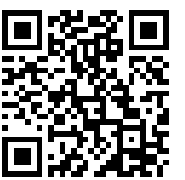

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THE MONTHLY

HOMŒOPATHIC REVIEW.

SOUND ADVICE.

It may have caused our readers some wonder to see in our January issue so much space taken up with the re-printing from the *British Medical Journal* of a large part of a long lecture (the first of two lectures) by Sir Felix Semon. Such reprints are often looked on as mere "padding," and passed over with a slight glance. But this one is an exception, and, though long, we considered that we should be wanting in our duty to our colleagues, the majority of whom are not members of the British Medical Association, and who consequently do not see its Journal, were we to pass over these admirable lectures in silence. They are not only admirable in themselves for the masterly manner in which the subject, a comparatively limited speciality, is treated, which, however, in itself might not interest some of our readers, but their value especially consists in the broad, judicial, judicious, and philosophical views expressed as to the right mode of treatment, and as to the mode of surgical practice which is rampant at the present day. We therefore deem it our duty to point out here the special features of these lectures, and to advise every one of our colleagues, whether taking up this speciality more or less or not, to study them carefully. The lectures are entitled "*Some thoughts on the principles of local treatment in Diseases of the Upper Air Passages*," and were delivered

at the Medical Graduates' College and Polyclinic on October 2nd and 9th, 1901, by SIR FELIX SEMON, M.D., F.R.C.P. It might be suggested that the lectures could have been "boiled down" for our pages, but we think that everyone who reads them will agree with us in judging that such a course would have been impossible without taking out the pith of the whole thing. The actual words of the lecturer required to be given in full in order to produce the impression they were designed to make. Had we, as homœopaths, ventured to make the statements and enunciate the views expounded by SIR FELIX, we should have been told we were behind the age, and not appreciative of the strides that surgery has made in the last thirty years, or even twenty years, and our suggestions would have been smiled at by surgical members of our school, to say nothing of the sneers of our friends of the old school. It needed a man in authority, a man whose position in the profession is of the first order, and whose statements could not lightly be gainsaid, to speak as SIR FELIX has done. Many a man of lesser authority and position would have shirked the *onus* of speaking out freely, though his views might be sound, for fear of obloquy and of being "sat on" by his colleagues. We therefore honour SIR FELIX SEMON for his manly courage in expressing himself as he has done. We thank him for it, and for his sound and much-needed advice. He begins by quoting with approbation from Dr. GOODHART'S address at the meeting of the British Medical Association at Cheltenham, in which he (Dr. GOODHART) says: "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 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." SIR FELIX SEMON then continues: "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."

These weighty words do not imply that SIR FELIX decries operative procedure. Far from it. He only points out the prevalence of this "lust of operation" which is so prominent at the present day. He very clearly shows by accurate description what cases are suitable for, and require operation, while equally clearly he describes those in which operation is not required, is not justifiable, and is often injurious. Surgery has wonderfully advanced in recent years, and results have been attained by it which could not otherwise have been

attained, and so far from decrying surgical operation in cases really requiring it, we gladly recognize that it can do what therapeutical treatment cannot. Cases which, if taken in time, might be easily remediable under suitable medical treatment, are allowed to go on till such an amount of diseased tissue forms as to be beyond the remedial scope of drugs. These are the cases for operation. But in the present day one cannot fail to see that cases of certain forms of disease, however slight, are at once relegated to surgery, and this it is that SIR FELIX SEMON deplores. Even in the case of that popular and recently discovered disease "adenoids," as soon as their presence is diagnosed the advice is, "Have them removed." And patients' parents now look on this as the only thing to be done. Whereas in the knowledge and practice of us all, and as SIR FELIX clearly states, many cases of adenoids do not require to be interfered with surgically, but get quite well under therapeutic constitutional treatment. It may require a little time and patience, but they do get well. Such examples are those, as SIR FELIX points out, where the symptoms produced are slight and in no way interfering with health, and, in fact, are often for a time completely absent, recurring, only for a time, with a transient catarrh. All these diseases, of which adenoids might be taken as an example, are due to constitutional causes, which develop a local malady, and by constitutional treatment they can be cured, unless they have, as we already have said, been allowed to go on untreated till the local mischief is too far advanced to be influenced by drugs. And yet these cases, when operation is not called for, and when the triumph of therapeutic treatment is so well demonstrated, are at once relegated to operation. In the old school one may pardon this "lust of operation," since their remedial measures, in the shape of drugs, are so limited, but in the homœopathic school there is no excuse with such a number of potent remedies in their hands which are known by large experience to influence in a striking manner the disorders of health which produce these local troubles. We are glad to see SIR FELIX SEMON speak so clearly and fearlessly on these points, denouncing operation when unnecessary, and advocating therapeutical and hygienic treatment instead. It may be said that surely these remarks have nothing to do with homœopathic practitioners. But there is a considerable impression abroad,

and we fancy there is just a little bit of ground for it, that homœopaths who practise surgery are influenced by this surgical "boom," or as Dr. GOODHART and SIR FELIX SEMON term it, the "lust of operation." They may be unconsciously influenced by the wish not to be behind their colleagues of the old school, and the temptation to get rid of the disease quickly and at once is strong. *Hinc illæ lachrymæ.* We consider that homœopaths, of all men, ought to be in the forefront of those who adopt therapeutic treatment in the first place, and perseveringly, and only resort to operation when the case does not improve as expected, or when the case presents itself at the outset as so far advanced in extent, and in the interference with health and development, as to unmistakably demand operative proceedings. We quite readily admit that unfortunately a large proportion of examples of the classes of disease we are referring to have already, when *first* presenting themselves for advice as hospital out-patients, reached the stage when operation is inevitable. And continuing our example of adenoids as a type of the class of disease we are speaking of, if operation were uniformly successful there would be much to be said for early operation. But it is well known that disappointment not infrequently occurs in the recurrence of the complaint, while some serious results have occasionally followed unnecessary operations, as SIR FELIX points out. We hold it is the duty of homœopathic surgeons to strive to show what therapeutics can do in cases not absolutely requiring immediate operation. It is their duty to their patients who consult them as homœopaths, and it is their duty also to the great cause of homœopathy which they represent. Although in the above remarks we take adenoids as our text, and are only following the lead of SIR FELIX SEMON, they apply also to other diseases which are remediable by patient therapeutic treatment. We cannot keep too closely in our minds the great doctrine that local diseases are in reality due to constitutional causes, and are really only the local manifestation of general disordered health. This was strongly insisted on by HAHNEMANN, whose views were far in advance of his age, and at the present day are found to be in harmony with the most recent views of pathology. And it is quite refreshing to hear SIR FELIX SEMON speak as he does on the mistake, to put it in a mild way, of operating

when there is no distinct necessity. Had we penned these remarks some time ago we should have been taken to task for advocating a retrograde treatment. But now we can speak out when we are backed by such an authority as SIR FELIX. At the present time, when a new "plan of campaign" is being started for the more active and energetic pushing of homœopathy by means of the "Twentieth Century Fund," and the large scheme of development sketched out by Dr. BURFORD in his presidential address at the British Homœopathic Society, it is doubly imperative on all of our school to develop the full resources of homœopathy and show what can be done by its benign methods. We should not allow ourselves to be led into the "lust of operation" merely because it is quick and shows immediate results, disregarding its being in many cases unnecessary, to say nothing of the tendency to recurrence, with consequent dissatisfaction to the patient and his relatives. We have ourselves, and others have also, cured cases of adenoids by therapeutic measures when they had been relegated to the surgeon by other advisers, and such a record ought to be the pride of homœopaths. These remarks, *though specially on adenoids* as our illustration, apply to other diseases in which the triumphs of homœopathy have been shown, but where nowadays operation is resorted to at once on the ground of quickness and brilliant result, and for fear of possible consequences if the case is not operated on. This fear SIR FELIX SEMON also speaks of, and shows how often it and its prophecies of impending evil have been groundless. His remarks on the necessity of making sure that the symptoms produced by any local disease are sufficient to justify operation, or, as he puts it, "the necessity of a proper proportion being observed between the gravity of the disease and that of the interference" are admirable and well worth the study of all. They ought to be "read, marked, learned, and inwardly digested" by all. So also are his carefully-argued-out paragraphs on the reflex disturbances supposed to be produced by trivial nose and throat conditions. These are at the present day brought prominently forward by some surgeons as a reason for operations, often of a severe, serious, and even dangerous character, when it is a question whether these reflex disorders have any connection whatever with the trivial abnormality in the nose or

throat. And SIR FELIX points out that men and women can be perfectly well in health and comfort with a trivial abnormality in some part of the body, which had best be left alone, but which is seized on by operators as requiring surgical interference. Had it not been that we resolved to print these two remarkable lectures in full we should have had to make many extracts in support of our remarks, but this now is rendered unnecessary. We can only in this article draw attention to the main points in the lectures, give them our hearty support, and trust that every one of our readers will peruse carefully and thoughtfully every word in them. They are not to be skipped over, but fully read and carefully pondered.

HOMŒOPATHY DEFINED.

By ALFRED C. POPE, M.D.

IN directing the use of a given medicine for the purpose of curing or relieving diseases, with the object, that is, of modifying or altering the tissues and functions of the body in the direction of health, the physician bases the choice of his remedy upon one or other of several principles. This is denied by some, who assert that there is no such thing as a therapeutic principle. "Empirical," we have been told, "were the foundations of the practice of medicine in the days of old, and empirical are they still." But even empiricism may be regarded as a therapeutic principle —that principle, *viz.*, which dictates the choice of a medicine as a remedy in a given case, because it had previously proved effective in a similar form of disease.

It is impossible that a physician should prescribe without having some reason for the selection he has made, based upon the real or supposed properties of the drug he orders. This may be found, in certain cases, in the supply of one of the constituents of the body, which has apparently become deficient in quantity or altered in quality, such as iron in chlorosis or phosphate of lime in rickets. Useful as this method of treating disease occasionally is, it is the morbid tendency to give rise to such a deficiency that we have to correct, in order to *cure*, rather than mechanically to supply the lacking material.

Some causes of ill-health, such, *e.g.*, as epizoa and entozoa, we can remove directly. The parasiticide is in such cases indicated by the presence of the parasite. Here, however, we oftentimes have to deal with a condition of ill-health over and above that caused by the presence of the parasite—a condition conducive to its growth and nourishment, and then the mere selection of a parasiticide will be insufficient to completely relieve the patient.

The antipathic principle is that which commonly suggests a larger number of medicines as remedies than any other—*contraria contrariis curantur* is the formula expressing it. Thus *opium*, which produces drowsiness in health, is given to remedy sleeplessness. The aperient is chosen because its physiological action is to produce diarrhœa; when the urine is defective a substance is prescribed which is known to excite the secretion of large quantities of urine in health.

Superficially looked at, this plan sounds very plausible. But when put to the test of experiment its uselessness as a means of *cure* becomes only too apparent, while on the other hand, as one on which a palliative may be prescribed, and relief thereby afforded for a time, it is that on which all physicians are in some few instances of incurable and painful disease, and in some depending upon mechanical obstruction, such, for example, as stricture of the rectum, called upon to prescribe. But to hope to *cure* constipation by purgatives or sleeplessness by narcotics is to entertain a delusion, to attempt it is to be led into a snare; and it is the having done so which has, I believe, led to that general scepticism as to the value of medicines at all which has been so prominent a feature of therapeutics during the last fifty years.

The allopathic principle directs the prescription of a medicine operating directly on a part of the body at a distance from that which constitutes the centre of disease. Of this, croton oil given in apoplexy is an example. It is one which tends to complicate disease rather than to relieve it; to create additional mischief rather than to cure that which already exists.

Finally, I come to consider the homœopathic principle. Homœopathy consists in prescribing a medicine which, when taken in health, will produce a condition similar to that we desire to cure. It is thus the very reverse both of the antipathic and of the allopathic principles.

That such a principle is one which is available in practice has been recognized since the days of Hippocrates. The history of medicine throughout all ages, and more especially during the last century, teems with illustrations of the successful empirical uses of drugs which on investigation prove to have a homœopathic relation to the condition in which they were prescribed. Of the former, Hahnemann collected a considerable series and published them in his *Organon der Heilkunst*, and my colleagues, Dr. Dyce Brown and the late Dr. Drummond, of Manchester, have each published a large number of the latter.

We find, then, in the study of empirical medicine a sufficient amount of *a priori* evidence of the possibility of the principle *similia similibus curentur* being one leading to the selection of medicines capable of assisting in the cure of disease. The question indeed comes to be, not whether homœopathy is true, not whether a homœopathically prescribed drug is a means of cure, but, first, in how large a proportion of cases of disease it is so; and secondly, whether it enables us to cure more rapidly, more safely, and more pleasantly than any other principle. These are questions which experience, and experience alone, can enable us to answer. This experience has been furnished in abundance during the last hundred years, and it teaches us that, with but few exceptions—exceptions which were very clearly set forth by Dr. Hughes in a lecture delivered at the London Homœopathic Hospital in 1882 and afterwards published in the *Homœopathic Review* for August of that year—this principle can be advantageously adopted in nearly all instances. With regard to the second question, this century of experience answers it in the affirmative with unmistakable clearness and emphasis. The evidence which has been adduced from hospital and private practice, from the treatment of epidemic diseases of the virulence of cholera and yellow fever, from the maintenance of health in large public institutions where in illness the inmates are treated homœopathically, attests that when medicines are prescribed homœopathically disease is less fatal, its deviation is less protracted, convalescence is less tedious, and those *sequelæ* which are occasionally met with after some acute diseases are less frequent than when they are given on any other principle known in therapeutics.

We practise homœopathy, then, when we prescribe

medicines capable of producing in healthy persons a condition like that we desire to cure. That we may so practise it is essential in the first place that we ascertain what conditions of ill-health drugs will give rise to.

Prior to the time of Hahnemann knowledge of the actions and uses of drugs was derived mostly from tradition obtained by accident or from experiments on the sick; while of late years such knowledge has been sought for by experiments on the lower animals.

A few years previously to Hahnemann's recognition of the law of similars as a therapeutic guide, von Stoerck and Stahl had made a few experiments with drugs upon persons in health. These, however, were for the most part resultless; and necessarily so, for as the late Dr. Bristowe has said, "We must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy."

Hahnemann was, however, the first physician systematically to examine the properties of medicines by observing the effects they produce upon man in a state of health. The experiments made by him were numerous, conducted systematically, and in strict accordance with a series of rules laid down by him in the *Organon*. The results are given in the words of the experimenters themselves. There was no terse theorising as to the tissues affected or the manner in which they were influenced. The symptoms produced, the sensations experienced, and the appearances to which each substance gave rise have alone been recorded. Hence these observations are valuable for all time. Had they been given to us in the form of inferences from the symptoms they would ere now have been of little service. Pathology and physiology were during the first years of this century in their infancy, and the major portion of the physiological and pathological theories based upon the supposed knowledge of that day have given place to others—the result of wider and deeper researches.

In addition to experiments made upon human beings, cases of poisoning have furnished much valuable and exact information as to the effects of drugs. In some instances, too, we may add to our stock of knowledge on

[1] *Brit. Med. Journal*, August, 1881.

this subject by studying the effects of over-dosing during illness. Here, however, great caution is requisite in drawing conclusions in distinguishing between the symptoms produced by disease and those excited by the drug.

Experiments upon the lower animals are useful in so far as they enable us to trace back to certain tissues the symptoms evoked during life. To rely solely upon such observations in order to acquire a knowledge of the effects of drugs upon human beings is misleading in many ways. Different species of animals are often differently affected by the same substance; while the functions of life are differently performed by different species.

Moreover, in order accurately to compare disease occasioned by ordinary causes with such as has been produced by a drug, we require the expression both by the patient and the prover of symptoms of sensations. The existence of a morbid condition can only be realized by symptoms and signs. It is by these that we frame our diagnosis, by these that we differentiate between bronchitis, pneumonia and pleurisy; and it is by these that we distinguish the most suitable medicine to prescribe from one that is less appropriate.

It is often alleged against homœopathy that it is a plan of prescribing for symptoms to the neglect of conditions. This is far from being the case. The condition is in truth reflected, revealed by the symptoms, but then it is so not by individual symptoms, but by all, by the totality of them. It is the antipathic method which regards symptoms merely, and then only some one or two especially prominent ones. Now whatever theory may be entertained as to the nature of a morbid process, be it the result of one of the ordinary causes of disease or of a poison, if the symptoms produced in both instances are closely similar we have every reason to believe that the tissue affected and the manner in which it is disturbed are in both instances alike. Hence it comes that when prescribing by the light of the totality of the symptoms we are most surely prescribing for the disordered condition which gives rise to those symptoms.

It is, then, by experiments upon healthy men and women, and by the results of poisoning with individual drugs, that we learn the pathogenetic properties of our medicines. It is thus that our Materia Medica has been

built up; from these sources it is that we are enabled to prescribe homœopathically.

Having by researches of this kind been placed in a position to use a medicine, we have next to consider how it must be given. In the *first* place it must be given as it was proved or experimented with, *viz.*, alone and uncombined with any other. To give two or more medicines in one draught is to give a substance regarding the action of which we can only guess, the effects of each when taken alone may be known, but what will be the result of their collective administration cannot, for lack of previous experiment, be predicted with any degree of certainty. In order then that we may *know* what we are doing, we must limit our prescription to one medicine. While in order to practise homœopathy it is essential to give but one medicine at a time, doing so has other advantages of no small importance. Not the least of these is that when a medicine is prescribed in its simple form we are able to determine its value in a given case with far greater accuracy than it is possible for us to do when it forms a part of a mixture. Knowing from our experiments with a given drug upon healthy persons the organs and tissues on which it acts, for which it has a special affinity, we are able to prescribe it specifically, and by giving it alone we know that no other parts of the body are influenced by our prescription. In this way we avoid all possibility of producing perturbation in organs and tissues which are so far comparatively healthy.

While the most satisfactory and the safest practice is on all occasions to prescribe a single medicine, a method has been commonly adopted in some cases of giving two medicines in alternation, leaving an interval of time between the dose of each, of greater or less length according to the degree of acuteness of the illness we are endeavouring to control.

On scientific grounds this practice is indefensible. In all cases it should be our endeavour to discover a medicine presenting in its proving symptoms similar to *all* of those in the case before us. At the same time experience has largely ratified the propriety of this latter plan in certain instances. Notably has it done so in acute disease when, with local inflammatory action, there is at the same time high fever. The fever is checked by aconite, which is inadequate by itself to control active inflammation of

tissue. Take for example the case of pleurisy. Here experience has taught us that by giving aconite alternately with bryonia, disease is more rapidly relieved than when we give either medicine alone. The proving of aconite directs us to its use in sthenic fever, just as that of bryonia does to its employment in inflammation of the pleura. Though approaching the practice of polypharmacy this method of alternation still differs from it. Each medicine is given by itself, and, being so acts upon the part for which it has an affinity; an interval of time being allowed to elapse before a second is given, there is small opportunity for any complication of influences to arise. Again, when two medicines are given alternately they are so because the entire morbid condition is not completely covered in its similarity by either. Hence the one may be assumed to influence the part for which it has been shown to have an elective affinity, and the other that on which *it* has been found to operate. While, by being given in small doses, the improbability of the action of the one interfering with that of the other may fairly be regarded as considerable.

While, then, our aim should ever be to give but one medicine at a time, we must be prepared to deviate from this course in some cases; these being, for the most part, either such as are acute or chronic diseases of a complicated form.

Secondly, the homœopathically selected medicine must not only be given in the form in which it was proved, in that in which it gave rise to the symptoms which have suggested it as a remedy, but it must be prescribed in a small dose.

When we reflect upon what we are doing when giving a patient a homœopathically indicated medicine, the reasonableness, nay, the necessity, for the small dose cannot fail to be apparent. In so prescribing, we are giving a drug which previous experiment has assured us influences the health of the very tissue or organ that disease has rendered especially and peculiarly susceptible to the influence of that drug. If, then, a given dose of a drug will excite irritation in a tissue which is healthy, which has from the mere fact of its being healthy a certain power of resistance, how much less will be required to affect that tissue when disease has diminished that power of resistance. We may be perfectly sure that it must

be considerably smaller, and that were we to give a large dose we should but aggravate existing mischief.

When, however, we come to discuss the question, How much smaller must be the therapeutic than the physiological dose? our difficulties begin.

Nothing has contributed more to deter enquiry into the value of homœopathy as a therapeutic method than the use of infinitesimal doses by those who have practised homœopathically. This has arisen mainly from the fact that medicines having, for the most part, been used either anti- or allo-pathically, and therefore necessarily in large doses, those who have become habituated to this method have been unable to conceive of the possibility of small doses, even when prescribed on a totally opposite basis, having any influence on the body. They have felt so sure that nothing of the kind could happen that they have refused to make any attempt to solve the question by the only method capable of effecting its solution—*experiment*. To argue that because five grains of calomel are necessary to purge the bowels, therefore it is impossible that an infinitesimal dose of mercury can cure an ulcerated sore throat, is obviously absurd. How has it been ascertained that five grains of calomel are required to increase the alvine evacuations? By experiment. How has it been ascertained that an infinitesimal dose of mercury will cure an ulcerated sore throat? By experiment. Both conclusions must be—as they have been—arrived at by experience. They involve a question which nothing else will settle. "Experience," says Sir John Herschell in his *Discourse on Natural Philosophy*, "Experience once recognized as the fountain of all our knowledge of nature, it follows that in the study of nature and its laws, we ought at once to make up our minds to dismiss as idle prejudice, or, at least, to suspend as premature, any preconceived notions of what might or ought to be the order of nature in any proposed case, and content ourselves with observing as a plain matter of fact what is."

To this court of experience has been brought the question of the dose of a homœopathically indicated medicine in disease.

Of the necessity for giving but comparatively small doses of medicines which stand in a homœopathic relation to the diseases in which they are prescribed, and of their

sufficiency, we have evidence which can hardly fail to impress the enquirer into homœopathy in the *Handbook of Therapeutics* by Dr. Sidney Ringer. Many homœopathically indicated medicines are endorsed as remedies by that widely-accepted authority; and wherever they are so, the dose advised is much smaller, very much smaller than that which has ordinarily been employed. Thus the dose of aconite in inflammatory fever is stated to be $\frac{1}{4}$ to $\frac{1}{2}$ a drop. Of ipecacuanha in vomiting, a single drop. Of corrosive sublimate in dysentery, $\frac{1}{100}$th of a grain is deemed sufficient. In infantile diarrhœa, half drachm or drachm doses of an infusion of camomile flowers is the dose recommended. The homœopathicity of these medicines to the conditions stated is too obvious to render its demonstration necessary, while we all know that the first exclamation of a practitioner of forty years ago on reading such statements would have been, "How can such small doses have any effect?"

Dr. Ringer has tried these small doses, in the circumstances in which he names them, and has found them to be effectual. Other physicians from the time of Hahnemann onwards have tried very much smaller doses under similar conditions and have found them to be equally serviceable.

We see, then, that we have both reason and experience endorsing the principle of giving a smaller dose than that known to excite a pathogenetic action, when the medicine is one which is homœopathically related to the morbid condition we have to cure.

During the first few years of his homœopathic practice, Hahnemann used medicine in doses somewhat similar to those now advised by Dr. Ringer. Subsequently, he reduced the dosage to very infinitesimal proportions—led, as he tells us, to do so by experience. He has also stated that such infinitesimal doses are essential to success in prescribing homœopathically, and in the later years of his career he declared the thirtieth dilution—representing the decillionth part of the original substance—to be the best possible dose in all cases. This conclusion he also bases on his experience. Illustrations of this experience he has unfortunately left us no record. While, however, we have ample evidence that medicines so infinitesimally divided do, when given homœopathically, produce curative results, we have also abundant testimony

that there is, save in exceptional instances, for the detection of which we have moreover no clue, no necessity for such minute doses.

As a matter of fact the dose of the homœopathically indicated medicine is influenced by a variety of circumstances, such as, for example, the temperament of the patient. Different individuals exhibit great difference in susceptibility to the action of different medicines. The choleric temperament has been observed to display the greatest susceptibility and the lymphatic the least, while the nervous exhibits a degree of sensibility to medicinal action which is especially well marked.

The female is more easily influenced by medicine than the male, while the two extremes of life are more readily acted upon than the middle-aged.

Again, in a dry climate susceptibility to medicinal influence is increased, while in one that is damp it is diminished. In acute disease the action of the lower dilutions has been generally found more satisfactory than has that of such as are higher, while in chronic cases the reverse is very commonly regarded as being the best practice. It is tolerably certain, I think, that medical men engaged in active family practice, a large proportion of whose work lies in the treatment of acute disease, exhibit a preference for the lower dilutions and even the crude drug, while the higher dilutions are preferred mainly by gentlemen engaged in consulting practice and who are mostly occupied with the treatment of chronic ailments.

Then, again, certain medicines seem to be more effective in a low dilution, while others are so in such as are high; but even here the differences of opinion are so wide as to compel the conclusion that they have been formed either upon a narrow basis, or that all the factors which should have been considered in arriving at them have not had due weight attached to them. Thus the late Dr. Madden and the late Dr. Bayes have said that chamomilla is most useful in the twelfth dilution, while Hirsch asserts that to be of any service it must be given in the infusion. Dr. Bayes pronounces the eighteenth dilution of bryonia as that which is best adapted to those cases of rheumatism in which it is indicated, while Dr. Yeldham tells us that he has had the greatest success with two or three drop doses of the pure tincture, and the late Dr. Black with

the first, second or third dec., and so I might go on with a large number of medicines which are credited by some practitioners with being of greater value in one dose and by others in another.

In the instances of such medicines as *sulphur*, *silicea*, *carbonate of lime*, and *lycopodium*, nearly all the great advantages which they have supplied to the sick and the physician have been obtained from the sixth, twelfth and thirtieth dilutions. This is a fact which it is impossible to deny, however extraordinary, however inexplicable it may and does appear. To the mind of Hahnemann the marvellous nature of the fact was no less present than it is to us. He felt also how great would be the advantage if some explanation could be given of it: if some means could be found capable of accounting for it. It was this longing for an interpretation, which must be present to every intelligent physician and scientific enquirer when brought face to face with a fact so incomprehensible, as the medicinal power of a substance previously regarded as inert, and that, too, in an amount of the utmost attainable infinitesimality, that led Hahnemann to devise what is called the dynamisation theory.

This theory assumes that by the processes of rubbing and shaking, particles of matter acquire a power of influencing the health of the body that they did not previously possess, and that this power is retained in very infinitesimal particles to an extent which is quite consistent with their efficiency as medicinal agents. Hahnemann knew that medicines very highly diluted did influence the health; he had proved, and his friends had proved, that fact at the bedside too often to make it doubtful. So far all was experiment and observation, and then came the desire for explanation; and to gratify this desire the imagination was brought to bear upon it; and when once we make use of the imagination to solve physical problems we may rest assured that we are entering on a course which is full of risk, full of uncertainty. There would indeed seem to be a by no means inconsiderable basis of probable truth for Hahnemann's theory; for there is nothing improbable in the supposition that powerful and active friction should develop latent force in substances apparently inert. No amount of friction can create medicinal power in any form of matter, but it may set free that which previously was latent. This idea was well worked

out by Mr. Sonstadt in a paper published by him in the *Homœopathic Review* (vol. xiv). Every molecule of all simple or chemically combined substances, he writes, when "in its entire state contains most of its energy in a closed circuit (somewhat as does a magnet with its keeper on), and while in this state so much of its energy is potential, not actual. Every such molecule may be torn asunder, and when divided the energy before latent becomes apparent as force and able to do work." After some comment on this, he goes on to say, "In the homœopathic triturations at a certain stage of the process the molecules are torn asunder by mechanical force (or by forces engendered by mechanical force) and retained asunder, thereby keeping an active virtue which appears only momentarily in chemical processes." There is, therefore, nothing impossible, nothing absurd in the dynamisation theory when this is restricted to conveying the idea of liberating, and thereby converting into actual force such as was potential. But if we were to hold that by incessant rubbing we could create force, could produce that which did not previously exist, or that such a process could with advantage—that is to say, with an ever-increasing development of force—be carried on *ad infinitum*, then we should have passed the line when fact and observation would bear out our conclusions; and I feel tolerably sure that at least 99 per cent. of homœopathic physicians think so too.

I conclude, then, with regard to the question of the dose, that in all cases where the homœopathic principle is the basis of selection, the dose prescribed must be smaller than that which is capable of producing a condition similar to that it is desired to cure. Further, it is known that in certain circumstances, and particularly with certain medicines, better results are obtained in some instances with low dilutions—that is, comparatively speaking, large or material doses—and in others with the higher dilutions, that is with infinitesimal doses.

As to the comparative frequency with which the lower dilutions or such as are higher are preferable, there is no sounder method of arriving at a conclusion than by referring to the experience of physicians who have established a claim to our confidence as accurate observers and honest recorders of their observations.

Fifty years ago, after many years of extensive and

careful observation, Dr. Arnold, the then Professor of Pathology in the University of Heidelberg, wrote: "That guided by experience he had arrived step by step at the position that it is never *necessary* to administer medicine in any dilution or trituration higher than the sixth decimal." And he adds that it is very seldom and only with very susceptible patients and very powerful medicines that he ever went so high as the fifth or sixth dilution, confining himself generally to the first or second dilution or trituration. In the six lowest decimal dilutions and triturations he considers that we possess a scale suitable to afford the corresponding doses for all present known diseases.

Similar evidence has been laid before us at different times by Dr. Drysdale, Dr. Black, Dr. Yeldham, and others. In each instance, too, it must be remembered these gentlemen had in their earlier experience been to a considerable extent guided by the injunction of Hahnemann to use only the thirtieth dilution.

This experience teaches us not that the higher dilutions are inoperative, but that, for the purpose of obtaining good results with homœopathically selected drugs, they are unnecessary, that fully as good results can be secured with more material doses.

It is possible enough that, now and again, in persons whose susceptibility to medicinal action in general, or to that of certain drugs in particular, a few drops of a low dilution may produce a temporary aggravation of some symptoms, but whatever risk of this kind there may be, it is rarely great and never important; while the remark of Hahnemann in one of his earliest papers that "scarlet fever is a much more serious evil than a few troublesome symptoms produced by a somewhat too large dose of belladonna" may be applied to all diseases and all medicines.

For my own part, while I have frequently witnessed good results from medicines given in a high dilution, I am quite sure that I have much more uniformly done good with the lower.

Further, when using low dilutions we have it in our power to ascertain the actual presence of medicinal matter; and that we should be able thus to test the integrity of our pharmaceutical preparation is a matter of considerable importance. When employing higher dilutions we have

not this control, and must either rely on someone else or make them ourselves.

As a general rule, then, it is well to rely chiefly upon the lower dilutions. At the same time, when having prescribed a medicine in such a form which we are perfectly satisfied from a study of the Materia Medica corresponds accurately to a patient's state, it is found that improvement does not follow which ought to occur—change the dilution rather than the medicine.

Such, then, are the principles of that method of drug selection known as homœopathy.

A medicine is prescribed which is known by previous experiment—not as in empiricism on the sick—not as is still too exclusively the case by pharmacologists on the lower animals, but by experiment on healthy human beings, to produce a condition similar in all its features to that it is sought to cure. Such a condition is recognized both in the action of the drug and in the person of the patient, by the symptoms both subjective and objective which it presents.

This medicine is given in the form in which it was experimented with, and without being mixed with any other drug.

Further, the dose in which it is given is one which is smaller than that necessary to evoke the symptoms which enable us to see in it a suitable remedy for our patient's case.

To carry this therapeutic method into practice one form of medical knowledge is especially important, *viz.*, the pathogenetic action of drugs. Unless we fully understand what effects the drugs we use will produce upon healthy human beings, it is impossible for us to prescribe them in disease.

What then is the kind of knowledge of the action of a drug which is required?

First of all we must form a study of the effects it produces to determine the direction in which it modifies or disturbs the health of the body. But we must go further than this.

We must know how it influences the tissues, must understand its mode of action, the kind of action it exerts, or at any rate must be well informed as to how it manifests its influence upon them. The simple fact that a drug produces diarrhœa is not sufficient to justify us in

prescribing that drug in every case of diarrhœa we meet with. In order to get a truly curative agent in such a case, we must endeavour to ascertain the morbid condition of which the diarrhœa is the practical outcome, both in the case of the drug and of the disease. At any rate, we must ascertain the mode in which the drug diarrhœa and the natural diarrhœa are expressed. The character and frequency of the stools, the presence or absence of pain, and when present, its position, its character, and the conditions under which it is aggravated or relieved—these, together with concomitant symptoms, symptoms that are present at the same time in the head, chest, or other part of the body, must be carefully studied, ere we can be fully satisfied that we have a homœopathic remedy for our case of diarrhœa.

In forming a diagnosis, in the endeavour, that is, to trace the diarrhœa to some specially disturbed tissue or condition, we direct our attention to just such circumstances as those now detailed; on the results of our enquiries do we form our conclusion as to the disease with which we have to deal. The action of a drug on the healthy body gives rise to an artificial disease, and the tissues affected are to be ascertained precisely in the same way as they are in natural disease. Hence we have to study the actions of drugs much in the same manner as we have to investigate the processes we call diseases. We have to examine the symptoms produced by each drug, and endeavour to trace them to some definitely disordered condition. Occasionally our best designed efforts in this direction will fail, and then we fall back upon a minute comparison of the indications of the morbid process at work, with those afforded by drugs of the morbid processes they set up. Feeling, in so doing, thoroughly assured that when the manifestations—the symptoms—are, in their totality, closely alike, the conditions determining both are very similar.

While, then, the right comprehension of a medicine's sphere of action, or a correct understanding of the nature of its effects on individual organs and tissues are essential to enable us to appreciate the value, interpret the meaning, and gather the connection of the various symptoms occurring in different parts of the body—we must not rest satisfied with this amount of knowledge. We must carefully study the individual peculiarities of each drug,

if we desire to be as successful in curing disease as the means at our disposal admit of our being.

It is to allow of our prescribing, not merely for diseases, but for cases of disease, that the Materia Medica has received that amount of painstaking, careful and minute examination that it has done from Hahnemann, and from all who have endeavoured to follow in his footsteps.

To ascertain the pathogenetic properties of drugs experiments on a large scale, conducted in a singularly careful manner were instituted by Hahnemann and his pupils on themselves and their friends. These were carried on during many years, and their results recorded and arranged by Hahnemann in his work entitled *The Materia Medica Pura.* It was termed *pure* not because Hahnemann assumed it to be spotless or faultless, but as being free from fiction, that is from preconceived theory or hypothetical notions, and as embodying the results of pure observation of the phenomena produced by drugs upon the healthy organism. Further, cases of poisoning have supplied a most valuable source for studying the action of drugs. Experiments similar to those made by Hahnemann and his pupils were undertaken by Professor Jörg, of Leipsic, in 1824, by a society of Viennese physicians in 1842. American observers have also largely added to our knowledge of the effects of drugs, and in few instances we are indebted to some of our own countrymen for similar experiments.

The manner in which Hahnemann arranged the results of his experiments, cutting them up into an anatomical scheme instead of presenting them as they occurred, has added greatly to our difficulties in getting at the real action of the substance. The efforts of modern authors, in studying individual drugs and in comparing their pathogenetic effects with the clinical results which have followed their use, have, however, done much to deprive Hahnemann's plan of its disadvantages.

The vast number of symptoms recorded as the effect of some drugs is a cause of much bewilderment at first sight. But a little study and reflection will soon disperse the cloud thus raised. It must be remembered that Hahnemann carefully noted *every* apparent disturbance of health in every one of his provers; he has published every symptom he could find attributed, with apparent

justice, to every case of poisoning he could meet with in medical literature. Hence, we often find the same symptom frequently repeated in different words, each being numbered as though it were a different symptom or indication of some other form of disturbed health. This alone sufficiently explains the large array of symptoms met with in our registry of drug-provings.

The same comprehensiveness and minuteness of observation accounts for the considerable number of symptoms, which physicians, who are accustomed to pay attention only to the grosser and more marked indications of disease, not unnaturally regard as trivial, as fanciful, and as unworthy of notice. That they are often important, that they are indeed real manifestations of morbid action, and that they have proved of value in deciding the relative claims of two otherwise similarly-acting remedies, is the testimony of every physician who has surmounted those prejudices of education which run counter to their taking notice of such phenomena, and been ultimately guided in his selection by them.

In studying the results which have thus been accumulated for the purpose of converting a drug into a remedy, we must in the *first* place obtain a clear conception of the sphere of a medicine's action. We must gather from the symptomatology whether the nervous system, the circulation, or the great function of nutrition is most disturbed; what tissues, whether serous, fibrous, muscular, or areolar, are throughout the body most prone to be affected. The reading of the symptoms by the light which physiology and pathology have afforded will seldom fail to give us an accurate knowledge of the general action. We thus learn whether the organism is excited or depressed, whether the class of cases to which the medicine will prove homœopathic is characterised by sthenia or asthenia. The information thus attained is, as will easily be seen, often of the highest value in practice.

Secondly. Having studied its general action, we next investigate the local modifications produced by our medicine. We carefully examine the symptoms which have been observed in each organ, and from this examination we ascertain for what organs it has an elective affinity. It is in the fact that each drug influences one or more organs in preference to others, that we find a chief reason for our confidence in prescribing specifically.

Further, having ascertained the organ for which a drug has this elective affinity, we enquire on what part of the organ, what particular tissue of it, its action is excited. Is it, for example, the malpighian circulation, or the secretory cells of the convoluted tubes that a medicine attracted to the kidney attacks?

And yet, again, we must discover the kind of action it sets up. Does a given drug stimulate in the first instance, or is it a depressant? It sets up morbid action in a given part of a given organ—and then comes the question, What is the nature of the action thus set up?

Regarded in its true light, the study, so far, of a medicinal proving is but the introduction to its clinical application. It enables us to understand more clearly its individual peculiarities, to recognize, more readily, the forms of disease in which these peculiarities are likely to occur, and to group the whole symptomatology in a manner calculated to fix a large though rough proportion of it in our memories.

But in not a few, especially chronic cases, there is but one course to pursue, and that it is a tedious, wearisome course, is true; nevertheless, it is one that is eminently satisfactory in its results. Having examined a case with the utmost thoroughness, we look up the symptoms one after the other in the Repertory, or index of individual symptoms produced by drugs that have been experimented with, and then by reference to the proving or series of experiments made with the drug to which the repertory has directed us, ascertain how far its effects include not only the symptom or symptoms the repertory has credited it with the power of producing, but all others which reflect the patient's condition.

In the early days of homœopathy, ere the genius, so to speak, of the proved drugs was fairly understood, and before any considerable body of clinical evidence had confirmed the estimates that had been formed of the sphere of each, this method was inevitable in all cases, it is so still in some; though as pathology and pharmacology approach nearer to perfection, such cases diminish in number. "So many morbid states," says Dr. Hughes, "are known to us only as an assemblage of phenomena that there is no other way of treating them than by comparing them at the time with our pathogenetic records, and fitting drug symptoms to those of disease."

This minute comparison of the symptoms produced by a drug with those present in a case of disease appears not only mechanical but simple and easy. All, however, that is necessary in order to convince an enquirer that he must bring specially trained intelligence to bear upon carrying it out is, that he should *try* it. At the same time, one great object that we should ever have in view, is—so to perfect our knowledge of pathology and pharmacology as to lessen the number of cases in which the mere mechanical method is the best that we can resort to when applying the law of similars in practice.

For the purpose of performing a personal study of Materia Medica no enquirer into practical homœopathy can do better than read carefully the last edition of Dr. Hughes' work on *Pharmacodynamics*.

The *Lectures on Materia Medica* by the late Dr. Carroll Dunham, of New York, form another and very valuable contribution to our knowledge of the action and uses of drugs.

The Hahnemann Materia Medica, published by the Hahnemann Publishing Society, though containing but few medicines, is the work which of all others enables one to gain a fuller insight into the effects of drugs, and at the same time to study their effects in relation to individual cases better than any.

Some years ago an enormous work in ten volumes, edited by Dr. Allen of New York, placed at our disposal a large collection of observations. The index to it simplifies its consultation greatly. At the same time repeated examinations have revealed the fact, that it is a work which requires considerable revision, and one also which might with advantage be greatly diminished in bulk by excluding from it a number of drugs of little or no value.

But by far the most useful and reliable work on the effects of drugs upon the human body which the student of materia medica can resort to, is *The Cyclopœdia of Drug Pathogenesy*, edited by Dr. Hughes and the late Dr. Dake.

MONKTON, NEAR RAMSGATE, *Jan.*, 1902.

ALLOPATHIC LEAVINGS.

By STANLEY WILDE, L.R.C.P., L.R.C.S. (Edin.).

A.B., bus driver, æt. 60, ran the spike of a harness buckle

into his right forefinger, which set up inflammation and suppuration. He attended as out-patient at the local hospital, where the finger was several times incised to evacuate pus. Notwithstanding this, and local antiseptic treatment, the finger refused to heal, and the *patient was informed that nothing further could be done, and that he must have the member amputated.*

As he afterwards told me, he felt that his occupation would be gone if he lost his finger. In his extremity, someone recommended him to "try homœopathy," and so he came under my care. The finger was certainly in a bad state; slashed about by incisions, suppurating, and looking unhealthy and altogether rather hopeless. Surmising that the healing process was prevented by a septic state of the blood, I prescribed *Lachesis 6* every two hours.

Three days afterwards the patient came saying that he felt better in himself than he had been since the accident, and, already, the finger had a healthier appearance.

A lotion of *Calendula* was kept constantly applied as a compress.

Improvement steadily set in, and at the end of ten days *Silicea 3* was substituted for the lachesis.

This constituted the whole treatment, and in four weeks from the time he came under my care the finger was well, and the man is now driving his bus as usual.

W. D., æt. 26, contracted syphilis two years ago in India. Has been under much treatment and excessive drugging, especially by iodide of potassium, which has left him in a very low and debilitated condition. He stated that he could not stand any more of it, and desired to try what homœopathy would do for him. Present state: Seems mentally sluggish, apathetic and depressed. Speaks slowly and with a certain amount of difficulty. Gets acute pains in the head, worse at night. Pulse slow; circulation feeble; much chilliness. On walking he is inclined to stagger, and the gait is uncertain. The knee-jerk was deficient, but not absent. No eye-symptoms; no pains in the legs.

Aurum mur. 2x, two drops four times a day, was prescribed in June, 1901, and he continued the remedy, with manifest improvement, until October. A great change was then noticeable in the patient. He was alert,

walked steadily and normally, spoke more briskly, and seemed altogether a new man. The pains in the head were also greatly benefited, and he now only had occasional pains, referred to the right mastoid region. *Acid. fluoric. 6*, followed by *Silicea 6x*, gave him relief, and, after two years of inability to do any kind of work, he is now turning his attention to obtain employment.

J. M., æt. 49, tailor, has been suffering for the last twelve months from the effects of over-work and worry, during which time he has been under four doctors who had, to use his own words, "drenched me with tonics which haven't done me a bit of good," in fact, he had been growing steadily worse. He came to me on September 30, 1901, complaining of being dreadfully low and depressed; cannot sit to his work; has to rush out of the house if he attempts it. Says that if he lies down during the day he has uncontrollable thoughts of suicide. Suffers much from insomnia; wakes in early morning about 2 or 3 o'clock, and cannot sleep again, and feels very bad then. Has obscure nervous sensations, and pains about his head. Pulse small and feeble.

Prescribed *Aurum mur. 2x*, four times a day, with hot beef-tea at bedtime, and some light nourishment on awaking in the early morning.

The report of the case from my note-book is as follows:—

Oct. 8.—Feels better, less depressed, and is beginning to sleep better. Rep.

Oct. 18.—Going on well. Rep.

Oct. 25.—Looking very much better, and sleeping well now; spirits greatly improved; says his friends "wonder what he has been doing with himself."

After this his attendance became less regular, but at his last visit he informed me he had resumed his occupation as a tailor for the first time for over a year.

CHELTENHAM, *Jan.*, 1902.

THE AIMS OF THE TWENTIETH CENTURY FUND.

By D. DYCE BROWN, M.A., M.D.,
Consulting Physician to the London Homœopathic Hospital.

THE aim of the Fund is the promotion of the interests of homœopathy in its widest acceptation. I do not propose to enter fully into detail, as the details have not yet been

decided on by the subscribers, but merely to put forward prominently the general aims to be kept in view in eliciting the support of the whole homœopathic body, both medical and lay.

First, there is the field of advance and progress among ourselves. We shall be glad of, and hope to obtain provings of new drugs carried out in a complete manner such as will be determined on by the management, and also to obtain re-provings of drugs which have hitherto been imperfectly proved and are relied on chiefly for their tried clinical value. This clinical value, though important in itself, is still more so, and will command more general confidence, when shown to be in harmony with full and complete provings. The Fund would probably endeavour to assist, pecuniarily and otherwise, those who will undertake this work and who could not without such help accomplish it. It would also endeavour to assist such promising young homœopaths to visit other schools, continental or American, as may be decided on and to study their methods. And to assist young men in the prosecution of special studies for which they may seem markedly fitted. It should endeavour so to organize a mutual co-operation of the homœopathic hospitals and dispensaries of the United Kingdom as to utilize to the full their practice and results, while it would endeavour to promote the establishment of new cottage hospitals by the advice, influence and co-operation of the subscribers. It will thus aim at organizing on a practical basis and in a spirit of union all the available sources of strength in our cause. These aims are so far confined to ourselves, and our mutual progress and co-operation, and so to equipping ourselves for more active elements of propaganda.

II.—But the ultimate aim is the most important and far-reaching of all. That is to adopt a distinctly militant attitude in pushing the claims of homœopathy and our rights as fully qualified practitioners among the old school practitioners, recent graduates and students, and also among the public, and so compel attention to our doctrines and practice. The ignorance of these—our doctrines and practice—among the doctors of the old school is simply lamentable. Men, astonishing to relate, think nothing of giving an adverse opinion on a subject on which, when straightly questioned, they show they

know nothing about, and what is more astonishing, do not scruple to admit, *after* giving an opinion, that they knew nothing about the subject. And this is in the twentieth century—a course of action that in any other sphere of knowledge would be treated with the contempt it deserves. It is all the more necessary to carry the war into the enemy's camp, since, as is well known, a very considerable number of our remedies are used *sub rosa* by the old school, but only in an empirical manner on the authority of Dr. So-and-so. Such empirical practice cannot but frequently fail to attain the desired result, and as a consequence the said remedies, "new remedies" as they are called, are relegated to the past, and in the hands of those few who have a smattering of homœopathy and use these remedies knowingly, homœopathy is much injured. They say "We have tried so-and-so and it was a failure," the failure being due to the ignorance of the method of using the remedies, a method which these practitioners do not care to take the trouble to study and learn. How can anyone make full use of a new tool unless he previously takes pains to know what it will or will not do, and how it is intended to work?

Such information we propose to give, not only in the quiet, easy-going way we have hitherto adopted by means of our journals and societies, since our journals are not seen by the old school except in an infinitesimal degree and by accident, as it were, while the presence at our societies of any old school visitor is a very rare occurrence. We want specially to get at the post-graduates, students, and the young practitioners, since those in full practice are afraid to openly be suspected of touching the unclean thing for fear of possible consequences. Still we must get at them also, and keep "pegging away" in the hope of ultimate success and in the belief that such success must sooner or later reward us. How is this, then, to be accomplished?

(1) We must have a systematic course of lectures on our two special subjects: (*a*) Materia Medica; and (*b*) Practice of medicine. We must at first confine ourselves to these two branches, which sharply distinguish and differentiate the homœopathic and allopathic practices. Whether these courses of lectures shall be delivered in London only, or, as has been proposed, in the leading provincial cities in rotation, if not permanently, as well

as in London, is a matter of detail to be afterwards settled. But they must be commenced in London, and when the lecturers have been selected they must be sufficiently paid for their time and labour. There may be some difficulty in getting at the names of post-graduates, students and practitioners who would be really glad to know something reliable of the doctrines and practices of homœopathy, but it can be done; it has been done before, and it can be done again. The mode of doing this is a method of detail in management. Next, at the end of a course of lectures, there must be an examination of those who wish it, in their knowledge of homœopathy and their consequent fitness to practise it successfully. Those who pass this examination ought to receive an official statement of the fact in the form of a certificate or some kind of document equivalent to a diploma (also a matter of detail) which would at once give a young man a position when he commenced private practice, and be an assurance to his patients that he is really competent to treat them satisfactorily. Such a document would be a really valuable asset in the hands of any young practitioner.

We shall be told that this is in some measure a revival of the former "London School of Homœopathy." Well, and if it is, why not? Many successful schemes in all branches of literature, science, and business have failed once and again, and have ultimately been a complete success when its promoters were in earnest and resolved not to let one failure be a reason for counsels of despair. Let us therefore determine to have another "try" and yet another, if necessary, till we succeed. Our motto must be "Try, try, try again" till the goal is reached. We must succeed in time, and now is the time for our resuscitation of the course of lectures. Many a young man who would gladly know about homœopathy has to complain that there is no means of his learning it except by the private study of books, which to one nurtured in old school works seem difficult, dry, or even hopeless. Let us, therefore, once more give such the opportunity they would wish.

Again, the clinical teaching in the hospital wards and in the out-patient department must be energetically used to act as a complement and practical illustration of the teaching inculcated in the lectures. After examining each

case for themselves and agreeing with the teacher in the diagnosis, the students should be told what medicines are more or less indicated, and why, and why one out of this list is selected rather than the others for prescription. In our own experience we have found that half a dozen cases thus utilized will give more sound and valuable teaching than a cursory walk round a ward with a few general remarks, or than a whole roomful of out-patients who are rapidly prescribed for and sent away with a certain medicine. With these two methods, the lectures and the clinical teaching, a student will in six months, or still better in a year, learn sufficient to start him fairly, and with confidence in himself, in homœopathic practice.

(2) We must also adopt other methods to reach those who cannot, or will not, come to the lectures and clinical teaching. How to carry out these aims is a matter of detail to be afterwards discussed. But we consider that the publication of special literature, on similar lines to the "Homœopathic League Tracts," for example, giving a clear description of our tenets and practice, should be systematically sent to all practitioners of the old school. Though a large number of such would probably consign this literature to the waste-paper basket, we believe a sufficient number would read them, and we never know how they may be thought over or what fruit they will yield. Our part is to sow the seed and wait for the appearance of the ear and the grain.

In the future, how near we cannot say, this comparatively small scheme of the lectures will develop into a complete school of medicine. This cannot be even looked for till the hospital has 120 beds, as till then it cannot be recognized legally as a teaching hospital. And while the complete building of the hospital capable of holding 120 beds is impossible at present, owing to the existing lease of premises intervening between the main building and the corner of Queen's Square, we must patiently wait, and meantime be content to work on narrower lines.

In carrying out our scheme of lectures, etc., we must ignore any fear of sensitiveness on the part of the old school, and fight for ourselves and our rights. The more we seem to be afraid of active measures, the less progress we shall make, the less we shall be respected, and the more will they gradually but surely attempt to absorb

us and our views, and then turn round triumphantly and say, "This is not homœopathy, but what we have been using for long." This must not be. We must show a determined front, marshal our forces, and fight for our rights and our existence as the party in the profession who believe they are the custodians of the greatest law in medicine ever discovered, and who, in virtue of this custody, are bound to do all in their power to propagate the truth, however distasteful such propaganda may be to our opponents. We shall in the end be successful, and we shall, moreover, win the respect of our opponents, who are British, and who in their hearts admire an honest, courageous and determined enemy. Let us therefore resolve to use every endeavour to further our glorious cause among those whose opposition is largely due to ignorance, and to teach them by every method in our power what one may term without irreverence the Gospel—the Evangel—the Good News of the greatest Truth in medicine.

Last, but not least, we must take the public into our confidence, show them that we are in earnest, that our beliefs are practical ones, and that we need their co-operation and sympathy in a very up-hill battle. If we do this we shall be strengthened in a way we could not be if we kept the battle entirely in our own hands. In these democratic days public opinion rules everything. Its aid is enormous, and if this aid is neglected we have only ourselves to blame in the issue of the struggle. It is with this feeling that on the "Grand Committee" it is resolved to have a large number of laymen, and, we believe, of ladies, and thus to make the "plan of campaign" one in which the whole *clientèle* of homœopathy will be united to effect our object. We all know how intensely interested our patients are in the development and spread of the beneficent system of treatment in which they so believe, and to which they trust their lives in the most serious illnesses, and they will, we are sure, gladly co-operate with the medical element in furthering any reasonable methods of propaganda. The public have really as much interest in the spread of homœopathy as we doctors have: they rejoice when they hear that the doctrines they believe in are making steady progress, and look for the time, as we do, when homœopathy will become the dominant practice, when, as in some parts of America,

homœopaths are in the majority instead of being as here in a minority. The relation between the medical profession and the public is a mutual one. If the public cannot get on without the doctors, the doctors cannot exist without the support of the public. From them also comes the large share of the pecuniary aid which is necessary for the existence of hospitals and dispensaries, and for the carrying out of any important scheme of advance such as we now aim at. And we shall be much surprised if, when the details of the Twentieth Century Fund programme are duly announced, they do not throw themselves, heart and soul, into the movement. Let us gladly invoke their sympathy and aid, give them a large share in the governing management of the scheme, avail ourselves of their advice and business capacity, and so with such a powerful homœopathic phalanx show to the world what can be accomplished by their and our united efforts.

THE TWENTIETH CENTURY FUND.

Statement by Dr. Byres Moir.

Owing to an inadvertence we were unable last month to chronicle the progress of the Twentieth Century Fund since its inception. Here following is an epitome of its headway up to the present :—

The Council of the British Homœopathic Society, acting on instructions from the first Sessional meeting, have appointed an Interim Committee to develop the scheme and submit it for discussion and approval at a public meeting to be called early in this year. To this meeting all the members of the Society, and all the influential lay friends of homœopathy, will be summoned. The invitation will be issued at an early date.

Intimations of subscriptions toward the fund have been received in gratifying degree by the Treasurer. An old and honoured friend of homœopathy (Capt. Cundy, of Surbiton), at present heads the list with an offer of £250. The first announcement of subscription (from Dr. Spencer Cox) was made within a few hours of the Presidential address. At the time of public meeting we have reason to expect a first list of subscriptions of a very satisfactory character will be announced.

Several distinguished lady friends of homœopathy have formally joined the movement, and we anticipate material aid from a Ladies' Branch of this forward movement. The members of the Interim Committee (the President, Mr. Knox Shaw, and Dr. Byres Moir), will be glad to receive further names of Ladies desirous to associate themselves with the organization of the fund.

Besides professional men, an important body of laymen, comprising many of the leading names in British homœopathy, have joined the movement. So soon as a special description of the aims and objects of the fund, now being written by one of our best known professional literary men, is in circulation, we look for numerous and weighty further additions to the list of lay homœopaths in Great Britain, as co-operating with us.

From our professional brethren already appealed to, a most gratifying response, in many instances an enthusiastic response, has been received. Not only statements of personal adhesion have been sent in, but a long list of names of influential homœopaths, has been compiled, on information supplied by our colleagues. The movement is already of national dimensions; the more widespread and fervid the interest evoked the more permanent will be the issue. We close with a suggestion to all who have not yet responded to the Committee's circular, to do so without further delay.

REVIEWS.

Pocket Manual of Homœopathic Materia Medica, comprising the Characteristic and Cardinal Symptoms of all Remedies. By WILLIAM BOERICKE, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco. San Francisco: Boericke & Runyon Company, 1901.

THE aim of this excellent book is fully achieved by its author. It is intended to be carried in the pocket, and is of such a size as renders this an easy matter, although it consists of 562 pages. In order to make it possible for so much to be carried in the pocket, it is printed on very thin but beautiful paper, and the type is so clear as to be no strain on the eyes when driving

about. The aim of the book is that it should be a constant reference-book in daily practice, to refresh the memory, and assist the busy practitioner in selecting the right remedy, when actually engaged in his daily round. It contains as the author says, "The maximum number of reliable Materia Medica facts in the minimum space." And so it does. Each medicine is prefaced by a general short sketch of its action, and then in the *schema* form, we have the essential symptoms of each—so clearly and concisely put. The dosage is left purposely wide, and only suggestive—not dogmatic. Dr. Boericke's position as Professor of Materia Medica and Therapeutics renders him peculiarly the suitable man to make this epitome of drug-symptoms, and he has succeeded in his task in an admirable manner. It is one of the most perfect little books of the kind we have seen. It would be difficult to select examples of his method, as each drug is treated in the same careful and clear manner. But, beginning with *A*, aconite, æsculus, aloe, anacardium and apis are excellent examples. No book of this kind could be written without someone finding out here and there an omission of what he looks on as an important symptom, or mode of expressing it, but these are so few as to make the exception prove the rule. Thus in apis, when describing the diarrhœa, Dr. Boericke omits to draw attention to the *morning* form of it, which is very characteristic, pathogenetically and clinically, and which is seldom missed in cure by the remedy. Again in hydrastis, in describing the tongue, the yellow stripe down the centre is hardly clearly enough indicated. But these omissions are very few, and one gets in a minimum space a clear and full epitome of "the characteristic and cardinal symptoms" of each drug. The symptoms peculiar to women have been "examined and enriched" by Dr. Jas. W. Ward, the eminent gynæcologist of San Francisco. This of itself ensures these symptoms being reliable and accurate clinically. Under the letter *C*, caulophyllum, chamomilla, chloralum and cimicifuga are admirable presentments. As a sample of our author's general sketch of a drug before the detail of symptoms, opium is a fair example. Here it is: "The effects of opium, as shown in the insensibility of the nervous system, the depression, drowsy stupor and torpor, the general sluggishness and lack of vital reaction, constitute the main indications for the drug when used homœopathically. All complaints are characterized by *sopor*. They are *painless*, and are accompanied by *heavy, stupid sleep, stertorous breathing, sweaty skin*. Dark mahogany-brown face. Want of sensitiveness to the action of medicine. Reappearance and aggravation from becoming heated." We give also the description of the throat-symptoms of phytolacca: "Much pain

at root of tongue; soft palate and tonsils swollen. Sensation of a lump in throat (*Bell. Lach.*) Throat feels rough, narrow. Tonsils swollen, especially right; dark-red appearance. Shooting pains into ears on swallowing. Pseudo-membranous exudation, greyish white; thick tenacious, yellowish mucus, difficult to dislodge. *Cannot swallow anything hot* (*Lach.*). Tension and pressure in parotid gland. Ulcerated sore throat and diphtheria, *throat feels very hot;* pain at root of tongue extending to ear. Uvula large, dropsical. *Quinsy:* tonsils and fauces swollen; cannot swallow even water. *Mumps.*" We would strongly advise our busy colleagues to possess themselves of this first-class *vade-mecum.* It takes up no room, and will be of the greatest assistance in the daily rounds. We congratulate Dr. Boericke on having produced such a valuable and clear pocket-guide.

Cardiac Debility, By HERBERT NANKIVELL, M.D., Consulting Physician to the Hahnemann Convalescent Home. London: E. Gould & Son, 1901.

WE are glad to see that Dr. Nankivell has published the admirable paper he read at the British Homœopathic Congress in Liverpool in September. His paper has already appeared in full, with his excellent illustrations, in our pages, and no doubt has been read with as much pleasure and profit by those who were not present to hear it as by those who were. The paper was in all senses a first-class one, and that this was the unanimous feeling of those who were privileged to listen to it testifies to its value. We need not therefore review the pamphlet in detail, as it is in the hands of all our colleagues through the medium of our pages, but we strongly advise any who have not yet read it to do so at once. And we trust it may come under the notice of our *confrères* of the old school, who will learn much from it, and especially in the use of many remedies of which they are probably ignorant. We wish it a very wide circulation.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session 1901-2 was held at the London Homœopathic Hospital, on Thursday, January 2nd, 1902. Dr. Burford, of London, president, in the chair.

New Members.

The following gentlemen were duly elected members of the Society. Mr. Arthur Avent, L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., L.S.A. Lond., of the Towers, Hampstead Road, Handsworth, Birmingham; Mr. Henry Arthur Clifton Harris, M.R.C.S., L.R.C.P. Lond., of the London Homœopathic Hospital; Mr. Austin Edward Reynolds, M.R.C.S., L.R.C.P. Lond., L.S.A., of Highcroft, Shepherd's Hill, Highgate.

Section of Medicine and Pathology.

A paper was read by Dr. J. W. Ellis, of Liverpool, entitled :— *Neurasthenia and its Treatment by Homœopathic Medication*, of which the following is an epitome :—

In introducing the subject, Dr. Ellis alluded to the objections that have been made to the use of the term neurasthenia as being "high-sounding and new-fangled," and as meaning no more than the more generally understood "nervous debility." His experience, however, had led him to prefer the newer word as the designation "nervous debility" is so frequently used in connection with certain quack advertisements, and its use to a sensitive patient may convey a painful and erroneous impression and tend to shake his confidence in his doctor.

Neurasthenia is essentially a disease of civilised life, the greater number of sufferers being met with among the professional classes. While it may follow any exhausting illness, neurasthenia usually results from physical or, more frequently, mental overwork, especially if this be combined with any depressing influence.

A feature of neurasthenia is the variety and protean character of its symptoms, the disease often changing its type during the attack. The headache of this disease is usually characteristic, a dull, wearying pain, or a sense of weight or pressure, having for its seat the occiput, from whence the pain extends down the neck to the shoulders and arms or down the back; or the head may feel as if it were compressed by a tight-fitting cap or iron band. There is usually hyperæsthesia of the scalp with a sensation of crawling or numbness. Some complain of muscular twitchings, but these head-symptoms have this in common, they are invariably brought on or made worse by any attempt at mental occupation or by emotion. Slight vertigo accompanied by nausea and vomiting are often experienced.

The mental condition of neurasthenics is often wretched in the extreme. Some failure of mental power is an early symptom. There is difficulty in concentrating the attention on any work that may be in hand, and the loss of will power causes the patient to lose confidence in himself, so that he

cannot bring himself to perform even such a simple action as writing an ordinary letter. A state of irritability of temper and despondency is induced bordering on melancholia or even monomania.

Insomnia is another frequent symptom in sufferers from nervous exhaustion and may take one of two forms: either an inability to sleep at all until the early hours of the morning, or, more frequently, the patient goes to sleep easily, awakes about 2 a.m. and lies awake with the mind in a state of great activity until 6 or 7 a.m., then falls into a heavy sleep often full of horrible dreams, to awake later feeling more tired than when he went to bed. Neurasthenic patients frequently suffer from some affection of the eyes. The retina is in such a condition of exalted sensibility that any attempt to use the eyes for reading or writing causes pain.

So also are the auditory centres in a state of hyperæsthesia, and such slight noises as the rustling of paper or silk cause distress. Connected, too, with the auditory apparatus is the pulsation, synchronous with the heart beats, that is very annoying to some patients who complain of never being able, as it were, to get away from the consciousness of having a heart. There is often considerable pain in the spinal region, extending either the whole length of the spinal column or localised in the cervical or sacral, while many cases of coccygodynia are certainly neurasthenic. These spinal pains are invariably made worse by movement. Neurasthenic patients very frequently suffer from various forms of circulatory disturbance. Palpitation may be attended by a feeling of faintness, but actual syncope is far from common. Throbbing of the abdominal aorta is a symptom that gives rise to much discomfort. The medical attendant need feel no anxiety if a certain amount of bladder irritability and a small trace of albumin in the urine be constantly present. There may also be unusual sexual excitement. In the other sex, neurasthenia may be a result of ovarian or uterine suffering, but a large proportion of cases met with in general practice of pelvic congestion, are simply localised manifestations of a general diminution of nerve-force. An early symptom in neurasthenia is muscular feebleness. Sometimes the loss of power is so great as to preclude all kinds of locomotion. Or there may be an appearance of increased muscular activity—twitchings and contractions of the muscles of the neck and face, and " fidgets " and cramps of the legs.

In the face of the pessimistic dictum of Professor Osler that " medicines are of little avail, strychnia in full doses is often beneficial," Dr. Ellis expressed his thankfulness for the teaching of Hahnemann for the treatment of nervous exhaustion.

No drug causes symptoms which so closely resemble those of neurasthenia as *picric acid*, and no medicine had been found to give such generally successful results. *Oxalic acid* is perhaps more suitable where pain is a prominent symptom (as in spinal neurasthenia), and where the stress of the attack falls upon the digestive rather than the sexual functions. *Phosphoric acid* seems to be particularly indicated when vaso-motor depression is marked. *Phosphorus* might be reserved for those cases in which vertigo is a prominent symptom, and will also be found useful in cases of neurasthenia where sexual irritability is a marked feature of the disorder. The *iron* salts have a decided influence in depressing the tone of the vaso-motor system, especially the phosphate and picrate of iron.

Three others deserve a place in this category though on a somewhat lower standpoint. These are the *oxide* and *phosphide of zinc* and *silica*. There are also several that are distinctly efficacious in the various complications of neurasthenia, such as cactus, spigelia, and nitroglycerine.

The discussion which followed was opened by Dr. Goldsbrough, who dwelt upon the importance of discriminating hysteria from neurasthenia, and then upon the characteristic union of weakness with increased irritability, which was the conspicuous feature of the latter condition in whatever organ or system of the body it was found. He alluded to the importance of dilution in picric acid and other medicines, and mentioned valerian and anacardium as useful. Drs. Dudgeon, Dyce Brown, Byres Moir, Mr. Dudley Wright, Drs. Blackley, Roberson Day, Stonham, Jagielski, and the president also spoke, and Dr. Ellis replied.

NOTABILIA.

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]

(*Continued from page* 61.)

"But already previous to its appearance the unavoidable reaction had occurred in the profession itself. Mr. Arbuthnot Lane took up the cudgels against the massacre of the innocents

[1] From the *British Medical Journal*, November 2nd and 9th, 1901.

in two papers published in 1897 and in 1899. In the first he declared that operative procedures were, in his opinion and experience, 'quite unnecessary,' and that 'systematic ventilation of the lungs and naso-pharynx provided us with a means not only of applying to the naso-pharynx such force as is exerted by air being forcibly drawn through it, but by oxygenating the blood more fully and removing more thoroughly the carbonic acid, etc.' All these desirable results were to be obtained by systematic 'breathing exercises,' in poorer cases a printed slip being given to parents containing the following simple instructions: 'Put the child on its back three times a day for half an hour at the time, and make it breathe in and out as deeply as possible through the nose, the mouth being kept shut.' The second paper brought important modifications of these sweeping statements. Whilst in 1897 the author had declared that operative procedures were 'quite unnecessary,' and that 'unfortunately for the patients, surgeons under the influences of the suggestion of Wilhelm Meyer had considered that the secondary infection of the so-called pharyngeal tonsil was the primary cause of the obstruction of the naso-pharynx, and had hoped to cure the patients by cutting away a varying portion of the substance,' he was good enough to admit in 1899, that after all there was a 'very small proportion' of cases in which the operation was required in order to 'establish a through way,' or to 'telescope the duration of treatment.' He says in conclusion: 'The only circumstances under which I can understand the surgeon being warranted in attacking the pharyngeal tonsil are: (1) When the condition has been so thoroughly neglected that the child is unable to drive air through the naso-pharynx, when development has been long in abeyance until the enlarged pharyngeal tonsil has been effectually removed; (2) When for some reason or another, such as considerable difficulty in forcing air through the nose, ear trouble, important school or other arrangements, peculiar circumstances, etc., it is necessary or desirable to telescope the duration of treatment; and (3) When the child is too young to do what it is told.'

"I think it is a very great pity indeed that Mr. Arbuthnot Lane should not have stated in his first paper the indications admitted in his second, which 'warrant the surgeon' in telescoping the duration of the treatment. Had he done so, it would have been seen, I feel sure, that apart from his absolutely unproven theoretical ideas as to the origin of adenoids, the difference which separated him from the moderate section of his surgical *confrères* was not one of kind, but only of degree. For this moderate section also advises operation in such cases only as he admits as legitimate in the concluding sentences

of his second paper, and so far as matters of fact are concerned, the only real point of contention between him and them is this, that the cases in which operation should be performed, in his experience, constitute 'a very small proportion only' of the whole number, whilst they find that the very circumstances enumerated by him—long-standing neglect, very considerable obstruction, deficient development, ear troubles, important school or other arrangements, 'peculiar circumstances,' young age of the patients—are met with considerably more frequently than in 'a very small proportion only.'

"Meanwhile, however, the wholesale condemnation of the operation in his first paper, and particularly the suggestion of the 'breathing exercises' had caught on. Society, ever on the outlook for some novel sensation, is as fond of changing its medical fashions as any other. Yesterday it was the bone-setter, the marvellous voice-producer, a new method of dieting, hygienic underclothing of some particular kind, antipyrin, massage, thyroid tabloids, antifat, *et hoc genus omne*, that were the rage of the town; to-day it is some new medical genius—'a perfect wonder, my dear'—just discovered by a leader of society or a prima donna; the Kneipp cure, or its degenerate progeny, the sandal craze; Christian Science, rheumatism rings, a new brand of Moselle, electric light baths, that are in everybody's mouths. What it will be to-morrow nobody knows; it is characteristic of Society's rages that they almost always have a very ephemeral existence. Thus with the adenoid mania: The question, 'Have your children already been done?' was really becoming a little stale; fresh fields and pastures new were wanted; the difficulty was only to find something original that would suitably replace the old fashion. At last the revelation came—breathing exercises! 'I thank thee for that word' must have been the thought of many a professor of calisthenics, massage, gymnastics, and corpulence curer with a keen eye to business, who perceived that here a new and promising opening offered itself. No sooner said than done: departments for 'breathing exercises' were opened, the public flocked to them in their thousands, a roaring trade was and is being done at this moment, and children galore, who otherwise would have been operated upon by the doctors, are now, if reports be true, cured or enormously improved by so simple a means as breathing exercises.

"But are they?

"Well, gentlemen, I may be an incurable sceptic, but I have no hesitation in telling you that I do not believe for a moment that a single child which has got well-marked adenoids has been, or ever will be, cured by breathing exercises, all reports to the contrary notwithstanding. I mean no disrespect to

Mr. Arbuthnot Lane, but I cannot help saying that the whole idea seems to me preposterous. Whether adenoids be secondary to 'infection of the nasal mucosa' or not, there can, at any rate, be no doubt that they obstruct in well-marked cases the airway, and thereby most efficiently prevent that ventilation of the lungs which, according to Mr. Lane himself—and, may I add, according to every reasonable observer before him who has worked at the subject—is of such enormous importance. It logically follows that the obstruction, whether primary or secondary, must be got rid of as a first step towards enabling the patient to breathe freely and to ventilate his lungs. This surgeons have hitherto done—and no doubt will continue to do—by 'telescoping the treatment,' or, in other words, removing the obstruction in the quickest and most complete way—that is, by operation—just as they would do under analogous circumstances in any other part of the body. But, according to Mr. Lane, this is, with a very few exceptions, 'unnecessary, imperfect and unscientific,' since it deals only with an effect, and not with the primary source of infection. In view of the many thousands of cases, which beyond the shadow of a doubt have been cured by the unnecessary, imperfect, and unscientific treatment—and, mark you, by this treatment alone—which Mr. Lane condemns, it certainly demands some courage to make such a statement. His adversaries, however 'unscientific' they may be, certainly have facts on their side. And if it should be called 'unscientific' to say plainly that the *rationale* of his treatment was a mystery to them, I for one must plead guilty to that soft impeachment. How a genuine lymphoid hypertrophy can ever be expected to be dispersed by 'breathing exercises' completely passes my understanding. Is it by the air being forcibly drawn over it? If that were possible, will Mr. Lane explain how it is that in so many cases of much developed adenoids there are at the same time much-enlarged tonsils? It would seem to me that if forcible breathing could disperse lymphoid tissue in those cases in which nasal breathing is reduced to a minimum, and in which the patients have thus been compelled to forcibly breathe, not for half an hour three times a day, but all days and all nights for many months or even years, the effect of the forcible passage of air ought certainly to show itself in the disappearance of the enlarged faucial tonsils, which in structure are so very similar to adenoids. But, unfortunately for Mr. Lane's theory, these do not disappear; on the contrary, they flourish!—On what grounds, then, are 'breathing exercises' expected to act beneficially in cases of genuine hypertrophy? Are they to do wonders by imparting 'force' to the naso-pharynx; or is it thought that half an hour's 'oxygenation' of the blood

three times a day in twenty-four hours will in such a miraculous way alter the constitution as to make the actual obstruction of the air passages disappear? I fail to discover other arguments in Mr. Lane's papers, and I hope he will not be too indignant with me if I frankly state that his 'breathing exercises' appear to me simply in the light of a scientific glorification of the obsolete advice referred to in the introduction of this lecture, and so freely administered to the unfortunate sufferers before Wilhelm Meyer's beneficent discovery, 'Keep your mouth shut. Shut your mouth.'

"Not that I despise breathing exercises in their proper place. On the contrary, for many years before Mr. Lane ever gave public utterance to his ideas, I, like, I dare say, most operators, have been in the habit of telling mothers that after the removal of the obstruction, they must insist on the child's learning to breathe through the natural air channel—namely, through the nose, and that if admonition alone failed to cure the habit of mouth breathing, engendered by months' or years' impossibility of breathing through the nose, they must use for some time some simple contrivance which covered the child's mouth completely, and compelled it to breathe through the nose. An apparatus of that sort was recommended many, many years ago by Professor Guye, of Amsterdam, under the name of 'contra-respirator.' It is nothing else but an anticipation of Mr. Lane's leading idea, the only difference being, in my humble opinion, that it brings in 'breathing exercises' in their proper place, whilst Mr. Lane, if he will excuse me for saying so, seems to me to put the cart before the horse.

"Now, I shall probably be told that all my theoretical objections go for very little in view of the fact that the patients were cured by the breathing exercises. But, I repeat, is it a fact? I do not believe it. Not that I doubt the good faith of those who think that they have seen cures, but I feel convinced that in such cases transitory congestion of the lymphoid tissue in the vault of the pharynx has been mistaken for actual hypertrophy. In such cases I can easily enough imagine what has happened. The lymphoid tissue, being very vascular, easily becomes the seat of catarrhal inflammation, when it swells considerably, and *pro tem.* may present all the symptoms of genuine adenoids. Now suppose that a child was taken during such an attack to a medical man because the mother wished him to see the patient 'at his worst,' a casual examination might easily enough result in the verdict 'adenoids,' and in the advice 'operation.' The mother, dreading operation, decides that a trial should first be given to the 'breathing exercises' of which she has heard so much of late. The child is put through a course which lasts several weeks, if not months, and all the

symptoms disappear. That exactly the same result would have been obtained if the child had simply been taken a little care of, but otherwise been left alone, does not, of course, enter for one moment into the consideration of the happy mother (and how could it ?). Lavish praise is heaped upon the breathing exercises to which alone the credit of the recovery is given ; and the doctor is severely blamed for having recommended a perfectly unnecessary operation. Considering the frequency of these inflammatory attacks, and the readiness with which nowadays the advice to remove adenoids is given, the number of such cases, in all probability, is very considerable, and it is easily enough intelligible that they should have lent colour to a perfectly honest belief in the efficiency of breathing exercises. But beliefs are not facts, and how little the actual facts agree with Mr. Lane's teaching the following case, which recently occurred in my own practice, will show you.

"A little girl had suffered for a long time from well-marked obstruction of the naso-pharynx, mouth-breathing, thick voice, snoring at night, commencing pigeon breast, tendency to colds, earache, anæmia, and weak state of general health. At the suggestion of the family doctor she was taken to a distinguished surgeon, who diagnosed, as the family doctor had already done, adenoids, and recommended their removal. The parents being much averse to operation, took the opinion of another authority, who advised breathing exercises. The child was placed under a professor of Swedish gymnastics, who makes, I am told, a speciality of such exercises, and for two months assiduously went through a course. Meanwhile, the parents flattered themselves that they observed considerable improvement in the child's symptoms, whilst the family doctor was unable to perceive it. Whilst still under the treatment the child caught pneumonia and nearly died. During the acute disease her respiratory difficulty was so obviously increased by the impossibility of breathing through the nose that the family adviser insisted that after her convalescence yet another opinion should be taken. I was consulted, and found the naso-pharynx crammed full of adenoids. Remember, this child had been treated for two months with breathing exercises ! I, of course, warmly supported the family doctor's and the first consultant's advice ; the parents at last consented. The child was operated upon by the surgeon first consulted, who found, he told me afterwards, the naso-pharyngeal cavity, as I had found it, crammed full of genuine adenoids, and who added that he had quite recently received a letter from the father, warmly thanking him for the genuine improvement which since the operation had taken place in the child's local symptoms and general health.

"It did not require the lesson taught by this case to convince me of the untenability of Mr. Lane's teaching, but it is valuable as showing that practical experience no less strongly than theoretical consideration militates against what I am afraid I must call an exaggeration in the ultra-conservative direction.

"But whilst thus defending Wilhelm Meyer's beneficent discovery against the onslaught of a solitary adversary, I am at least equally anxious to save it from the much more dangerous indiscretion of its injudicious friends. There is not the least doubt in my mind from what comes under my personal observation, that a great amount of over-operation of slipshod nature is going on with regard to adenoids, and if we wish to prevent a good operation from falling into bad repute, it seems to me necessary to come to a much more precise understanding, as to the conditions under which operative interference should be recommended and how it should be carried out, than exists at present.

"I would deduce the following principles as helpful:

"With regard to the question of operation, adenoids may fitly be subdivided into three classes, according to whether they cause: (*a*) permanent, (*b*) periodical and transitory, (*c*) no symptoms.

"The first class, the 'typical adenoids,' embraces the cases in which respiratory obstruction, open mouth, snoring, thick voice, deafness, are all, or some of them, always present, and in which the altered type of respiration may have already led to the peculiar deformities of the face and chest, and to a general debilitated state of health. In this class—in my experience a very large one—I consider operation absolutely indicated, and I advise it the more strongly the further away the child is from the period of puberty, at which often enough, though by no means always, spontaneous atrophy of the growths occurs. For even if the condition should never become complicated, as it so often is in these cases, by inflammatory ear affections, or by one or another of the febrile diseases of childhood, the mere alteration of the natural type of breathing and the deficient aëration of the lungs will, if unrelieved for years, leave their ineffaceable traces in the physiognomy, physique, and entire mental and bodily development of the patients. Seeing that all these serious consequences of the obstruction of the air-way and hearing channels can be prevented by so simple and comparatively safe an operation as the removal of adenoid vegetations, I hold it to be the practitioner's bounden duty strongly to urge operation in this category of cases. It is the one which has established the well-deserved fair fame of the operation, the result of which under such circumstances is always very gratifying and often truly astounding. In

exceptional cases this applies also to the removal of adenoids in adults, but such cases are, in my experience, extremely rare.

"Much more difficult is the question of operation in the second class, in which free intervals alternate with periods of nasal obstruction and impairment of hearing, or attacks of earache, and even of otitis media. This is the category previously referred to, in which during the free intervals only a very moderate, or hardly any, organised hypertrophy of the lymphoid tissue may be present, but in which on the slightest catarrhal provocation so much congestion and engorgement occurs, that for the time all the symptoms of the first class—the genuine adenoids—are closely simulated. It may well be that opinions with regard to the advisability of operation in one and the same case belonging to this class should diametrically differ according to the period at which the little patient is seen. *A.* sees him 'at his worst,' a mouth-breather, snuffling, with thick voice, very deaf, and with some otorrhœa, and strongly advises operation. *B.* sees him a few weeks later, when the acute attack has passed off and all these symptoms have temporarily disappeared, and cannot understand why *A.* should have recommended operation.

"I may observe here that I am afraid that, owing to our great familiarity with the affection, some of us pay insufficient attention to the—often enough rather emphatic—statements of the parents, governesses, or nurses as to the periodicity of the symptoms. This, however, is a very important point. It is just this class of cases in which the most experienced may make mistakes. Suppose he urges strongly that the operation should be performed as a prophylactic measure, suppose that the advice is not followed, and that nothing serious occurs, he is certain to be put down by the parents as an alarmist and fanatical operator. Should the child meanwhile have gone through a course of 'breathing exercises,' it is they which get the kudos of the improvement. Suppose, on the other hand, that, guided by the desire to spare the child a possibly unnecessary operation, one votes against operation, or, at any rate, in favour of postponement, and that unfortunately shortly afterwards acute ear complications should arise, or an abscess form in one of the lymphatic glands, or pulmonary troubles occur, to which these patients seem rather prone—one is equally severely blamed for not having spoken more strongly in favour of an operation which might have obviated all these deplorable and sometimes lasting consequences. What I would recommend under these circumstances, although no formula will fit all cases, and occasional errors of judgment are almost unavoidable, is this: If a child be brought to you 'at his worst,' but with a definite statement that these attacks

occurred only very rarely, that they lasted but a short time, and that in the intervals the child enjoyed perfect health; if you find some soft swelling of the lymphoid tissue in the vault of the larynx, but no evidence of organic ear disease; and if altogether you gain the impression that the child had been brought much more because the mother was anxious than because there were any really urgent symptoms, express a desire to see the child again under, what would be for it, normal circumstances, and postpone the decision with regard to operation until then. If the symptoms be more grave, particularly if there should be marked deafness, perforation of the tympana, otorrhœa, enlargement of the lymphatic glands in the neck, a tuberculous family history, vote in favour of operation as a preventive of more serious events, which, in view of the circumstances named, might reasonably be expected. If you are in doubt yourself—as in these 'half-way house' cases the most experienced observer often enough is—let me recommend you to lay as clear and non-alarming a statement as possible of the actual conditions and of the various possibilities of development before the parents, and let them decide themselves. This course will equally protect you against being called an 'alarmist' and 'very fond of operations' on the one hand, and against being accused of having 'neglected' the case on the other.

"Concerning the third class, I have only to repeat what I have said in the earlier part of this lecture, namely, that adenoids which do not cause any symptoms do not, in my opinion, require removal. One often enough in the course of a methodical examination of the upper air passages discovers a not inconsiderable amount of lymphoid tissue in the vault of the pharynx, which evidently has never done any harm, just as one often enough sees somewhat enlarged faucial tonsils which have never given rise to the least inconvenience. Such innocent hypertrophies should, I feel sure, be left alone, particularly in adults, and all the examiner might tell the patient, in order to safeguard himself against an imputation, that he had 'overlooked' the condition, is, that there was a slight fulness, but that this, unless it should cause any symptoms, did not require operation.

"These are the suggestions which I have to make with regard to the indications for operation. You will probably be surprised that amongst them I have not mentioned, by one single word, the so-called 'reflex neuroses' for which they are so frequently undertaken. Well, gentlemen, in my second lecture you will hear that I am a great sceptic with regard to 'reflex neuroses' arising from the upper air passages in general, and I will say at once that I am particularly so with regard to

reflex neuroses said to be due to adenoids. I am not in the habit of doubting the reports of others, simply because I have had no analogous experiences, and I have already told you as was my duty, that obscure affections of the most different kinds have been attributed to adenoids, and are stated to have been cured by their removal. Personally, however, I must say that I have never performed any operation for adenoids for the express purpose of curing one of these reflex neuroses, though I need hardly tell you that in the course of the last twenty years plenty of these cases have come under my notice. In such of these cases in which I found an insignificant amount of adenoid tissue and none of the classical symptoms accompanying it, I have not been able to bring myself to the belief that asthma epilepsy, enuresis, and similar neuroses, which had been ascribed to the adenoids, were really due to them, and I have therefore not seen my way to advise operation. But in cases in which besides the reflex neuroses ascribed to them the adenoids caused actual tangible respiratory and auditory symptoms—and I have seen a good many of such cases too—I have operated, always thoroughly explaining to the parents beforehand, in order to avoid disappointment, that I advised operation only for the sake of removing the obstruction which interfered with breathing, hearing, and general development, and that I could give no promise whatever as to the cure of the reflex neurosis. That caution in my practice has turned out to have been a very judicious one, for in not one single case have I ever seen a so-called reflex neurosis disappear after removal of adenoids in such a manner that I could rightly have spoken of a causal relation between the two. True, in a few cases I heard long afterwards that asthma, enuresis, epilepsy, etc., from which little patients of mine had suffered at the time of the operation had disappeared, or at any rate diminished; but then, it is well known that these neuroses often enough improve spontaneously, and in all my cases the interval between the operation and the commencement of the improvement had been much too long to justify me in attributing the improvement to the operation itself, or to its influence upon the general health. On the other hand, I know positively of not a few of my own cases in which, though the general health had been materially improved and the direct symptoms due to the adenoids completely disappeared, the reflex neuroses persisted for many years afterwards with undiminished intensity. Only quite recently I saw a boy of 9, who six years ago was sent to me for most troublesome salivation, said to be due to adenoids. Adenoids there were, certainly, and in such quantities as to seriously interfere with the child's breathing and general development: but why they should cause the

salivation was more than I could understand without taking refuge in most artificial theories. I advised and performed the operation for the general reasons just named, but I strongly warned the mother that I could not in the least promise disappearance of the salivation. When I saw my little patient a few weeks ago he had developed into a very fine strong boy. but the ptyalism was just as unpleasantly there as it had been six years ago. Similar things I have seen in connection with asthma, stuttering, stammering, enuresis, epilepsy. Experiences of this kind fully warrant me, I think, in strongly advising you not to be too sanguine with regard to the connection of adenoids and reflex neuroses. To promise positively a cure of the latter if only the adenoids be removed, as I know has been but too often done, I consider simply unwarrantable.

"Finally, in this connection let me warn you, as others have already done before me, against too hastily diagnosing adenoids from facial appearance and nasal obstruction alone. Although the 'adenoid face' in a fully-developed case is characteristic enough, deformities of the nose itself and of the hard palate, as well as enlargement of the posterior ends of the lower turbinated bones, may closely simulate the symptoms produced by adenoids, and it ought to be an invariable rule, therefore, to decide for operation on the strength of thorough examination only—a rule which, I am afraid, is not always adhered to. As to the examination itself in a good many cases, particularly in elder children and in adults, posterior rhinoscopy will suffice, without the unpleasant investigation by the finger being resorted to. In all cases, however, in which there is the least doubt, I strongly advise you to employ digital exploration, which in these cases, I do not hesitate to say, is greatly superior to mere inspection, inasmuch as it gives you much more reliable information about the quantity of growths present than is afforded by the rhinoscopic mirror.

"So far as the operation itself is concerned, I would impress you with one principle: Operate thoroughly!—I have not the least wish to lay down dogmatic rules as to the technique of the operation, although I hold very strong opinions on that point as well. But, whatever method you may employ, operate thoroughly, gentlemen, and never forget that the question is not whether the child is forty-two seconds and a half or five minutes under the anæsthetic, provided that the latter be administered, as in these cases it always ought to be, by a competent anæsthetist, but whether there is to be a recurrence or not.

"Next to over-operation, I have no hesitation in saying that nothing has so much damaged the reputation of the operation than the frequency of so-called "recurrences' observed of

late years. No doubt, perfectly genuine recurrences will occasionally take place, even after very thorough operations; but such an event is, in my own experience as well as in that of all thorough operators with whom I have discussed that question, very rare indeed, and I have not the least doubt that what is commonly called a 'recurrence' is in the enormous majority of cases in reality 'incomplete operation.' One must have seen such cases shortly after operation in order to be enabled to judge in what an incredibly slipshod manner the operation is nowadays but too often done and how the cry 'recurrence' has come to be raised. A whiff of gas, a little scraping with the finger-nail, and behold! the 'operation' has been performed, and the parents are left in the belief that all has been done that could be done. A few months, nay, even weeks, after the 'operation' the old symptoms come on again; the parents in distress seek another opinion, and, when they are told that the operation has to be performed anew, ask in despair: 'But don't they always grow again?'

"Against this class of 'recurrences' there is only one safeguard, but it is a very efficient one: thoroughness of operation, and this thoroughness must be preached until it is generally practised. I need hardly say that this thoroughness is not equivalent to violence. Unfortunately, whilst one very frequently meets with instances of under-operation, one occasionally comes across sad examples of the other extreme. I have seen cases in which the operator had so proceeded that the ugliest adhesions had formed in the naso-pharyngeal cavity and between the soft palate, the pillars of the fauces and the posterior wall of the pharynx. An aspect, in fact, resembling that of cicatrisation in congenital or tertiary syphilis, and in these cases the articulation of the victims was materially and lastingly impaired. That certainly is not the kind of thoroughness I recommend. But the desirable thoroughness I have in view can only be obtained, so far as I can see, by the operator being in the position of not being hurried unduly by the brief duration of the anæsthesia, nor by the fear of any untoward event during the operation itself.

"Personally I have not the least doubt that these conditions are most ideally obtained by (*a*) chloroform being selected as an anæsthetic in these cases; and by (*b*) the patient being operated upon in the recumbent position with his head well bent over the back of the operation table. If chloroform be quietly and slowly administered by a competent anæsthetist, and never pushed to the abolition of the cough reflex, it introduces, to the best of my conviction and experience, no amount of danger into the operation, and it gives the operator time to remove the growths thoroughly. If the recumbent position

be adopted, with the head well over the table, there is no danger of blood or a loose fragment of adenoids penetrating into the larynx or lower air passages. These—as I consider them—most essential conditions having been secured, the operator can then at his ease thoroughly remove the growths, by whatever instruments he prefers (personally I almost always use the two models of Gottstein's curette, the curved and the straight one, and Hartmann's laterally-cutting curette, whilst in exceptional cases only I employ Woakes's modification of Loewenberg's forceps). The operation ought not to be considered as finished until the operator, by thorough digital exploration, has convinced himself that not a vestige of lymphoid tissue projecting over the surface of the mucous membrane has been left behind. Should the tonsils have to be removed at the same time, I usually remove the adenoids first and the tonsils afterwards. Only when the tonsils are so large that it is impossible to introduce instruments into the naso-pharyngeal cavity, without impeding respiration, I remove them first. I have heard my method described as 'fussy,' but it is safe, and it certainly yields infinitely fewer recurrences than that of the lightning operator. No after-treatment of any kind is necessary beyond keeping the patient in bed for twenty-four hours, and in the house for two to three more days, an aperient being given the first evening, if there should be a rise of temperature. I warn especially against any 'antiseptic' injections being made through the nose. It is many years since I gave them up completely, and I am glad to be able to state that I never since have had an acute ear complication.

"Others may prefer other methods. I have not the least wish to assert that the method I recommend is the best, or the only one by which success may be secured, but from long and ample experience I can honestly state that it answers all reasonable requirements, and if you proceed by it, selecting suitable cases only for operation, you may be confident that you will maintain the prestige of one of the most salutary operations of modern times.

"If, in conclusion of this lecture, I were to briefly summarise the advices given in it, I should say this: In all purely local affections of the upper air passages there are certain cases in which all reasonable men will agree that local treatment is required, and others in which the moderate section at any rate will be unanimous that it is not. Between these two classes there is the very large intermediate one in which everything is a question of 'degree,' and in which opinions may legitimately differ as to whether local treatment should be adopted or not. Far be it from me to assert that occasionally mischief may not be done by doing too little, but if I endeavour

to judge impartially the current of opinion at the present moment, I have no hesitation in stating that if at all, we err at the present moment in the opposite direction, and I cannot better sum up the advice which I think should at this juncture be given, than by reminding you of Talleyrand's celebrated counsel to a young diplomatist who for the first time was sent on an independent and responsible mission: 'Above all, not too much zeal!'"

Lecture II.

2. *Local Manifestations of General Systemic Diseases.*

"Of the systemic diseases in which throat and nose complication occur, and which may require local treatment, tuberculosis, syphilis, and affections of the central nervous system are the most important. True, there are many other systemic affections in which the upper air passages may participate. Thus pharynx, larynx, and nose may be severely affected in lupus and leprosy; dry pharyngitis may be a very unpleasant symptom in diabetes; granular pharyngitis is very often found in general anæmia and chlorosis; laryngeal œdema may occasionally be observed in Bright's disease; ulceration and perichondritis of the larynx may occur in typhoid and other acute fevers; influenza may lead to empyema of any of the accessory cavities of the nose, to laryngeal paralysis and to many other complications affecting the upper air passages; gout, rheumatism, urticaria, pemphigus, actinomycosis, and small-pox may implicate nose, pharynx, and larynx; and this list could easily be extended. But the throat and nose complications in many of the affections just named are rare, and some require no local treatment whatever, except an occasional palliative; while in other instances—as in laryngeal stenosis, or in empyema of the antrum due to any of the affections named—they must be treated exactly as if the affection were purely local. Thus there is no need for me to enter specially upon them. Matters, however, are somewhat different in systemic affections belonging to the first group. Here experience has furnished us with certain valuable principles, which, in addition to the individual requirements of each case, ought always to be considered, when the question of local treatment of throat and nose complications arises.

Tuberculosis.

"This applies particularly to tuberculosis. I need not speak of the frequency and importance of its laryngeal complications, which but too often, in the complex of symptoms, unfortunately play the *rôle* of the predominant partner, and urgently require

relief. A patient suffering from laryngeal tuberculosis, who cannot eat and drink on account of the difficulty and pain accompanying the act of swallowing, will, of course, go more rapidly downhill than he otherwise would do because he is prevented from assimilating the amount of nourishment indispensable to combat the inroad of the general disease. To tell such an unfortunate person, as was generally done twenty years ago, and as is done, I am afraid, but too frequently now: 'Take care of your general health and let your larynx take care of itself' is to my mind not much better than a cruel mockery, though it is, of course, not intended as such. Unfortunately he who gives that cheap advice altogether forgets to instruct the patient how he is to take care of his general health when he cannot swallow. Here it is obviously the duty of medical art to step in and help, and the only question is whether this help should be of a purely palliative, or, if possible, of an actively curative character.

"Now this question, simple as it seems, is extremely difficult to answer, and nothing could better illustrate what I have said in my first lecture as to the frequently shifting character of modern therapeutic views than the various answers given to it in the course of the last twenty years.

"As recently as 1881 the late Professor Krishaber, of Paris, stated verbatim in the discussion on the pathology of laryngeal phthisis which took place at the International Medical Congress of London, as the result of his long and extensive experience: I will not say that tuberculous laryngitis is incurable. I maintain only that the local therapeutic means in use are ineffective, and that they are damaging rather than useful.' Although most of the other speakers on that occasion did not take so gloomy a view, yet the general opinion was anything but cheerful with regard to the influence of local measures upon laryngeal tuberculosis. Shortly afterwards, however, Professor Krause, of Berlin, introduced the lactic acid treatment, and this in turn was quickly followed by its combination with scraping of laryngeal tuberculous ulcers. The most enthusiastic advocate of this method was Dr. Heryng, of Warsaw, who for a good many years never tired of extolling its virtues, and demonstrating at medical gatherings patients with 'cured' laryngeal tuberculosis, and instructive specimens of completely cicatrised laryngeal ulcers from patients who later on had succumbed to the ravages of the pulmonary disease. The pendulum of public opinion now swung in the exaggeratedly hopeful direction. Any number of 'cures' of laryngeal tuberculosis were reported, and more and more energetic surgical measures for its treatment were recommended: Deep scarification of the swollen epiglottis and

aryteno-epiglottic folds; removal of diseased arytenoid cartilages; thyrotomy and scraping of the whole laryngeal mucous membrane; nay, even removal of the whole larynx, each found its enthusiastic advocates.

"In the midst of all this progressively radical surgical treatment the introduction of tuberculin for a short time threatened to supersede it altogether. No better field for observation of the effects of the magic fluid could be desired than the larynx. We all injected, and waited in breathless silence for the healing and the cicatrisation of the laryngeal ulcers. But, alas! our hopes were doomed to disappointment; beyond the fact that the ulcers assumed a somewhat cleaner aspect no curative effect was observed, and within a very few months from the introduction of the treatment, the man, whose eightieth birthday the whole medical world prepares to celebrate this week with great rejoicings, my venerated great teacher, Professor Virchow, added to the countless obligations under which he had laid our science, by showing beyond doubt the dangers of the new method. As a result of his demonstration it was, except by a very few faithful adherents, thrown over as suddenly as it had come into fashion, and we all returned to combating the local effects of the disease by local means. But somehow the enthusiasm had cooled down, and during the last few years very little has been heard of the local treatment of laryngeal tuberculosis in comparison with the panegyrics of some ten years ago. On the most recent occasion when the question was discussed—namely, at this year's meeting of the British Medical Association—many speakers related their views and experiences concerning the indications, forms, and results of the local treatment of laryngeal tuberculosis, but no new facts were elicited; and Dr. StClair Thomson—rightly, I think—stated that practically no progress had been made during the last six or seven years, and that the subject was in a very unsatisfactory condition.

"The views I have myself formed from personal experience on the question of local treatment in laryngeal tuberculosis are the following:—

"In the first place, I think we should as much as possible avoid the word 'cure' when speaking of the chances of such treatment, for it is distinctly misleading in this connection. We have to deal with local manifestations of systemic disease, not with a purely local process; and even if we succeed in arresting the particular local manifestations against which our efforts are directed, we cannot, unfortunately, promise our patient that the arrest will be a permanent one, nor that, even if the exact spot in which we have been working should lastingly remain free, quite similar manifestations, causing

similar painful symptoms, may not within a very short time after the end of a really successful treatment break out in the immediate vicinity of that spot. The disappointment under such circumstances is always cruel. Nevertheless, seeing that it is our first duty to give relief if we possibly can, and that there is, at any rate, a fair chance of the result being permanent, we must, of course, have recourse to proper local treatment in suitable cases; but, in view of the uncertainty just named, it will be wise, and may spare the patient and his friends bitter disillusion, not to talk of a 'cure,' but of relief which we trusted would be more than passing, although that could not be definitely promised.

"Secondly, in no disease perhaps is there greater need for individualisation and for treating each case on its own merits than in laryngeal tuberculosis. Simply to identify, as I am afraid is done very often, the presence of that complication with the idea that it must be actively treated with lactic acid, and possibly by curetting, would be a mistake similar to identifying the diagnosis of laryngeal cancer with the idea that thyrotomy must be performed. In both instances routine practice would ultimately and inevitably lead to valuable methods becoming discredited. When deciding whether any and if so what form of local treatment should be adopted in laryngeal tuberculosis, everything—the form, the situation, and the extent of the local manifestation has to be carefully considered. So long as there is merely infiltration with unbroken surface, be this infiltration of a pseudo-œdematous or of an indurative form, I strongly advise in principle to leave matters alone. I know that some authorities recommend submucous injections of guaiacol, creasote, or perchloride of mercury, etc., and others removal of the tumefied parts by means of curettes, forceps, snares, followed by energetic applications of lactic acid. Of the submucous injections I have no personal experience. Of the surgical measures named, I admit that in some cases the dysphagia is so great that energetic procedures may have to be resorted to. In a case of my own in which, so far as could be judged, the epiglottis alone was the seat of an enormous tuberculous infiltration, which rendered swallowing practically impossible, whilst there was no evidence of pulmonary disease at all, the whole of the epiglottis was removed after subhyoid pharyngotomy with temporarily very satisfactory, though unfortunately but transitory, results. A year after the operation both lungs were found to be extensively diseased, and ulceration had occurred in the stump of the epiglottis and in the neighbouring parts of the cicatrix. But, unless the dysphagia renders drastic measures imperative, I feel sure it is much better in

cases of tumefaction without ulceration not artificially to produce a breach of the surface, and I think that the correctness of that advice is being gradually and more generally followed. If the tumefaction be so considerable as to produce serious laryngeal stenosis, tracheotomy may be indispensable to prevent suffocation, and a few cases have been reported in which the rest given by that operation to the diseased organ appeared to have an actually curative effect upon the laryngeal infiltration. But this is a result which certainly cannot be expected to follow regularly, and on the whole it will be much better to reserve the operation for urgent cases only.

"Should there be already ulceration when the patient comes under observation, the questions of its situation and its extent are of paramount importance. If there be one ulcer or a few not too large and well-circumscribed, the chances of arresting the local mischief by appropriate local treatment are by no means bad, particularly when the ulcers are situated on the vocal cords, the ventricular bands, or in the interarytenoid fold. Ulcers of the epiglottis, the mucous membrane over the arytenoid cartilages, the aryteno-epiglottidean folds, or in the subglottic cavity are not nearly so easily accessible to local treatment. Should the ulceration be almost universal and be accompanied by caries and necrosis of the cartilaginous framework of the larynx or of large parts of it, the curative chances of local treatment are very small indeed.

"The local treatment will accordingly have to vary greatly under these different circumstances. In cases belonging to the first category, energetic lactic acid treatment, if necessary, combined with scraping or removal by double curette or cutting forceps of the tuberculous deposits, will sometimes yield very gratifying results. I now look back upon a number of cases of my own thus treated, not large, it is true, but still gratifying enough, in which treatment of this kind has resulted in lasting arrest of the laryngeal mischief. One ought even not to be discouraged if, either in the scar of the hardly-healed ulcer or in its neighbourhood, fresh ulceration should occur. In a few of my own cases repetition of the treatment—which occasionally had to be resumed several times at longer or shorter intervals—ultimately led to lasting cicatrisation and freedom from pain and dysphagia. But no general rule can, I think, be laid down about such repetitions of the treatment, and I cannot sufficiently emphasize that in this large category every case must be treated according to its individual features.

"In cases belonging to the second class the technical difficulties are much greater; the affected parts recede under the touch of instruments, and as a rule the results are less satisfactory than those obtained in the interior proper of the larynx.

Still, so long as there is a reasonable chance of arresting the process, I consider it not merely legitimate, but clearly indicated, to try and do so, as it is just in these cases of commencing ulceration of the epiglottis, the mucous membrane over the arytenoids, or the aryteno-epiglottic folds, in which the concomitant pulmonary process may not be at all much advanced, that the patient's chances are most jeopardised by the dysphagia depending upon the laryngeal complication. Should intralaryngeal measures fail and the dysphagia be excessive, or should a subglottic ulceration spread to the posterior wall of the larynx, external operations may be considered. In a few cases of that kind thyrotomy, followed by thorough scraping and application of pure lactic acid to the seat of the former ulcer, has yielded satisfactory results. In a case of my own thus treated the patient has now, I am glad to say, remained quite well for four years. But the external wound in these cases is very apt to become infected during the operation, and a second extensive operation may be necessary to remove the infected tissues. This occurred in my own case and in various others that have been reported. Hence operations of this kind should not be lightly undertaken. and should be reserved for exceptional cases. They may of course be absolutely required if laryngeal tuberculosis should manifest itself, as it occasionally, though rarely, does in the form of a distinct tumour, which cannot be removed intralaryngeally.

"In the third category, in which the whole, or nearly the whole, of the mucous membrane of the larynx is one mass of ulceration, and in which there is often in addition evidence of perichondritis and chondritis or even of caries, necrosis, and exfoliation of one or several of the laryngeal cartilages, curative local measures are, in my experience and belief, practically out of the question. Very heroic procedures, I know, are sometimes undertaken even in this class of cases, necrotic arytenoids are removed *in toto* with their swollen and ulcerated mucous coverings, and pure lactic acid or very strong solutions of that drug are forcibly rubbed in all over the larynx. I am not aware that such measures have ever acted beneficially whilst they may intensify the violence of the local process, and they are certain, in spite of previous cocainisation and subsequent orthoform insufflation, to increase for a time the patient's sufferings. To remove a tuberculous larynx deliberately I consider hardly justifiable. Palliative local measures alone are, in my opinion, suitable in the great majority of this class of cases, and nothing has so well served me to soothe pain and render swallowing possible as insufflation of orthoform. Its effects last much longer than those of cocaine, menthol, or morphine, and its dose has not to be rapidly increased like

that of the drugs just named. Nor are general toxic symptoms ever observed. It has been accused of producing sloughing; I have never seen it cause such an undesirable effect.

"Thirdly, in cases of laryngeal tuberculosis the patient's general health and pulmonary condition have always to be taken into consideration when deciding upon the question of local treatment. It must not be thought that even somewhat advanced lung disease or slight habitual feverishness necessarily contra-indicate local treatment of the larynx. I have often enough seen general beneficial results even under such conditions from arresting the laryngeal complication. But when practically the final stage of pulmonary phthisis has been reached, with marked hectic fever and cachexia, or when the tuberculous process is of the miliary type, I consider local treatment of the larynx other than palliative distinctly contra-indicated, and I would strongly warn against unduly exalting the laryngeal complication under such circumstances at the expense, as it were, of the pulmonary disease.

"Fourthly and finally, it is most important when local treatment has been decided upon in a case of laryngeal tuberculosis, that it should be efficiently carried out. This would seem to be almost a truism, but indeed it is not, and I think some plain speaking here is necessary.

"Within my own knowledge often enough when energetic lactic acid and curetting treatment has been recommended, that advice has been only partially carried out, and in such a half-hearted way as to make it practically ineffective. Whilst the *rationale* of the treatment consists in the removal of the tuberculous ulcer and in the production of a healthy cicatrix, which purposes can only be obtained by thoroughly scraping the diseased area, or even removing parts of it with cutting forceps or double curette, and by subsequently energetically rubbing into the raw surface left behind a strong solution of lactic acid, carried to the part on a strong, stiff, properly-bent instrument, such as Krause's wool-carrier—all this, be it remembered, under the guidance of the laryngeal mirror—I find that the first part of the treatment, namely, the removal of the tuberculous tissue, is often omitted altogether, and that the rubbing in of the strong lactic acid solution is replaced by the application 'somewhere' in the throat of a weak solution by means of a camel-hair brush, or by the substitution of a 'weak spray of lactic acid.' The result is of course *nil*, and the patient, who had been encouraged to hope for relief, is greatly disappointed. I venture to say that this is hardly fair, either to the patient, the method, or to the original adviser. I certainly consider it much less—if at all—derogatory for a medical man to frankly tell his patient that the suggested

treatment to be effective demanded an amount of special technical skill which he did not possess, and that he therefore would advise him to put himself in practised hands to have it properly carried out, than that he should spoil fair chances by ineffective execution. The simple truth of the matter is that this treatment should as much remain in the hands of experts as, say, the intralaryngeal removal of intralaryngeal growths. However, I may add that seeing the frequency of laryngeal complications in pulmonary tuberculosis, and the encouraging results of the sanatorium treatment of the latter, every physician attached to a sanatorium should, I think, make himself enough of an expert to effectively carry out, during the patient's stay at the sanatorium the local treatment of laryngeal complications if required.

"I know full well that what I have said about the principles of local treatment in laryngeal tuberculosis does not nearly exhaust the subject. Thus, I have not so much as mentioned the necessity of combining in all cases a rational general with the local treatment. But this I hope I may take as self-understood, and I trust that my remarks, incomplete as they are from pressure of time, may help you to decide in doubtful cases whether any, and if so what, form of local treatment should be adopted. I have only to add that in pharyngeal tuberculosis, which fortunately is very rare, the energetic application of strong lactic acid solutions has been at least temporarily beneficial in the very few not hyperacute cases I have seen, whilst in the very acute form I consider that only palliatives are desirable. In nasal tuberculosis, which also is rare, the tuberculous deposits and ulcers should be thoroughly removed and cleaned by scraping, followed by lactic acid applications. Unfortunately, however, there is a great tendency towards recurrence in this form, no matter how thoroughly the local treatment may have been carried out.

Syphilis.

"Of the next disease on our list, syphilis, I need only say that I have for many years ceased to include local treatment as a routine measure in the treatment of specific affections of the upper air passages. This, of course, does not mean that I oppose local treatment in this class of cases if actually required. On the contrary; in cases, for example, of caries and necrosis of the bones in tertiary syphilis of the nose, of extensive adhesions in the pharynx as a result of tertiary ulceration of that part, of fibroid stenosis or advanced perichondritis of the larynx of syphilitic origin, local treatment, and this of the most energetic kind, may have to come into play. But what I mean is that in my experience no daily applications of sulphate

of copper or nitrate of silver to the ulcerating surfaces are required in addition to proper constitutional treatment. I served my specialistic apprenticeship in a school in which such applications were considered most important, but, as I have already stated on a previous occasion, since I have gradually discontinued them and relied upon constitutional treatment only, I have not found that improvement has taken place more slowly than in former days.

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

OBITUARY.

Dr. Francis Edmund Boericke.

We regret to learn the death of Dr. F. E. Boericke, the originator and head of the well-known firm of Boericke and Tafel, of Philadelphia and New York, pharmacists and publishers. We take the following notice from the *Philadelphia Public Ledger*, of December 19th, 1901, giving an interesting sketch of the life and career of a remarkable man.

"Dr. Francis Edward Boericke, a prominent homœopathic pharmacist, died on Tuesday at his residence at 6386 Drexel Road, Overbrook, aged 75 years. He had been an invalid for the last fifteen years.

"Born in Glauchan, Saxony, in 1826, Francis Edmund Boericke came to this country during the Revolution of 1848, and made his home in this city. His father was a prominent manufacturer and exporter of woollen goods in Glauchan. Soon after his arrival here the young man obtained a position as book-keeper with Plata, at Fourth and Chestnut Streets, a well known dry goods merchant and the Saxon Consul. Following this he became a partner in Andre's music store in Chestnut Street. In 1852 he joined the Church of the New Jerusalem, and opened a store where religious books were sold in Sixth Street, below Chestnut. A year later he was induced by Dr. Constantine Hering to turn his attention to the preparation of homœopathic medicines, and by his proficiency and industry soon gained the confidence of leading homœopathists in the country. In 1854 he married Miss Eliza Tafel, and in 1869 associated with himself in the pharmacy business as a partner Adolph Tafel, his brother-in-law, who had retired from the Civil War with the rank of Major.

"Dr. Boericke was graduated from the Hahnemann College in 1863. He received a scholarship and delivered lectures on pharmacy for some time. In 1864 he added to his business an establishment for publishing homœopathic works, and soon enlarged his trade by establishing branches throughout the country. In 1895 Major Tafel died, and after that the firm consisted of Dr. F. A. Boericke, and Adolph L. Tafel, sons of the original members.

"Dr. Boericke is survived by his widow and nine children."

CORRESPONDENCE.

MEDICAL ETHICS *v.* SCIENTIFIC PROGRESS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Pardon me for saying that I venture to think your remarks in your current number, with respect to the editor of the *Edinburgh Medical Journal*, scarcely justified.

In the management of all large business or literary transactions it is necessary to give general instructions to clerks with the understanding that they will exercise their intellectual powers in carrying out matters of detail. That "clerk" or "assistant," it appears to me, was possessed of no mean intellect, for he dared not allow himself to believe that a paper from a gentleman who had graduated as M.D., Lond., besides holding the diplomas of three London Medical Colleges, could contribute a paper which would be unwelcome to the editor of his journal.

The polite apologies of the editor, which reveal a certain amount of veiled shame and a desire to avoid a preposterous explanation should also be accepted, for, what would have become of his journal had the paper of Dr. Roberson Day appeared in it!

The latter has chosen to recognize the existence of a law underlying the action of drugs on the human body propounded by Hahnemann, expressed by the phrase "*Similia similibus curantur*"—a law which has since been supported by a very large number of facts published in the orthodox medical journals and books, and collated by Dr. R. E. Dudgeon and others. In this he has committed an unpardonable sin, for which he must be ostracised and his writings "boycotted" by all respectable members of his profession, and also excluded from taking part in the proceedings of medical scientific bodies so far as the law of the country will allow, for, has he not thereby professed "an exclusive or special system"?

It would be difficult to conceive a parallel so ludicrous among other scientific societies. Take, for example, the announcement by certain physicists of the existence of the law underlying the relation of the specific heats of the elementary bodies to their atomic weights, or, Mendelejeff's law of periodicity. There was a time when many gaps existed and many of the elements apparently declined to obey such laws, leading to the belief that the facts pointed out as supporting their existence were a mere chain of coincidences, although with the increase of our knowledge these apparent exceptions have steadily fallen into line, and gaps have been filled to such an extent that no sane being would now dispute the existence of such laws.

Let us try to imagine the Royal Society, on the early promulgation of these physico-chemical laws, daring to ostracise some of its Fellows who acknowledged them, and to boycott the papers of those who propounded them! Yet, I submit, this is a close parallel to the action of the British medical profession with regard to the law of similars propounded by Hahnemann. If this law does not exist by all means let it so be shown, as it has not yet been shown, in a scientific manner, but until this has been done the attitude of the medical profession is, to borrow Dr. Day's expressions, illogical, untenable and incomprehensible.

Surely the time is not far distant when medical ethics will no longer be allowed to hinder the advance of medical science.

Bromley, Kent, *Jan.* 10*th*, 1902.

Yours faithfully,
JOHN M. WYBORN, F.C.S.

A WARNING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN :—

A gentleman called on me three weeks ago and presented his card, C. C. Perry, M.D., New York. This was at 5 p.m., but I was in bed and did not wish to see him. He represented, however, that he wished to see me as a friend, and was therefore shown into my bedroom. He addressed me in a free and unconventional style, and talked about many mutual friends in America—Drs. Helmuth, Marcy, Norton, Kraft, Wesselhœft, &c. On my suggesting I was too weak for more conversation, he remarked that he had not taken quite sufficient money for his journey to London: would I lend him a sovereign till the next day, when I should assuredly have it again. I was too weary to argue with him, and to save bother lent him the money, which I have not, nor ever will, see again. I write this to warn my colleagues.

Yours truly,
PENDENNIS, NORTHAMPTON. A. C. CLIFTON.

(The editor of *The Homœopathic World* issued lately a similar warning. This man attempted the same game with ourselves, but failed in his object.—EDS. *M.H.R.*).

NOTICES TO CORRESPONDENTS.

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

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Letters, etc., have been received from—Dr. CHARLES W. HAYWARD (Liverpool); Dr. JOHN D. HAYWARD (Liverpool); Dr. STANLEY WILDE (Cheltenham); Dr. GALLEY BLACKLEY (London); Mr. J. M. WYBORN (London); Messrs. BOERICKE & TAFEL (Philadelphia); Dr. STONHAM (London); Dr. A. C. CLIFTON (Northampton); Dr. W. SCHWABE (Leipzig).

BOOKS RECEIVED.

The Homœopathic Pharmacopœia of the United States. Second Edition. Boston, 1901. *A Text-book of Gynæcology*, by James C. Wood, M.A., M.D. Second Edition. Philadelphia, 1902. *Preventive Medicine*, by an English Member of the Brussels International Conference of 1898. 1901. *Homœopathic World*, January. *Medical Era*, December and January; Chicago. *Homœopathic Recorder*, December; Philadelphia. *Calcutta Journal of Medicine*, Nov. and Dec. *Journal of Obstetrics and Gynæcology*, January; London. *Homœopathic Journal of Pediatrics*, January; Buffalo. *Vaccination Enquirer*, January. *Saint Andrew*, January 9. *Homœopathic Envoy*, January; Lancaster, U.S.A. *American Medical Monthly*, December; Baltimore. *The Clinique*, December. *Minneapolis Homœopathic Magazine*, December. *Medical Brief*, January. *Zeitschrift für Homöopathische Pharmacie*, December; Leipzig. *San Francisco Examiner*, January 8.

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. F. GOULD & SON, Limited, 59, Moorgate Street, E.C.

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