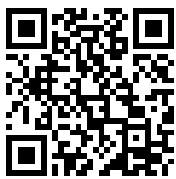

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THE MONTHLY
HOMŒOPATHIC REVIEW.

DOGMATISM IN MEDICINE *VERSUS* PUBLIC OPINION.

WE are glad to see that at last, and none too soon, public opinion is being roused against the dogmatic or *ex cathedra* position which has so long and so tenaciously been maintained by the majority in the medical profession which we know by the name of the old school, or popularly and conveniently, the allopathic section of the profession, against everything new in therapeutic treatment which does not come within their limited range of vision, or harmonize with their prejudices and preconceived opinions, or their "*a priori* conceptions."

In a leading article in the *Times* of January 3rd, commenting on the munificent gift to the KING by SIR ERNEST CASSEL of £200,000 for charitable purposes, and on the resolution of HIS MAJESTY to devote this sum to the building of a large sanatorium for tuberculous patients, the editor concludes thus :—

"It may be doubted whether tubercle once developed in the human body can really be got rid of, either by the open-air treatment or by any drug yet discovered. But its action may certainly be suspended by increasing the resisting power of the organism to a morbific imported agent, in other words, by restoring and maintaining general health. We may, perhaps, hope that the aid which drugs may undoubtedly give, will in the new

sanatorium be dispassionately studied without regard to the source from which their advocacy comes. The general lay public have not been edified by the correspondence which lately took place in our columns, or by the intolerant and dogmatic attitude of some members of the profession. In no department of life is dogmatism more unjustifiable than in medicine. The reaction of the organism to drugs and to disease is so various, so inexplicable, and so liable to be affected by factors which evade the acutest observation, that a tolerant spirit of unbiassed scientific inquiry is imperative. There is far too great a tendency to judge alleged results by *a priori* conceptions, or by analogies which may be vitiated by some obscure difference. Physiologists discover a great deal about the tissue changes that take place in certain conditions; but why these changes are caused by one drug and not by another, or whether any unknown drug will cause one change or another, is more than all their theories can explain. The dogmatic attitude we sometimes have to deplore is therefore singularly out of place in medicine."

Such weighty words of sound common sense and justice, coming from the leading organ of public opinion in this country, are of great value as indicating the reaction which the public are beginning to feel against the assertive dogmatism of the old school. The immediate text for the editorial remarks in the *Times* is the correspondence which has appeared nearly every day for the last few months, headed "The Congress on Tuberculosis." This correspondence was started by the HON. COLONEL LE POER TRENCH, who complained to SIR WILLIAM BROADBENT that the use of a drug called *lachnanthes*, which in the case of his wife had been found to be of such benefit that, after being given up as hopeless by several leading members of the old school, she completely recovered her health, had been ignored and boycotted by the committee of the Congress. Into the merits of this medicine in the treatment of consumption we do not here propose to enter; nor do we assert that it has been proved to be homœopathic to pulmonary tubercular phthisis. Suffice it to say, that a medical practitioner who had found the drug so valuable in his own case that he had subsequently relinquished general practice in order to develop this "cure," had had his name erased from the medical register, for reasons which

satisfied the General Medical Council that he had been guilty of "infamous conduct from a professional point of view." We do not here stop to discuss the grounds on which this action on the part of the General Medical Council was justified or not, but its tyrannical action in other cases, from which there is actually no appeal, makes it very doubtful whether, judging from what has been elicited in the correspondence, the decision to "unfrock" this practitioner and deprive him of his diploma would be upheld in any court of law. Whether this is the case or not, SIR WILLIAM BROADBENT and the Committee would not give a hearing to COLONEL TRENCH'S desire that the value of lachnanthes should be investigated by the Committee. SIR WILLIAM BROADBENT, assuming the high dogmatic attitude, asserted that the drug was a secret remedy, simply because *he* had never even heard of it. It was pointed out in the correspondence that there was no secrecy about it, that the drug had been known in homœopathic practice for thirty years, that it had been "proved," though not completely, and that its "proving" was to be found in Allen's *Encyclopædia of Materia Medica*, and its uses stated in various other homœopathic works. This much we have to explain for the benefit of those of our readers who do not see the *Times*. Suffice it to add that the *Times* says "The general lay public have not been edified by the correspondence which lately took place in our columns, or by the intolerant and dogmatic attitude of some members of the profession." But while the *Times* thus expresses its opinion on the immediate case of the correspondence, the main gist of its admirable sentences has to do with the general question of the dogmatism of the profession as displayed at the present day, and traditionally handed down for generations. In no instance has this dogmatism been more persistently shown by the old school than in its treatment of Homœopathy, and of those who believe in the truth of the great law of similars, as being the grandest truth in medicine ever discovered, and who feel conscientiously bound to practice in accordance with it for the benefit of their patients. Were a dogmatic opinion expressed on the subject, the result of knowledge of the tenets and practice of homœopathy, either from careful study of the writings in which it is advocated and explained, or from personal and practical testing of its

claims to cure "*cito, tuto, et jucunde*," or of both, one could not but respect such an opinion. But when we find opinions expressed adverse to homœopathy by men who show by what they say or write that they are ignorant of what the veriest tyro in homœopathy knows, it is simply a disgrace to the present age. One expects in an enlightened age, and in what is supposed to be an enlightened profession, that before an opinion is expressed the speaker should show that he knows what he is talking about. But it would seem that for an old school doctor to have this essential knowledge of homœopathy before expressing an opinion, is quite unnecessary. Of course, such an opinion is of not the smallest value, and is simply contemptible. But the unfortunate thing is that the majority of the public are not aware that such ignorance of the subject prevails amongst their medical advisers; they hardly believe it when they are told, and consider that such a charge of ignorance of the very elements of homœopathy must be the result of jealousy or malice on our part, or at least a very *ex parte* statement. They consequently take for gospel what their medical advisers tell them about homœopathy and its absurdity. And this contemptible expression of opinion is backed up by boycotting of homœopaths and homœopathic treatment. Such dogmatism in opinion and in practice is insufferable. In spite of all we do to expound our views and practice, our opponents will not take the trouble to look at the question from an open-minded, honest point of view. And, what is still more egregious, those who would wish to study homœopathic practice and test it, are afraid to do so owing to the dogmatic action of their colleagues and leaders being carried to the extent of boycotting such enquirers. Such stifling of honest enquiry and the desire to find out what is really best for their patients, is nothing less than the action of a great trades-union. A member of any real trades-union may disapprove of the rules of his union, and be glad of the chance of doing other work than his union permits, but he is afraid to express an opinion, and still more to act independently, for fear of being called a "black-leg" and treated as such by his union. And the case between the two schools of medicine is precisely parallel. An enquirer is positively afraid to look into the question, and if he does it he does so secretly "for fear of the Jews," and if he tries the

homœopathic treatment in practice, he refrains from saying anything about it, or hinting on what principle he is giving certain medicines. And the worst of this is, that he is told by his leaders that anyone may practice as they think best, provided he does not say he is a homœopath or speak of homœopathy. He is actually encouraged to act dishonestly, to the great detriment of his conscience, his patients, and last, but not least, to the cause of truth and progress. How can truth spread if treated in this manner, stifled by every illegitimate means? And yet, in spite of this baleful and tyrannical procedure, it is perfectly well known that many of the well-known homœopathic medicines are used to a considerable extent under the name of "new remedies," which act on no other conceivable principle than the homœopathic; while even the drugs which are common to both schools are employed for their homœopathic action. Cases of success on these lines are published in the old school journals, provided no allusion is made to the principle on which they have been prescribed, leaving it to be understood that such homœopathic action is a purely accidental discovery, and a curious variation from the usually-accepted action of such drugs. And thus the dominant party in the profession bolster up themselves and their colleagues in continued voluntary ignorance of the principles they know in their hearts to be true, at all events to a certain extent, and prevent themselves and others from following out the development of a truth which stares them in the face, but to which they find it convenient to shut their eyes and minds.

And here it is that public opinion must come in; and it is a great point gained to find the *Times*, with its powerful influence on public opinion, voicing the feeling of rebellion against this professional dogmatism, which is ruinous to the cause of truth and progress. Well may the *Times* say, "In no department of life is dogmatism more unjustifiable than in medicine," and again, "the dogmatic attitude we sometimes have to deplore is therefore singularly out of place in medicine." It well points out that "the reaction of the organism to drugs and to disease is so various, so inexplicable, and so liable to be affected by factors which evade the acutest observation, that a tolerant spirit of unbiassed enquiry is imperative"; and again, "There is far too great a tendency to judge alleged results

by *a priori* conceptions, or by analogies which may be vitiated by some obscure difference." Here is the *crux* of the whole thing. "*A priori* conceptions" and false analogies are employed as weapons to burke the truth, to discredit well-ascertained results, and to throw cold water on the only truth in medicine which has not only held its ground for a century, but belief in which has spread all over the world in the minds of tens of thousands of fully-educated practitioners, and is ever growing. If this belief were only a speculative theory, beautiful in itself, but failing to prove its correctness by its results, it would have died a natural death long ago; but its results are so successful and convincing to any open and honest mind, that it engenders enthusiasm for the great truth of the law of similars, which being the truth can never become obsolete.

The public, who judge only by results, whether they know the principle of homœopathy or not, are sagacious enough to know when they are cured and when they are not; and when this cure is brought about by gentle methods instead of the rough, empirical methods of the old school, it is no wonder that they prefer in such large and ever-increasing numbers such treatment, in spite of the anathemas of the old school, and resent the autocratic dogmatic attitude of those who will not even look into the question. When the *Times* says that it hopes "that the aid which drugs may undoubtedly give, will in the new sanatorium be dispassionately studied without regard to the source from which their advocacy comes," allusion is evidently intended to homœopathy. This is the only source of "new treatment" worth naming outside of the traditional and narrow lines of allopathy. The fact is patent to everyone that any new treatment or new drug, however unlikely, will be tried and reported on—generally to turn out a *fiasco*—except homœopathy and medicines coming from a homœopathic source. Medical history is one melancholy tale of new theories and new remedies being broached, adopted, becoming first the fashion, and then consigned to merited oblivion, while the one great principle in therapeutics which has, as we have said, survived for a century and is yearly gaining more strength and support in the minds of the open-minded of the profession all over the world, is the one object of the dogmatism of the majority, carried out to actual boycotting of its adherents.

Public opinion must come in to help us in our battle for truth. It must be roused to see fair-play over questions in which its health and life are concerned. The irrationa dogmatism of the majority must be broken down, and it is the public who can do it. The present movement for the advance of homœopathy carried out by the Twentieth Century Fund must be largely aided by the public. They must be invited to work with us, to aid us in every possible way, to influence general opinion, and so to get fair play for those who believe in their treatment and principles, in spite of all dogmatic opposition. The *Times* has done a great deal in thus having courageously opened the campaign against a monstrous evil, and we owe it a debt of gratitude. If we follow up the battle, the public and the profession together, victory is secure in the end. "*Magna est veritas et prevalebit.*"

IN THE FOOT-STEPS OF HAHNEMANN.

By Percy Wilde, M.D.

In the January issue of the *Homœopathic Review*, we are reminded by Dr. Richard Hughes of the decadent period of the Homœopathic School, when schism paralysed its advancement. He contrasts it with the present period, when its hospital work demonstrates its vigour; and the wave of enthusiasm with which the proposal of the President of the British Homœopathic Society to found a Twentieth Century Fund has been greeted, shows a feeling of unanimity to exist, which of itself ensures a new era in its history.

How came the decadence? What caused the revival? are questions which may reasonably be asked, and the study of which may help us to discover a policy for our future guidance.

Looking back on the history of the Homœopathic School, as a purely psychological problem, it is difficult to see how a period of decadence could have been empirical Art of Medicine, by a science, at a time when avoided. Hahnemann endeavoured to replace the science, as we know it now, could hardly be said to exist.

He recognised fully that science must rest upon the results of the inductive method, that medical science must have as its basis a pure Materia Medica, and he conceived the idea that a pure Materia Medica must consist

of the effects of drugs upon the healthy human body No therapeutist at the present moment will question the value of this conception.

But Hahnemann also recognised that science must *advance*, by deduction and hypothesis, and in this idea he was followed by those who have since constructed the exact sciences, such as chemistry and physics. It is recognised at the present moment that a hypothesis which may prove to be inexact or even untrue, is none the less valuable as an incentive to scientific research, and as a means of acquiring more exact knowledge. The hypothesis plays the part in science, which the foot-rule occupies in construction. It enables us to measure our results, it is put aside when it is no longer useful. The far-reaching inductions put forward by Hahnemann as a part of the science of medicine he endeavoured to construct, had of course no demonstrable basis, and they were opposed to every principle which governed the methods of thought at the time they were promulgated.

It was not until half a century later that physiologists, working on the reaction of protoplasm to physical stimuli, established the facts which proved that the "Law of Similars" was not a ridiculous paradox, but an expression of a natural law. It was not until a century had passed, that physicists and chemists demonstrated that the chemical activity of matter increases with dilution, and thus proved that Hahnemann's law of drug dynamization, which had been considered as the most preposterous theory ever put forward in the history of medicine, was, what it professed to be, a direct deduction from physical phenomena.

At the present moment, we are in a better position to appreciate the genius of Hahnemann, than were the physicians of his own day, or the generation which succeeded them. Our present knowledge must make us pause before we condemn some of his other deductions, until at least they have been clothed in modern language and compared with modern teaching. Hence the value of Dr. Hughes' suggestion for the revival of the Hahnemann oration.

The medical profession of Hahnemann's day would have been more than human if they had accepted his deductions. The greater honour is therefore due to that small minority who accepted a great part of his teaching,

and who continued his efforts to establish a pure Materia Medica, and endeavoured by the slow process of induction to establish the truth of his Law of Similars. We can understand that when different minds were brought to bear upon abstract principles, they would not all see with the same eyes, and as a consequence the earlier writers thought it necessary to dissociate themselves from some of the teachings of Hahnemann, the subsequent writers from the teaching of one another.

In this conflict of ideas the purpose of Hahnemann to found a science of medicine was forgotten. Discussion raged around the Law of Similars, and the study and practice which resulted from the application of the law was called "Homœopathy." The decadence from the high ideal was quickly followed by the conception that what had been accepted of Hahnemann's teaching was so valuable, that Homœopathy had no new principles to learn. During an age when chemistry and physics were growing into exact sciences, when physiology was established on sound principles, and the general knowledge of medicine and surgery was advancing, "Homœopathy" was taught as if it had no part or connection with general science. That Hahnemann had utilised his great knowledge, both of medicine and the natural sciences, to lay the foundation of a science of medicine; that the actual method of preparing medicine proposed by him and adopted as the "Homœopathic" method, was a deduction from purely physical phenomena, did not appeal to these teachers. That the growth of science had been accompanied by a new language that enabled men to give definite expression to their ideas, was ignored. The work of Claude Bernard, which was largely complementary to that of Hahnemann, was passed over almost unnoticed; for was he not a physiologist, and decadent Homœopathy was always anti-physiological.

There was nothing to attract physicians of scientific ability to the study of "Homœopathy," and if by chance it happened that one became an enthusiastic convert, and was anxious to build hospitals, or push forward the progress of knowledge, he found his strongest opponents in the ranks of "Homœopathy." For *his* "Homœopathy" was not *their* "Homœopathy," and Was it not their duty to prevent the propagation of a spurious faith? How does it happen, then, that this period of decadence has been

followed by one in which the ranks of the Homœopathic school are steadily increasing; when the old hospitals are being enlarged, and new ones built; when the London Homœopathic Hospital has a staff of physicians and surgeons who can hold their own with the staff of any Metropolitan hospital, who possess the capacity to give instruction in any branch of medical study, and are always ready to do so; whose aim is to do honour to the school, not only by their own skill and exertions, but by helping others to accomplish any work which may reflect credit on the general body?

How does it happen that when the President of the British Homœopathic Society asks the members of the School to put their hands in their pockets, and start a Twentieth Century Fund, he is met with a chorus of approval and enthusiastic support? How has the change in the character and composition of the school been effected?

Dr. Richard Hughes does not answer this question. He does not tell us how, instead of taking part in the discussions of the decadent period, he sat down and wrote his "Pharmacodynamics"; how he clothed the dry bones of the Materia Medica in modern scientific language, so that the physician or student could learn what the Homœopathic school had to teach respecting the action of drugs. He not only wrote in modern language, using the ordinary terminology of medicine, but he wrote in the calm scientific spirit, claiming no more than he could prove, which carried with it the conviction of his sincerity even to his most hardened opponents.

We have to thank the author of this book for having been the means of bringing into the school those broad-minded scientific men, whom we are glad now to call our leaders, and whom we are glad to follow because we trust them.

Under their example and advice, what had become a "pathy," or a "cult," became a School. They saw that the theory that Homœopathy was only a "therapeutic method," and that its professors differed in no way on other questions from the ordinary teachings of the medical schools, was impracticable. Those who recognise Law in Medicine do not see with the same eyes as those who are blind to the existence of Law.

But the physician with his repertory although able to

accomplish great cures, did not meet all the requirements of those who elected to be treated by the Homœopathic school. This was further enforced by the great body of the profession, who refused to accept surgery and other branches of the medical art as a neutral or common ground. Those who accepted the whole or any part of Hahnemann's teachings were cut off from professional association, and unless they could form a complete school, they were exposed to constant humiliation at the hands of their opponents.

By replacing "Homœopathy" by a "Homœopathic school," they not only strengthened its position from within, but they closed that weak spot, which the occasional need "for further assistance," offered to those members of the profession who had been taught that persecution of the Homœopathic practitioner added to the dignity of medicine. But why should I relate history which is within the common knowledge of my colleagues? Because it seems necessary that the factors which led to the decadence of Hahnemann's teaching, and those which have contributed to its revival, should be kept closely before us in settling the future policy of the Homœopathic school. Hahnemann's immense undertaking and his voluminous writings, were stimulated by a high ideal, the good of humanity, and the honour and dignity of his profession. In the lectures of Richard Hughes we have the same high ideal of advancing science by scientific methods. In the present work of the leaders of the Homœopathic school, we have an ideal conception of duty towards medical science and their fellow members of the profession, who if they are not with us to-day, may be with us to-morrow. Dr. Burford's presidential address may be summed up in three words, "Each for all," and this might be the motto of the new era of Homœopathic progress.

It would have been unnecessary to have alluded to the decadent period if it were not that it serves as a warning to us to turn a deaf ear to its echoes, which sometimes reach us. The future of the school depends upon the scientific attainments and culture of its future members. Any policy which would prevent men of this stamp from joining its ranks, would serve only to its prejudice. We cannot ask such men to find no more intellectual employment than to compare a catalogue of symptoms with a repertory; we cannot ask them to shut their eyes to the study of

natural laws, which may advance the science of medicine, and tell them that it is not "Homœopathy." Rather should we encourage them to do so by quoting the example of Hahnemann.

In Hahnemann's day the medical profession were well satisfied with the knowledge thereof. To-day the need for a science of medicine, to replace the empirical art, is generally recognised, but its possibility is doubted by all except the Homœopathic school.

The study of natural laws in relation to health and disease, is distinctly the work which lies before the Homœopathic school; it was begun by Hahnemann, it will not be finished in our generation. We may make mistakes which may have to be corrected by our successors, but we shall at least add something which will be for the good of humanity, and the honour and dignity of the profession of which we are members.

To accomplish such work we must have funds, and we may justly appeal to the public for help in this matter. We must protect our workers from persecution and slander, and the law is already strong enough to afford that protection whenever we choose to set it in motion. We must insist that those charged with the conduct of medical education, no longer leave untaught those scientific principles which comprise the teaching of the Homœopathic school, and bring public pressure to bear if such a demand is refused.

We cannot ask the public to express an opinion upon our scientific opinions, but it is our duty to them and to the general body of the profession, to see that the laws of the country, which give the right to any practitioner to "accept or refuse to accept any theory in medicine or surgery," are carried out or strengthened if the need should arise. The policy of the Homœopathic school, if it follows in the foot-steps of Hahnemann, will be to establish a Science of Medicine, and remove the barriers which ignorance or prejudice oppose to its study.

SOME BARIUM CASES.

By T. G. Stonham, M.D. (Lond.).

Barium and its salts are well known to exercise a marked effect on the unstriped muscular coats of the arteries,

stimulating them to contract, and probably also influencing their nutrition. For this reason Barium has been used in the treatment of aneurism, and several successful cases have been reported in homœopathic literature. The following three cases show its influence in this direction, though not one of them could be called a definite case of aneurism. They are cases in which, probably on account of a localized want of tone in the muscular arterial coat, there has been some dilatation with throbbing and pain, a condition which we may suppose would go on to aneurism if not checked.

CASE I. A. T., a middle-aged woman, came November 14, 1900, complaining of pain in the left shoulder, worse on movement. On examination there was found above the left clavicle some swelling and much increased pulsation, caused by what appeared to be a dilatation of the subclavian artery. There was also throbbing of more than usual degree in the left carotid. Beneath the clavicle slight pulsation could be felt over the outer part of the first intercostal space. Pain extended from the clavicle down the left arm. She suffered from flushing of the face. Baryta mur. 1x, ℥iv ter die.

Dec. 5.—The pain in shoulder and arm much better.

Dec. 19.—No subjective symptoms remaining. The throbbing above clavicle diminished. Medicine discontinued.

Feb. 27, 1901.—The pain and the throbbing have returned to some extent, but not so badly as at first. Baryta mur. 3x, gr. iii ter die.

The symptoms soon disappeared, medicine was left off, and she continued well till

July 3.—When some pain had returned in the left arm. Baryta mur. 3x, gr. iv ter die. She was soon well, and continued so without more medicine till

Oct. 26.—When there was again some return of throbbing and pain under the left clavicle, and of pain in the left arm. Baryta mur. 1x, ℥iv ter die.

Nov. 9.—Symptoms gone.

CASE II. A. F., female, aged 38. For three years had suffered from pain in the chest and left arm, with a slight bulging at the junction of the third rib with its costal cartilage, and when seen by Dr. Molson was thought to be probably an aneurism.

Dec. 19, 1900.—The bulging of the chest remained

There was no impulse over the prominence, but a systolic murmur could be detected which was conducted to the left outwards under the clavicle. No murmur heard over the heart's area, nor at the apex, which was quite in the nipple line. The patient mentions that she does all her heavy work, lifting and carrying, with her left arm, and that she often has pains running down to the left elbow, and a good deal of stinging pain under the left clavicle, all worse after exertion. Faint feelings with a rush of blood to the head. Some dyspnœa < exertion. Baryta mur. 1x, ℥v ter die.

Jan. 2, 1901.—Breathing easier, but other symptoms much the same. Bowels rather loose, especially after warm drinks. Sphygmogram shows a rapid pulse of rather low tension. Repeat Baryta mur. 1x.

Feb. 14.—Much better. No more faint feelings, nor rushes of blood to the head. Pains down the arm better. Repeat medicine.

The pain in the chest and arm in a short time quite disappeared, and the bulging out at the third costal cartilage became less, but did not altogether go away. Diarrhœa came on—4 or 5 stools daily—with great uncertainty of the sphincter ani, the result, no doubt, of the barium taken, as this is a prominent symptom in the provings of the drug. The medicine was therefore discontinued. Later in the year she came under treatment for hay fever, but there had been no return of the symptoms referable to the bulging of the chest.

Case III. S. McE., aged 45.

Dec. 22, 1899.—The climacteric took place two years ago. She complained of a sinking at the epigastrium before meals and a pain there half an hour after meals. Sleepy, flatulence, bowels constipated. She was treated during the next few months for these dyspeptic symptoms, and by means of arsenicum, lycopodium, and strychnine obtained considerable relief, but on

Nov. 17, 1900.—She came complaining that she had caught a cold in her stomach, and that for the last fortnight she had had a sharp pain in the abdomen, between the navel and the margin of the ribs on the left side. Ceanothus 1x was prescribed, but she returned on Dec. 8, saying the pain was worse, and that it was brought on by the slightest exertion, only ceasing after she had rested a while.

On physical examination an extreme degree of aortic pulsation was felt to the left and above the umbilicus at the site of the pain. She was given Baryta mur. 1x, ℥iv ter die.

Dec. 29.—She stated that the pain began to get better the day after beginning the medicine, and that she was now quite free from it, and besides felt much better in every way. The medicine was repeated for another fortnight, and after that she was under treatment for constipation and some rheumatic symptoms, and had no more baryta. She was under observation for four months, but at no time had any return of the abdominal pain.

Remarks.—The above case is typical of many, where there are abdominal pains associated with undue aortic pulsation, and which whether we regard the aortic condition as primary or secondary to abdominal irritation, are relieved by barium. Amelioration from lying down is a characteristic. The following two cases are of this class.

Case IV. Martha W., aged 55. Came complaining of a cough and of an aching pain between the shoulders; also of sinking feeling with pain which centres round the umbilicus, comes on when she works, goes away when she rests; absent at night. Often much throbbing in the abdomen on first lying down, which goes off afterwards. Physical examination showed a lax abdomen with marked aortic pulsation. Flatulence. Nothing else abnormal.

June 8, 1901.—Baryta mur. 3x, ℥v ter die.

June 22.—Pain in abdomen much the same.

July 6.—Pain in abdomen and throbbing gone.

She remained under treatment for rheumatism and other symptoms, but the pain in the abdomen did not return.

Case V. Margaret R., aged 51. Complained of pain under the right clavicle, and also of pain over the cardiac area. There was considerable aortic pulsation, which was felt very unpleasantly by the patient.

June 6, 1901.—Baryta mur. 3x, ℥v ter die.

June 12.—Better in every respect.

Case VI. A. H., aged 31. When 3 years old he had a fit which resulted in hemiplegia of the left side. The leg recovered, but the arm and forearm remained paralyzed, and became the seat of athetoid movements which have continued ever since; are excited by the least attempt to

move the arm, are aggravated by mental excitement, and cease entirely only during sleep. He was for years subject to epileptic fits, but they ceased for three years previous to January, 1900. In that month he had one which lasted for three-quarters of an hour, and was followed by a second one an hour or two later. During the remainder of the year he had several fits at varying intervals, some neuralgia of the face, and frequent attacks of giddiness without loss of consciousness. The fits were kept in check by artemisia 1x, and he went from July to November without one, but not without frequent attacks of faintness and giddiness; they, however, returned in November and December.

On *January* 30, 1901, he was given baryta carb. 6x, 2 tab. ter die. There was immediate benefit, the attacks of giddiness entirely ceasing, and he went on till March 16 without a fit. He then had one in which after screaming, he fell, and lost consciousness for twenty minutes. From that time till January 5 of this year—a period of ten months—he has had no attack of any kind and has been quite free from giddiness and headache. His mental condition has also improved. He has been taking baryta carb. 6x the whole of the time, and no other medicine.

Remarks.—This is evidently a case of cortical instability resulting from a long standing focus of irritation. Whether the improvement effected by the baryta carb. is due to a direct action on the nervous tissue, or to its influencing the circulation of the involved cortical area, is difficult, ot decide in this case.

CASE OF STRICTURE OF THE CARDIAC END OF THE ŒSOPHAGUS, FOR WHICH GASTROTOMY WAS PERFORMED AND THE STRICTURE DILATED FROM THE STOMACH, WITH VERY MARKED BENEFIT.

By Dudley Wright, F.R.C.S.
Surgeon to the London Homœopathic Hospital.

The following case should, I think, be reported, since it presents uncommon features, both in regard to the nature of the trouble, the method of dealing with it, and the after effect of the treatment. The notes of the case were taken by Dr. P. A. Ross, the house surgeon at the hospital.

Edward M., aged 30, ex-policeman, was sent to me by Dr. John Gordon, of Liverpool, with the following history.

In *Dec.*, 1899, commenced to vomit. Had been complaining of loss of appetite for some time previous to this. The vomiting continued, and took place directly after food, the vomited matter consisting of the food eaten.

In *Feb.*, 1900.—Difficulty in swallowing solid food came on. The symptoms have continued since then with varying severity. Has severe attacks of vomiting at times, lasting several days, during which he can take nothing by the mouth. During the attacks there is severe pain from between shoulders down to lumbar region. This has only been noticed for the last two or three months.

He states that after having swallowed solid food it seems to lodge in the lower part of the chest, and to cause a sense of distension which is only relieved by bringing up the food. With less solid food he can apparently get rid of some of it in a downward direction by a voluntary effort, in which the diaphragm is raised, and the chest walls compressed by the approximation of the arms, and depression of the ribs, the breath being simultaneously held by closure of the glottis.

Four stone in weight has been lost since December, '99, and the patient had to give up work in April, 1901.

There is a suspicion of syphilitic history.

On admission.—The patient was much emaciated. Tongue: large, pale, flabby, thinly coated. Complains of sudden palpitation on movement, no dyspnœa. Bowels very constipated. Has had no solid food for many weeks past, having lived entirely on milk or beef tea, and much of this was vomited up again. Lungs emphysematous. Heart sounds weak, but clear. No enlarged glands felt anywhere, and abdominal examination gave no signs of any abnormality beyond excessive pulsation of the aorta. Urine acid, 1030, no albumin, phosphates and urates deposited.

During the first few days in hospital, the patient was given fish diet, which he was unable to retain. The vomited matter was examined by Dr. MacNish, and the following is his report:—Total acidity = 0.0584 per cent; combined HCl. = 0.0365 per cent; free HCl. = nil; lactic acid markedly present.

Digestive powers.—No. 1 = indefinite; No. 2 = 40; No. 3 = nil.

A full-sized soft bougie was passed into the œsophagus, and went easily down its full length, and further pressure caused it to disappear between the teeth, but it was evident that the end had not passed into the stomach, but had curled up in a dilatation in the lower end of the œsophagus. After the removal of the bougie a quantity of glairy mucus was vomited up Further attempts to pass instruments into the stomach failed.

At a consultation it was decided to open the stomach and explore from below the stricture which was evidently present. This was done on Nov. 21, 1901; gas and ether, and later chloroform, being administered by Dr. Beale. The account of the operation is as follows:—Median incision above the umbilicus. Stomach found very much contracted, and anterior walls thickened, especially near the cardiac orifice, having here, over a region of about three inches, the appearance of being infiltrated with some foreign growth. This did not bear the ordinary character of malignant disease, but rather of gummatous deposit partially organised.

The anterior stomach wall was incised near the cardia, and the interior of the viscus explored, no ulceration being found. The walls were very brittle, and tore readily. The fore finger was used to explore the cardiac orifice, but it was found stenosed to such an extent that no opening could be found. One was, however, easily made by the pressure of the finger, as the walls tore so easily. The opening was made in the direction of the real orifice as high as the finger could reach. A bougie was now passed by the mouth, but its end could not be felt by the exploring finger. Further dilatation caused so much laceration that it was considered advisable to desist. The stomach wound was closed after much difficulty, the walls being so brittle that the sutures tore their way through. After it had been closed as completely as possible, a piece of omentum was brought up and sutured over it as an extra precaution. The skin incision was closed in the usual way.

For five days after operation the patient was fed entirely by nutrient injections into the rectum. Then milk in small quantities was given, and as this was easily swallowed, larger amounts were administered. Finally, he was put

on to solid diet, including fish, bread, and potatoes, all of which he swallowed easily, and there was no subsequent regurgitation of food.

Five days after operation he was given 7 grains of iodide of potash three times daily, in order to cause absorption of the gummatous deposit in the stomach and œsophagus. This was increased in two days' time to 12 grains, and in a fortnight to 15 grains three times daily. He continued this amount until he left the hospital—thirty-four days after the operation—and has kept it up without intermission since—a period of thirty-five days.

As regards weight, from the date of the operation to the date of leaving the hospital he had gained 28 lbs. In another fortnight after leaving he reported a further gain of 14 lbs., and again three weeks later he reported an extra 2½ lbs. At this time he also wrote saying that he was swallowing ordinary food without discomfort. He passes a full-sized bougie into the stomach occasionally, so as to keep the passage free, and he finds that he has no difficulty in doing so, having been taught how to perform this during his convalescence in hospital.

SCHEME OF A RATIONAL CAUSAL THERAPY.

By A. de Groot, M.D., Groningen.

The *causæ morborum* consist of two *momenta*, one or other of which must be regarded as the principal cause of disease, (1) the morbific stimulant, (2) the reacting cell; and when we come to employ causal therapy we must attack one or another of these *momenta;* we must either destroy the morbific agent by acting directly upon it, or we must help the affected cell in its endeavour to neutralise the noxious agent. The first is impossible (even in those cases where the invasion has not spread further then the outer covering of the body, or the mucous membranes, and which are apparently suitable for a direct application of the remedy), without a total destruction of the affected part. For instance, in the treatment of gonorrhœa by antiseptics we no longer think of killing the gonococci directly; the injections do no more than wash out the urethra mechanically, and so stimulate the tissue, quickening also the circulation of blood and lymph. Even the direct necrobiotic action of quinine on the malaria

hematozoon must be given up, according to the latest experiments of Celli.

There remains therefore only the reaction of the cell itself as a defensive weapon against the disease-producing agent. If this reaction is strong enough to destroy the morbific agents, recovery follows after a shorter or longer time; if this is not the case then chronic disease, or, partial or universal death. When the reaction oversteps the physiological limit, we call it a symptom of disease. This reaction is always a specific one, and within its limits we must admit both quantitative and qualitative differences. The cell has its special reaction for each bacterial or chemical poison, therefore the qualitative condition of the secretion afforded by it, is in each case different. The quantity of the reaction (a given condition of the cell being taken as the normal) depends on the quality of the poison, and upon the quantity of the same which is brought into action during a given time.

In the case of any bacterial or chemical poison, we may so apportion the dose of the remedy that its effects upon the cell are stimulating. Only, by over-stimulation we bring the cell to a state of exhaustion, and so cause depression. The strength of the reaction is not to be estimated only by the extent of the heightening of its physiological function, for this need not be heightened at all, seeing that the specific anti-toxic action of the cell is very strong.

The differentiation of cells in the human body is carried so far, that in the case of many groups one definite, physiological, specific reaction is paramount. Therapeutic interference is, as the foregoing lines will have suggested, only indicated if the reaction is too weak, or if we wish to quicken the process, presupposing of course that the cell can do more work than it has hitherto done. If the affected cell is already working up to its full power, medical stimulation can only be hurtful, and will cause paralysis by overstimulation. Therapeutic abstinence is therefore often indicated. It is otherwise when the reaction is too weak; then the therapeutist must aim at strengthening the reactions particularly desired; to strengthen the capability of reaction in general, by means of stimulating agents, is *not* "causal therapy." It is the particular reaction, against the particular poison, which must be strengthened. This specific reaction can only be induced by agents which call forth the same qualitative function

of the cell. To employ the *same poison* therapeutically (*isopathy*) is of no use, because the reaction brought about thereby can only serve to neutralise the remedy.

We must employ another poison (= remedy), one which will induce a reaction greater than is necessary to neutralise it, so that a surplus remains which is useful to neutralise the invading poison and render it innocuous. This surplus is the therapeutic factor; without it the drug action cannot be therapeutically useful. There is nothing mystical in the nature of that surplus; we only need to imagine that the chemical combination between the drug and a part of the cell is a somewhat loose one, so that if the combination becomes free outside the cell, the poison takes the place of the drug and is made more or less innocuous, circulates in the blood stream, and finally becomes excreted from the body. The combination of the invading poison with one part of the cell is therefore in this way made easier and to a greater extent possible; the drug will again become partly free, and the play of molecules will begin again, so long as the cell, the source of all power, remains strong and capable of reaction. Also:

$$\left.\begin{matrix}\text{remedy}\\ \text{part of cell}\end{matrix}\right\} + \text{poison} = \left.\begin{matrix}\text{poison}\\ \text{part of cell}\end{matrix}\right\} + \text{remedy.}$$

It may at times happen, however, that more stable combination between the drug and a part of the cell takes place, so that a part of the drug combined with the cell produce is excreted, as would always be the case in regions not directly attacked by the poison, when there is no free poison present to decompose the combination. This part of the drug will therefore be excreted before the other part which is playing the *role* of go-between, being itself finally eliminated with a part of the cell product when all the poison is neutralised. We can perhaps employ agents (which will act in the same manner as the natural reaction) without part of the reaction being lost; that is, that the whole will be useful surplus. These ideal remedies are light, electricity, etc. The remedy therefore which can strengthen the necessary reaction in a cell, which reacts too feebly, with the greatest useful surplus, is the proper causal remedy.

For the same reason that we may not stimulate a cell, which is reacting up to its maximum, we must not subject a cell, which is reacting too feebly, to the effects of too large a dose of the drug, as we then should fall into the

same error. It is hardly necessary to remark that this dose must with some drugs be reckoned by grams and with other by milligrams, not to speak of the individual susceptibility.

What is necessary in choosing the appropriate remedy in any given disease (that is, the causal remedy)? The reaction of cells remains in its nature quite unknown, and it is by no means sure that the heightened or depressed physiological functions of the different organs and groups of organs, which impress us as symptoms, can always give a clear picture of the action of the morbific agent. According to the individual susceptibility of the organ or organs, will these symptoms moreover be very diverse. This feeble impression which we call "*symptomen bild*" is nevertheless the only one practicable. If we choose such a remedy as the probable causal one, as would call forth the same symptoms as the poison in the body, we have at least the chance that the two do not differ too much. How far appearance can deceive is seen in the case of strychnine and tetanus; how accurate the choice may be, in those of mercury and syphilis; of quinine and malaria.

To speak truly, we must assert that the best remedies, to wit the causal-curative remedies, were discovered by laymen, as would be partly understood from what has been said above. From the position of this hypothesis, we may at least hope to increase the number of causal-curative remedies. It has at least the merit of a working hypothesis, supported upon rational grounds. To separate the essential from the accessory is the task of the clinician, and the future of therapeutics lies in clinical observation. No matter how often he is obliged to employ a purely symptomatic or palliative course of treatment, this hypothesis will afford the physician a good guide in obtaining his object in practice: a rational causal therapy.

THREE CASES OF HYDATID DISEASE ADMITTED INTO THE LONDON HOMŒOPATHIC HOSPITAL.

By LILLIAN CUNARD-CUMMINS, L.R.C.P., and S.I. L.M.,
Registrar to the London Homœopathic Hospital.

CONSIDERING the comparative rarity of hydatid disease in this country, the following cases admitted into the

London Homœopathic Hospital within a period of eight months are of considerable interest.

CASE I.—Mrs. R., aged 35, was admitted to hospital for a small abscess in right hypochondriac region, which on operation was found not to communicate with the abdominal cavity.

As she had a previous history of attacks of liver congestion, the hepatic dulness before her discharge was marked out, and found to be increased posteriorly in an upward direction, but the edge of the liver was not felt abdominally. Patient was re-admitted five weeks later suffering from severe abdominal pain and vomiting.

On examination there was extreme tenderness over abdomen, which was distended and rigid. Dulness to percussion extended from the fourth rib on the right side across to left hypochondriac region, the lower limit being about one inch from the umbilicus.

An exploratory needle was inserted into the right seventh intercostal space, and clear, opalescent fluid withdrawn. The diagnosis of hydatid disease of liver was made, but operation was not considered advisable, as patient was obviously moribund. She died a few hours later.

Post-mortem examination.—The liver was enormously enlarged throughout, and the whole of the right lobe was distended by a hydatid cyst as large as a cocoa-nut and filled with daughter cysts. The remains of the old abscess was thoroughly examined, but no communication found with the abdominal cavity.

CASE II.—Mrs. W., aged 35, admitted Nov. 25th, 1901, suffering from gradually increasing swelling in abdomen, and pain.

Previous history: Seven years ago had a cyst in abdomen. This was tapped and four gallons of fluid withdrawn. The cyst wall was removed by operation the next day. The doctor told her it was a cyst in connection with the liver. Three years ago noticed a swelling in right side of abdomen, slightly tender, but not painful, gradually increasing in size. Last year a swelling appeared on left side, which the doctor said was a hydatid cyst. One day she was seized with abdominal pain, lasting several hours, and vomited twice. Vomit resembled "oysters." After this the tumour was found to have disappeared. The following day patient came out in a rash all over,

consisting of large white lumps with much irritation. This lasted two or three days. Since June she has always had pain and discomfort on the left side. Patient has never been abroad.

On examination, in the lower right quadrant of abdomen, occupying the space between the umbilicus and Poupart's ligament, is a rounded elastic mass. The skin over it is normal in appearance. The mass is slightly moveable, does not move on respiration, is dull to percussion, gives fluctuation, is not tender, does not project back into the loin, reaches to level of umbilicus.

On Dec. 3rd, under gas and ether, a median incision was made through linea alba below umbilicus, through scar of old laparotomy. Tumour was found freely moveable, and to arise from the under surface of the liver by a comparatively narrow pedicle. There were adhesions to the omentum in places; the gall-bladder was normal.

The cyst was packed round with sponges and tapped with a small trocar; the contents did not run, and it was found that the trocar was blocked with small cysts. These were cleared out and the cyst gradually emptied of its contents. These consisted of numerous small cysts floating in a thick, yellow-ochre coloured liquid containing small black particles resembling inspissated bile. The opening in the cyst was united to the peritoneum, and the rest of the wound closed, a drainage tube being left in the cyst. A second cyst was then discovered in the left hypochondrium. This was opened and drained through a small lateral incision just below the ribs, the edges of the opening being united by a continuous suture to the peritoneum, and drainage tube inserted. The cyst contained a clear, dark-yellow fluid.

An examination of the fluid from the cysts showed that the larger one contained abundance of bile and a little coagulable albumin, while that from the smaller one gave no reaction to the tests for bile pigment, but went quite solid on boiling. Discharged two months later, cured.

CASE III.—Mr. B., aged 35, traveller, admitted Jan. 11th, 1902. Previous history: Always had good health and has never been abroad. History of present condition: Eight years ago began to complain of pain in right hip and aching across loins brought on by exertion.

Three years ago began to have severe pain in right

iliac fossa. After a severe attack of pain he passed *per urethram* several small, clear, spherical bodies in coffee-coloured urine; during the following two weeks patient passed several dozen more. The passage of the bodies was always preceded by very severe pain, which ceased directly afterwards. He saw nothing more till a year later, when he had a similar attack, and again in the following year. One month ago patient passed several, and during past week some every day, the pain being very severe. On Jan. 2nd first noticed a swelling in right side of abdomen. On examination: Occupying the right lumbar region of abdomen and projecting into the flank, is a spherical tumour the size of a large cocoa-nut. The lower limit is one inch above the level of the anterior superior spine. Above it is continuous with the liver, and behind it passes backwards and projects into the loin. Tumour moves slightly on respiration, dull on percussion, not very tender; fluctuates distinctly. To inner side of tumour is a much harder and more tender mass occupying position of enlarged gall-bladder and reaching nearly down to umbilicus; moves freely on respiration, and there was general enlargement of liver; none of the spleen.

On Jan. 14th, under gas and ether, a vertical incision was made in right semi-lunaris above the umbilicus, exposing a large retro-peritoneal cyst. The peritoneum was divided and the cyst tapped; ℥ij of fluid withdrawn. The cyst was then opened and a very large daughter cyst removed. Above the cyst at the upper extremity of incision was a hard rounded mass, dark in colour, which proved to be an enormous kidney. An exploring needle was inserted and blood withdrawn, but no cyst tapped. The cyst wall was stitched to muscle and peritoneum, and plugged with gauze to stop hæmorrhage from the kidney punctures.

Discharged a fortnight later with marked diminution in the swelling, and suffering no pain.

As will be seen from the accounts of the above cases, none of the patients had ever been abroad—a fact which is remarkable considering the rarity of hydatid disease in this country. The most recent researches show the distribution of this disease to be commonest in those countries in which dogs share the daily life of the people, such as in Iceland, where during the long winter months

the dogs live in the common room, and are often allowed to lick the plates and dishes clean to save the people the trouble of washing them (Leuckart). In St. Thomas's Hospital Reports, 1894-1898, there are nineteen cases; in Middlesex, 1893-1897, fifteen cases; in Westminster, 1889-1898, ten cases; in Edinburgh, 1891-1897, eleven cases.

The urticarial eruption mentioned in case II is generally thought to be due to the absorption of some special toxic constituent of hydatid fluid, regarded as a ptomaine by some, and by others as a tox-albumin. The rash has been experimentally produced in man by the injection of hydatid fluid, although no result was produced in the dog.

Of late years the Röntgen rays have been called into requisition as an aid to diagnosis, as it has been found that all hydatids are non-transparent; and as regards size and extent of some abdominal echinococci, skiagraphy has been claimed to yield more information than ordinary physical examination.

For the accounts of these cases I am indebted to the Resident Medical Officers of the London Homœopathic Hospital, and to Mr. Knox Shaw, under whose care they were, for permission to publish them.

REVIEWS.

The Homœopathic Pharmacopeia of the United States. Published under the Direction of the Committee on Pharmacopeia of the American Institute of Homœopathy. 2nd edition. Boston: Otis Clapp & Son, 1901.

WE are glad to welcome the second edition of what in the first edition was called the *Pharmacopeia of the American Institute of Homœopathy*, but which is now entitled *The Homœopathic Pharmacopeia of the United States*, a much better title, and more national. In noticing the main features of this work, we cannot do better than transcribe the "Official notice" which is sent with the volume itself. It is as follows:—

"BOSTON, December 10, 1901.

"The Publication Committee of the Committee on Pharmacopeia of the American Institute of Homœopathy desires to notify the profession of the United States of the completion of the second and revised edition.

"The Committee of Revision was appointed in June, 1899, and the result of their labours is embodied in the present volume. While this revision exhibits no alterations in the principles or methods of homœopathic pharmacy, it has been greatly perfected by many corrections and emendations, and it is believed that the new title, the *Homœopathic Pharmacopeia of the United States*, to which special attention is called, will be generally recognized as not only far more comprehensive than the old, but also much better calculated to enlarge its field of usefulness.

"Since the publication of the first edition, both France and Germany have issued homœopathic pharmacopeias which have been officially recognized as authoritative in their respective countries. While these pharmacopeias differ somewhat from those of England and America in methods of tincture preparation and designation, all adopt the process of maceration to the exclusion of the original Hahnemannian method of expression. It would seem, therefore, that while absolute international pharmaceutical uniformity is not likely to be attained in the immediate future, the methods now employed in the preparation of homœopathic remedies, and the products obtained, are more nearly alike than ever before.

"One of the chief objects of the Institute in its efforts to produce a pharmacopeia was to secure uniformity in the strength and composition of tinctures and triturations. To accomplish this and at the same time to make the dilutions or liquid attenuations correspond in actual strength with triturations, the dry crude drug was in each case made the UNIT from which to estimate strength. It should be understood, however, that it does not follow that because the dry crude drug has been made the unit of strength, it is to be selected in the preparation of tinctures. On the contrary, the fresh succulent plants are used whenever practicable, the plant moisture in all cases being taken as part of the menstruum, and, with but few necessary exceptions, tinctures are made to represent a strength of ten per cent, the dried crude drug being the unit, and in the process of attenuation the mother tincture is to be regarded as the first decimal, or 1x.

"The Committee congratulates the profession upon the scientific exactness of this method—the mother tincture being 1-10 or 1x strength of the crude drug, the initial attenuation made from it is therefore the 1-100 or 2x strength of the crude drug, and thus every attenuation expresses its exact value in terms of the crude drug. It cannot diminish the strength of the tincture to consider it as 1x rather than unity in the preparation of the attenuations. In fact the average strength of the tinctures made according to the standard pharmacopeia

is fully equal to that of those heretofore prepared. In addition, uniformity of strength has been secured for tinctures and attenuations; liquid attenuations and triturations now agree in their designated strengths, and we have a knowledge of the exact proportion of crude drug present in each attenuation.

"The Committee is pleased to note the fact that the Institute Pharmacopeia has received the unanimous approval of the Association of Homœopathic Pharmacists of the United States.

Committee on Publication.

CHARLES MOHR, M.D., Chairman.
J. WILKINSON CLAPP, M.D., Secy.
T. H. CARMICHAEL, M.D."

The work is one showing immense care and labour in making it as full as possible in the number of the drugs, their description, and in the details of preparation of each. The decision to make each mother tincture of the uniform strength of 1 in 10 is a wise one, and in this and some other points the Committee express a graceful acknowledgement to the Editors of the *British Homœopathic Pharmacopœia.* We note, however, that in the American volume the diphthong *œ* is altered to a plain *e*, which we cannot think an improvement.

In carrying out the excellent plan of making all mother tinctures equal to 1 in 10, it is, however, rather confusing to find that nitric acid of the strength of 1x or 1 in 10 is labelled as ϕ, or mother solution. In the *British Homœopathic Pharmacopœia* the strong nitric acid is considered as the ϕ, and the 1 in 10 of this is called 1x, which, we think, is the better and correct mode. We thus find our 1x the same strength as the American ϕ.

There is an excellent introductory chapter on the various processes adopted in homœopathic pharmacy. The work is a most complete and valuable one, bringing into line the pharmacopœias of the old and new world, and reflecting the greatest credit on the Committee, who have evidently spared no care and pains in its preparation. We may add that this book is beautifully got up, and the type clear and excellent.

Practical Medicine. By F. MORTIMER LAWRENCE, A.M., M.D., Assistant in Practice of Medicine, Hahnemann Medical College, and Chief of Medical Clinic, Hahnemann Hospital Dispensary, Philadelphia. Philadelphia: Boericke & Tafel. 1901.

IT is always best for the author of a work, especially a medical one, to state in the preface the aim of the book. We then

know exactly what is intended to be accomplished, and can judge fairly of the results. In the preface Dr. Lawrence says, "This book is intended for students, not advanced workers. The endeavour has been to set forth concisely those fundamental facts which are requisite to the successful practice of medicine. Pathological processes rather than the details of morbid anatomy have been described, with the object of co-relating the symptoms of disease to the underlying changes. In connection with diagnosis the more important modern laboratory methods have been included; and in addition each section is preceded by a brief *resume* of the essential points to be ascertained by interrogation of the patient, and of the physical methods by which the examination should be completed." Dr. Lawrence has kept strictly to these lines, and the result is an excellent book which will be a great help to students, but which will also be a considerable help to "advanced workers" in refreshing their memory on many points. There is no space wasted on unnecessary details, while all that is given is of importance to know, and is given clearly and concisely, and in all points up to date. It therefore occupies a middle position between the short or pocket compendium and the fully-developed work on practice of medicine. It is a good-sized volume of 520 pages, and therefore is not a work to carry about with one, but one rather to be referred to at home, and amplified when necessary by reference to larger works on the various topics discussed. It is divided into sections on: (1) Infectious diseases; (2) Diseases of the circulatory system; (3) Diseases of the respiratory system; (4) Diseases of the urinary system; (5) Diseases of the digestive tract; (6) Diseases of the blood; (7) Diseases of the ductless glands; (8) Constitutional diseases; (9) Diseases of the nervous system; (10) Diseases of the muscles; (11) The intoxications; (12) Animal parasitic diseases. There is no section on diseases peculiar to women.

The introductions to each section in the shape of a "brief *resumé* of the essential points to be ascertained by interrogation of the patient, and of the physical methods by which the examination should be completed," are admirably done, and teach the student exactly what he is to look for and note. The pathology of each disease is given clearly and concisely with no waste of words; the symptoms, causes, diagnosis, and prognosis are equally clear and concise, and the treatment is described on the same lines, the leading medicines being named, leaving fuller details as to their pathogenesis, etc., to be looked up in other works on materia medica or therapeutics. The section on nervous diseases is particularly good, but all the sections are well done. The paragraph

on treatment of rheumatic fever, which the author, by the way, includes in the infectious diseases, is a fair sample of the manner in which he describes treatment throughout the book. "Place the patient at absolute rest in bed between blankets, and wrap the joints in absorbent cotton. Cleanse with warm water and soap daily, nourish with semi-liquid food, and allow plain, aerated, or acidulated water freely. Examine the heart daily for signs of its involvement. *Aconite* may be given early in restless, apprehensive patients with active fever. As the disease progresses *bryonia* is demanded by pains which the slightest motion aggravates, and which may be accompanied by thirst, gastric irritability, constipation, etc.; pericarditis, pleurisy, or pneumonia is apt to afford additional indications for its use. *Rhus tox* is required in cases so restless that the patient must move in spite of the pain, and the latter may be general, involving back and limbs as well as joints. *Pulsatilla* is recommended for cases in which the disease wanders from joint to joint, or especially affects the knees; *mercurius*, when the patient sweats freely, has aggravated pain at night, and presents symptoms of gastro-intestinal catarrh. *Belladonna* is suggested by red, throbbing joints and characteristic general symptoms; *caulophyllum* by involvement of small joints, and *cimicifuga* and *phytolacca* by involvement of the trunk muscles. In typical cases a solution of *colchicine*, one grain to the ounce of alcohol, may be given in doses of 3-5 drops every two to four hours, and the effect is often magical. *Sodium salicylate* in doses of 5-15 grains every two hours until pain is relieved, and then in lessened dosage, is widely used. In every case the patient must remain at rest, carefully protected from the slightest exposure, for some days after every symptom has disappeared." Croupous pneumonia he calls pneumonic fever, and is placed in the infectious list, and he states that the average death rate is about 20 per cent. This surprises us. In the treatment of diphtheritic paralysis the author omits mention of conium. In the treatment of whooping-cough, he omits to speak of veratrum album and nitric acid in the convalescent stage. Under the heading of "Neuroses of the Heart," we have only the following for treatment, "Rest, the application of cold or heat to the precordia, and therapeutic measures directed to the cause." This is unexpectedly meagre. We should have thought the leading remedies in such cases would have been named, and the student will miss them. In the treatment of acute and chronic rhinitis, we are surprised to find no mention of mercurius, and so in pharyngitis, acute and chronic, in the latter of which only local treatment is named. Nor is mercurius in any form named for chronic catarrhal gastritis. In the treatment of

"acute intestinal obstruction," Dr. Lawrence says "the patient should be placed at rest, food withheld, and morphine gr. ¼, with atropine gr. $_{1}\frac{1}{2}\overline{0}$, should be given to control the excessive peristalsis." We cannot endorse this advice, and it rather surprises us in a homœopathic work. Other drugs, such as opium, nux vomica or plumbum are not even named. Under appendicitis, he says under treatment, "as soon as appendicitis *is suspected* (the italics are ours) a surgeon should be called in consultation, and as a rule operation is advised." Surely this is a little "too previous," without first trying homœopathic treatment, only calling in a surgeon when the case is not progressing favourably. As we have praised Dr. Lawrence's work, we note these various points for comment to show that our praise of the book as a whole is merited, and these the exceptions to otherwise excellent recommendations in treatment. We note also his choice of antimonium iodide in nearly every case in which antimonium is indicated. In this country, the iodide is, we believe, not used. We cordially recommend the book, as an excellent guide for students and young practitioners.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Fifth meeting of the Session, 1901-2, was held at the London Homœopathic Hospital on Thursday, Feb. 6th, 1902. Dr. Burford, President, in the Chair.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

At the meeting in November organized by this section Dr. Percy Wilde, of Bath, read a paper on "Energy," having special reference to the action of drugs in trituration and solution. The discussion following the paper was adjourned, so that the subject might be more fully brought before the Society, and more fully discussed than one meeting would allow.

As an introduction to the adjourned discussion at this meeting, Dr. M'Lachlan, of Oxford, read a paper, entitled,

SOLUTION AND ITS ASSOCIATED PHENOMENA.

Dr. M'Lachlan dealt with a large number of facts bearing on the subject, among which the following are chief:

1.—Any solid is not soluble in all liquids. Solubility is often dependent on a similarity of composition between the solvent and the substance dissolved. Thus the rule, "*Similia similia solvuntur*," is often of practical value in this connection.

2.—The solubility of a substance usually increases with a rise of temperature, but this is not invariably the case.

3.—When a solid dissolves in a liquid there is always a rise or fall of temperature in the mass.

4.—The volume of the solution is always less than the sum of the values of the solid and solvent, with some exceptions.

There are two classes of theories to account for the phenomena of solution; (1,) Those which assume that a solution is formed as the result of chemical contraction between the solid and the solvent, and (2,) Those which explain the phenomena by adhesion and intermixture of molecules.

Solution was then shown to be closely allied to the gaseous state of matter, and the important bearing of this principle in relation to osmotic pressure, was pointed out.

Dr. M'Lachlan also reviewed the application of the laws of Boyle, Gay Lussac, and Avogadro, to substances in *dilute* solution, and noticed the exceptions and their explanation by the "ionic dissociation theory" of Arrhenius.

The discussion was taken part in by Drs. Malson, Dudgeon, Clarke, Goldsbrough, Mr. Knox Shaw, Drs. Jagielski, Neatby, Lambert, and the President. Drs. M'Lachlan and Wilde replied.

NOTABILIA.

THE TWENTIETH CENTURY FUND.

THE work in connection with the above fund has been progressing steadily, and the preliminary arrangements are now nearly completed. The executive committee have received a hearty response to their circular sent to the homœopathic practitioners of Great Britain asking them to join the Grand Committee, and they have now issued a special pamphlet on the objects of this scheme, copies of which will shortly be in the hands of all members for distribution among their patients and friends.

The committee further hope to have everything ready by April next, so as to be in a position to call a meeting of the medical and lay supporters of the scheme in that month; at which a well known peer and friend of homœopathy will be asked to preside. No effort will be spared to make the meeting thoroughly representative of the cause, and there is every expectation of its being a complete success.

The following medical gentlemen have notified their wish to serve on the Grand Committee.

GRAND COMMITTEE.

George Burford, M.B.
Byres Moir, M.D.
C. Knox Shaw, M.R.C.S.
D. Dyce Brown, M.D.
J. W. Hayward, M.D.
Peter Stuart, L.R.C.P.
Dudley Wright, F.R.C.S.
J. Hervey Bodman, M.D.
Washington Epps, L.R.C.P.
H. Nankivell, M.D.
Richard Hughes, M.D.
J. Galley Blackley, M.B.
E. A. Hawkes, M.D.
W. Cash Reed, M.D.
E. A. Neatby, M.D.
Percy Wilde, M.D.
J. Johnstone, F.R.C.S.
E. Madden, M.B.
W. Spencer Cox, M.D.
I. D. Nicholson, M.D.
A. C. Clifton, M.D.
George Clifton, L.R.C.P.
J. Roberson Day, M.D.
Arthur A. Beale, M.B.
Eugene Cronin, M.D.
C. C. Wheeler, M.D.
T. W. Burwood, L.R.C.P.
A. M. Neatby, L.R.C.P.
A. G. Sandberg, M.D.
John H. Clarke, M.D.
John McLachlan, M.D.
G. F. Goldsbrough, M.D.
E. Lucas Hughes, M.R.C.S.
Stanley Wilde, L.R.C.P.
James Watson, M.B.
T. D. Purdom, M.D.
Lillian Cunard Cummins, L.R.C.P.
T. H. Hayle, M.B.
D. Macnish, M.D.
S. Hahnemann, M.D.
W. M. Storrar, L.R.C.P.
F. H. Shaw, M.R.C.S.
H. Munster, M.D.
Frank A. Watkins, M.R.C.S.
W. Ross, L.R.C.P.
J. Searson, M.D.
T. G. Stonham, M.D.
E. J. Hawkes, L.R.C.P.
W. F. H. Newbery, M.D.
C. Theodore Green, M.R.C.S.
Wm. Bradshaw, M.D.
Henry Mason, M.D.
G. W. Chapman, M.R.C.S.
Percy Capper, M.D.
Ernest E. P. Tindall, M.R.C.S.
John W. Ellis, M.B.
Wm. Roche, M.R.C.S.
J. P. Cavenagh, L.R.C.P.
John Murray, L.R.C.P.
E. B. Roche, M.R.C.S.
W. H. Roberts, L.R.C.P.
H. Wynne Thomas, M.R.C.S.
E. L. Compton, M. B.
W. Clowes Pritchard, M.R.C.S.
F. Layton Orr, M.D.
J. P. Harper, M.D.
C. E. Waddington, L.R.C.P.
A. Midgley Cash, M.D.
S. H. Ramsbotham, M.D.
F. Neild, M.D.
Edith Neild, M.B.
R. E. Dudgeon, M.D.
V. Jagielski, M.D.
J. Murray Moore, M.D.
Leo Rowse, M.D.
I. Wingfield, L.R.C.P.
Alfred E. Pope, M.D.
H. E. Deane, M.R.C.S.
A. Pullar, M.D.
Vincent Green, M.D.
J. Cavendish Molson, M.D.
T. G. Vawdrey, M.R.C.S.
Sidney Gilbert, L.R.C.P.
J. R. P. Lambert, M.D.
W. Reed Hill, M.B.
T. R. Jones, L.R.C.P.
H. G. F. Dawson, L.R.C.P.
W. Theophilus Ord, L.R.C.P.
George F. Stacey, M.B.
Henry A. Eaton, M.B.
Reginald E. Wills, M.D.

It is gratifying to know that although as yet no direct appeal has been made for funds, the following gentlemen have spontaneously promised donations and subscriptions.

	£	s.	d.
Captain Cundy	250	0	0
Dr. Peter Stuart	100	0	0
Dr. Dyce Brown	50	0	0
Dr. Burford	25	0	0
Dr. Byres Moir	25	0	0
Mr. Knox Shaw	25	0	0
Dr. E. A. Neatby	25	0	0
Mr. Dudley Wright	25	0	0
Dr. J. W. Hayward	25	0	0
Dr. E. M. Madden	10	0	0
Dr. Spencer Cox	5	5	0
Dr. Wynne Thomas	5	5	0
Dr. Theophilus Ord	1	1	0

The following annual subscriptions have also been promised.

	£	s.	d.
Mr. Knox Shaw	5	5	0
Dr. E. Madden	2	2	0
Dr. Chapman	0	10	6

The editors will be happy to receive intimations of subscriptions to the Fund, and to transmit the same to the interim treasurer.

BRITISH HOMŒOPATHIC CONGRESS.

We beg to remind our readers that the Congress will be held this year in London on July 11th; the annual meetings of the British Homœopathic Society being on the 9th and 10th. Full particulars will be announced in due time.

SUSSEX COUNTY HOMŒOPATHIC DISPENSARY.

Annual Meeting.

"The annual meeting of the Sussex County Homœopathic Dispensary was held at the Dispensary, 29, Richmond Place, yesterday (Wednesday) afternoon. Mr. W. A. Hounsom (chairman) presided, and those also present were Dr. Belcher. Mr. W. Prowse, Mr. W. Barrington Prowse, Mr. G. Hammond (hon. secretary Hospital Parade Committee), and Mr. F. Hilton (Secretary).

"Letters regretting inability to be present were announced from Mr. J. H. Sharpe, the Rev. C. Hardy Little, and Dr. Hilbers.

THE ANNUAL REPORT.

"The eighteenth annual report stated that the work of the year, as shown by the tabulated statement below, indicated unmistakably the increasing popularity of the dispensary; while the large additions to the number of those patients who paid a small sum for tickets was a satisfactory proof that the benefits of homœopathy were appreciated by many able and willing in some measure to provide for their medical needs:—

DISPENSARY:	1898	1899	1900	1901
New cases	1631	1589	1579	1741
Consultations	10223	11074	9555	10983
VISITING DEPARTMENT:—				
New cases	735	669	703	846
Visits	4548	3726	4134	4636
Deaths	20	22	24	33
Tickets sold	1596	1818	1625	1958

"The expenditure was somewhat in excess of 1901, mainly owing to a considerable payment for repairs and extra cost of drugs, etc. The receipts, however, in consequence of a legacy of £40 forwarded by the executors of the late Miss Masters, a life subscription from Mr. A. F. T. Shapland, a valued friend and professional adviser of the institution, and an increase of nearly £25 in the sale of tickets, gave the satisfactory result of a balance against the institution of £9 19s. 3d. only, as compared with £30 1s. 3d. a year ago.

"Death has removed from the ranks of the subscribers, Miss Masters, whose legacy is referred to above, and Mr. Nathaniel Harding. Vacancies thus sadly created need to be more than filled to put the dispensary on a firm footing. Mr. W. Prowse, who for over eight years acted as Stipendiary Medical Officer, intimated in August last his wish to resign. His son, Mr. W. Barrington Prowse, had been elected in his place, and Mr. Prowse had volunteered his services as one of the honorary staff.

"The balance sheet showed receipts amounting to £349 15s. 3d. and expenditure to £359 14s. 6d., leaving a balance due to the treasurer of £9 19s. 3d.

"The chairman in moving the adoption of the report, drew attention to the fact that the figures shown in that document were largely in excess of those for the three previous years. This was very satisfactory, and he could only repeat what he had said in previous years, that the dispensary was increasingly

a self-supporting institution. He went on to refer in eulogistic terms to the services rendered by Mr. W. Prowse during the eight years he had been Stipendiary Medical Officer, and offered a very hearty welcome to his son, Mr. W. Barrington Prowse, who succeeded him in that position. The new arrangement in this respect was a most satisfactory one for the institution. Proceeding to deal with the balance sheet, Mr. Hounsom said the annual subscriptions and donations (£107) remained very much the same as in the previous year. The share of the Hospital Sunday collection had dropped from £20 to £15, while on the other hand the amount paid by patients had risen from £121 to £146—a very remarkable fact.

"Dr. Belcher seconded, and it was carried.

"A hearty vote of thanks was accorded to the honorary medical officers, on the motion of the chairman, seconded by Mr. Hammond.

"A similar compliment was accorded the hon. solicitors, Messrs. Evershed, Shapland, and Piercy, on the proposition of Dr. Belcher, seconded by Mr. Prowse, jun.

"The committee were thanked for their services during the past year, and re-appointed as follows:—Mr. W. A. Hounsom, Mr. W. W. Andrews, Dr. Belcher, Mr. A. K. George, Dr. Hilbers, the Rev. C. Hardy Little, Mr. J. H. Sharpe, Mr. W. Stuckey, Mr. J. Sykes, and Mr. W. Prowse.

"Messrs. Edmunds, Son and Clover, were re-elected auditors.

"A vote of thanks to the chair concluded the meeting."—*Brighton Gazette*, Feb. 6.

THE BRIGHTON HOMŒOPATHIC DISPENSARY.

YESTERDAY the annual meeting of the above institution was held at the Royal Pavilion. The Mayor (Alderman J. E. Stafford) presided, and there were also present Miss G. Fox, Miss N. Friend, Miss M. P. Hack, Miss E. C. Egerton, Mrs. Bryes, Miss M. G. Stapleton Allum, Mr. and Mrs. H. Kemp, Miss M. Fisher, Miss Noel Hearne, the Rev. P. T. Andrews, Rev. Seymour Penzer, Pasteur Kœune, Alderman Lowther, Messrs. J. J. Beal, John Beal, A. S. Cooke, J. J. Jones, F. L. Russell, and W. Willett, and Dr. J. Searson and Dr. H. Wilde (medical officers).

"Miss F. C. Harvey (hon. sec.) read a letter from Mr. Daniel Friend (chairman of the committee), expressing regret at his inability to be present, and the hope that the institution might continue to prosper.

"In their fifty-seventh annual report, the committee recorded an increase in the work done in the institution during the year. The dispensary report was as follows:—

Number of cases admitted during the year ..	875
Number of cases left from last year	58
Number of cases discharged, cured, or relieved ..	876
Number of cases remaining under treatment ..	57
Number of consultations	5059

"The visiting officers' report showed:—

Number of cases admitted during the year ..	239
Number of cases left from year	14
Number of cases discharged	218

"The actual figures for the last four years were as follows:—

	Dispensary.		Visits Paid.	
Year.	New Cases.	Consultations.	New Cases.	Visits.
1898 ..	773	4,407	231	1,170
1899 ..	533	5,370	253	1,121
1900 ..	730	4,343	223	1,169
1901 ..	875	5,059	239	1,072

"The yearly financial statement was not so satisfactory. The total amount of subscriptions showed a slight falling—£4—from that of last year, while there was the decrease anticipated—£8—in the donations, as well as a reduction in the grant from the Hospital Sunday Fund. But the subscriptions and donations were £70 more than in 1899. In order to meet the deficit the committee had been obliged to take £40 from the legacy invested in the Savings Bank (£10 of which is a subscription paid in advance in 1900), leaving only £20 of the original sum invested, together with the accumulated interest, and £30, a three years' subscription paid in advance. The report also contained the correspondence between the Brighton Homœopathic Dispensary and the Sussex County Homœopathic Dispensary in regard to the proposed amalgamation of the two dispensaries, and the committee expressed regret that their negotiations had failed, owing to certain stipulations in the trust deed relating to the Sussex County Homœopathic Dispensary freehold property. The committee appealed for additional support in raising sufficient funds to enable it to carry on its present work efficiently and to extend it in Hove.

"The Mayor, in moving the adoption of the report, was sorry to see the dispensary had only £1 3s. 5d. at the bank, as against £25 last year. Their income was a little less than last year, but £70 more than it was two years ago. His Worship commended the work of the dispensary to the public, and appealed for further subscriptions. The object of the institution was to give medical treatment to the poor either

at the dispensary or their homes. The present income was not sufficient to meet the demands upon the institution, and the committee sincerely hoped it would increase, that they might extend their work. His Worship expressed regret at the failure of the negotiations for amalgamation, and in commenting on the value of homœopathy, spoke of its extensive practice at home and abroad, and mentioned that in America there were more than 10,000 practitioners in homœopathy.

"Miss Hack seconded the motion, which was carried.

"Mr. Hammond, secretary of the Amalgamated Friendly Societies, proposed a vote of thanks to the medical staff, the members of the committee, and the hon. auditors, for their services during the past year, and spoke of the numerous applications he received for dispensary letters in connection with the friendly societies as showing the value of the institution.

"Mr. Beal, jun., in seconding the motion, expressed the hope that amalgamation might yet be brought about. The difficulty seemed to have arisen from some legal point, but he hoped some coach and four would be driven through it. (Hear, hear.)

"The Rev. P. T. Andrews and the Rev. Seymour Penzer acknowledged the valuable assistance which the dispensary afforded them in their work amongst the poor; and the institution was also praised by Alderman Lowther and Mr. S. Cooke.

"The officers and members of the committee were re-elected, and a vote of thanks to the Mayor terminated the meeting."—*Brighton Gazette*, Feb. 6.

THE HAHNEMANN CONVALESCENT HOME AND DISPENSARIES, BOURNEMOUTH.

A FEW days ago the twenty-third Annual Meeting of these splendid Institutions took place, and with praiseworthy promptness our punctual friend, Dr. B. W. Nankivell, the Secretary, has forwarded us an account of the meeting, and a copy of the Annual Report.

There are several features this year deserving of notice. In the first place, one of the medical officers of the institution, Dr. G. Frost, has been honoured by being appointed Mayor of Bournemouth. We cordially join in the congratulations expressed to Dr. Frost at the annual meeting, and are glad that in the midst of his duties (municipal), he found time to take the chair on the 7th ult. The extra work devolving on the staff owing to Dr. Frost's enforced absence has been cheerfully carried out by Drs. Ord and B. W. Nankivell.

The Report announces a deficit, which does not surprise us. The committee felt that during the last two years very

heavy calls had been made on the generosity of their many friends. In addition to the war funds and war taxes, which had pressed on the whole community, more or less, the year 1900 completed an effort to pay off £1,000 of building fund debt; and last year a further and successful effort was made to raise £1,000 for the endowment of the "Victoria Memorial Bed." They believed these efforts had naturally diminished the amount of donations to the general fund, which they trusted would once more increase in the coming year.

Moreover, for the "Queen Victoria Memorial Bed," a sum of £807 9s. had been received during 1901, and £205 17s. remained promised for the current year. The full sum would be invested in the names of the trustees of the Home for the purpose of providing a free bed in perpetuity for a poor and deserving female patient. The committee congratulate the donors very heartily on the fulfilment of their desires, and they had no doubt that the endowed bed would ever be associated with the memory of her late most venerated and beloved Majesty.

A very useful start has been made in connection with a Samaritan Fund. A very old and trusty friend of the institution, who wished to remain anonymous, had placed £10 in the hands of the treasurer as the basis of a Samaritan fund, with which to help deserving inmates of the Home—both during their residence, and on leaving to once again take up their tasks in the world.

A legacy of £1,000 had been received from the executors of the late Miss de Winton, of Parkstone, who had been for many years a friend and subscriber to the Home. It had been suggested that the committee should perpetuate the memory of this generous lady by naming one of the wards the "de Winton."

During last year five military convalescents were received into the Home. The medical work was maintained at its usual high level. Most of the In-patients were suffering from phthisis.

Dr. Hardy in some remarks very properly reminded those present at the meeting that they began their career as a convalescent home, but now that term was a misnomer. It was not purely a home for convalescent patients, for three-fourths of the people entering the home were suffering from some definite form of chest complaint, and that meant an increased expenditure over what would be the case in a purely convalescent home.

As usual patients came from many parts of England for the sake of the homœopathic and open-air treatment received at the Hospital-Home.

THE LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

We have special pleasure and pride in chronicling from year to year the work of this excellent Hospital. It shows how much may be done by even one busy but enthusiastic practitioner, for during a considerable time Dr. A. H. Croucher worked this Institution single-handed. The house in which the work is done, though as well equipped and as scrupulously clean as possible, is yet far from convenient, nevertheless the results are remarkably good. We are delighted to see that an effort is being made to secure a site for a new building, and to collect a fund for the same. It is by such an earnest and progressive policy that the cause of homœopathy can be best advanced, and its future we feel sure depends entirely, in the first instance, on the enthusiasm and loyalty of individual medical practitioners all over the country.

The hospital has nine beds, and 89 medical, surgical and gynæcological cases were treated in the wards during the year. No charge of any kind is made to patients. It is recognized by the Hospital Saturday and Sunday Funds of the town, and aided by collections at many of the places of worship.

The financial condition of the hospital is satisfactory. We hope to give further pleasing news next year about the progress of the building fund. As the years go by we expect to be able to report a steady increase in the number of such local hospitals, in whose foundation and prosperity we take a great interest.

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* 124.)

Central Nervous Disease.

"We next come to affections of the upper air passages, due to diseases of the central nervous system, which may require local treatment. Two questions here particularly demand

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

consideration: the electric treatment of functional aphonia, and the indications for tracheotomy in bilateral paralysis of the abductors of the vocal cords due to tabes.

"With regard to the first of these two points, you know that countless methods have been recommended for the treatment of functional paralysis of the adductors: massage of the neck, compression of the alæ of the thyroid cartilage, hypnotism and suggestion, methodical exercises of articulation, cold douches, pulling forward of the tongue, deep narcosis, on awakening from which the patient is engaged in conversation, etc. Without doubting the efficiency of other measures, I personally adhere to the use of electricity as the quickest means of restoring the voice. But I urgently advise you to proceed energetically in these cases, and to employ at once intralaryngeal faradisation, as I have but too often found that previous timid or gentle external application of electricity greatly deadens the patient's response to the electric stimulus, which otherwise, in my experience, usually has an almost miraculous effect even in long-standing cases. I think that every experienced laryngologist will support this statement.

"Concerning the second question, namely, when tracheotomy is indicated in bilateral paralysis of the abductors of the vocal cords in tabes, I hardly venture to give an apodictic advice.

"More than twenty years ago I proposed that in every case of bilateral, well-developed paralysis of the abductors in which it was impossible to bring about by suitable treatment a greater widening of the glottic space, prophylactic tracheotomy should be performed in order to secure the patient from the ever-present danger of suffocation. That advice, I think, has been very generally acted upon, and it certainly offers the best chances to the patient. But since then we have learned that in cases of tabes sometimes, though by no means always, paralysis of the internal tensors and of the interarytenoid muscle supervenes years afterwards upon the original paralysis of the posterior crico-arytenoid muscles, and results in a wider opening of the glottis, and a diminution of the danger of sudden suffocation. A considerable dilemma has thus arisen. If one sees, as I have actually seen, quite a number of tabic patients who have lived with an extremely narrow glottis for a number of years without apparently suffering much inconvenience, and without ever having had a really serious attack of choking; and if one remembers in addition that the condition, as just stated, may actually improve slightly of its own accord, one fears to be accused of 'lust of operation,' if one, nevertheless, insists on prophylactic tracheotomy. If, on the other hand, we bear in mind that these patients live under a constant cloud

of being killed, before medical aid can be called in, by a simple intercurrent laryngeal catarrh; that some of them have actually died from sudden asphyxia; that others have only been saved by a hair's breadth by means of hurried tracheotomy; and, finally, that after such hurried tracheotomies performed for chronic obstruction, unpleasant pulmonary complications are anything but rare, the possible consequences of postponing the operation must seriously weigh upon our mind. The best policy under these circumstances would seem to be fully to explain the situation to the patient's general medical adviser, or, failing him, to the patient himself or to his family, and not to bear the responsibility alone.

3. *Local Manifestations in Nose and Throat, dependent upon Local Disease of Correlated Areas.*

"That not only systemic diseases, but also local affections in areas anatomically or otherwise connected with the upper air passages, may engender trouble in these parts, is a well-known fact. I need only remind you of laryngeal paralysis due to compression of the vagus or recurrent laryngeal nerves by aneurysm of the aorta, cancer of the œsophagus, enlarged mediastinal or cervical lymphatic glands, or of tracheal stenosis due to pressure from a fibroid or malignant goître, as examples of such contingencies. You know equally well that in such cases, whilst symptomatic treatment may be required locally, it must be our aim to remove, if possible, the original source of the trouble. All this is so self-evident that I should not even have mentioned it, were it not that the sound principle just referred to, namely, that if possible the original cause should be removed, instead of the secondary result merely being symptomatically treated, has of late unfortunately been exaggerated in this connection to such a degree, that it seems time to seriously protest against this exaggeration.

"I refer to the influence which is nowadays believed by some to be always exercised by the state of the nose upon inflammatory conditions of the pharynx and larynx. That such an influence exists within certain bounds, and provided that there is actual chronic stenosis of the nasal passages, is of course, undeniable, and has been directly admitted by me in my first lecture. One of the most important functions of the nose is to moisten, to warm, and to purify the inspired air. If that function is abolished or greatly diminished in consequence of permanent obstruction, it goes without saying that inflammatory conditions in the pharynx, larynx, and lower air passages will be more likely to occur, and less likely to be remedied by topical treatment of the inflamed parts, than if the nose were fulfilling its normal functions. Under such

circumstances, it will, therefore, be just as much the practitioner's duty to remove the chronic obstruction of the nose, be it due to polypi, deviations of the septum, enlargement of the turbinated bodies, or whatever else, and not to be satisfied with mere symptomatic treatment of the pharyngeal or laryngeal inflammation, as it would be, not merely to relieve the dyspnœa caused by a hard goître by tracheotomy, but to remove the goître itself. But this legitimate and rational position has unfortunately not satisfied the ambition of that section of modern rhinologists for whom the nose is the centre of the pathological universe. Gradually the equally deplorable and ridiculous doctrine has been developed, that such a thing as a primary inflammatory process in the air passages below the nose did not exist at all, and that when inflammations occurred in these parts one had always to look for their starting point in the nose. This sounds almost incredible, but nevertheless is perfectly true. Some time ago a case of laryngeal perichondritis was shown at a society of specialists. Opinions were divided as to whether tuberculosis, syphilis, or malignant disease was the cause, when one gentleman rose and asked the demonstrator in all seriousness whether he had observed that the patient had got a spur in his left nostril ?

"The worst of it all is that these views are not merely held theoretically, but that they are actually carried into practice ! Let me give you a few very characteristic illustrations from my own experience. Some time ago I saw a patient suffering from laryngeal cancer, which appeared in the form of a general infiltration of the mucous membrane of one-half of the larynx. Before the patient came to me he had been treated by another specialist with nasal inhalations, for the hoarseness which was the initial symptom of the disease !—Another patient, a well-known actor, had just produced a new play, the success of which almost entirely depended upon his own performance, and which promised to be very successful, when he was prostrated by influenza. The run of the piece had to be interrupted, and the patient in despair returned to his work before the acute stage was over. He became hoarse the first night, and quite aphonic the third. He then consulted a staunch believer in the omnipotent influence of the nose, who declared that a somewhat biggish operation in that organ, about the nature of which the patient could not give particulars, was indispensable for the restoration of the vocal powers. As the patient had never in his life had the least trouble from his nose, he asked his usual medical adviser whether he should submit to the operation, and that gentleman suggested that he should consult me first. I found nothing whatever in the nose that in my opinion required operation, but there were marked

congestion and swelling of the vocal cords, such as was natural enough after an attack of influenza and premature forced use of the voice. A few days' complete vocal rest and applications of astringents to the larynx effected a lasting cure.—In the third case the patient, a stockbroker, had got chronic laryngeal catarrh from habitual over-use of his voice in the Stock Exchange. Before he came to me he had been treated for fully six months by removals of crests from the nasal septum and by chemical and galvanic cauterisations of the mucous membrane covering the turbinated bones, although he had never had the least discomfort in his nose. And so strongly convinced was his medical attendant evidently that it must be the nose which caused the laryngeal trouble, that it never occurred to him to treat the really affected part—that is, the larynx. The same treatment as that adopted in the previous case effected a complete cure within a few weeks.

"But the most drastic example I have ever seen of 'nasal prejudice,' if I may so call it, was afforded to me only a few months ago. An extremely neurotic gentleman had when a student at Oxford twenty years ago frequently suffered from severe abdominal pain, for which he several times consulted one of our most painstaking physicians, who, however, never discovered any organic cause of this neuralgia. Later on the patient emigrated to one of the colonies, made a position for himself, and entered public life. Having on some occasion been compelled to make a series of public speeches, although he was already hoarse when he started, his vocal powers in the end failed him, and he felt a good deal of pain in his throat when speaking. He consulted a local specialist, who told him that he had not only chronic laryngitis, but also swelling of the turbinals. Previous to this the patient had never been conscious that there was anything amiss with his nose. Nevertheless, he was treated for several months with a series of cutting operations in his nose, after one of which secondary hæmorrhages so serious and repeated occurred that the nose had to be plugged repeatedly, and that the worst was feared for a time. At the end of it all the patient became thoroughly neurasthenic, and his doctor advised him to return to Europe, and to see the physician who had treated him for his abdominal pains. That gentleman sent him on to me, as he could discover no organic mischief anywhere. The patient, a tall, well-built man, when entering my consulting-room, told me in a perfectly natural sonorous voice, that he had come to consult me about his throat. The next sentence was spoken in an absolutely toneless whisper. He begged me to let him whisper, as it "hurt" his throat when he spoke in his natural voice. Examination showed that the larynx, with the exception of very slight

congestion of the vocal cords, was perfectly normal. Nothing abnormal could be detected in his nose, nor in the rest of his air passages. In short, it was a case of true 'phonophobia.' A consultation was held with his London physician and his colonial adviser, who happened to be in town, and it was decided to let him undergo a rest cure. I have just heard that his throat and voice are all right now, but that he still complains of occasional pains in his abdomen and hands, and that he thinks of trying hypnotism for these complaints.

"Here, then, are four cases, gentlemen, which have the common characteristic that the cause of the patients' complaints was sought for in the nose, although they had never suffered the least inconvenience in that organ, and although there was—in the first three cases, at any rate—a fully sufficient explanation of their complaints to be found in the actual condition of the larynx and in the previous history. One of them escaped—fortunately for him—what would have been an absolutely uncalled for operation in the nose; in the three other cases the nasal treatment was a dismal failure. These cases, therefore, show the actuality of a movement which I am convinced runs equally counter to the interest of the public and to the esteem in which I wish rhinology to be held by the profession; and they fully justify, I think, my warning that it is high time to drop the fanatic and narrow-minded notion that in all inflammatory affections of the pharynx and larynx the cause must be sought for in the nose. By all means make it a practice to examine that organ carefully in all cases of inflammatory or obscure disease of the air passages, and when you detect a degree of nasal obstruction which gives legitimate reason for concluding that without its relief the affection lower down would either remain obdurate or speedily recur, remove it, or treat it otherwise appropriately; but when there are such obvious and sufficient explanations of the patients' complaints, as in the cases just narrated, do not blind yourself, and run the risk of serious misunderstanding of your motives. by assuming that some ridiculously small deviation from the normal, which you may happen to detect in the nose, must be the cause of all the trouble.

4. *Affections of the Upper Air Passages supposed to Exercise an Influence upon other Organs and Parts of the Body.*

"In a sense this division is a direct continuation of the preceding one, inasmuch as we shall in it again witness the regrettable spectacle of an originally sound principle being hunted to death through being ludicrously exaggerated. This applies to both forms in which an influence may be exercised by affections of the upper air-passages upon other

parts of the body, the direct and the reflex. Let us first consider the former.

A. Direct Influence.

"It goes without saying that such an influence exists, and that often enough it is most marked. When an acute or chronic catarrh or inflammation spreads from the nose through the naso-pharynx and the Eustachian tubes to the middle ear, and effects corresponding changes in that organ; when owing to the mechanical obstruction caused by adenoid hypertrophy the type of the face alters, deafness is produced, and pigeon-breast is formed; when chronic septic poisoning is being produced by the constant absorption of purulent nasal discharges into the system; when in chronic stenosis of the larynx or trachea, pulmonary troubles, emphysema and chronic bronchial catarrh, cardiac dilatation, renal stasis and its sequels arise through impeded interchange of gases in the lungs—the relationship of cause and effect is at once obvious, and in all these cases, when the question of treatment is discussed, the grave consequences which may result for other organs or for the general health, if the affection of the upper air-passages be allowed to continue unhindered, will have to be taken into serious consideration.

"But here, again, zeal has too often, unfortunately, greatly outrun discretion. That *enfant terrible* of modern medicine —the nose—is, in the opinion of some of its more stubborn devotees, the source of most, if not of all, our woes, and even lesser degree of so-called 'nasal inedaquacy' possesses, to listen to them, an importance which I, for one, do not admit. Their frequency I will not contest. In fact, I verily believe that if the severe standard of nasal patency which some rhinologists apparently demand were compulsorily introduced to-morrow, a very large proportion of mankind would have to be subjected to a series of 'patefying' operations (if I may coin that word). Now, if people who are inconvenienced by the fact that they cannot breathe as well through one of their nostrils as through the other choose to undergo an operation for an improvement of this condition, that is their own business, and concerns nobody else; but matters seem to me rather different if such operations are proposed and undertaken, as they nowadays frequently are, because dire consequences are apprehended and predicted for the general well-being, and more particularly for the auditory functions of the patient, on account of lesser degrees of nasal insufficiency, or because a patient who suffers from sclerotic middle-ear or labyrinthine disease at the same time has got a spur or a deviation of the septum or some swelling of the nasal mucous membrane. I do not pretend to be an aurist, but I hope I possess an average quantity of common

sense, and I must freely confess that it is perfectly unintelligible to me how a slight degree of obstruction of the nose proper, particularly when it is one-sided, can be believed to exercise that disastrous influence upon the ventilation of the middle ears which I so often see ascribed to it. Pray do not misunderstand me here. I speak, of course, of stenosis of the nasal chambers proper only, not of actual occlusion or obstruction of the Eustachian tubes. The very great and important difference between these two conditions is, it seems to me, hardly taken sufficiently into account at the present moment. That total obliteration or any serious diminution of the lumen of the Eustachian tubes—be it induced by a disease primarily situated in the naso-pharynx, or directly propagated from the nose to the tubes through the naso-pharynx—must entail a far-reaching influence upon the ventilation of the middle ears, and thus upon the whole auditory apparatus, goes without saying. But the matter is very different, indeed, if the stenosis is limited to the nose proper and if the naso-pharynx itself remains free. Under such circumstances—that is, when the naso-pharynx is ventilated through the mouth—the atmospheric pressure in it surely remains exactly the same as if it were ventilated through the nostrils, and I see not the least reason why any disturbance in the ventilation of the middle ears should result. If I should be asked here—Why, then, transitory slight deafness should so often accompany an ordinary 'cold in the head,' I should answer: Because in such cases the swelling and congestion is not limited to the mucous membrane lining the interior of the nose, but actually extends through the naso-pharynx into the Eustachian tubes. When, however, the naso-pharynx itself remains free, the obstruction in the nose may be very considerable or even absolute, and yet no deafness nor any other symptoms on the part of the ears need follow.

"This is no theory; it is a stern fact. If mere partial obstruction of the nose proper could exercise that great influence upon the auditory apparatus which is claimed for it, surely ear complications ought to be regularly present in a class of cases in which nasal breathing is entirely or nearly entirely abolished, namely, in cases of multiple nasal polypi. Now, for many years, I have paid special attention to that question, which seems to me to be of great importance in the consideration of the point under discussion, and I am able to state, on the basis of a large material, that even in cases of complete obstruction of both nostrils by multiple polypi, ear complications of any kind have been extremely rare in my practice. And if further evidence were needed, it is afforded by the fact that even in cases of complete bilateral congenital occlusion of the

choanæ by bony or membranous diaphragms, perfect hearing power and absence of any other aural symptoms has been observed by others as well as by myself.

"You will understand, then, that I profess myself to be rather sceptical concerning the asserted great influence of nasal stenosis without concomitant chronic catarrh upon all possible ear troubles, and that I look upon an endeavour to improve labyrinthine disease by removing a crest from the nasal septum, with feelings much akin to those which animate me when I see primary inflammations of the larynx treated by way of the nose. In connection with this, I was very glad to see that in the discussion which took place at Ipswich last year on the question whether, since the introduction of modern rhinological methods, direct and considerable progress had been made in the treatment of ear affections associated with simple nasal stenosis, the general verdict was much less enthusiastic than would appear from some individual utterances and publications.

B. Reflex Influence.

"Here we come to the subject of 'nasal reflex-neuroses,' in my humble opinion one of the most unsatisfactory in modern medicine. I have only recently treated that subject in a special lecture, and have since then seen no reason to modify, or to add to, the views I expressed on that occasion. Permit me, therefore, freely to quote from my lecture what I consider its salient points, and to answer an objection that has been raised against my statements by Dr. Dundas Grant.

"In 1884 the late Professor Hack of Freiburg stated that conditions of nervous hyper-excitability in the most various parts of the human body could and did take their origin from a sudden and transitory swelling of the cavernous tissue covering the anterior ends of the lower turbinated bodies. The reflex irritability of the nasal mucous membrane was, according to him, dependent upon the expansibility of certain 'erectile organs' ('*Schwell-Organe*') situated within them. The latter being irritated at first, the cavernous spaces themselves were filled with blood. The congested condition of the nasal mucous membrane appeared to act as a stimulus for excitation of the nerve-end apparatus; and then reflexes, most frequently secretion of tears and of serous fluid from the nose; later on sneezing, occurred. From this hypothetical reasoning, Hack further concluded that the nasal erectile organs formed a sort of link between various forms of nerve irritation. On the one hand, he considered it quite possible that a reflex irritation could produce congestion of the cavernous tissue. On the other hand, he thought that nervous symptoms manifesting themselves in different parts of the body could originate from

the congested state of the cavernous tissue of the nose. Starting from this hypothesis, he reasoned that if one eliminated by operation the supposed connecting link, namely, the erectile organs situated in the nasal mucous membrane, one might succeed in curing many of the obscure neuroses which, in his opinion, had their origin in the nose, and which, so far, had obstinately resisted all possible methods of treatment.

Hack's original list of these was large enough in all conscience, including as it did spasm of the glottis, nightmare, asthma, attacks of spasmodic cough, megrim, supra-orbital and other neuralgias, amblyopia and amaurosis, erythema or pseudo-erysipelas of the nose, giddiness, epileptiform attacks, secretory neuroses, ciliary scotoma, headache, hay fever, etc.; but this list sinks into insignificance when compared with the additions which his followers soon made: Graves' disease, diabetes, irregularity of the heart's action, tachycardia, stenocardia, angina pectoris, cardialgia, diseases of the stomach, dysmenorrhœa, chorea, enuresis nocturna, melancholia, neurasthenia, catarrhal affections of the air-passages, epiphora, hyperæmia and œdema of the conjunctiva and the eyelids, blepharospasm, strabismus, pupillary changes, errors of accommodation, asthenopia, narrowing of the field of vision, anomalies of the ears and of the genital sphere, spasm of the facial and other motor nerves, muscular pains, stiffness of the neck, exudations in the joints, changes of the skin, etc.—all these were added, and as Professor Jurasz has truly remarked: 'One was almost induced to believe that a great part of general pathology was dominated by morbid reflexes from the nose.'

"Nor did the current of opinion remain within the limits of theory. Whenever anybody suffering from an obscure neurosis had the misfortune to fall into the hands of a rhinological enthusiast, particularly within the first few years after Hack's publication, the cause of his ailment was detected in his nose, and treated accordingly. Hack's followers were not satisfied with the original discoverer's limitation of the zone of reflex irritability to the anterior ends of the lower turbinate bones. In rapid succession it was found out that such zones also existed in the posterior ends of the lower and in the middle turbinate bones (this addition was made by Hack himself), and in the septum (Baratoux and Heryng); and the matter reached its climax when it was stated that excitation of certain parts of the nasal mucous membrane was responsible foe certain forms of reflex neurosis. Forstensson (Pan-American Congress, 1892), according to Jurasz, stated that he had discovered the specific point of excitability in no fewer than four hundred cases of asthma in the upper part of the septum. Fliess, according to the same authority, found a corresponding

point for nervous cardialgia of nasal origin in the anterior third of the middle turbinate bone, for the abdominal pains of dysmenorrhœa in the lower turbinate bodies, and for the pains in the small of the back observed in the same affection in the tuberculum septi! Cough for some time seemed to have no other origin than in the nose. I vividly remember how, in 1885, a patient was sent to me with a letter by a German *confrère*, who requested me to finish the intranasal treatment of the patient's cough, which he had started, he thought, with marked effect—a view from which I regret to say the patient's own opinion differed. When I found that the latter, besides various constitutional signs of pulmonary tubercle, showed evidences of consolidation of both apices, and a temperature of over 100° at 6 p.m., I did not feel quite justified in finishing the intranasal treatment!

"Above all other affections, however, asthma was declared to be most frequently of nasal origin, and to demand energetic treatment applied to the nose. Who can count the number of luckless asthmatics whose noses have been burned between 1882 and the present day? Personally, I was not at all over-sceptical, or prejudicially inclined against the new doctrine. On the contrary, having, previous to Hack's publication, observed a few cases myself which seemed to lend colour to it, I was quite prepared to look upon Hack's statements as opening up a new era for rhinology. But when, in quick succession, in a number of cases of asthma, megrim, and neuralgia of the fifth nerve, which I had most carefully selected according to the principles laid down by Hack himself, the effect of the treatment remained perfectly negative, I became more sceptical, and I regret to have to say that this scepticism, to which I gave expression in 1884 in the German edition of Mackenzie's text-book, has not been changed by my subsequent experience.

"Not that I wish to be understood as if I altogether denied the possibility of reflex-neuroses taking their origin in conditions of abnormal excitability of the nasal membrane. Such a position of absolute negation, in my opinion, would be as unjustifiable as the excessive enthusiasm even now displayed by some adherents to Hack's doctrine. It cannot be denied, and shall not be denied, that in some cases in which an acquired or hereditary predisposition to nervous ailments goes hand in hand with a local hyper-irritability of the nasal mucous membrane and of the nerve-end apparatus expanded in it, occasionally reflex-symptoms, and of a severe type too, may be produced in other spheres. I have myself successfully treated a few cases of asthma of nasal origin; I have in an isolated case been able to produce with mathematical regularity an attack of most violent spasmodic cough as soon as I touched

with the probe a small spot in the middle third of the septum nasi on the left side, and I have observed a case in which night terrors, spasmodic sneezing, and asthma disappeared in proportion to the reduction of morbid conditions in the patient's nose. After such and similar experiences, it would be folly to condemn the whole doctrine of nasal reflex-neuroses as fallacious and misleading; but I am deeply convinced (1) That the frequency and importance of the influence of the nasal mucous membrane upon nervous phenomena at distant parts has been grossly exaggerated by the adherents of the doctrine; (2) That we have no real understanding as yet of the mechanism of these reflex processes; (3) That it is most difficult to determine whether a neurosis really is of nasal origin or not; and (4) That it is equally difficult to say whether, in cases in which a nasal origin seems to be likely, treatment directed to the nose will benefit the patient.

"All we can say is that in a certain number of cases physiological reflexes are produced from the nose, just as a reflex cough is sometimes produced from the external auditory meatus, and that what is true of the physiological sphere equally applies to the pathological. The affection which I think may practically serve as a type of nasal reflex-neuroses is hay fever. Here, indeed, we see that in a number of cases in which the mucous membrane is in a pathological condition, judicious treatment of that part just previous to the periodical complex of symptoms (sneezing, rhinorrhœa, conjunctivitis, epiphora, asthma) which constitute a complete attack of hay fever, in a considerable proportion of cases either stops the attack completely, or at any rate curtails its duration and diminishes its violence. This is a fact which I have often enough observed myself in the course of the last twenty years. Similar beneficial effects, although without anything like a similar frequency, may be observed in cases of genuine bronchial asthma, complicated by the existence of nasal polypi. Thorough removal of the latter, in a number of these gives the patient lasting or temporary freedom from his asthma without any other treatment being employed. The relationship of cause and effect in some of these cases is very striking, inasmuch as on the return of the polypi the asthma occurs again, to disappear anew when the nasal disease has again been successfully treated.

"Far be it also from me to doubt the possibility that other nervous affections may be beneficially influenced by the treatment of morbid conditions of the nose. Considering the intimate relationship of the fifth nerve to so many of the other cranial nerves, particularly the pneumogastric, and also to the sympathetic system, it is quite conceivable that a centripetal

irritation having being caused by disease in the periphery of the fifth, and having found its way to the cerebral centres, and thence to distant nerve territories, may be arrested by elimination of the original irritation.

"Hack's doctrine could never have attained so much popularity as it did if there had not been something rational in these hypotheses. The great mistake, however, which his enthusiasm led him to make originally, and which I believe his adherents are still making, was that he generalised too quickly from a number of neurotic patients in whom this local treatment may have had a temporary effect, either in the manner of a suggestion or of a pure counter-irritation. He took this effect to be an assured and a lasting one, and thereby was induced to regard as well-ascertained facts, results which later and calmer observation has shown to be of an exceedingly doubtful and frequently unstable character.

"And the worst of the whole matter, as already stated, is that, so far as I can speak myself, we are not in a position to say beforehand in the great majority of cases whether a neurosis is due to reflex influences from the nose or not. This fact of course renders the position not only of the diagnostician, but of the therapeutist, extremely difficult; inasmuch as there are not, so far as I know, in spite of all the various directions that have been given, any really reliable indications from which one is enabled to give a trustworthy prognosis with regard to the effect of nasal treatment in these cases.

Asthma.

"Take, for instance, three cases of genuine bronchial asthma, which are sent to a rhinologist because, after careful exclusion of all other causes (affections of the heart, kidney, lung, stomach, etc.), nothing seems left but to ascribe the troublesome disease to nasal obstruction, from which all three cases have suffered for many years. Let the pathological conditions observed be in all three cases exactly the same, namely, very considerable swelling of the anterior parts of the lower turbinated bones, interfering even under ordinary conditions with nasal respiration, and obviously aggravating the respiratory difficulties during the asthmatic attack. The similarity of the local conditions in the nose in all three cases may be such that if the patients' faces be covered, it would be impossible to distinguish them from one another. Yet, if they all be treated exactly alike, namely, by galvano-caustic reduction of the swollen parts, absolutely different results may be obtained; in the one case a complete cure of the asthma, in the second case temporary disappearance, or at any rate improvement of all the troublesome symptoms, in the third

no effect whatsoever. Yet, I repeat, the local conditions in all three were perfectly indistinguishable from one another. And the worst of it is that the proportion of the really successful cases in my experience is very small compared with those which are only temporarily benefited, and even much more so in proportion to the absolutely unsuccessful ones.

"The correctness of this statement will probably not be admitted by ardent rhinologists. They will tell you that they obtain a much larger percentage of cures, and of long-lasting improvement. Whilst I am preparing this lecture, I read in an American journal a paper, whose author begins as follows: 'The frequency of asthma as a result of a diseased nasal condition has so often been brought to my notice that I feel hopeful of effecting a cure in every (!) case of this distressing malady that consults me. Unfortunately, I am occasionally disappointed, but only in a small minority of my cases.' Well, gentlemen, I can only say it must be a very lucky man who has penned these lines. Otherwise I am not able to understand his own and similar statements. If in an operation in which great technical skill and large experience are of the utmost importance, the results of individual operators vary greatly—that is intelligible enough. But if in a question like the one under consideration, in which the technique is of the simplest, one man speaks like our American friend, and the other as I am unfortunately compelled to do, the only possible explanation seems that the former has had unheard-of luck in the nature and selection of his cases, whilst the latter has been phenomenally unlucky.

"This brings me to the curious interpretation which Dr. Dundas Grant has recently given in his address on 'Traps and Pitfalls in Medicine' of my inability to join the chorus of the apostles of the nasal cure of asthma. He says: 'Asthma is another disease in the treatment of which general medicine owes much to the specialist, and every practitioner in diseases of the nose must have before his mind cases in which the treatment of the nasal cavity has resulted in long and even permanent relief from the suffering depending upon this disease. Sir Felix Semon has indeed said that only a small percentage of the large number of cases of asthma which were at one time brought to him by physicians, were traceable to nasal disease or relieved by nasal treatment. His experience, however, has been exceptional, for a reason not far to seek. At the time when attention was first drawn to the dependence of asthma in a certain number of cases, at least, upon nasal disease, Sir Felix Semon already had in so high a degree the confidence of physicians at large that cases of asthma were brought to him in large numbers, on the supposition that he

was to find nasal disease in them all. He was naturally disappointed at the inevitable result in a considerable proportion of the cases. At the present time physicians make a rational search for nasal symptoms, and when such are present or suspected, then only are the patients brought before the notice of the rhinologist, and under such circumstances the percentage of beneficial results is by no means a contemptible one.'

"That is, indeed, a curious explanation. In the first place, what Dr. Grant states in it as to the manner in which my views have been formed are not facts, and he certainly cannot have derived his statements from my own writings, for I have never said anything that could possibly justify his purely theoretical description. Secondly, I feel sure that he wished to express his dissent from my views in the most courteous fashion, but I am afraid he has overlooked that the form chosen pays but a poor compliment both to my intellect and to my honesty, for he makes it appear as if I had, when the whole question was new, operated 'by order' upon numerous cases without using my own judgment, and as if I had later on obstinately stuck to opinions arrived at through indiscriminately operating in the first instance. I can assure Dr. Grant that he is entirely mistaken in both respects. If he had read what I have written on the question since 1884, he would have found that from the first I have used my own discretion in selecting my cases for nasal treatment, and I need hardly say that if subsequent experience had corrected my first impressions, I should have considered it my plain duty to publicly correct erroneous views to which I had given currency in good faith.

"However, these are personal matters which are of little interest to the public. What is of much greater importance is Dr. Grant's assertion that my experience was 'exceptional.' This really is an astounding statement. On May 5th, 1899, a discussion took place in the Laryngological Society of London, on 'Asthma in its Relation to Diseases of the Upper Air Passages.' Of this discussion my friend Mr. Ernest Waggett has made a careful abstract in tabular form, which he has kindly permitted me to use. Seventeen speakers took part in this discussion and reported their personal experiences, which are summarised in his table (printed in the next page).

"As a net result of this discussion, then, which was carried on, I repeat, by seventeen British physicians and specialists of long and extensive experience, we find that actual cures or considerable improvement were reported in nine—say nine —cases, in three of which adenoids, and in four of which polypi, were present, a truly magnificent proportion if one

remembers how many hundreds of cases of asthma have been treated in this country alone by intranasal interference since 1884. And even so far as expressions of mere 'opinions' are concerned, it will be seen from these tables that out of seventeen speakers only seven expressed themselves in anything like a hopeful strain, whilst the other ten held either very reserved or directly unfavourable opinions.

"After this it is unintelligible to me how Dr. Dundas Grant can speak of my experience as 'exceptional.' I hold, not exceptional, but moderate views, which are shared, I am glad to say, by many of my fellow-specialists, and to these views I adhere. I always painfully feel when I see cases of this sort, that by dissuading the patient from undergoing the treatment, if there be any actual morbid condition of the nose to which the asthma could be rationally ascribed, one might possibly deprive the patient of his only chance of getting rid of his troublesome disease. To counsel him, on the other hand, to undergo a treatment which, though not painful, certainly is anything but pleasant, and may be very tedious, whilst one is convinced that in a very small proportion of such cases only real and lasting benefit is obtained, will be always very unsympathetic to a man whose turn of mind does not naturally enrol him amongst therapeutic enthusiasts.

"Under these circumstances I always think it best in cases of that sort to speak, when one has to do with educated patients, as frankly as possible, and explain as far as one can the present state of the whole matter, without either urging or dissuading from intranasal treatment. This attitude, I think, does justice to both the patient and the practitioner.

"It is devoutly to be hoped that more reliable indications may soon be laid down for our procedure in such cases. At the present time, whilst in some cases very pleasing and, in a few patients altogether unexpected results are obtained, I regret to say that in my experience our knowledge with regard to diagnosis, and our results with regard to the treatment of nasal reflex neuroses are still extremely unsatisfactory.

Personal Experiences as to Asthma and Nasal Operations.

	Reports of Actual Cases	Opinions Expressed.
Percy Kidd	2 polyi; "manifest relief"	"Frequency of association much exaggerated." "Improvement in most cases temporary and incomplete."
McBride	1 cure adenoids	"Reasonable to expect benefit from removal of polypi." "Mentioned several" cases in which benefit occurred.
Thorowgood	1 case, adenoids, almost free	"Quite right not to promise the patient cure from asthma."

	Reports of Actual Cases.	Opinions Expressed.
Waggett	1 case, spur and bridges	Since date of meeting asthma returned, though nose practically normal.
McIntyre	—	"Could recall a few cases of cure," but these were a very small minority.
Tilley	—	None except questionable cases with adenoids.
Scanes Spicer	—	"A few patients ready to maintain" they were cured. Majority got great relief.
Watson Williams	1 case of practical cure (general treatment given also)	Very large proprotion of a more or less prolonged amelioration or cessation.
Theodore Williams	1 case, polypi	——
Permewan	—	Majority "great relief" until necessity arose for further intranasal operation.
D. Grant	1 cure, polypi	Fair proportion completely cured.
C. Beale	1 case relieved for a time by repeated operation	"Thought that unless some definite evidence could be obtained that the source of irritation was in the nose, any operation, except for relief of obstruction, was hardly justified."
Hill	—	In over 50 per cent., where nasal disease present, relief might be expected.
Semon	—	Lasting success in exceedingly small percentage. In his experience most frequently no results obtained at all.
St Clair Thomson	—	Had met cases which had been "considerably damaged" by intranasal treatment.
Lack	1 case, adenoids	——
De H. Hall	1 case, polypi	Very fair proportion of considerable and permanent relief.

5. *Local Symptoms and Sensations of Obscure Origin.*

"At the head of this division I would place the principle: not to try and at any price to find the explanation of every symptom and every sensation experienced in the upper air passages in trivial or even imaginary deviations from the normal existing in these parts.

"But here again I wish to guard against misunderstandings. Undoubtedly, when a patient consults us, complaining about his nose and throat, our first duty will be to carefully examine these parts. If we find in them a rational explanation of the symptoms complained of, so much the better. The case, then, will belong to the first category I discussed—to the affections of purely local character—and in that class, as I have tried to show, much may be expected from appropriate local treatment.

"But the case is very different indeed if the actual changes met with are of so trivial a character as not to account for the symptoms present, or if they are of such a nature that to

ordinary common sense a relationship of cause and effect is practically excluded. Take, for instance, a case of hoarseness due to paralysis of the left vocal cord. It may as yet be impossible to make out the cause of the paralysis when the patient consults the doctor, but the latter would, in my humble opinion at least, act extremely unwisely if he were to accuse an accidentally concomitant elongated uvula as the cause of the hoarseness, and to remove that structure. Yet I have known cases in which this has actually been done, and in which the real cause of the hoarseness ultimately turned out to be aneurysm of the aorta!—Or, to take another example: A patient comes complaining of some difficulty in swallowing. The doctor diagnoses, as was the fashion a few years ago, 'varicose veins' at the base of the tongue, or at the posterior wall of the pharynx, and destroys them by the galvano-cautery. The patient is not relieved and consults another doctor, who finds that the real cause of the dysphagia is commencing bulbar paralysis! This, again, is not a fantastic example: I have seen an instance of that kind myself. Or, as in the case mentioned in the last division: A patient suffers from violent cough; the cause is declared to be a spur of the septum, which touches the opposite turbinal; operative treatment in the nose is resorted to without avail; the patient sees another medical man, who finds that pulmonary tuberculosis is the real cause of the cough.

"Few things, gentlemen, will damage the reputation of a medical man so seriously as mistakes of this kind; few things will lend so much colour as they do, to the accusation of narrow-mindedness which is so apt to be brought against specialists.

"I have deliberately selected elongation of the uvula, varicose veins at the base of the tongue and at the back of the pharynx, and spurs of the septum, as representative 'scapegoats' for the explanation of all possible symptoms in nose and throat. In children, of course, adenoids may be added, and in adults granular pharyngitis, enlargement of the lingual tonsil, and hypertrophic rhinitis run them very close. But the three first named were until very recently, in my experience at any rate, but too commonly held responsible for all the ills to which nose and throat are heir. Of these the oldest offender is undoubtedly 'elongation of the uvula.' Though matters, I think, are better now than they were twenty years ago with regard to this topic, it is still apparently believed in some quarters that cutting the uvula is a sort of 'panacea' for all possible forms of throat disease, whilst in others it is looked upon as a 'last resort' after the failure of other measures. Now, the operation itself is, of course, a very small matter, but the after-pain is, as I can assure you from personal experience, sometimes very great indeed, and when a patient

has suffered acutely for several days without obtaining any benefit with respect to his original symptoms, it is not exactly likely that his love for the operator will be increased thereby. In my opinion the operation is extremely rarely required, and should only be undertaken if it can be ascertained beyond doubt that elongation of the uvula is at the root of the symptoms complained of.—The second 'scapegoat,' namely, 'varicose veins' at the base of the tongue and at the back of the pharynx, or 'piles' in the throat, as they were elegantly called, at one time raged with the fury of a regular epidemic, and were held responsible not only for all conceivable throat symptoms, but can you believe it, gentlemen, for such affections as 'spasmodic torticollis' and 'paresis of an upper limb'? When, however, Dr. Herbert Tilley courageously pricked that bubble in 1896, it utterly collapsed, and wonderfully little is nowadays heard, thank goodness, of 'lingual varix.' *Requiescat in tenebris!*—The third poor sinner, however, the spur on the septum, so far as my observations go, still flourishes, and though it may not even touch the opposite turbinal, is held responsible in some quarters for all possible nose, throat and ear symptoms. It is devoutly to be hoped that it may soon share the fate of the 'varicose veins!'

"But, gentlemen, seriously speaking, this whole movement, this 'morbid readiness to discover disease,' this desperate trying to find in every case and at any price a local explanation, which, I am sorry to say, has been again in the ascendant during the last few years, after having been victoriously combated in the early eighties, is, I firmly believe, unsound, retrogressive, and greatly to be deprecated. I certainly do not wish to make myself the advocate of such expedients, as to refer every local sensation in the upper air passages to the question of 'general health,' or to rest satisfied with giving it a high-sounding name such as 'paræsthesia' or 'neuralgia.' Such expedients are, I know well enough, but too often the 'refuge of the destitute!' Personally I am much more pleased if I find well-marked granular pharyngitis, which can be cured by a few galvano-caustic applications, in explanation of dryness and soreness of the throat, than an apparently normal mucous membrane when such sensations are complained of. But there can be no doubt, on the other hand, that many local symptoms and sensations actually do depend upon the general health, upon diseases in remote parts, upon purely functional nervous diseases, and that to disregard these possibilities, not to look further than to the tip of the nose or to the lower end of the trachea; and to treat every tiny abnormality by chance existing in these parts as the real cause of the patient's symptoms, is as little calculated to do good to the patient as to reflect credit upon the medical attendant.

6. *The necessity of a Proper Proportion being Observed between the Gravity of the Disease and that of the Interference.*

You all, remember, no doubt, that delightful song in *The Mikado*, gentlemen, in which that enlightened potentate thus states the summit of his ambition :

> My object all sublime
> I shall achieve in time
> To make the punishment fit the crime,
> The punishment fit the crime.

"Would, gentlemen, that that sound principle, 'To make the punishment fit the crime,' were elevated to front rank in the considerations which ought to guide us when adopting local treatment in affections of the upper air passages! But, alas, this is by no means the universal rule! In previous divisions of these lectures I have had repeatedly to complain—as in the paragraphs dealing with adenoids, with laryngeal tuberculosis, with functional aphonia—that local treatment was by no means always efficiently carried out. In this—concluding—part it will, on the contrary, be my duty to warn against adopting measures the severity of which is quite out of proportion to the exigencies of the case. I shall give you three instances, which will show you that such a warning is much needed. I will illustrate how excessive local treatment may err in various degrees from mere superfluity, through unnecessarily severe and dangerous procedures, and finally, through resorting to what I consider to be positively unpardonable measures.

"Before, however, embarking upon this not very pleasant task, I feel I ought to say a few words concerning the new radical operation for nasal polypi introduced by Dr. Lambert Lack, lest my silence be misunderstood. Dr. Lack being convinced from his investigations that the primary element in the formation of nasal polypi is a rarefying osteitis of the ethmoid bone, proposes in all cases in which there is extensive bone disease with numerous polypi, in which frequent recurrences take place after operations, and in which there is suppuration from the ethmoidal cells or from the accessory sinuses, to remove radically the whole of the diseased bone under a general anæsthetic. Seeing the extreme obstinacy and tediousness of such cases, I fully agree that if it should turn out that the proceeding recommended is both safe and efficient, it would represent an enormous progress over our present methods. But it remains as yet to be seen whether these two demands, safety and efficiency, will be fulfilled by the radical method, and until we are in possession of larger experience concerning them, I refrain from expressing an opinion. I already have knowledge and details of a case in

which death from acute meningitis occurred some three to four days after the operation in a patient who had, except for nasal polypi, been in good health. As Dr. Lack himself warns us: The lamina cribrosa is not a part to take liberties with.

"Coming now to affections in which I believe that but too often the severity of the interference is out of proportion to that of the disease, I select as an illustration of that class in which energetic and prolonged local treatment is, in my opinion, absolutely superfluous, the affection described as leptothrix-mycosis, or as keratosis of the tonsils, base of the tongue, and pharynx. Aside from the question whether the leptothrix or the cornification of the epithelium prevails, in both instances, white, rather hard, firmly-adherent projections are seen to protrude from the crypts of the palatal and lingual tonsils, and, more rarely, from follicles on the posterior wall of the pharynx and the palatal arches. As a rule they produce no symptoms whatever, and, in my experience, are usually detected by the patients themselves on a chance inspection of their throats. The patients are then apt to be much frightened by the strange appearance, and consult a doctor for what they call an 'ulcerated' throat. Occasionally they complain of various unpleasant sensations, which, however, I am loth to attribute to the tonsillar affection, as I have almost always found this mycosis or keratosis in people whose general health has been low for some reason or other, and who often enough complain of such sensations without any tonsillar complication being present at all. The harmlessness of the affection is only rivalled by its obstinacy to local treatment. Whatever method be used—and the names of the remedies and operative measures recommended in these cases really are legion—no sooner have the protuberances been removed than they reappear. Some time ago it was stated in a discussion that a case of this sort had been treated for three months with the galvano-cautery without success. Even when with great patience and endurance complete removal appears to have been effected, recurrence is extremely apt to take place.

"Now what I wish to emphasise is that no local treatment whatever is required in these cases. Speaking from large experience, I can confidently state that if the patients be assured that there is nothing serious the matter, and if they be ordered change of air, tonics, rest, open-air exercise, etc., they will get well without local treatment of any kind. Indeed, I believe that many of these cases are never seen by a doctor because the affection arises and disappears without causing any symptoms.

"Whilst in the category just discussed local treatment in my opinion is simply superfluous, it may do a good deal of harm,

both immediate and remote, if indiscriminately and excessively employed in the class of cases to which I now invite your attention, namely, in enlargement of the posterior ends of the lower turbinals, be this enlargement of a merely congestive or a truly hypertrophic character ('moriform hypertrophy'). Undoubtedly in a certain number of such cases the obstruction to breathing caused by the swelling of these bodies is so great, that it must be removed. Until recently this was technically no easy matter, as it is often extremely difficult to pass a snare over the posterior ends of the lower turbinals, however much enlarged they may be, and as other procedures such as the application of the galvano-cautery or submucous incisions are both tedious and uncertain in their effects. With the invention of Carmalt Jones's 'spokeshave' all this was suddenly changed. A single forward draw of the ring knife, previously applied over the posterior ends of the lower turbinal, and out came the whole body! Nothing could be more simple, and nothing apparently for a time delighted the heart of the thorough-going rhinologist more, than to thus punish these rebellious structures. It was a common saying—malicious, I trust—not many years ago, that in a certain institution lower turbinals had to be swept up with a broom on operation days. But the proceeding, though simple, is not quite so harmless as was at first stated by enthusiastic apostles of the method. In not a few cases severe secondary hæmorrhage follows the operation. A leading London practitioner told me a little while ago that within a comparatively short time he had been called to no fewer than four of his patients, who, unknown to him, had undergone this operation, and had begun to bleed some hours or even days afterwards. In one case the hæmorrhage was so severe that he had to sit up the whole night with the patient. I have already narrated a similar case in a previous chapter. Another and very serious, because lasting, possible sequel to ablation of the whole turbinal is, that by removal of so large a surface of mucous membrane which has to accomplish, as already mentioned, the important functions of warming, moistening, and purifying the inspired air, a condition is produced very similar to atrophic rhinitis, with the result that very troublesome dry pharyngitis, with a tendency to formation of crusts and liability to laryngeal catarrh, follow. This is not, I beg emphatically to say, a theoretical apprehension. I, as well as others, have actually seen examples of such a serious and irremediable result after these operations. Fortunately, the initial enthusiasm has been quickly enough followed by a return to greater sobriety. I was delighted to see that at a recent meeting of the British Medical Association a firm stand was taken by many of the

speakers in the discussion on the treatment of nasal obstruction, against complete turbinectomy, which, as Dr. Brown-Kelly truly remarked, 'had not redounded to the credit of British rhinology,' and I think that, with very few exceptions, there is now a general agreement that even in cases in which removal of the posterior ends of the turbinals is indicated, the operation ought to be limited to these posterior ends, and not include, except in the rarest of instances, the entire body. In this connection I wish particularly to warn you against the notion which found expression on that occasion, that it did not much matter whether one removed a 'useless' turbinate in its entirety or not. What is a 'useless' turbinate?—We should do well to remember, I think, our similar experiences in the case of goitre. The occurrence of myxœdema in cases in which goitrous thyroid glands had been removed as 'useless,' taught us that they could, after all, not have been quite so useless as had been supposed, and the occurrence of pharyngitis sicca in cases in which the entire lower turbinals have been removed under a similar belief, should, I venture to believe, teach us a similar lesson.

"But the worst exaggeration that has ever to my knowledge been perpetrated in connection with affections of the upper air passages, was committed last year when Dr. John Mackenzie, of Baltimore, read before the American Laryngological Association a paper bearing the significant title, 'A Plea for Early Naked-Eye Diagnosis, and Removal of the Entire Organ with the Neighbouring Area of possible Lymphatic Infection in Cancer of the Larynx.' One hardly trusted one's eyes when reading that title, but on perusing the paper itself one sees that the author has, at any rate, the courage of his convictions. In all earnestness, he considers the naked-eye diagnosis a 'comparatively speaking neglected method,' emphatically rejects the removal of a piece for microscopic examination, and demands—however early the diagnosis may have been made, however limited the disease may be—not only 'early total extirpation of the entire organ,' but even of its 'tributary lymphatics and glands, whether the latter are apparently diseased or not' as 'the only possible safeguard against local recurrence or metastasis.'

"After these astounding performances one would like to give Dr. Mackenzie the benefit of the doubt, and assume that, Rip-van-Winkle-like, he must have slept throughout the whole modern development of our knowledge of laryngeal cancer, particularly as he declares that 'thyrotomy with curettement or removal of all apparent (visible) disease is not up-to-date surgery, is in direct defiance of the rules that should govern us in the treatment of cancer, and is a reversion to

and a resurrection of a method of procedure that was discredited and abandoned over half a century ago,' were it not that such a plea is unfortunately inadmissible. Dr. Mackenzie was not only over here in 1895, when a long and instructive discussion on the treatment of laryngeal cancer took place in the Laryngological Section of the London meeting of the British Medical Association, but he himself took a leading part in it. He not only learned the views of his British colleagues on the question he now treats so passionately, but he also heard of the results they had obtained by the method which he now endeavours to disqualify as 'not up-to-date surgery.' These results he deliberately ignores. That is unpardonable. Mr. Ernest Waggett, in 'the interests of American surgeons, and still more of American patients,' has taken upon himself the very meritorious task of correcting in the same journal in which Dr. Mackenzie's paper was published his misleading statements, and of showing by facts and numbers the value of the method against which that author inveighs. Personally, however, I find it very difficult to take Dr. Mackenzie seriously, and I must confess that when I read his advice to condemn to a very serious and mutilating operation patients whom we have learned lastingly to cure by infinitely milder methods, I was irrestibly reminded of a certain Dr. Eisenbart, who is supposed to have flourished at the time of Frederick the Great, and who, in a well-known German students' ditty, gives a frightful account of his heroic exploits, of which the following—in very free translation, I am afraid—may give you an idea:

> At Potsdam I trepanned, just hear,
> Great Fred'rick's cook, to him so dear.
> I poleaxed his devoted head:
> No wonder that the cook is dead.

"I certainly prefer the Mikado's principle, and I hope that Dr. Eisenbart is not likely to find many emulators amongst contemporary surgeons!—

"With the expression of this hope, gentlemen, I conclude my lectures. Nobody can be more conscious than I am that I have brought forward nothing new, and that I have repeated in almost identical words much that I have said on previous occasions. But I honestly believe that such repetitions sometimes are required, and may do good. Cato may have been, and probably was, a terrible bore with his eternal *Cetœrum censeo*, but after all he thereby advanced his cause and ultimately obtained his purpose.

"If I could venture to hope that by my warnings against excessive zeal and over-operating on the one hand, by my insisting on effectively operating on the other, I had advanced the good cause I have at heart, I should be perfectly willing to enrol myself on Cato's side."

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