DISPENSING THE INSOLUBLE MEDICINES.

THEY ARE NOT COMPRESSED, BUT MOULDED.

COMPRESSED TABLETS USUALLY CONTAIN TALC (a magnesium silicate analogous to Hahnemann's Silicea), GENERALLY USED WITH COMPRESSING MACHINES Besides this they are VERY INSOLUBLE.

NO ADDITION OTHER THAN SPIRIT IS REQUIRED IN MOULDING THESE TABLETS.

Each Tablet contains one grain of trituration, and they are put up in bottles containing 100, 300 and 1,000 respectively

TABLETS NOT IN STOCK WILL BE FURNISHED ON SHORT NOTICE.

E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C.

Digitized by Google

NEW AND STANDARD WORKS.

Notices of Books Published during the last Twelve Months are inserted under this heading at the same tariff as Short Pre-paid Advertisements.

Now ready. Price 2s. 6d. net.

Hahnemann's Therapeutic Hints. Collected and arranged by R. E. DUDGEON, M.D.

Now ready. Crown 8vo, 208 pp., cloth. Price 3s. 6d.

Diseases of the Heart and Arteries; Their Causes, NATURE AND TREATMENT. By JOHN H. CLARKE, M.D., C.M. Edin.

Fourth Edition. Price 3s. 6d.

Homœopathy in Venereal Diseases. By STEPHEN YELDHAM, L.R.C.P. Ed., M.R.C.S. Eng., Consulting Surgeon to the London Homœopathic Hospital, Fellow, and late President of the British Homœopathic Society, etc. Edited, with additions, and an Original Chapter on Spermatorrhœa, by HENRY WHEELER, L.R.C.P. Lond., M.R.C.S. Eng., late Surgeon to the London Homœopathic Hospital. This work is based on experience gained during half a century of active practice.

Price 2s.

Dogs in Health and Disease, as Typified by the Grey- HOUND. By JOHN SUTCLIFFE HURNDALL, M.R.C.V.S.

Seventh Edition, enlarged and revised. Post free, 1s. 6d.

Taking Cold (the cause of half our diseases); Its Nature, CAUSES, PREVENTION, AND CURE: Its frequency as a cause of other diseases, and the diseases of which it is the cause, with their diagnosis and treatment. By JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A.

Third Edition, enlarged and revised, pp. 728. Price 5s.

Modern Household Medicine; a Guide to the Mode of RECOGNITION AND THE RATIONAL TREATMENT OF DISEASES AND EMERGENCIES INCIDENTAL TO DAILY LIFE. By CHARLES ROBERT FLEURY, M.D., Licentiate of the Royal College of Physicians, London; Member of the Royal College of Surgeons, England; formerly Clinical Resident at the Richmond Surgical, Whitworth Medical, and Hardwicke Fever Hospitals, Dublin; and late Medical Officer to the Peninsular and Oriental Company, in the East Indies, China, and the Mediterranean.

Second Edition. Strongly bound, cloth boards. Price 1s. 6d.

Chronic Sore Throat (or Follicular Disease of the PHARYNX). Its Local and Constitutional Treatment, with Special Chapters on THE ART OF BREATHING, and HYGIENE OF THE VOICE. By E. B. SHULDHAM, M.D., Trin. Coll., Dublin, M.R.C.S., M.A. Oxon.

Sixteenth Thousand. Revised and enlarged, pp. 264. Price 2s. 6d.

The Principal Uses of the Sixteen most Important, and FOURTEEN SUPPLEMENTARY HOMŒOPATHIC MEDICINES. Arranged according to the plan adopted in Physicians' Manuals, and designed for those who require a full and comprehensive Guide, in a condensed and easy form. Compiled from the Standard Medical Works of JAHR, HULL, HEMPEL, BRYANT, HALE, &c.

Fourteenth Thousand. Enlarged and modernised. Price 2s. 6d.

Family Practice; or, Simple Directions in Homœopathic DOMESTIC MEDICINE. Compiled from the Standard Medical Works of JAHR, HULL, HEMPEL, BRYANT, HALE, &c.

"This little work differs from most of the Guides for Domestic Practice, in having the treatment of each disease so arranged and divided, that each particular aspect of the complaint has its own special medicinal and accessory treatment distinctly stated. The medicines are not confined to a fixed number, but in every case the best remedies are given, and the dose is clearly indicated in each instance."

Seventh Edition. Price 1s.

The Family Homœopathist; or, Plain Directions for THE TREATMENT OF DISEASE. By E. B. SHULDHAM, M.A., M.D., etc.

"We have no hesitation in saying that Dr. Shuldham's little book is both interesting and useful. It is thoroughly practical, moreover; and without confusing the reader with a host of remedies, only a few of which are of frequent use, he points to such as have been well tested in practice and have received the confidence of all who have used them."—*Homœopathic Review.*

E. GOULD & SON, Ltd., 59 Moorgate Street, E.C.

Digitized by Google

ABBREVIATED CATALOGUE

OF THE LATEST

AMERICAN HOMŒOPATHIC PUBLICATIONS.

The A B C Manual of Materia Medica and Therapeutics. G. Hardy Clark. 197 pages. 1901. 5/- net.

Practical Homœopathic Therapeutics. Dewey. 1901. 12/6 net

Characteristics of the Homœopathic Materia Medica. M. E. Douglass. 1901. 25/-.

Mental Diseases and their Modern Treatment. S. H. Talcot. 1901. 12/6.

A Monograph of Diseases of the Nose and Throat. George H. Quay. 2nd Edition. 1900. 6/6 net.

A Systematic Alphabetic Repertory of Homœopathic Remedies. Antipsoric, Antisyphilitic and Antisycotic. Bœnninghausen. Translated by C. M. Boger. 1900. 15/- net.

Skin Diseases. Their Description, Etiology, Diagnosis and Treatment. M. E. Douglass. Illustrated. 1900. 17/6 net.

New, Old and Forgotten Remedies. Anshutz. 1900. 10/- net.

Leaders in Typhoid Fever. Nash. 1900, 3/- net.

Key Notes and Characteristics. H. C. Allen. 2nd Edition. 1900. 10/- net.

Children: Acid and Alkaline. Duncan. 1900. 3/- net.

Repertory of the Urinary Organs and Prostate Gland. Morgan 1899. 15/- net.

Diseases of Children. Raue. 1899. 15/- net.

A Practice of Medicine. Arndt. 1899. 40/- net.

Leaders in Homœopathic Therapeutics. Nash. 1899. 12/6

Renal Therapeutics. Mitchel. 1898. 10/- net.

Therapeutics of Facial and Sciatic Neuralgias. Lutze. 1898. 6/6 net.

Veterinary Homœopathy in its Application to the Horse. Hurndall. 1896. Cloth, 10/- net.

The Chronic Diseases. Hahnemann, 1896. Half-Morocco, 50/- net.

Essentials of Homœopathic Therapeutics. Dewey. 2nd Edition. 1898. 7/6 net.

Essentials of Homœopathic Materia Medica. Dewey. 3rd Edition 1899. 9/- net.

Bee Line Therapia and Repertory. Jones. 1899. 10/- net.

The Twelve Tissue Remedies. 4th Edition. Boericke and Dewey. 1899. 12/6.

Ophthalmic Diseases and Therapeutics. Norton. 2nd Edition. 1898. 25/- net.

E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C.

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 07671 5237

HAHNEMANN'S MATERIA MEDICA PURA.

Translated from the latest German Editions by R. E. DUDGEON, M.D., with Annotations by Dr. R. HUGHES. Two vols. 36s.

This work gives the most faithful and complete English translation of the latest editions of the *Materia Medica* of the Master of the homœopathic school. It has been carefully edited, and contains improved versions of the original, whereby both the faithfulness and the readableness of the translation have been greatly improved. Every real student of homœopathy should possess this book.

E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C.

THE TEMPERANCE CRITIC,

MONTHLY, **2d.** OF ALL NEWSAGENTS.

The *April* issue contained RACIAL FAMILIARITY WITH ALCOHOL, by G. ARCHDALL REID, M.B.

,, *May* ,, ,, SCIENTIFIC REPORT ON HEREDITY OF INEBRIETY.

,, *June* ,, ,, SUGAR AND ALCOHOLISM.

Office:—BRETT'S, 5, PILGRIM STREET, LONDON, E.C.

Third Edition, enlarged and revised, price 5s.

Modern Household Medicine.

A GUIDE TO THE MODE OF RECOGNITION

AND THE

RATIONAL TREATMENT

(Homœopathic, Hydropathic, Hygienic and General)

OF DISEASES AND EMERGENCIES INCIDENTAL TO DAILY LIFE

By CHARLES ROBERT FLEURY, M.D.

Licentiate of the Royal College of Physicians, London; Member of the Royal College of Surgeons, England; formerly Clinical Resident at the Richmond Surgical, Whitworth Medical, and Hardwicke Fever Hospitals, Dublin; and late Medical Officer to the Peninsular and Oriental Company, in the East Indies, China and the Mediterranean.

"The therapeutic information conveyed is sound, although the doses recommended are to say the least, unnecessarily large. With the general hygienic and dietetic sections we in the main agree."—*Monthly Homœopathic Review.*

"The emigrant or the colonial cannot possess himself of a more useful *vade mecum* than the book we have been discussing. It reflects the utmost credit upon the author, and in the hands of any intelligent person its information may be the means of doing incalculable service to those in need. This, the second edition, has been revised and enlarged; it is issued in a very handy sized volume, and is admirably printed in very clear type."—*Colonial Trade Journa'.*

E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C.

And all Homœopathic Chemists and Booksellers.

Digitized by Google

E. GOULD & SON, LTD.,

CHEMISTS BY APPOINTMENT TO THE LONDON HOMŒOPATHIC HOSPITAL,

MANUFACTURING HOMŒOPATHIC CHEMISTS.

WHOLESALE AND RETAIL.

No. 1.—Handsome Mahogany, Oak, or Fancy Wood Chest.

Adapted to the **"TEXT BOOK OF MODERN MEDICINE AND SURGERY."**

This Chest contains 120 two-drachm bottles of Pilules (or Tinctures if preferred) with the Book in the upper part, and 24 half-ounce stoppered bottles of internal Tinctures in frequent use, 6 two-ounce stoppered bottles of external Tinctures, a pair of Medicine Cups and Medicine Spoons in the drawer, together with Lint, Arnica and Calendula Plaster, Oiled Silk, Scissors, Drop Conductor, Pilule Spoon, &c., forming a very compact and perfect Chest of Medicines.

Retail Price £10.

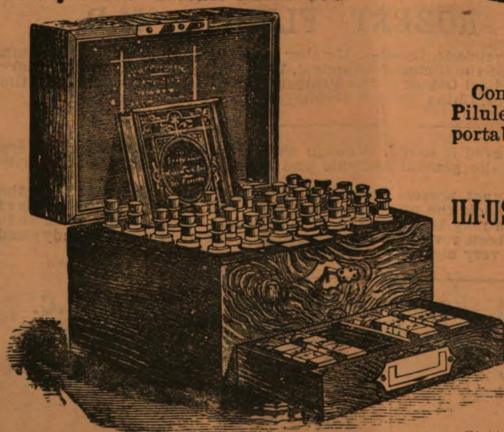
No. 15.—Mahogany or Fancy Wood Chest.

Containing 30 two-drachm bottles of Pilules or Tinctures, with drawer, including 3 one-ounce stoppered bottles of external remedies, and one of Camphor (specially secured), Arnica Plaster, &c.; also a copy of the "Stepping-stone to Homœopathy," best binding, in a separate compartment. The whole forms a very complete Family Chest. **Retail Price 45s.**

Morocco Pocket Case.

Contains 24 one-drachm bottles of Pilules or Tinctures, in a compact and portable form.

Retail Price 21s.



ILLUSTRATED LIST OF MEDICINE CHESTS, ETC.,

Now Ready, Post Free.

59, MOORGATE STREET, E.C.

Digitized by Google