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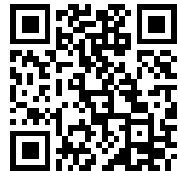
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THE MONTHLY HOMŒOPATHIC REVIEW.

A RECENT ACTION AT LAW.

Our readers will not have failed to notice the reports of an action at law which was tried in the last week of February—"Forsythe v. Law"—which the *Standard* calls "singular action by a nurse." The plaintiff, MISS FORSYTHE, a nurse, brought an action against Dr. W. T. LAW, practising in London, for "negligently administering to her, or giving her the opportunity of administering to herself, large quantities of morphia, cocaine, and chloral, in consequence of which she lost her reason, and nearly lost her life." The jury declined to hear evidence after a certain point, and gave their verdict for Dr. LAW with costs, a verdict in which the Judge entirely concurred. The Judge and the jury also concurred in stating that in their opinion, the action should never have been instituted. We do not intend to go into the details of the case, which appeared in the daily papers, but it is of too much interest to the medical profession for us to pass it by without comment, or to refrain from pointing out the moral to be deduced from it.

The plaintiff had been in delicate health, one of her chief complaints being spasmodic asthma. Dr. LAW, having become acquainted with MISS FORSYTHE as a nurse, and having been interested in her, treated her without fee or reward for a length of time, and acted according to

the best of his judgment in the means he adopted for her case. Having failed to cure the asthma by the medicines in current use in the old school, and having especially failed to relieve the severe paroxysms, he prescribed morphia, internally by the mouth, and by hypodermic injection. The result was that, whether in consequence of the amount of morphia he administered, or whether it came to be taken by the plaintiff herself, by hypodermic injection or by the mouth, to an extent which Dr. LAW had not sanctioned or was not aware of, the evidence showed that an enormous quantity of morphia had been consumed in a comparatively short time. The medical witnesses called gave it as their opinion that the doses prescribed by Dr. LAW were not excessive in aiming at the relief of the asthmatic paroxysms, but the final result was that the plaintiff completely broke down mentally and physically, and was reduced to such a state of extreme "morphio-mania" that her life was in danger, and she was utterly incapacitated from doing any nursing or work of any kind. Her heart being stated to be "weak" added to the utter nervous prostration. Hence the action at law. In the evidence it was stated that having been placed under other treatment with the view of curing the "morphia habit" which had developed to such an extreme form, she had got quite well, barring her weak heart—the latter being given as the reason why she could not appear in court.

It is a melancholy story from several points of view, and affords much food for reflection on the part of the medical profession. In the first place, it is clear that in showing great kindness to a patient, and acting as a friend as well as a doctor, taking much pains and trouble in doing so, and treating her to the best of his judgment without fee, the doctor is not exempt from the danger of his patient turning round upon him and getting him into serious difficulty, forgetting all he has done for her, in her resentment at the unsuccessful results of his treatment. It is the pride of the profession that in treating patients they can have the pleasure of acting as kind friends as well as medical advisers, and were this relation to be brought to an end illness would be a very different thing for both patient and doctor, as the natural feeling of sympathy in suffering and friendly action in the medical charge of a case is a strong point in our noble profession.

Still, we cannot too carefully remember that in women patients of a neurotic or hysterical type, the relation of a personal friend on the part of the medical man has to be regulated with the utmost care and judiciousness. It is a great disappointment and grief to a doctor to find that all his intended kindness has been received not only with ingratitude, but that his patient may turn round on him and do all she can to ruin him, by involving him in heavy pecuniary loss as well as reputation.

But an even more necessary lesson has to be drawn from the case we are speaking of. That is, the danger to be feared from what we have no hesitation in calling the careless manner in which morphia is employed by the old school in the treatment of disease. We are told in the medical evidence that the patient must be relieved, and if other means fail, that morphia must be resorted to. This we can understand, if the drug is thus resorted to once in a way, to tide over a difficult time, as palliatives are sometimes quite necessary. But if under the advice or personal administration of the medical attendant, morphia is often resorted to, as for example, in relieving frequent paroxysms of asthma, as in the present case, the danger is no slight one that the patient craves for the relief, and gets by degrees to find that she cannot get on without it; she gets to crave the narcotic "soothing" feeling induced by the morphia when it is not necessary, and feels depressed and miserable when she is deprived of it. The inevitable result is the development of "morphio-mania," which ruins soul and body. The morphine habit is as degrading and destructive, morally and physically, as alcoholism, or even more so. The victim is absolutely wretched, and flies to the drug to relieve the wretchedness and intense depression. We fear that many, if not most cases of morphio-mania can be traced originally to the easy-going prescription of morphia, by the mouth, or hypodermically, on the part of a medical man; and when once it is developed it is most difficult to cure, as it is so easy to obtain morphia, and such kindred poisons, at any chemist's shop. The use of the hypodermic syringe, when once taught to the patient by the medical man, is so simple, that the abuse of it by the patient himself or herself is extremely likely to follow, and it is often only discovered when the fatal habit has been formed. Were the doctor able to point out that the case was incurable,

and that palliation by morphia was all that could be done, there would be an excuse; but too often in the old school, morphia is employed as a palliative when it is not by any means necessary, and if the morphia habit is formed in consequence, this result is all the more deplorable. It behoves, then, everyone in the profession never to prescribe morphia unless absolutely necessary, and even then using every safeguard against the possible induction of this fatal habit. If not legally responsible, he becomes morally so, and has the patient's mental and moral ruin at his door. Fortunately, in homœopathic practice, this is not likely to occur. We have so many remedies which can not only relieve pain in curable cases, without resorting to morphia and similar drugs as palliatives; but even in incurable cases we can by our valuable medicines give the patient ease which he could not otherwise obtain, except by morphia, and we need only resort to this drug at the very end, when the pain may cease to be relieved by gentler methods, and where the remaining days of life have to be eased from extreme pain at any risk of other discomfort. Still, the temptation, even among homœopaths, may occasionally present itself to resort to such drugs earlier than is at all necessary, from want of care in prescribing the suitable homœopathic remedy. We cannot, therefore, too clearly warn such of the danger they incur to the patient's future well-being, making the remedy worse than the disease for which it is given. It is a great rule in practice, never to do harm if we cannot do good; and if the patient's mental and moral health is to be sacrificed for the sake of temporary easement, when not necessary, patients may well say, "Save me from my friends."

As to the question of administering morphia to relieve a severe attack of spasmodic asthma, all the medical witnesses, except one, and they were all of the old school, agreed that such was the recognized practice, and they supported Dr. LAW accordingly in his defence. Of course they said it was not justifiable to use this drug between the attacks; but when asthma of a severe type exists, the paroxysms recur so frequently that to begin to use morphia to relieve them must infallibly, or nearly so, result in the formation of the morphia habit and its fatal consequences. In homœopathic practice, the paroxysms can be relieved without this danger, to the great benefit of the patient in his present and future. And yet the old school, who

pride themselves on being "scientific," and ignore homœopathic suggestions and results, calmly boycott their homœopathic brethren, who are the only practitioners who really practice scientifically in the true sense of the word. Such medical dogmatism is truly insufferable, as we remarked last month, and the sooner it is extinguished by public opinion the better it will be for the public—the long-suffering public.

In conclusion, we would draw attention to the fact that was brought out in the evidence, and to which we have already alluded, that after treatment with the view of curing the plaintiff's morphia habit, which was so successful that she was reported quite well, all except her "weak" heart, there is no word of asthma remaining behind uncured. In other words, when the morphia habit was cured, the asthma vanished. This is rather a striking commentary on what we were told by the medical witnesses of the absolute necessity of administering morphia in such a case, and of this being the recognized practice in the old school. It is rather a dilemma for "scientific" medicine to find itself in, and we leave it to find its way out as it best can.

HOMŒOPATHY: ITS POLITY AND POLICY,
TOGETHER WITH ITS NATURAL COROLLARY,
THE TWENTIETH CENTURY FUND.

By A. C. CLIFTON, M.D., Northampton.

THE *main features* of this forward and important movement recently inaugurated by Dr. Burford, the President of the British Homœopathic Society, have already been pointed out and warmly commended to both lay and professional homœopaths by the editors of the *Monthly Homœopathic Review* and the *Homœopathic World* respectively. Moreover, several other of our esteemed and trusted colleagues, who are intimately acquainted with the forces operating against homœopathy, and those also in its favour, have signified their cordial approval of it, and expressed their views with regard to several of its aspects. Then, too, it is endorsed by the British Homœopathic Society, with its Liverpool branch and the Western Counties' Therapeutical Society, and over one hundred of our colleagues are members of the grand committee for the furtherance of the cause.

Under these circumstances, with so strong a send-off, I would much rather have remained silent. I have, however, been told by several of *my betters*, whose goodwill and opinion I highly value, that unless I speak at once and emphatically in favour of the movement, the assumption of my colleagues will be that I am opposed to it, or at least that I am a waverer from the faith for which I fought on many former occasions.

Being thus challenged to "stand and deliver," I say that rather than there should be any ground for so false an idea, I would that my brain and hand should lose what little cunning they still possess; on the contrary, I heartily welcome and approve of the movement. Taken in its entirety, while it is definite and affirmative in its claims, it is wisely catholic in its means and operations. No narrow or "little Englandism" (so-called) belonging to it, it embraces alike the altruistic and the egoistic ideal. On the one hand it stands for the free evolution and perfecting of the practice of medicine in accordance with the *law of similars*, to wit homœopathy, and the recognition of it by the State equally with other therapeutic methods; on the other hand it stands for the evolution and perfecting of every other phase of medical thought and knowledge, and of surgical skill.

Taking so favourable a view of the movement, it is with intense regret I feel unable to take more than a minimum share in the work, not even to "adorn a tale." Nevertheless, I may perhaps be permitted to take an easier part, and in my own feeble way "point a moral," addressed particularly to the minority in our body—a minority but few in number, but of no small power and influence for good; for the most part able and accomplished physicians who, while not ashamed of their acceptance of the principles of homœopathy and its therapeutics, are nevertheless not intimately connected with our societies and similar agencies for the development and advancement of our cult.

Amongst you, my worthy *confrères*, constituting this (so-called) "minority," it has been my great pleasure for a number of years to count many warm and sincere friends, with whom on several occasions I have had argument in regard to your aloofness from our special organizations for professional edification and scientific work in connection with homœopathy, and on that account we

have not had the help for the furtherance of our principles which might otherwise have been afforded us.

Although unsuccessful in winning many of you to a close and active association with us and our methods of work, I am not without hope of better results on the present occasion, when I ask you to consider in its most broad and comprehensive aspect the advance movement which I have just cursorily noticed, and which you are otherwise acquainted with.

You will, I am sure, acknowledge that it is not well for small communities, any more than for nations, to live from hand to mouth, or by bread alone, as we with our colleagues generally—the representatives of homœopathy in this country—have for a long time been doing, making no great and united effort for the furtherance of our therapeutic principles, nor making our position firm, impregnable, and clearly known. That “laissez faire” attitude, I believe most of you will agree, ought immediately to come to an end, and that you will also say this new departure and scheme of work now submitted to us is not only in the right direction, but the legitimate demand of the hour.

Exception may possibly be taken to some of the details of this scheme of work; but if each person insists on his own particular views holding the field—no more and no less—we need not look far to see how many a great cause has been rendered impotent by that kind of action. In fact, going no further than work in relation to our own body, it is certain that many a golden opportunity has been largely frittered away by contending for “the mint, anise and cummin”—the non-essentials—instead of concentrating our endeavours on the most vital features of the case, an object lesson needful for all time, now as then.

In conclusion, I would say, inheritors and administrators as we are of a great principle in therapeutics, our responsibilities are immense; and as responsibility goes hand-in-hand with capacity and power, each of which to a large extent are ours, let us rise to the height of our possessions and throw heart and soul into this new movement. The issue we contemplate is the broad and Imperial sentiment of common union for common advancement, and the good of the whole community, and the work is in every sense the work of every man, lay and

professional. All who have in any way felt the benefits of homœopathic therapeutics should be cordially invited to show their appreciation of it by participating in the movement according to their means, particularly in regard to the Twentieth Century Fund, which is absolutely needed for carrying out the work, so that by the united efforts of all success will be assured.

NOTES ON SOME NEUROLOGICAL CASES.

By GILES F. GOLDSBROUGH, M.D.

Physician for Diseases of the Nervous System to the London
Homœopathic Hospital.

CASE I. *Jacksonian Epilepsy of a functional character— Cicuta virosa—Recovery.*

The occurrence of any case of unilateral epileptic seizure excites suspicion of organic lesion in the area of the brain cortex, which serves as a central region for the group of associated movements in which the convulsions begin. The absence of a monoplegia following the attack of convulsions favours the diagnosis of a functional condition, but the suspicion of organic lesion can scarcely be removed until the convulsions cease to occur. In the following case, which occurred in my out-patient department at the hospital last year, this point, which is of diagnostic importance, is well illustrated.

T. H., age 30, male, married, came on February 14, 1901, complaining of fits. Patient had been engaged as a missionary in Africa for six years, where he had several attacks of malarial fever, and dysentery once. Since his return home he has had ten fits in thirteen months; two on Jan. 1, 1900; two on May 2; four on Sept. 3; and two on Dec. 4. He had a slight attack of vertigo in November. The man seems otherwise healthy. There is no history of syphilis. He describes the fit as follows: The little and ring finger of the right hand begin to twitch and become involuntarily flexed, then the hand, forearm, and arm; then he feels his head drawn round to the right, upon which loss of consciousness ensues, and he becomes generally convulsed. The convulsions last from three to five minutes, he is unconscious for ten minutes afterwards, and then wakes up well. He

has had occasional tremor in the right upper limb. The dynamometer registers, R. 170, L. 160; the average being, R. 190, L. 180, for a man not using his arms and hands much. There was therefore no unilateral motor loss in this case. No headache or other cephalic sensation. Vision and other special senses are normal.

As before mentioned, the diagnosis of the case was doubtful; it was impossible to say there was no organic lesion, although in the absence of monoplegia this was improbable. The man was given *Cicuta virosa*, 3 t.d., and told to return in a month.

On March 21, he had had no fit. He complained of some twitching and occasional numbness of the fingers of the right hand. Repeat.

On May 30, there had been no recurrence. He complained of some vertigo, and jerking of the legs at night; also constipation, alternating with a dysenteric condition occasionally. He sought advice as to whether he was well enough to go to Canada, and take up work there. I allowed him to go, and gave a prescription for *nux vom.* 12, night and morning, and *cicuta* 3, ter die. In January of this year I received a letter from his wife, saying there had been no recurrence of the fits (that would be thirteen months after the last), and asking for help in reference to dyspepsia, from which the patient was suffering.

The diagnosis of the case is satisfactorily cleared up by recovery from the fits. It was probably a functional instability in the motor area serving the movements of the right hand (on the left side of the cortex, about the middle of the fissure of Rolando), induced by toxæmia from former malarial or dysenteric infection. The value of *cicuta* in the case seemed undoubted. More will be said on the indications for the use of the drug under the next case.

CASE II. *Hysterical Chorea of long standing—Ignatia—Cicuta virosa—Almost complete recovery.*

A. E., age 20, female, single, of no occupation, came to the out-patient department on May 28, 1900; suffering from violent choræic movements of the head and neck, from which she had suffered more or less since childhood, but for nearly two years they had been continuous, and much more violent than formerly. The appearance of the patient

was very striking. She is a tall, fair girl, with symmetrical, well-developed features, but with her head, neck, facial muscles, ocular muscles, and tongue incessantly moving. The head movements consisted of violent jerking to the left and backwards; also flexion, extension, and rotation, with compounds of these; the eyeballs, and eyelids and tongue moved with less violence but more rapidity. Speech was indistinct, but not otherwise inco-ordinate. All movements were worse when attention was paid to them, or on attempting to control them. The health of the patient was otherwise good, with the exception of some anæmia. The immediate indication in treatment, seemed to be rest and isolation, so the girl was admitted to the Quin ward and screens placed round her bed, instructions being given that no person was to see her except a nurse. Two days afterwards I found that the patient had got up and left the hospital at her own request, leaving a message for me that she could remain in bed at home. Not wishing to lose sight of the case, I invited her to come to the out-patient department again, which she did on June 7. She was given *ignatia* 12, *ter die*, and advised to remain in bed at home for a time. On June 20, the jerking movements seemed to be worse, and she received *cicuta* 3. On July 4, the movements were much less violent, and on the 11th this improvement was maintained, so that she was quite quiet for two or three hours at a time. On July 18, there had been rather more movement. The menstrual period was near, and this was always an aggravating condition for the symptoms. She received *puls.* 3x for a week. On July 25, return was made to *cicuta* 3x, and on August 16, *cicuta* 3. From this time improvement was much more marked. The patient has continued under treatment, with more or less regularity, until the present time, receiving *cicuta* in various dilutions from ϕ tincture to 30 c. At some visits *ignatia* 30 has been prescribed. The condition when last seen (February 5, 1902), was very satisfactory, but not a complete cure. There were no violent movements whatever, but occasionally a fine jerk of the head, either flexion or extension, with no rotatory movement; the eyes and tongue were not under perfect control, but nearly so.

The improvement in this case is attributed to rest and the use of *cicuta virosa*, and the case is recorded as illustrative of the sphere of *cicuta* in convulsive seizures. In this,

as well as the preceding case, there was little else calling for consideration as symptoms besides the convulsive state. A reference to the pathogenesis of *cicuta* will indicate that the spasms it produces are of a jerking character, sometimes preceded by rigidity. Complete loss of consciousness is an effect of large doses. *Cicuta* is closely allied to *cuprum* in the convulsive sphere, but cramp with less jerking and finer movements seem more characteristic of the latter drug. Had the patient been willing to submit to the "rest" treatment in the hospital, it is probable that she might have recovered more thoroughly, although the rapidity of the improvement, considering her chronic state, was most marked.

CASE III. *A Lesion in the pons-varolii (?)—Arsenicum iodatum—Gelsemium—Much improvement.*

W. L., 49, cabman, married, sent by Dr. Cox on October 30, who had seen the man in his department on October 11, 1901. Duration of illness, six weeks. No history of nerve disease in the family. Patient is the father of nine healthy children. He had acute rheumatism at 15; pleurisy at 32. No history of syphilis. He used to have bilious attacks about once a month, but none for six months. Is a perfectly temperate man. About six weeks ago he began to be unsteady in his gait; also had a feeling of "pins and needles" in his legs, as if they had been to sleep. He felt as if his legs would give way, so that he was afraid to step up on his cab.

Condition on examination.—Patient has a rather vacant expression. He is of medium height and weight, and a somewhat florid complexion. He complains of depression of spirits, and a bad memory. Sleeps well. Speech normal. No headache or genuine vertigo. He has slight nystagmus on looking far to the left. There is no optic neuritis, but both discs are whiter than normal, especially the right. Hearing, taste, and smell normal. There is loss of general sensation of the right hand, so that the points of the æsthesiometer cannot be discriminated or felt at the finger tips. The gait is somewhat ataxic, with a tendency to fall to the right side. The dynamometer registers, R. 140, L. 140. The plantar reflex is exaggerated on the right side, showing Babinski's sign very marked (flexion of the foot, the normal reflex consisting

of extension and adduction). On the left side, this reflex is very feeble. Other superficial reflexes are normal. The knee-jerks are equal and somewhat exaggerated. There is slight want of control over micturition. The skin is very dry and hard. Urine, sp. gr. 1022; no albumin or sugar. Other organs and systems normal.

Diagnosis.—This case presents a problem for diagnosis which it may not be without interest to follow out in detail. The symptoms are somewhat obscure, but sufficiently definite to suggest an organic lesion in the central nervous system. The questions are where? and what? and according to accepted method they should be taken in this order.

The occurrence of an ataxic gait of an unilateral type, nystagmus, sensory and motor disorder on the same side, the exaggerated and peculiar plantar reflex, exaggerated knee-jerks, and slight want of control over micturition, all point to some lesion above the medulla oblongata. The question then arises whether the lesion is cerebral, cerebellar, or pontine. That it is not cerebral may be concluded in that there are no convulsions, and the gait is ataxic rather than hemiplegic. The sensori-motor disturbance, however, suggests there is some involvement of the pyramidal tract above the decussation. That the lesion is not cerebellar may be concluded from this very involvement of the pyramidal tract, but near some cerebellar tracts as indicated by the ataxic gait. Further, there is no involvement of any special sense, which would lead to the exclusion of the cerebellum, as hearing is not affected, and the regions of the optic thalami and corpora striata as there is no optic neuritis (although some slight indication of optic atrophy), or olfactory involvement. Saving slight nystagmus on the left side, there is no involvement of the movements of the eyeballs, which fact would lead to the exclusion of the corpora quadrigemina and region of the third ventricle. The cranial nerves do not seem to be pressed upon anywhere. The diagnosis is accordingly shut up to a small focal lesion at the posterior part of the left pontine region. As regards the nature of the lesion, the character of the onset of the symptoms leads to the view that it was a small neoplasm, although the absence of history of tubercular or syphilitic infection precludes the possibility of a definite opinion on this point. It might be the beginning of a glioma, or less likely the formation of a cyst.

Treatment.—The first prescription was Ars. Iod. 3x, ter die, which was continued until Nov. 14, when it was alternated with Gelsem. 3. No other medicines have been given as yet. In December the symptoms began to improve, so that by January 30, of this year, he could feel much better with the right hand, and discriminate points with the palmar surface of the index finger at 3 mm. The nystagmus quite disappeared, and the gait improved, the dynamometer registering on that date, R. 190, L. 120. On Feb. 26 the improvement continued in every respect, the dynamometer registered R. 200, L. 140, and there was scarcely any abnormality in gait. The issue of the treatment does not help the diagnosis much, except to suggest a tubercular or gliomatous neoplasm, but it does point the moral, often reiterated, that many central lesions, if seen early enough, might prove to be curable by homœopathic medication.

APPENDICITIS: ITS RELATION TO PELVIC DISEASE IN WOMEN.¹

By FLORENCE N. WARD, M.D., San Francisco, Cal.

In looking over the literature of appendicitis to glean the best thought upon this branch of the subject, it was impossible not to be impressed with the volume of articles written upon appendicitis. Geo. N. Edebohls, in a Review of the History and Literature of Appendicitis, in the *Medical Record* of Nov. 25th, 1899, found that up to the year 1899 over 2,500 articles, dissertations, and books had been written upon appendicitis, more than one-half of which had been written in the preceding five years. A very complete bibliography is appended to his article, which embraces everything of value up to the year 1899. Since that time the output has declined neither in value nor volume, and I append quite a complete bibliography of the best thought for the last two years up to the time of writing this. It may prove of value to those who are interested in looking up mooted points in this most interesting subject.

It is a most instructive study in all this mass of literature to observe the gradual unfolding of exact knowledge

¹ Reprinted from the *Pacific Coast Journal of Homœopathy*, January.

upon this much-written and talked-of disease. In the midst of the early writings, usually of the vaguest and most speculative character, could be discerned the beginning of those lines of accurate thought and observation that have culminated in the clear and scientific conclusions of to-day.

Fiercely have the battles waged between the so-called medical and surgical camps, each bringing an array of statistics to fortify their claim, and each proving but little of value, for the reason that the surgeon and general practitioner's statistics embraced not only different types of the disease, but those treated at different stages, thereby affording no common ground for comparison. There is no doubt that the profession is largely indebted to the surgeon for many of its most valuable contributions. From the surgeon has come the description of the pathological changes encountered at the time of operation, so frequently of such violent and startling character that their lesson has been most impressive. Even his failures have brought in time their own successes, for the truth was spelled out letter by letter through devious and trying paths.

The most important development in recent research has been upon the subject of appendicitis in women. How frequently does it occur in women as compared with men? How does it differ from similar attacks in men? And how may it be recognized?

Older statistics rated men as being attacked four times as frequently as women. Byron Robinson places the ratio as three times more frequent in men than women. Clinically, Edebohls finds that 4 per cent of all women have appendicitis. Dr. O. Hermes (*Deutsche Zeitschrift für Chirurgie*) finds out of 671 cases 186 were in women, or 27 per cent. Sonneberg calculates 40 per cent were women, and Tallamon 35 per cent. James C. Wood estimates that from 15 to 20 per cent of women suffering from uterine and adnexal diseases have sufficient disease of the vermiform appendix to justify its removal. Against a purely statistical consideration of the question, its chief defect is that appendicitis is frequently overlooked in women, and that many cases of disease of vermiform appendix pass under the diagnosis of uterine, tubal, or ovarian disease. The latest reports show a constantly increasing ratio of appendicitis in women, as the disease,

its symptomatology, and diagnosis is better understood. All authors are agreed that it is much more difficult to make a diagnosis of appendicitis in women than in men, besides which the tendency has been hitherto to attribute all abdominal or pelvic pain to trouble in the pelvic organs.

There are certain anatomical differences in the appendix in the two sexes that no doubt are determining factors in the varying proportion of appendicitis in the two sexes.

In both alike the appendix is a fading remnant of ancient herbivorous stomach. Being a fading remnant, its cells do not resist trauma or invading microbes. The cells of the appendix being atrophic, rudimentary, and non-vital, and non-resisting to trauma and infection, are unable to struggle and battle against life's invading forces, for it is defective in vital cells, in blood, lymph, and nerve supply.

In men there is greater exposure to trauma by reason of the more frequent and violent action of the psoas muscle in athletic sports. There is also greater exposure to the inclemencies of the weather and other deleterious influences. On the other hand, the blood supply of the appendix in women is better than that in men. The broad ligament contains an extra source of blood supply, the appendicular ovarian artery; so that the blood supply in the female appendix has anastomosis through the ligament of Clardo, and not the end-artery variety as seen in the appendix of men.

In the female the appendix hangs or extends into the pelvis in 48 per cent of all cases (11 per cent more than in men), thus bringing it into intimate relation with the ovary, the parovarian, and, above all else, with the pavilion of the oviduct, which infects the peritoneum in 80 per cent of adult women.

This anatomical position is the chief source of danger to the appendix, as in this position any infection passing from the Fallopian tube may pass by continuity of structure to the appendix; hence the frequent co-existence of pelvic and appendicular inflammation. It may start primarily in either structure, and one lesion may mask the other if this possibility is overlooked. Appendicitis in women occurs usually at or about the menstrual period, when derangements of the pelvic blood supply are most common.

Too great care cannot be exercised in aiming at an

accurate diagnosis. All authors are agreed that the clinical manifestations are even more protean in women than in men. We may find various indefinite pains in the pelvis, often ascribed to ovarian trouble, when in reality they are due to chronic appendicitis. In women the pain in the appendix is apt to be very sudden in its onset, and more acute than in pelvic diseases. It is frequently accompanied by nausea and vomiting; muscular spasm marked in appendix, but absent in beginning of pelvic disease. General disturbance is greater, and progress more rapid in appendix than in pelvic disease.

There may be one or more attacks of this kind from which she does not fully recover, the digestive disturbances being marked, with tenderness over region of appendix, and if the ovary, or tube, or both, are involved, pain is aggravated at the menstrual period. As a result of the indigestion and malnutrition, there is more or less emaciation and neurasthenia.

A most necessary point in making a diagnosis is the palpation of the appendix. The *tactus eruditus* should be developed as perfectly in this procedure as in the examination of the pelvis to outline the pelvic organs. As an operator can at the present time determine almost to a certainty if there are enlarged and diseased tubes and ovaries, so he should be able to detect a thickened and inflamed appendix. It must be borne in mind, however, that the appendix does not always lie in the same position in the peritoneal cavity. We must remember that the position of the appendix is the most variable of all the abdominal viscera; so that we must palpate the abdomen carefully, not confining ourselves to *McBurney's point*.

Edebohl's classic description for finding the appendix cannot be improved upon, so I quote the following:—

'After applying the ordinary bimanual examination of the pelvic organs, the woman is drawn upwards upon the table for a foot or so, her feet still remaining where they were placed for the pelvic examination. One hand only applied externally is required for palpation of the appendix. The examiner, standing at the patient's right side, begins the search for the appendix by applying two, three, or four fingers of the right hand, palmar surface downward, flat upon the abdomen at or near the umbilicus. He then draws the examining fingers over

the abdomen in a straight line from the umbilicus to the anterior superior spine of the right ilium, and notes the character of the structures as they escape from beneath his fingers. In doing this the pressure must be deep enough to recognize along the whole route the resisting surface of the posterior abdominal wall and pelvic brim. The firm posterior wall of the abdomen at this point, the iliac fossa and the pelvic brim, form the surfaces for counter pressure. Good guides for searching for the appendix are the right common and external iliac arteries, the pulsations of which can be easily felt, the face of the appendix being almost immediately outside of these vessels and separated from the vessels by a space or fornx of one-half inch, or one inch, while lower down the appendix crosses directly the line of the arteries. The appendix is recognized as a flattened, ribbon-shaped structure when quite normal, or as a rounded and firm organ of varying diameter when its walls have been thickened by inflammation.'

DIFFERENTIAL DIAGNOSIS.

A typical case of appendicitis should occasion no difficulty in diagnosis. There are but few abdominal and pelvic conditions that appendicitis may not simulate. We must remember that appendicitis may pursue a latent course, producing no marked symptoms until perforation or a general peritonitis intervene. Those conditions that may be mistaken for appendicitis are :—

I. Neuralgia of lower abdominal nerves on the right side. Janeway reports two cases operated upon for appendicitis in which the appendix was found normal and was not removed. A careful scrutiny should enable the observer to differentiate these two conditions. Then there are the neuralgic pains of the lower right abdomen when there exists a pneumonia or pleurisy of the right lung, or a pleurisy may have supervened on an appendicitis. Ordinarily a careful study and history of the conditions will clear up the diagnosis.

II. Conditions of the right kidney.

(a) Renal colic, especially if associated with fever, particularly if retention of urine produces hydronephrosis, causing a swelling and tension of the right side. The examination of the urine should clear up the case.

(b) Intermittent hydronephrosis, especially with displaced right kidney.

III. Cholecystitis.

IV. Intestinal conditions.

(a) Perforation of ulcers, gastric, duodenal, etc.

(b) Gastro-intestinal catarrh with colic, either from undigested food or some toxic agent.

(c) Tubercular ulcers with tubercular peritonitis over and above the cæcum.

(d) Cancer of the cæcum.

(e) Intussusception, recognized by history of occurrence, characteristic bloody stool, and tumour in abdomen or anus.

V. Typhoid fever. Pain and tenderness may lead physician to suppose that appendix is involved. Careful study of the case, presence or absence of roseola, examination of the blood for Widal's reaction, count of the leucocytes and a careful physical examination, will lead physicians to the right diagnosis.

VI. Abscess of the ovary. A careful history of the case and physical examination of the pelvis and abdomen will differentiate, unless both conditions co-exist. The same for a salpingitis or pyosalpinx. A case is reported of retained menstrual flow accompanied by chill and fever and pain in right side of abdomen mistaken for appendicitis. As a most common cause of inflammation of the tubes and ovaries are the gonococci, the question of gonorrhœa must be settled first.

Brooks Wells reports a case of twisted pedicle mistaken for appendicitis.

The following cases of appendicitis are reported as illustrative of the degrees and varieties that may be encountered in women.

CASE I. Acute appendicitis with gangrene of appendix and cæcum and abscess. Followed by fæcal fistulæ. Recovery.

Miss J., age 32; American. Always well until attack of grip last October, which left quite a severe naso-frontal catarrh lasting for six weeks. During this time she complained of pain in the right iliac region, an old symptom which had occasionally given her trouble. On November 22nd, at 3 a.m., she had a severe chill followed by high fever, pain all over the body and through the abdomen, but at no particular point in the abdomen. On the

evening visit felt and seemed much better. The next morning at 4 p.m. had another severe chill accompanied by severe pain in the abdomen of intense colicky character. Improvement very marked toward evening. On visiting the patient next morning she was found in a state of collapse, temperature 122, pulse 130 and intermittent, cold, clammy sweat, tympanitis, exquisite sensitiveness of whole abdomen. She received stimulation, hypodermic of strychnia, and was removed to the hospital and prepared for operation.

Operation.—The abdomen was opened by the gridiron incision, and appendix was found gangrenous and almost entirely sloughed off, the only attachment being by a strip of the meso-salpinx. On the cæcum were two dark gangrenous spots near the appendix. The abscess cavity was walled off by numerous adhesions. The appendix was removed and the abscess cavity thoroughly flushed by a saline solution, after which it was lightly packed with gauze, and no effort was made to suture the abdominal wound. The patient's condition steadily improved after the operation, and in forty-eight hours the gauze was removed, the cavity washed out and re-packed. Three fæcal fistulæ were established in the cæcum, one at the side of the appendix and two at the gangrenous spots near by. In three weeks, the patient's condition having improved rapidly and the wound being in excellent condition, the patient was again anæsthetized and the fistulous openings sutured with perfect result. In three weeks from that time, under a third anæsthetic, the intestinal adhesions were carefully broken up and the abdominal wound was freshened, brought together and sutured, with immediate union and subsequent perfect restoration to health.

CASE II. Acute colitis, followed by appendicitis, rupture of appendix into right Fallopian tube, producing right pyosalpinx.

Mrs. B., sister to above patient; age 38; American. History, always well until an attack of colitis last September, followed by localized pain in right iliac region, associated with obstinate constipation when diarrhœa ceased.

Examination revealed an enlarged and bulging right Fallopian tube, left tube being normal. On abdominal palpation there was thickening as well as marked

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tenderness in the right iliac region. There was a vaginal discharge, yellowish-green and very offensive. No history of gonorrhœa could be elicited. Operation advised which was agreed upon. Abdominal section was made. The right Fallopian tube was found distended with pus as well as the appendix, which was united to the Fallopian tube at its fimbriated extremity. Numerous adhesions were present, showing the localized peritonitis. The appendix, ovary, and tube of the right side were removed. The left appendages were normal. The pathological examination made by Dr. F. G. Canney showed no gonococci present, but numerous bacillus coli communis. His opinion was that it was direct extension from the primary intestinal lesion passing through the appendix and infecting the Fallopian tube.

CASE III. Mrs. P., age 26; Italian. Anæmic and illy nourished. History of metrorrhagia and much drawing pain in this region, and diarrhœa at menstrual period.

Physical examination.—Fibroid of uterus reaching to the umbilicus. Pelvic examination showed pelvis to be filled with a fluctuating tense mass on both right and left side of cervix.

Operation.—Removal of entire fibroid mass, together with uterus, by Kelly's method; together with unilocular cysts of both ovaries, each size of child's head. The fibroid was found to weigh six pounds. Attached to the fundus of the uterus, or the highest point of the fibroid which lay immediately beneath the umbilicus, was the vermiform appendix, elongated to over six inches and greatly thickened, showing evidence of past and repeated attacks of inflammation, which had extended through the peritoneal coat and resulted in the agglutination of the appendix to the peritoneal surface of the fibroid. The clinical history in this case pointed clearly to appendicular involvement, which was verified at the time of the operation. The patient made an uneventful and rapid recovery to perfect health.

These cases and many others that are being reported call our attention to the important rôle that the appendix may play in diseases of women, and how frequently in the past this lesion may have been overlooked, with resulting failure to cure the symptoms from which the patient suffered.

It should be a routine practice to palpate the appendix in all cases where patients present themselves with abdominal or pelvic symptoms, and in all operations upon the pelvic viscera to examine into the condition of the appendix.

SUCCESSFUL TREATMENT OF A PLAGUE CASE.

By Dr. K. SIRCAR, of Calcutta.

ON 19th Feb., 1902, I was requested to take charge of a boy, aged 6, suffering from high fever with glandular swellings. I found the patient speechless, in a state of sopor, his eyes deep red, glandular swellings much enlarged, temperature 107° , and the pulse 160 to 180. I gave the patient *ignatia* and *belladonna*, both in the first decimal dilution, every alternate hour until any amelioration. When I called the next morning (20th Feb.), my patient talked with me freely about his illness, and he was able to sit up in bed, his temperature down to 104° , the pulse 140, and the glandular swellings as before. The same medicine continued with an occasional dose of *kali phos.* in 3x trituration. His family was obliged to change his soaking bed-cloth some six times that night.

On 21st Feb., temperature 99.4° in the morning, glandular swellings much diminished; temperature normal in the evening.

On 22nd Feb. patient had no other complaint except from a little swelling. I ordered locally extract *belladonna* and glycerine.

On 23rd Feb. I found the patient perfectly well, his glandular swellings almost disappeared.

THE TWENTIETH CENTURY FUND.

SINCE the last notice we issued concerning the above Fund a pamphlet has been published dealing with the objects of the scheme, and is now in the process of distribution amongst the homœopathic practitioners of the United Kingdom and the lay friends of the cause.

Everything is being got in readiness for the public meeting which is to take place in April, and from which great results are confidently expected.

It may be pointed out that this is the first public meeting within the last quarter of a century held for the purpose of considering the national interests of homœopathy. Within the period named the necessities for the State development of homœopathy have become more and more pressing, in particular the urgent call for an increase in the number of practitioners, as well as for facilities for education and original research work.

That being the case, it is thought desirable that a conference of the lay and professional friends of the cause should meet at an early date to decide on a concerted plan of action, and all interested in homœopathy may be sure of receiving a most cordial welcome.

A distinguished Peer, well known for his hearty support of homœopathy, has consented to preside, and we have reason to believe that a most gratifying financial statement will be made on this occasion.

It is felt that the importance of the movement demands the personal interest and personal co-operation of all those who have at heart the progress of scientific medicine. The movement is a national one, and has in addition an ultra-national import, for our friends in America are evincing a keen interest in the success of the Fund.

We regret that at the moment of going to press we are unable to give the actual date and place of meeting, though the matter is under arrangement; but we may say that the meeting will be held in the last week in April in one of the well-recognized centres in London, and immediately the final arrangements have been decided upon every means will be taken to ensure that all supporters receive an invitation.

REVIEWS.

The Medical Annual, a Year-book of Treatment and Practitioner's Index, 1902, Twentieth year. Bristol: John Wright & Co. London: Simpkin, Marshall & Co.

IT is now twenty years since the *Medical Annual* first appeared, and those who possess a set of its volumes, have in its pages a complete history of the progress of the medical sciences during that period. What other more pretentious works have aimed at in four or five volumes, costing some two or three guineas, this periodical has accomplished in one volume at a cost of seven shillings and sixpence. The editors and publishers deserve our congratulations, and merit the more substantial approval of the profession at large. The work is

so well known that it is unnecessary to give any sketch of its general plan. A few instances of the interesting matter its pages contain may induce our readers to investigate it for themselves. On page 2 in the introduction, Dr. Goodhart is quoted as stating that "all treatment by drugs is more or less of an experiment." This is but another confession that the bulk of the medical profession own no rule in drug prescribing. Within the limits of Dr. Goodhart's knowledge the statement may be true, but it only shows how painfully limited is the therapeutic knowledge of the school represented by that writer. He wisely deprecates the rush of fashion after certain remedies or classes of remedies, and referring to "the boom of the anti-pyretics," says "they are now buried by later booms, such as animal extracts and antitoxins, and many of these will be buried too." So many of them may, but some at least of the latter have a distinct homœopathic relation to the disease for which they are given, and these will live, or if they die, will revive in a modified form, and take a permanent place in the therapeutic armamentarium.

On page 15, cacodylate of sodium is dealt with. This is another remedy which became suddenly fashionable, chiefly for pulmonary and bony tuberculosis, diabetes, paludism, neurasthenia, and anæmia. Menorrhagia and metrorrhagia are said to be provoked by it, at the same time it is confessed by all who have tried it, that for a time at least, it is of great value in the hæmorrhage and pain of uterine cancer. Toxic symptoms have occurred after doses of one grain repeated for four days. A fresh interesting reference to urotropin, now so widely used, is found on page 66. An account of an experiment on a healthy adult, who took thirty grains a day for a week, states that it caused formication, most intense at night and on the parts pressed on by clothing, followed by a diffuse red rash, somewhat like that of measles. Ninety grains a day are said to have caused blood and epithelial cells to appear in the urine, and a burning sensation in the bladder.

A new feature this year is a full description of the methods of testing the eyes in cases of errors of refraction. Test types are given, for near and distant use, and a clear account of retinoscopy is drawn up by Mr. Buxton. In passing, we notice that several instances of emotional jaundice are recorded. The possibility of this occurrence should be borne in mind. With two more references we will close this notice, but it would be easy to adduce indefinitely quotations full of interest. "Operation and reduction in cases of intussusception" within twenty-four hours, afford a prospect of recovery in three-fifths of the cases; after this period the prognosis is graver, but the success of operation in all cases has been 23 per cent. greater

than that of injection. The records also show that much greater success has followed coeliotomy alone, *than when injection has been previously tried*. An interesting discussion too long to transcribe should be read on the relief of suppression of urine, by incision of the capsule. Under the head of movable kidney the "reefing operation" of Andrews is recommended in preference to any operation which thoroughly fixes the organ, which is normally mobile to some extent. It is allowed that sutury is a failure, and that it is not the sutures which hold, but the cicatricial tissues caused by the operation. We seldom turn over the pages of these volumes without learning something interesting and useful.

Homœopathy: Its extension in Great Britain by a Twentieth Century Fund. Issued by the Executive Committee of the British Homœopathic Society.

WE have received a copy of the above pamphlet, which is to be issued to the lay supporters of homœopathy of both sexes, in order to elicit their interest in, and support of, the new advance movement. The pamphlet is admirably written, and cannot fail, we should think, to stir their enthusiasm in the cause of homœopathy, and to induce them to devote their active energy, with their moral and material support, in aid of the furtherance on the new lines of the principles we and they have at heart. The first section gives an interesting account of the progress of homœopathy since its introduction into England by Dr. Quin in 1825, its gradual development from such beginning to the present time, when such a list of homœopathic hospitals and dispensaries as we may well feel proud of can be presented. The second section is devoted to explaining the lines of progress on which it is proposed to carry out the needs of the time, while in the third section we find an eloquent and powerful appeal for the pecuniary element of the scheme, without which the work cannot be carried out. Finally, details are given of the ten Homœopathic hospitals in England, with a picture of each. We congratulate the Executive Committee on the clear and able appeal which is embodied in this pamphlet, and we feel sure it cannot fail to produce the effect on the lay mind which it is intended to do.

NOTABILIA.

A PILL FOR THE ANTI-VACCINATIONISTS.

DR. HARLEY BROOKS, the Medical Superintendent of the Mile End Infirmary, writes to the *Times* confirming the

previously published statement that twenty-nine out of forty nurses actually on duty, who were re-vaccinated at periods of from one day to two years prior to the outbreak, have remained immune against small-pox. Four others were re-vaccinated immediately *after* the outbreak, two of them proving insusceptible, and these also have escaped infection. Three nurses had not been re-vaccinated, and they all caught the disease, as did four others who were re-vaccinated within the incubation period. To clinch matters, he adds that the steward, who was re-vaccinated, escaped, while his clerk, who eluded re-vaccination, was stricken down. If statistics such as these do not carry conviction, the attempt to influence conduct by reason must be abandoned. At the same time it strikes one as singular that in an infirmary where the nurses and other employés are necessarily frequently exposed to infection, any of them should have been permitted to remain unvaccinated. This fact may be likened to the straw, in that it shows how the wind blows in Poor-law circles. Further light is thrown on this point by the grave indictment which the Vicar of St. Saviour's, Poplar, has brought against the Poplar Board of Guardians in respect of the resistance which they have persistently offered to his endeavours to facilitate the vaccination of the poor by opening a vaccination station in a room which he offered to place at their disposal. It is abundantly manifest that no future vaccination legislation will be worthy of commendation unless the administration of this branch of public health be taken out of the hands of these ill-informed and stiff-necked officials.—*Med. Press. and Circular*, Feb. 26.

THE FATE OF A MEDICAL ANTI-VACCINATOR.

“ A RECENT incident in the career of Emmanuel Pfeiffer, M.D., of Boston and Bedford, Massachusetts, comes very opportunely to illustrate the fallacy of the anti-vaccinationist propaganda. This gentleman, according to the *New York Medical News*, was one of the most vigorous and intelligent anti-vaccinationists of his neighbourhood, and his thesis was that small-pox is not a contagious disease for healthy persons, but is the product of bad hygiene, and an evil diathesis. So convinced was he of the truth of this view that, bolder than many anti-vaccinationists of whom we have heard, he solicited permission to visit the Boston Isolation Hospital without being vaccinated. His formal request was acceded to, after mature consideration, and on January 23rd he went through the wards, taking all the precautions which other visitors take under similar circumstances ; such as the wearing of a close-bound gown and

cap, washing the hands, beard, hair, etc., on leaving, and so on. For the next ten days, more or less unknown to himself, he was kept under observation by physicians from the Board of Health, but on the eleventh day he suddenly became conspicuous by his absence at his "office," and his secretary stated that he was travelling. No news could be obtained of his whereabouts, until on the fifteenth day after his visit to the small-pox hospital, a notice was received that he was ill at his home in Bedford, of a disease which experts pronounced to be a bad attack of the disease in the confluent form. Hopes are entertained that he may recover, and we do not grudge him this victory because he has involuntarily done great service to the cause of small-pox prevention by means of vaccination. Whether this drastic experience will convince Dr. Pfeiffer of the error of his ways is another matter, for the human mind is curiously constituted in regard to such matters. The incident is a pendant to that of the unvaccinated nurses at the Mile End Infirmary, who one and all contracted the disease, while their revaccinated sisters all escaped."—*Med. Press and Circular*.

THE PRESENT SMALL-POX EPIDEMIC.

WE have often pointed out to our patients and friends that the present "scare" in regard to the epidemic of small-pox is quite unnecessary, except that it leads those who are unprotected by re-vaccination to make themselves secure. When one considers the population of London and the number of small-pox cases, the latter are seen to be a mere drop in the bucket. But the scare and the absence of the sense of proportion in the figures, are kept up by the sensational paragraphs in the press. We are pleased, therefore, to see the *British Medical Journal* of Feb. 15th voicing our views on this matter in the following sensible observations:—

SMALL-POX AND THE PRESS.

"The publicity which the daily press has given to the occurrence of small-pox in London has undoubtedly served the useful purpose of promoting vaccination in the community, but it has, on the other hand, caused widespread misapprehension as to the extent of the prevalence of the disease in the metropolis. People read of 3,000 persons attacked with small-pox, and picture to themselves what this would mean in the town or district in which they live. It is difficult to keep in mind the vastness of the London population, and to recollect that 3,000 cases of small-pox occurring in five months in a population of 5,000,000 is little more than one attack

in 2,000 persons. If scarlet fever and diphtheria were not constantly present, and it was announced by the press for the first time that some 10,000 persons had in the same period been attacked with scarlet fever, and some 6,000 by diphtheria, the statement might easily give the impression that London was a hotbed of disease. Familiarity with these diseases, however, causes such incidence practically to escape observation. The figures we have quoted as to small-pox may usefully be compared with those for scarlet fever and diphtheria, and it will then be seen what a small factor in disease in London small-pox at the present time really is. It is necessary to emphasize this fact, for the reason that we hear of people in the country hesitating to visit the metropolis, and that trade is suffering as the result, because a relatively small number of people have been attacked with this disease. The chances of the ordinary visitors receiving infection from the persons attacked is remote, for the sick are immediately removed to hospitals outside London. Beyond this, however, remains the fact that it is open to everyone to protect himself by vaccination against any possibility of infection that exists. Experience shows that a person thus protected may visit a small-pox hospital without risk, and obviously, therefore, such a person may well disregard the bare possibility of exposure to small-pox infection in London. Perhaps the best evidence which can be adduced as to the safety of the visitors is that the King, the Queen, and the Court remain in London, that a Levee was held on Tuesday, and that no Londoner thinks of quitting the metropolis because cases of small-pox are occurring in numbers which in relation to the total population are small."

*THE NORTH AMERICAN JOURNAL OF HOMŒO-
PATHY.*

OUR contemporary celebrates its Jubilee this year! It was first issued in February, 1851, when it appeared as *The North American Homœopathic Journal: A Quarterly Magazine of Medicine and the Auxiliary Sciences*; its editors, Dr. Constantine Hering, of Philadelphia, Drs. Marcy and Metcalf, of New York. In 1854 it appeared under the title it still retains, *The North American Journal of Homœopathy*. The number for January of this year is devoted chiefly to reminiscences of its career. The following is the first article and is by Dr. Helmuth:--

A.D. 1851.—REMINISCENCES OF THE YEAR OF ITS
BIRTH.

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Born February 1st, 1851, in the city of New York, the NORTH AMERICAN JOURNAL OF HOMŒOPATHY. Its sponsors in baptism were: Constantine Hering, M.D., of Philadelphia; E. E. Marcy, of New York; and J. W. Metcalf, M.D., of New York.

"THE birth of the *North American Journal of Homœopathy* 'was in this wise'; it took place in the second year of my studentship in the Homœopathic Medical College of Pennsylvania. I was born into the profession in 1853, after three years of intercollegiate gestation, and from that period to the present have watched the life of the aforesaid periodical with curious and admiring eyes. Its life is a counterpart of the life of the individual. It has passed through the vicissitudes of health and disease; on some occasions it has been near to its demise, but the constitutional strength of the doctrine which it upholds has carried it through one half a century, and the prognostics are that it will far outlive the time allotted by the Psalmist to the human being.

"Its first appearance created a sensation in the Homœopathic world, and it was hailed with enthusiasm because of the reputation of those whose names appeared on its title page as editors: Constantine Hering, M.D., of Philadelphia; E. E. Marcy, M.D., of New York; and J. W. Metcalf, M.D., of New York. At that time Hering (Lippe, I think, was still in Carlisle, Pennsylvania) was making additional provings of apis, glonoine and snake poison, and at his suggestion I, a youthful and enthusiastic prover, took the two former, to the temporary detriment of my bladder and my brain—whether the latter ever entirely recovered, it is difficult for my friends to determine.

The Philadelphia doctors, the laity of that city, and especially the medical students of the Jefferson Medical College and the University of Pennsylvania, ridiculed Hering not only because he was a homœopathic physician, but because he read and studied as he drove in his carriage (I can see it now drawn by a powerful blue roan horse); he wore his hair brushed directly backward from his forehead, behind his ears and curling over his coat collar. Perhaps few men, in any calling, ever worked harder than Hering during the early '50s. He would rise at 4 o'clock in the morning, take a cup of coffee, dip a bit of roll into melted butter for his breakfast and go on with his writing until his duties called him into his office. He was a great snuff taker, and many is the grain of Maricaibo that has fallen into his powders as they were being folded by him. He was aware of the fact, and used to jokingly say that

if the medicine were well chosen, the tobacco helped its therapeutic action.

"He was one of the most entertaining talkers I have ever listened to, and I remember well sitting with most rapt attention while over-hearing a conversation betwixt my uncle (Dr. Wm. S. Helmuth, Professor of the Theory and Practice of Medicine in the Homœopathic Medical College of Pennsylvania) and Dr. Francis Sims, the first Professor of Surgery in the same institution, and himself, concerning the nature and habits of bees. I have never forgotten the fluency of his words or the accuracy of his memory, as he detailed the minutiae of all that pertained to the *apis mellifica*.

"Marcy was a strenuous and ardent homœopathist; he was quite an accomplished musician, and well understood how to manage both men and women. He had all attainments for acquiring a large *clientele*, and was an enthusiastic writer on homœopathy. I saw him often in later years, and while in consultation many times he would play upon the piano, if there chanced to be an instrument in the room, as he gave his opinion concerning the treatment of a case. He made himself very popular in the Eastern States by his answer to Worthington Hooker, M.D., of Norwich, Ct., who had attacked homœopathy.¹ I think that little brochure (I have it now before me in its green, worn cover) was his best literary production, although he published several more pretentious works; notably, one on the homœopathic practice of medicine, in which 'Old Dr. Hunt' (as we called him) materially aided him.

"Dr. Metcalf I never met, although I heard very much of his enthusiastic work for homœopathy during the earlier years of my professional life.

"As far as my recollection goes, the periodicals that were most in favour in Philadelphia when the *North American* came among us, were the *Quarterly Homœopathic Journal of Boston*, edited by de Gersdorff and Birnstill; the *North-Western Journal of Homœopathy* published in Chicago and edited by Shipman; and the *American Journal of Homœopathy* of New York, edited by Kirby. The latter was the writer's favourite, on account of the crispness of its articles and its fearless expression of opinion. Its motto was 'The agitation of thought is the beginning of truth.' It came every two weeks, consisted of ten or a dozen pages, and cost one dollar a year. Occasionally we saw the *American Magazine of Homœopathy*, or as it was afterwards named, the *Quarterly*

¹ Homœopathy and Allopathy. Reply to "An Examination of the Doctrines and Evidences of Homœopathy," by Worthington Hooker, M.D., New York. Wm. Radde, 1852.

Homœopathic Magazine, by Pulte and Gatchell. All these periodicals breathe such a loyal spirit toward homœopathy, such unwavering tenacity of purpose, and such fearless criticism, that even now it is delightful to look over their pages and recall that spirit of determination, which only can be developed by the absolute courage of one's convictions, and which courage was very much in evidence on every page of the journals that flourished in the times of which I write.

"It was my good fortune to know all these editors personally as the years rolled on, but at that time I admired them as I did everything pertaining to homœopathy, because it was homœopathic, and hated everything that was allopathic or that savoured of old school therapeutics. In other words, I was a rampant bigot.

"It was in the year 1851 that the first American reprint of the *British Journal of Homœopathy* was published by Radde. This fine foreign quarterly had issued its first number in 1843, and immediately took the highest place in the literature of our school. Its editors, J. J. Drysdale, J. Rutherford Russell, and Francis Black were men of letters as well as of medicine. Drysdale (whom I met several times in after years) maintained a high position as a biologist, and his book on that science was an acknowledged authority at the time of its publication. Russell, in his 'History and Heroes of Medicine' (a thoroughly literary production) had made himself a reputation as a scholar, an author, and a thinker, and Black was as accurate a chronicler and as concise a recorder of symptoms as there was within the British Isles.

"In after years, when my position as a teacher of surgery required that I should 'search the Scriptures' for surgical diseases cured by homœopathic medicines, I found more reliable articles in the *British Journal of Homœopathy* than in any other periodical.

"Of course, there was a great deal of contemporary homœopathic literature in those days, but these lines are only *personal* reminiscences of times long past, when disillusion had not opened the eyes of the writer, and when enthusiasm, perhaps, even overthrew judgment; when a coloured tincture in the medicine case was an abomination to the eyes of the homœopathist, and the pellet was the dispensing medium of drugs.

"The attitude of the old school in those days toward the new system can scarcely be understood by those living at the present time, when, externally at least, no violence is tolerated, and when social relations need not be disturbed by differences of medical opinion. The animosity that existed when this journal appeared (1851) was at fever heat, and existed not

only in professional circles, but extended into social relationships. The old school medical journals were filled with the most vituperative articles against the system. No expressions were too vile and no insinuations too base to be showered upon those who had embraced the doctrine of Hahnemann. The ridicule vented itself, not only in dignified articles, but descended to the lowest doggerel. All kinds of lampoons, satirical compositions designed to ridicule homœopathy and its doses appeared in the daily prints, as well as in the medical periodicals. Here is a sample, headed "A Homœopathic Stimulus":—

"Take a little rum—
The less you take the better—
Mix it with the lakes
Of Werner and of Wetter;
Dip a spoonful out—
Mind you don't get groggy—
Pour into the lake
Winipiseogee," etc., etc., for half a dozen verses.

"Or again, 'The Dietary at a Homœopathic Hospital,'
by Minerva Canora:—

"Take a robin's leg—
Mind the drum stick merely;
Put it in a tub
Filled with water nearly," etc., etc.,

for six stanzas.

"Even the dignified *Lancet*, like Silas Wegg, 'descended to poetry' for the sake of throwing ridicule on homœopathy, and published a sonnet under the title of 'Logica Homœopathica,' of which these are the first lines:—

"Add like to like and see the difference.
Add pains to pangs and torture turns to ease;
To hate add horror, what can better please—
Facts mixed with facts confirm our ignorance,
Mistakes make sure," etc., etc.,

to the finishing of the fourteen lines.

"'Babbet's Calculating Machine' was also put in motion by the editor of the *Lancet* at this time to ascertain how many thousand worlds of water the size of this earth would be required to make a decillionth of a grain of medicine.

"Sometimes, however, the war 'was carried into Africa' by our side in both prose and verse. It is but fair to the reminiscences of these times to give here a return 'doggerel' which was written to describe a full-fledged old school doctor of the period:—

Ah! what a dreaded warrior was he
Who came with lancet sharp hung at his side,
And from his breast-plate glittering you could see
The cupping instrument full often tried.

Then, too, behold, the blisters at his back
 And from his shoulders all his plasters hung,
 The seton needle there, and, yes, alack!
 The skeins of silk all round in order strung.
 The issue peas form bracelets for his arms,
 A bag of mustard on his body see,
 Tartar emetic ointment with its charms
 Hang down in tubules from his awful knee.
 A match box, cotton and a lamp to burn
 (And make the moxa on the simple fool),
 Peep from beneath his armor in their turn
 Fit emblems for an antiquated school.
 Thus then in truth ye used to march along,
 Admiring crowds in wonder stood aside—
 But now they change the tenor of their song
 And look on all as humbug, and deride.

“ But if the war raged furiously on this side of the Atlantic in the year 1851, on the other side, if it were possible, the attacks against the system were more ferocious. An old philosopher says somewhere that ‘ a foreign war is preferable to one at home ’; yet when ‘ one at home ’ is waged at the same time with ‘ the one abroad ’ and with a similar object of attack, the defence that is able to stand unscathed against such strenuous and combined assaults must be mighty indeed. It seemed that the old school medical men of the British Isles, secure in their positions by virtue of the antiquity of the system they represented, whose traditions were their creed, whose dogmatism was their strength, had every fibre of their loyalty strained to its utmost by the constantly recurring triumphs of the law of similars in the great medical centres of Great Britain. The culmination of their grievances arrived when a discriminating public, attracted by the acrimonious attacks on homœopathy, was forced by that sense of fair play (which is the birthright of every Englishman) to array itself against a dogmatism it could not understand, and an unfairness that was glaringly apparent.

“ It may not be generally known, but in this same year, 1851, when our new baby in literature was beginning to attract attention among the homœopathists of the United States, matters appertaining to homœopathy of so much interest and importance were transpiring in the old world, that a volume of 416 pages was published to show the status of the system at that time.² Why this book was born may, in part, be learned from a few lines from its preface, which will also show why the Edinburgh professors were fierce in their denunciations against the system. ‘ When it was made known

² Homœopathy in 1851, edited by J. Rutherford Russell, M.D. James Hogg, 4, Nicholson Street, Edinburgh. Groombridge and Sons, London

that a student of medicine had been refused the degree of Doctor of the University of Edinburgh, because he announced his intention of devoting himself to the study of homœopathy, there was a general jubilee among the most determined opponents of the new system. At a meeting of "The Faculty," held at Brighton, the thanks of the body were unanimously tendered to the University which had so nobly set the example of crushing the pestilent heresy in the bud; and a writer in *Tait's Magazine*, who speaks as counsel for Old Physic, significantly hints that at length the right step has been taken to prevent the increase of the new sect. But these notes of congratulation quickly died away, for no sooner was the public made aware of the fact than there was a general feeling of indignation at this daring *coup d'état* in medicine, and a resolution to demonstrate to this upstart medical hierarchy, that it had mistaken the age and the country suitable for so sudden an exhibition of despotic power.' The University of Edinburgh in those days were supposed to represent the acme of perfection in all things pertaining to medical science. Its Faculty of Medicine comprised the most renowned physicians and surgeons of the world. It held its head even higher than the London Universities, and a jealous rivalry existed betwixt them. It was supposed to be orthodox to the backbone, and seemed to irradiate from its venerable halls the wisdom and medical learning 'of all time.' When, therefore, one of its most distinguished professors, and a teacher of the branch of medical science regarded as the most essential to the successful practice of old school medicine, namely, pathology, avowed his belief in the law of similars, the storm that burst from the astounded profession was one that will long be remembered by those who heard its thunder and saw the lightning flash—in the pan. It was at its very height in 1851 when this journal was born. I doubt whether in the history of medical journalism there can be found more intemperate and insulting editorials, communications, and annotations than appeared in the columns of certain English medical periodicals in the early fifties, headed chiefly by the *Lancet* and the *Pharmaceutical Journal*. The following was in a leader³: 'The College of Physicians of Edinburgh has just come to a resolution condemnatory of the practice of homœopathy, and calling upon any of its fellows or licentiates, who may look with favour upon that silly heresy, to disconnect themselves from a body instituted for the promotion of science. It is, we believe, well understood to be the purpose of the northern college to proceed against all such persons as may

³ London *Lancet*, July, 1851.

show themselves slow to understand what honour and truth require of them.' . . . 'All honour to the College of Physicians of Edinburgh; we trust they will neither waver or pause in their manly and honest course.' . . . 'The monstrous alliances now proceeding between regulars and quacks might surely deserve the exertion of collegiate authority. The Edinburgh College will not, we trust, forget that there are great functionaries to be corrected. What is to be done with Dr. Henderson, the homœopathic professor of pathology in the University of Edinburgh, to the condign disgrace of the University and every other professor be it spoken! What sort of pathology does this man teach?' etc., etc.

"Here is another extract, headed '*The Pharmaceutical Journal and Globulism*' from the same source for the same year (1851).

"It is not to absurdities of this kind, but to some of the disgusting and loathsome features of globulism, which we now wish to direct attention. We are assured by the editor of the *Pharmaceutical Journal* that a friend of his was recently requested by a homœopathic quack to prepare a tincture of bugs for internal administration, no doubt for the cure of some purulent malady.' . . . 'These are among the choice articles of the homœopathic pharmacopœia (so-called), nice confectionery for our delicate aristocrats: besides such matters, red ants, spiders, toads, lizards, cockroaches, fresh water crabs and other interesting animals are brayed alive in a mortar, and converted by proper admixture into most potent globules.' Ah! me, oh! twentieth century medical man, think of the toxins of to-day that are made to meander through the body of man, and of what they are composed:—

The anthrax monad, typhoid's fattest germs,
Every bacillus that in fever squirms
Is hunted, hounded, cultured, fatted, fed
By those who cry similia is dead.

"Here is another morsel, published when the first number of the *North American* was in press, soon to be mailed to the people of the United States. It is headed '*Quackery Rampant.*'⁴

"The last monstrosity, homœopathy, the most absurd of all, has acquired an importance, temporary as it must be, for many reasons. One of the many, we regret to say, has originated in certain dishonest members of our own profession—men who, for the most part, have failed of success in the legitimate walks of medicine, from ignorance, idleness and other causes. These men, unable from their shallow capacities

⁴ London *Lancet*, January, 1851.

and acquirements, to fight fairly and to compete manfully with their brethren, have shrunk, as it were behind the hedge, and turn assassins to obtain a livelihood. Yet, not content with practising a quackery, the absurdity of which has no parallel in history, these renegades lose no opportunity of placing their daggers in the reputation of legitimate medicine. But the delusion will fall, as all such delusions must; another form of quackery will rise, and a Globulist, if, in a few years, such can be found, may be exhibited, as was the metallic tractor, as a curiosity.⁵

“One more quotation from the journals of 1851 and I have done—a certain Thomas Ballard writing to the editor of the *Lancet* concerning the Homœopathic Hospital, finishes his lucubration as follows: ‘In case of death occurring in this institution, would it not be proper that the coroner should inquire whether all due means have been employed to prolong life, and if found to be otherwise would not some one be guilty of manslaughter at the least, or passive MURDER?’

“Nor was this all—Prof. James Y. Simpson, whose name is immortal from its connection with the introduction of chloroform anæsthesia—wrote a book⁶ with a very alliterative title which it was supposed would utterly annihilate the system of Hahnemann. This book had a wide circulation, and passed through several editions, the first American being printed from the third Edinburgh edition. This was answered in a dignified and most scholarly manner by Prof. Henderson, whose book also passed through the press several times; the first edition being exhausted in three weeks.⁶ These facts are noted to indicate how dreadfully in earnest each partisan was at those times, and to call attention to the utter futility in this age of progress for any man, even an editor, to attempt to impress finality on the spread of truth. The antiphonal chants for and against homœopathy no longer resound in the temple of *Æsculapius*. The prolonged apotheosis of anything human in this age is impossible. The history of medicine is a palimpsest. The vellum is written upon over and over again. Time covers with dust the records of one age, upon which the story of another is traced by the finger of evolution. If one had predicted to the profession in the

⁵ Homœopathy: Its Tenets and Tendencies, Theoretical, Theological, Therapeutical; by James Y. Simpson, M.D., F.R.C.S.E., etc., etc. First American from third Edinburgh edition; pp. 304; Philadelphia, 1854.

⁶ Homœopathy, Fairly Represented: A Reply to Professor Simpson's "Homœopathy" Misrepresented, by William Henderson, M.D. The first American from the last Edinburgh edition; pp. 302; Philadelphia, 1854.

early days of this journal that by the examination of a drop of blood, a diagnosis of typhoid fever could be certified; that by the presence of a peculiar cell a tumour could be classified; that the examination of a smear on a bit of glass might determine the virtue or vice of a woman, such a prophet would have been considered only worthy of an insane asylum.

"I am sure that the reasonable and enlightened members of the old school to-day wish that these intemperate and vilifying communications had never been published. But *littera scripta manet*. They have been introduced here with no intention of arousing animosity or glorifying a triumph, but simply to show the position and reputation of homœopathy in the year the *North American* was born, that a comparison between its standing then and now may be instituted. It is fair, for such a purpose, that the public prints of to-day should be called into requisition, to offset the quotations of fifty years ago. The *New York Times* for November 30, 1901, in an editorial on 'The New Code of Medical Ethics,' says:—

"'Progressive allopaths discovered that the despised *materia medica* of their generally successful and extremely useful competitors has added a great deal of value to the sum of human knowledge of remedial agents. These potent tinctures were experimentally found to work better in extremely small doses than in more concentrated form. Meanwhile the incalculable dilutions which must have impressed any one not credulous as to magic, as involving a mathematical absurdity, dealing with attenuations only one degree removed from the infinite, have been relegated to the limbo of medical heresies and superstitions, and are no more believed in than the Phœnician idols in the British Museums are worshipped. Hahnemann's theories served their purpose much better than they would have done if they had been less revolutionary of accepted beliefs. Even those who rejected them were sooner or later influenced by them, unconsciously perhaps, but none the less effectually; while those who at first accepted them gradually came to clearer perceptions of truth, and gave their patients what experience had shown was best for them.' These are the expressions of the opinion of a layman, and are broad and comprehensive. They were occasioned by the address of Dr. George B. Fowler, valedictory to the presidency of the Medical Society of the County of New York last month, and in which, among other notably liberal expressions, the following occurs:—

"'To-day the code is that we may consult with any legally qualified medical practitioner. Had it not been for this, we never could have had the high standards of medical education which we have in New York to-day. We have secured the

co-operation of the societies of the regulars, the eclectic, and the homœopaths. To abolish differences of opinion we are all striving, and I think I am right in saying that there are agencies at work to that end. We do not respect ourselves and are not respected when we disagree among ourselves. I think the day is near when there will be a general hand-shaking and agreement, and I hope the day is coming when the whole medical profession will be one.'

"Since the *North American Journal of Homœopathy* was born it has seen and chronicled the great changes which are culminating to-day, and to which allusion has been made. The editors whose names appear on the title page of its first volume have long since passed to the other side. New men have replaced them, and they, too, have said *au revoir* to their earthly surroundings—and yet this world moves on. The journal still lives because

On earth no man's essential, if he were,
The greatest schemes would languish. Grim despair
Would settle on this racing, rushing world
When some high chieftain from his throne is hurled.

"Peters and Holcomb, Snelling and Hale, Ludlam and Franklin, Williamson and dear old Uncle Sam Lilienthal—ah! I grow sad and a flood of recollections rolls over me as I pen these old familiar names; it seems to wash away all the present modern environments of my life, and from the dim and misty past brings before me each man in his definite personality.

As retrospection opens wide
My past, I dimly see,
For overwhelming is the tide
That floods my memory.
Let silence reign, 'tis quite as well
That I should hold my tongue,
'Twere bootless now their tale to tell
Their song need scarce be sung.
For all these friends have gone to rest—
Friends whom I love full well,
The brightest, noblest, and the best
In working harness fell.
In vain I call them from the gloom—
God bless them as they sleep,
But memory green around each tomb
My soul shall ever keep.

CANCER AND MALARIA.

IN our January issue there was a paper by Dr. Proctor, of Birkenhead, on the above subject, in which he drew attention to a paper by Professor Loeffler, which embodied observations

that seemed to show that there was an antagonism between cancer and malaria, and suggesting the artificial induction of malaria as a cure for cancer. We know that it is often said that statistics may be made to prove anything, while observations which seem to be accurate are not infrequently subsequently shown to be misleading. But in any case, especially in the important question now under consideration, it is right and necessary to hear both sides, and so with the fullest information to endeavour to form a judgment. A summary of Prof. Loeffler's paper appeared in the *British Medical Journal*, from which Dr. Proctor quoted, and now the same journal (March 1) gives facts on the other side, which seem to show that Prof. Loeffler's generalization was, to say the least, hasty. We quote the article entire, as the details are necessary :—

"A short time ago Professor Loeffler published¹ a paper which was summarized in the *British Medical Journal*, in which, after referring to some observations made by Dr. Trnka, a physician of the eighteenth century, which seemed to go to show that there is a kind of antagonism between cancer and malaria, he suggested that the inoculation of malarial hæmatozoa might cure cancer. The case recorded by Trnka was that of a young girl who had a tumour of the breast, which disappeared when she contracted tertian ague. Another fact relied on by Professor Loeffler was the rarity of cancer in the tropics, precisely in those places where malaria is common. He admitted that the hypothesis could be taken seriously only if it were shown to rest on a solid statistical foundation. A large body of statistics has since been collected by Professor Kruse, of Bonn, and published in the *Munch. med. Woch.*, 1901, No. 48. These statistics upset Professor Loeffler's hypothesis by showing that in no country is there any relation between the frequency of cancer and that of malaria. Thus from 1887 to 1891 in every 10,000 of population the deaths from malaria and cancer were as follows :—

		Malaria.	Cancer.
Italy	...	5·81	4·28
Prussia	...	5·81	4·20
Ireland	...	0·03	4·42
Austria	...	0·03	4·98
Scotland	...	0·05	6·34
England	...	0·06	6·53
Netherlands	...	0·40	7·28

Thus the number of persons who died of cancer in Prussia, Austria, and Ireland is proportionately the same as in Italy, while in the latter country alone is malaria a frequent cause of death. A mortality from malaria of 5·81 per 10,000,

¹ *Deut. Med. Woch.*, 1901, No. 42

supposes a morbidity a hundred or two hundred times greater, and in spite of the considerable prevalence of malaria in Italy cancer is as frequent in that country as in Prussia, where malarial fever is almost unknown. It may be objected to these statistics that the figures are taken *en bloc*, as if cancer and malaria were distributed uniformly throughout Italy; it will therefore be well to consider the frequency of the two affections in different regions of the peninsula. The following table showing the mortality of the two diseases per 10,000 inhabitants supplies the information required:—

	Malaria.	Cancer.
Piedmont	1·3	3·5
Liguria	0·3	5·1
Lombardy	1·0	5·3
Venice	1·5	4·3
Emilia	1·1	6·4
Tuscany	1·3	6·8
The Marches	0·6	5·5
Umbria	1·2	4·4
Latium	9·8	4·9
Abruzzi	9·8	2·9
Campania	6·1	3·2
Apulia	11·5	2·9
Basilicata	17·5	2·2
Calabria	15·3	2·3
Sicily	13·8	3·0
Sardinia	29·6	1·7

At first sight this table seems to confirm Loeffler's hypothesis, although the figures with regard to Latium and Piedmont are exceptions difficult to explain. But the case is quite otherwise when the mortality from cancer and malaria respectively are considered not in large regions, but in small districts. The following figures suffice to show that Loeffler's hypothesis is not borne out by facts, and that there is no relation whatever between the mortality from malaria and that from cancer:—

	Malaria.	Cancer.
Alessandria	0·1	4·5
Genoa	0·2	6·6
Corno	0·1	5·7
Rovigo	3·7	4·9
Venice	3·1	6·1
Ferrara	4·2	4·7
Grasseto	8·6	5·8
Siena	1·0	9·0
Aquila	1·6	4·2
Foggia	26·7	2·4
Syracuse	18·1	3·3
Cagliari	19·2	1·8
Sassari	13·7	1·5

It may be added that, according to Kruger, oscillations in the mortality from cancer are observed in other countries, and notably in countries where intermittent fever is almost unknown. Thus in Prussia the mortality oscillates between 2·9 at Coblenz and 6·6 at Schleswig."

SCIENCE AND HOMŒOPATHY.

At the annual meeting of the subscribers of the Phillips Memorial Hospital, which was reported in our last issue, Mr. J. M. Wyborn, hon secretary to the institution, gave a short, interesting address on the relation of medical and physical science to the practice of homœopathy. In the course of his remarks he said: The latest developments of medical and physical science continue to favour the principles and practice of homœopathy. Our physicians have been scoffed at by a large number of their profession for using remedies which it has been said cannot contain the smallest particle of medicinal power, and that the results which have been observed by them have been foolishly imagined. Is this so? Are not great ends secured by small means? It needs but a ray of sunshine to set in rapid motion the vanes of the radiometer! The terrific effects of the thunderstorm are not due to ponderous masses of matter hurled through the air, but to inconceivably tiny particles travelling at immense velocities. During the present month that somewhat speculative but eminently practical chemist and physicist, Sir William Crookes, has placed before the Royal Society his conclusions drawn from the results of twenty-five years' researches by himself, Lord Kelvin, and others in the investigation of what has been termed 'radiant matter,' or matter in the ultra-gaseous state. 'In studying this fourth state of matter,' he said, 'we seem at length to have within our grasp, and obedient to our control, the little indivisible particles which, with good warrant, are supposed to constitute the physical basis of the universe. We have seen that in some of its properties radiant matter is as material as this table, whilst in other properties it almost assumes the character of radiant energy.' What he formerly called 'radiant matter' now passes as 'electrons,' a term representing the separate units of electricity, which he considers as atomic as matter. What was puzzling and unexplained on the 'radiant matter' theory is now precise and luminous on the 'electron' theory. These 'electrons,' behaving, not as a gas, but more like a fog or mist, and carried about by a current of air, to which they give temporary conducting powers, sometimes losing mobility, sometimes starting from the negative pole in a vacuum tube with a velocity of the order of half that of light, display heating, phosphorescent, and mechanical powers which are stupendous. According to Professor J. J. Thomson, however, what we have hitherto considered the smallest conceivable particle of matter in creation—the atom of hydrogen gas—is a huge block compared with one of these 'electrons' the mass of which is about 1-700th part of such an atom. Now the wonderful discoveries

of recent years, electric lighting, electric motion, wireless telegraphy, the telephone, and probably the process by which we are able to see the very bones within our bodies exhibited, are due to the collection and application of these infinitesimal particles, so potent for good or evil. Who shall say in the face of these facts that the small agents used by our medical men, and to which many of the best of them have attributed most striking results, are too minute to possess any power in the treatment of disease, or that matter in a state of minute division is not a more powerful agent than when in ponderous masses?—*Bromley and District Times*, March 7th.

NEW PREPARATIONS.

“FERRUGINOUS COD-LIVER OIL.” Gould & Son, 59, Moorgate Street, E.C.

WE have received a sample of the above preparation from Messrs. Gould & Son, Moorgate Street, E.C., who are the makers of it. They inform us that it “contains in solution an organic salt of iron, of which the molecule is composed of a large number of atoms, and hence is calculated to enter more freely into combination with protoplasm than any of the inorganic salts.” It is an “elegant” preparation, of a sherry colour, and the iron is in such a perfect state of union with the cod-liver oil that it is perfectly transparent, and shows not a vestige of sediment. In cases where it is desired to give iron in combination with cod-liver oil, no better form of combination can be imagined, while the iron being an organic salt will be easily assimilated. We should expect it to be extensively prescribed in suitable cases.

HORLICK'S MALTED MILK.

WE have also had a sample of the above sent to us, and though by no means a new preparation, we are glad to bring it under the notice of those of our profession who have not employed it. We have prescribed it for many years past, and it fills a place in food that nothing else does. By children, it can be digested, when other foods are not, and they like it, and thrive wonderfully on it. In adults, it is of important service in various forms of gastric trouble, where feeding is difficult, while we have invariably found that when a patient tells us he “cannot take milk,” he can easily take “Horlick's Malted Milk,” and digest it well. We find that such patients really like it, and do not easily forget it as a substitute for the cow's milk which they found they could not digest. The more it is used, the more its value is appreciated. One great advantage

is that it is in the form of a dry powder, which only requires the addition of water to make it ready for use. The powder will keep any length of time, and can be carried about when travelling. Horlick & Co.'s manufactory is in Farringdon Road, E.C.

LONDON HOMŒOPATHIC HOSPITAL.
REPORT OF THE 52ND ANNUAL GENERAL MEETING
OF THE GOVERNORS, DONORS AND SUBSCRIBERS,
THURSDAY, FEBRUARY 27TH, 1902.

THE Fifty-second Annual Meeting of the Governors, Donors and Subscribers of the London Homœopathic Hospital was held on Thursday, February 27th, 1902. The Earl Cawdor presided, and among those present were Sir Henry Tyler, Captain Cundy, J. P. Stilwell, Esq., J.P., Rev. E. C. Bedford (Chaplain), Mr. G. A. Cross (Secretary-Superintendent), Mr. John Carter, Mr. A. Ridley Bax, Dr. Richard Hughes, Dr. Blackley, Dr. Dyce Brown, Dr. Byres Moir, Dr. J. T. Ashton, Dr. Goldsbrough, Dr. Searson, Miss Barton, Miss Isabella Baxter, Mrs. Drew, and Miss Cameron.

The Secretary-Superintendent read the notice convening the meeting, and the minutes of the last annual meeting, which were signed as correct.

The Fifty-second Annual Report was read by the Secretary-Superintendent.

THE CHAIRMAN : Ladies and Gentlemen,—In rising to move the adoption of the report, I will just deal in a few words with some of the main features of the work of the year. The number of in-patients has somewhat decreased, though the daily average of beds occupied has been about the same, showing that the decrease has arisen chiefly from cases requiring a longer stay in the hospital. The in-patients are limited as to number by our ward accommodation, and we can scarcely hope to get beyond the figure 1,100 per year more or less. The actual number in 1901 was 1,092, but the out-patients continue to increase rapidly, showing 5,000 more in 1901 than in 1897. The consultations show a proportionate increase, being in round figures 40,000 in 1901, against 30,000 in 1897. The expenditure has also increased, the increase being due to many causes, chiefly the great amount of work being done. The expenses are carefully watched by the House Committee under the presidency of Sir Henry Tyler, and it does not appear possible to reduce them while maintaining the

hospital in its present high state of efficiency. Fortunately our income on an average of the last three years is £1,000 a year more than the average of the previous three years. But on these averages it appears that we are obliged to spend an average of £2,700 per annum more than our current income. Happily we have some capital to fall back upon. We have the sanction of a general meeting to withhold or withdraw from our capital funds £3,000 a year for the four years ending December next. Up to the present we have drawn £9,674. If we have this year to draw another £2,700 we shall by December have drawn the full amount of £12,000 for which you gave us authority. It is fortunate that we have capital to draw upon, but it is very unfortunate that we have to draw upon it. The policy is not wise, though at present unavoidable, and unless we get some very substantial help it must prove injurious—not only reducing our capital and preventing its proper increase, but reducing our income. We have, however, had too many proofs of the interest of our friends to be alarmed. It is noticeable that during the year more gifts have come in for the naming of beds. Sir Henry Tyler, in addition to his great services as chairman of the House Committee, and on the Board, has given us £1,000 to endow a bed. (Applause.) I may mention also in passing that, as treasurer, I am very grateful, and I am sure the Board also is very grateful, to Sir Henry Tyler, for, in addition to his other duties, having undertaken, in the absence of our friend Mr. Trapmann, the duties of vice-treasurer. We are also much indebted to Captain Cundy, who has given another £1,000 for the Board to deal with as they might think best. (Applause.) The Board in 1900, in grateful recognition of Captain Cundy's help—generous alike in service and in donations—named a bed with his name, and as he left the disposal of this latest addition to his many gifts in their hands, the Board felt that they could not do better than devote that amount to the support of the "James Cundy Bed." (Applause.) Miss Kingsbury has also endowed a bed, through Dr. Edwin A. Neatby, in memory of her parents, the late Canon and Mrs. Kingsbury. At our Convalescent Home we have not had quite so many patients as in some previous years, but have still had a goodly number, 167 in all. But we have practically paid our way there with the help of the proceeds of a sale of work organized by our matron, Miss Waddington, and Nurse Amy Hill, who arranged and carried out the sale and interested their friends in it, realizing £70, which, after deducting expenses, realized £62 for the work in which they take so much interest. Our warm thanks are due to them and the many friends who helped them. The greatest loss of the year

has been the death of our constant and munificent friend, Miss J. Durning Smith—"A Friend well known to the Hospital." Miss Smith took a vital interest in our work, and not only gave over £11,000 to the building fund, but spent much time and energy in inducing other people to subscribe. Her total gifts were not less than £20,000. She was a constant visitor to the wards. Her loss is one which we feel severely—(hear, hear)—and the Board have done well in commemorating her by the portrait in the board room presented at their request by Sir Edwin and Lady Durning-Lawrence, and the memorial tablets in the Durning Ward. Since the report was written we have lost by death Mr. Alan Edward Chambre, who was a member of the Board for thirty years. He acted as official manager from 1876 to 1879. He was a trustee for twenty-six years, and for some years vice-chairman of the Board. Mr. Chambre was an attendant at the meetings till his illness, which began in October last, and his familiar figure will be much missed. During the whole of the time he took the deepest interest in the work and progress of the hospital, and often rendered invaluable service in organisation and in raising funds. The medical staff continue to work not only with ever-increasing activity, but in harmonious co-operation with the Board. The year has seen the commencement of a new kind of help for the hospital—the Guild of Ladies, inaugurated at a drawing-room meeting held by invitation of the Countess Cawdor, assisted by the influence of Dr. Edwin A. Neatby, and a large and vigorous centre has already been established at Hampstead, under the presidency of Mrs. Fellows-Pearson and the energetic aid of Mrs. Kimber as hon. sec. A centre is in process of formation at Streatham and Denmark Hill, with the help of Dr. Goldsbrough, and another is proposed at Highgate, with the aid of Mr. Austen Reynolds, our newly-elected assistant surgeon for diseases of the eye. These organisations exist to help the poorer classes of patients, especially children with clothes, and the hospital with subscriptions. It will give much satisfaction to Lady Cawdor, who is the general president, to see several of these centres in active work for the good of the cause. And now finally, as treasurer, I must say a word more as to finance. These deficits of nearly £3,000 ought not to continue. Already we owe our capital, which should be conserved as much as possible, £6,674, and also our bankers £3,000, which we shall have to pay out of capital, a total of £9,674. At the end of this year we shall probably owe capital £12,000. It is no consolation that we fortunately owe this to ourselves, having some capital to draw upon. It is contrary to the sound financial measures which have made our hospital

what it is, and we ought, either this year or the next, to make a vigorous appeal with a view to recouping that rather large sum.

MR. STILWELL: Ladies and Gentlemen,—I rise to second the adoption of the report. Lord Cawdor has put before us our difficulties—that the expenses of the hospital have been in excess of its income. It is a problem which the Board of Management have had to face. They have faced it hitherto by getting the sanction of the governors of the hospital to spend capital, and so to carry on the work of the hospital in the very best and fullest manner. Well, ladies and gentlemen, we cannot go on without some grave future consequences. If we diminish our capital we diminish at the same time in the same ratio our income, and unless subscriptions come—not only to support the outgoing, but also to replace the capital already gone out—we shall very shortly come to the end of our available assets in this way. Still, we have been, I think, right in acting as we have, and in asking for your sanction to spend what is necessary to enable the hospital to retain its position as one of the first in London in management, and in the way in which the work is carried on in the wards. Had we not done so we should damp the ardour of our staff, and refuse help to the many poor people who come to us for help. We must not forget that the science of homœopathy, by curing in less time than can be done by any other system—I will not call it science—of medicine, our hospital is head and shoulders above any other hospital in this great metropolis. And this £3,000 a year only just keeps us up to the spot which we have tried to maintain as our high-water mark. Well, the question that naturally occurs to the Board is, In what direction shall we look to recover this? Lord Cawdor has suggested that, this year or next, something should be done by way of raising a fund, say of £10,000 or £12,000, to make good the deficiency. The present year, perhaps, is not quite the year in which we can come upon the subscribers for increased gifts, for the Coronation will be a tax upon many persons who naturally wish to join in the celebration. So that I think we must at all events leave to another year any effort of that kind. We are, as it were, one of the flats on the Thames which is travelling along with the stream, but also aided by the wind. But we must not forget that when we are aided by the wind there is always a certain amount of leeway, and how is that leeway to be prevented? I am very glad to find that the doctors have proposed to start a fund which they call the Twentieth Century Fund. I have had a communication from them, and it originated in the presidential address of Dr. Burford to the British Homœopathic Society.

He is president of the society, and one of our medical staff, and a most successful worker. There is no man in London who takes up his special work in any hospital who surpasses him in skill and success. (Applause.) I should like to quote from his presidential address a few lines in order that you may see the position he is now advising homœopathists, and especially medical homœopathists, to take. He says, "I hold it disloyal to the faith that is in us that we should be content with any subordinate sphere of influence in public life, or acquiesce in any ignoring of our professional status, or subversively refresh ourselves with the crumbs contemptuously allowed to Lazarus. But 'who would be free, himself must strike the blow,' and the time is now ripe for a blow in the direction of expansion." This expansion he classes under three headings. The first head is "the education of the laity." Now I apprehend there is no better way of educating the laity than the plan which has been adopted, of ladies organising centres in different directions. Ladies can do a great work. They have more influence with the other sex than the other sex have among themselves, and if they will only put enthusiasm into their own efforts they will induce enthusiasm amongst their friends, and we shall find that we shall get increased subscriptions. I am very glad Lord Cawdor has told you of the Ladies' Guild at Hampstead. Not only have we received a number of garments for the use of patients in the hospital, but we have also received subscriptions of between £30 and £40 to the funds. You have heard that other centres are to be formed in other parts around London, and I only hope the thing may be taken up in the great centres of our large manufacturing towns in the north and other places, where such action will support the homœopathic hospitals of those neighbourhoods. The second head was the enlightenment of the profession. I think, as chairman of the Board of Management, that is rather outside my province, and I am afraid I could not throw any light on the profession from my own little candle. But suppose for a moment that the positions of homœopathy and allopathy were reversed. Suppose we were the dominant partner. Suppose that our tabernacle was the larger one and theirs the smaller one, what would be said of us if we treated allopathists in the way allopathists treat us? This is a thing which will appeal to the reason of everyone in the room. The third head of Dr. Burford's advice was the expansion of our own organisation. I think the Board have met that already by spending this £3,000 a year out of capital, and that is extending the organisation of this hospital to a very large extent. Then the Doctor goes on: "Homœopathy is practically what our hospitals make it,"

and for this reason I think we were justified in spending the money we have in the last three years and in anticipating that which we hope will come in, if not this year, at all events next year. London, Liverpool, Bath, Birmingham, Plymouth, Bournemouth, Eastbourne, St. Leonards, Tunbridge Wells, and Bromley have each its hospital. There is a centre of influence in each of these towns which will in time produce great results. And we should endeavour to work for homœopaths being as free as allopaths to educate, to examine, to grant degrees in medicine and licenses to practice, irrespective of allopathic schools. We may hope, if we get all these things, to get a charter incorporating us as a constitutional body. I would say one word before I close of our late friend Mr. Chambre. I have known him ever since I have been associated with the hospital, and a more diligent worker for the cause did not exist. He was constant in his attendance at Board meetings until the last few years, when he left London, and I will, with your leave, presently move a resolution of condolence and sympathy with Mrs. Chambre in her affliction. (Hear, hear.)

The resolution was then put and carried.

DR. RICHARD HUGHES moved a vote of thanks to the Board of Management and House Committee, Treasurer, Vice-Chairman, and Lady Visitors. In that comprehensive motion, he said, were included all who might be called the non-medical members of the staff of the hospital. What they owed to the medical officers could not be too warmly expressed, and what they owed to the non-medical members should be expressed in equally warm terms. They sacrificed their time and came week by week and day by day to the hospital to superintend everything that was going on, and it was to their management that they owed the success of the hospital. Those of them who lived away from London looked with great interest on the work being done, and felt deeply indebted to those who bore the burden. With regard to the ladies, he was sure their presence contributed to cheer the hearts of many in the wards.

DR. BYRES MOIR, in seconding the motion, said the work of those who were associated with the vote had been carried out with great enthusiasm since he had been connected with the hospital. He was sure in Captain Cundy they had a good friend of the hospital, for there was not a patient who went through the hospital who was not influenced for good in some way by him. The lady visitors had continued to take the greatest interest in the hospital, and the convalescent letters which they had brought them were of great help.

The motion then having been carried,

MR. STILWELL, responding for the Board, said the Board were simply directors of the machinery, as it were, but the work was done by the staff. They were greatly indebted to the staff for the way they carried out their work, and he must in that speech allude to the Secretary-Superintendent, Mr. Cross, who was always at work, and Mr. Attwood, who was always busy helping him. Then Miss Brew and the sisters and nurses were worthy of all praise for the way in which they carried out their work. Some of them had gone away to the front with the armies in South Africa. Two of them came home, but only stayed in England some three weeks and were off again. It only showed what good stuff they turned out in the way of nurses. He could not refer to Miss Brock, the lady who looked after their domestic affairs generally, without thanking her for all she did for them.

REV. E. C. BEDFORD said it was generally given him to respond on behalf of the lady visitors, and speaking in their name he thanked those who had moved and seconded the vote of thanks. The lady visitors were very glad to be able to take their part in doing a little for the hospital. They had heard that afternoon that the ladies did a good deal for the hospital in one way and another. There were ladies who gave large sums of money; there were the sisters and nurses and those ladies who belonged to this newly-formed guild; and there were those who visited the hospital and cheered the sick people by their talk, and sometimes with their music. He knew that the ladies had great pleasure in doing this work, for it must be pleasing to them to feel that they could do a little good in the spirit of Him who said, "I was sick and ye visited Me."

MR. STILWELL proposed a vote of sympathy with Mrs. Chambre on the loss she had sustained in the death of her husband. Mr. Chambre, he said, had done good work and had passed to his reward. He was a distinguished servant of the State, and after he had retired from active service was asked to come back to assist the Post Office in some new arrangements. Mr. Chambre took the greatest interest in the rebuilding of the hospital, and was Chairman of the Building Committee.

DR. DYCE BROWN seconded the motion, and remarked that he knew Mr. Chambre for twenty-five years, and knew his devotion to the work of the hospital. Mr. Chambre spared himself no labour in furthering the interests of the institution, and the governors owed him a deep debt of gratitude.

The motion was then carried.

DR. BLACKLEY moved: "(1) The re-election of retiring members of the Board of Management, *viz.*, the Earl Cawdor, Colonel J. Clifton Brown, Mr. Edward Clifton Brown, Mr. James Epps, Mr. H. W. Prescott, Mr. F. G. Smart, and Mr.

W. H. Trapmann ; (2) The election of Dr. Goldsbrough to the Board ; (3) Re-election of the Auditors, Messrs. Prideaux, Hannay, Brown and Frere, chartered accountants." He said it would be presumptuous of him, as a member of the medical staff, to attempt to express any opinion as to the qualifications of the gentlemen whose names he had read, for time was when the ignorance of medical men in the matter of anything pertaining to business was traditional. However, they had altered that a little, and now one of the names he proposed for election was that of a medical man. He made bold to say that every one of the names he read out were those of tried and trusted friends of the hospital ; they were all eminent business men. With regard to Dr. Goldsbrough, he could only say the Board were fortunate in obtaining his services, for he was one of the hardest-headed medical men he knew. (Laughter.)

MR. JOHN CARTER seconded the motion, and said they all appreciated the services rendered to the hospital by the members of the Board whose re-election was proposed. As a member of the Board himself, he felt it was very undesirable that they should be spending their capital, and he hoped they would soon be able to make an effort to put the funds on a more satisfactory footing.

CAPTAIN CUNDY said he had to propose the re-election and a vote of thanks to the medical staff. Dr. Moir, in proposing a vote of thanks to the Committee, spoke of the sacrifice which those attending to the duties incurred. Still he thought there was nothing worth doing in this world unless it was attended by sacrifice, and if the doctor spoke so kindly of the sacrifice on the part of the Committee of the hospital, how much more should the Committee speak of the sacrifice incurred by medical officers who attended to the patients. He had the pleasure of meeting them constantly in the wards, and he saw their names over the beds, and he knew how much the kindly and loving attention given by the medical men was appreciated by the patients, both male and female, in the wards. Then he went down to the Out-patient department, and he saw there the same names, and he saw the throng of patients waiting to see the doctors and the surgeons, and he could scarcely frame words to express his own sense of the kindness and loving attention of the doctors. The doctors were a puzzle to him—the profession was a paradox to him. He could never understand when he saw men so kind to their patients, both rich and poor, why they were so illiberal amongst themselves. He referred to the jealousy and dislike with which allopaths regarded homœopaths. It was extraordinary

that men so liberal and self-sacrificing should be on that point so narrow and jealous. They must admit that there was good in homœopathy, and he was astonished that they tried to pooh-pooh the practice of their brethren. Homœopathy was a blessed science and a beneficent addition to what was known as medicine before Hahnemann's time, and he did look with hope to the time when they would have a school of their own, although he was afraid it would take a long time to bring down those barriers of jealousy of which he had spoken. Their only hope was to start that Twentieth Century Fund, and try and start a school of their own, and then snap their fingers at what he was sorry to call the opposition in the matter. He was sure that the medical staff would be rewarded hereafter for their work in the hospital. Indeed, he thought they had their reward in that they could scarcely go to their homes at night and view the events of the day, without feeling that there was a blessing in this world as well as in the world to come.

SIR HENRY TYLER, in seconding the motion, said he had watched the work of the medical staff in the hospital, and could not speak too highly of the way in which they carried out their duties. They were unremitting in their attention to the increasing number of out-patients, as well as to the patients in the wards, and how they found time for it without loss to themselves in their own ordinary practice he could not understand. He believed, in fact, that a good many of them sacrificed a good deal by their strict attention to the wants of the hospital. Capt. Cundy had said there was no good work without sacrifice, and he believed himself that it was a pleasure for the doctors to come to that hospital, and he believed they did it in a cheerful spirit. It was a great pleasure for them to see there that day Dr. Hughes, whose works were so well known, not only in this country, but wherever homœopathy was studied.

The motion having been carried,

DR. SEARSON, responding for the staff, said it would be satisfactory to the members of the staff to realize that, while in the opinion of one of its members the newly-elected medical member of the Board was very hard-headed, yet in the minds of the public they were considered very soft-hearted. He had been much struck with the excellent work done in the hospital since he had been appointed on the staff, and he was surprised at the fact that the cases they were called upon to treat were not mere ordinary cases, but were exceedingly interesting cases, requiring a great deal of industry and attention on the part of the medical staff.

The SECRETARY-SUPERINTENDENT then read the Thirteenth

Annual Report of the Homœopathic Convalescent Home, Eastbourne.

Dr. GOLDSBROUGH, in moving the adoption of the report of the Convalescent Home, said that as years went on one could realize more and more how very useful the Convalescent Home was to the work at the hospital. The more convalescent letters they got for the in-patients, the better were they able to develop the work of the hospital, for they knew they could send the patients to Eastbourne and know that the cure would be completed. It was the more important, as so many of their patients came from very unhealthy and unpleasant homes, and especially after operations it was most important that the patients should have full time to recover. Therefore in moving the adoption of the report he did so with the full sense of the value of the Convalescent Home to the hospital, and he would like to see the Eastbourne Home enlarged, and one in some other seaside town in connection with the hospital, so that they might have more facilities for sending patients away. Before he sat down he might be allowed to say one word on a personal matter. He had been elected to the Board that day, and he thanked them for the honour they had done him. He hardly understood the reference of Dr. Blackley to him—(laughter)—but in his ignorance he would disclaim any allusion made to him, and would only say that any attention he gave to the business of the hospital he knew would be for his own benefit as a servant of the hospital endeavouring to improve its work.

MR. A. RIDLEY BAX seconded the motion, which was carried.

SIR HENRY TYLER, in moving a vote of thanks to the Chairman, said it was impossible to exaggerate the importance of having a nobleman like Earl Cawdor coming to take the chair. He was also glad to see they had so many ladies there that day. He was very glad to see those ladies' guilds being formed, and he hoped they would help very much to promote the progress of homœopathic truths as against allopathic errors. (Hear, hear, and laughter.)

Dr. BYRES MOIR seconded the motion, and remarked that it was the intention of the medical men to approach Earl Cawdor on the subject of the Twentieth Century Fund. (Laughter.)

The CHAIRMAN, in reply, said it looked as if Dr. Moir's gratitude was tinged with a sense of favours to come. (Much laughter.) But that was a matter which he would discuss with him on another occasion. He was much obliged for the kind words spoken of him, and anything he could do for the hospital he should only be too glad to do. (Applause.)

The proceedings then terminated.

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY, BROMLEY.

WE have the pleasure of placing before our readers the report (from *The Bromley and District Times*, Feb. 28th) of the thirteenth annual meeting of the above admirable Institution, in every way a model one, and one of which Bromley and homœopathy may well be proud. Most excellent work has been done by the medical officers, Dr. Madden and Dr. Wynne Thomas, and we feel sure will be continued to be done, as their energy and enthusiasm for the hospital are well known. We wish them every success in the carrying on of this model Institution. It is with pleasure that we note that the family of the late Dr. R. E. Phillips, in whose memory the hospital was founded, have given a donation of £300 to the building fund. Another donation of £100 has been given by Mr. B. C. Wates. A few more of these handsome gifts would make the minds of the Board of Management easy. The annual concert, always a success, was conspicuously so last year, the net proceeds amounting to over £101. The report of the meeting is as follows:—

“The thirteenth annual meeting of subscribers in connection with the above hospital was held on Wednesday evening last, in the large ward of the hospital. Amongst those present were Alderman G. Wyatt Truscott, J.P. (president), and Mrs. Truscott, Mrs. Madden, Miss Madden (secretary ladies' committee), Mrs. H. Wynne Thomas, Miss Duncanson, Miss Hyde (matron), Mr. T. J. G. Duncanson, Mr. Thomas Bennett, Mr. J. Borer, Mr. John G. Charles (treasurer), Mr. J. Churchill (chairman), Mr. A. S. Hose (vice-treasurer), Dr. Madden, Mr. J. A. Stoneham, Mr. J. M. Wyborn (secretary), Mr. Henry Wilson, Mr. W. Water, and Mr. Sydney G. Thomas (secretary). Alderman Truscott occupied the chair, supported by the honorary officials, and several members of the committee.

The minutes of the last annual meeting were read and confirmed, after which a list of the names of the gentlemen who had sent letters of regret at inability to attend was read.

“The President, in moving the adoption of the annual report, said that so far as the work of the hospital was concerned the report was satisfactory, but from a financial point of view it was unsatisfactory. Dealing with the items in the report, 128 in-patients had received treatment, whilst 961 visits were paid to patients at their homes. The number of attendances at the dispensary was 1,724—this seeming to be the most popular department of the hospital's work, and a department which was fully appreciated by the public. With regard to the patients' entertainment, arranged by Miss Hyde—whose

devotion to the work of the hospital they all knew—it was fully appreciated, and they were also indebted to Dr. Wynne Thomas for his series of lectures. Coming to the income and expenditure, he was surprised to find the great amount of work done with so little money. It did great credit to all concerned, and more especially the ladies committee. The income had grown, but, unfortunately, that growth was due to abnormal rather than normal circumstances. For an institution standing in the sight of the inhabitants of Bromley, as the hospital did, it was strange they could only number 184 annual subscribers out of a population of 27,000, or only about seven out of every 1,000 inhabitants. He knew it was a difficult task to obtain annual subscribers—it always was—but he trusted that between this and next year they would be able to report a considerable addition to their numbers in this direction. It was pleasing to note the advantage that had been taken of their treatment of serious surgical cases, and it was chiefly due to this that they could report the slight increase in the income. He regretted to notice that the hospital was not so well supported by collections at the places of worship in the town. One collection a year could easily be granted them, and he hoped this remark would come under the notice of those persons in authority at the various places of worship. The debt on the Building Fund had been diminished, thanks to the generosity of the family of the late Dr. Phillips and Mr. B. C. Wates, and he desired publicly to thank these for their generosity. He regretted that the committee had not been able as yet to realize on their asset of the old hospital site and building, and he also regretted that they had not been able to come to terms with the Urban District Council for a much-needed improvement at this corner, but he hoped before long that the Council would listen to the representations of the committee in this matter. He acknowledged their indebtedness to Mrs. Madden and Miss K. Scott for their special efforts on behalf of the hospital, which not only enabled them to erect a shelter in the hospital garden, but added a balance to the general fund, and he also wished to thank Mr. Lindsay Bell for the excellent concerts he had given in their behalf. In conclusion, he wished to make an appeal to the public of the town on behalf of the hospital, and ask for a substantial addition to the list of subscribers. What they wanted was a subscription list amounting to £1,000 a year, and any special donations outside that sum could be utilized for adding to and improving the hospital.

“Mr. Henry Wilson seconded the resolution, and in so doing remarked that he regretted that the institution did not receive the support they desired from the public.

"The resolution was unanimously carried.

"The President proposed a vote of thanks to the committee, the ladies' committee, honorary medical staff, hon. solicitor, and the hon. architect for their respective services during the year, and paid a high compliment to Drs. Madden and Thomas for their work on behalf of the institution.

"Mr. J. A. Stoneham seconded the proposition, which was carried.

"Mr. J. Churchill (chairman of the committee) replied, and thanked them for the kind things said of himself and colleagues. He also emphasised the fact that an endeavour should be made to increase the subscription list.

"Dr. Madden, on behalf of himself and Dr. Thomas, thanked them for their resolution. It was a matter of great pride and congratulation to them to be connected with the hospital. Those present might not know it, but at every meeting of the Homœopathic Society, or wherever homœopathic doctors congregated, their hospital at Bromley was held up as having reached that ideal state to which it was desirous of attaining. He urged them to continue to do their utmost in behalf of the institution.

"Mrs. Madden replied on behalf of the ladies' committee, and spoke of the pleasure it gave them to be interested in the work.

"Mr. W. Water proposed that with the alterations as printed in the report, the president, committee, and officers be re-elected.

"Mr. Wilson seconded, and the proposition was carried.

"Mr. J. G. Charles (treasurer) urged the necessity of increasing their financial stability.

"On the proposition of the President, seconded by Mr. Churchill, a vote of thanks was accorded those who had assisted the institution by means of special efforts.

"Mr. J. M. Wyborn, in returning thanks on behalf of himself and his colleagues, gave a short address on the latest developments of medical and physical science favourable to the principles and practice of homœopathy (an abstract of this appears on page 232).

"A vote of thanks to the President brought the proceedings to a conclusion."

WHO DISCOVERED VACCINATION ?

To the Editor of the "Standard."

SIR,—The following information may be of interest, as showing the right of Mr. Benjamin Jesty to be considered as the discoverer of vaccine inoculation.

The quotations are taken from the *Lancet*, the first one in September, 1862, *vide* papers.

I am, Sir, your obedient servant,

Jan. 17.

M. D.

“ Mr. Alfred Haviland, surgeon to the Infirmary of Bridgewater, stated :— ‘ At the Rose and Crown Inn, Nether Stowey, county of Somerset, my attention was drawn, on the 31st of May last, to a photograph taken from a large portrait of a good specimen of the fine old English yeoman, dressed in knee breeches, extensive double-breasted waistcoat, and no small amount of broad-cloth. He was represented sitting in an easy chair, under the shelter of some wide-spreading tree, with his stick and broad-brimmed hat in his left hand. His ample frame was surmounted by a remarkably good head, with a countenance which at once betokened firmness and superior intelligence. I have been thus particular in describing the portrait, for I am not quite certain whether the photograph was taken from a drawing, an engraving, or an oil painting ; if, however, the source was an engraving, in all probability there are some copies still extant, which the curious in such matters may think worth collecting. On the back of the photograph is a copy of the epitaph on our subject, as follows : ‘ Sacred to the memory of Benjamin Jesty, who departed this life on the 16th April, 1816, aged 79 years. He was born at Yetminster, in this county, and was an upright, honest man, particularly noticed for having been the first person (known) who introduced the cow-pox by inoculation ; and who, from his great strength of mind, made an experiment from the cow on his wife and two sons in the year 1774 ’ (from the tomb in the churchyard at Yetminster, Dorset). I am informed by his relative, Mrs. William May (*nee* Jesty) that when the fact became known that he had vaccinated his wife and sons, his friends and neighbours, who had hitherto looked up to him with respect on account of his superior intelligence and honourable character, began to regard him as an inhuman brute, who could dare to practise experiments on his family, the sequel of which would be, as they thought, their metamorphosis into horned beasts. Consequently the worthy farmer was hooted at, reviled, and pelted, whenever he attended the markets in his neighbourhood. He remained, however, undaunted, and never failed from this cause to attend to his duties ; and the secret of this bold conduct may be traced in his determined chin and nose and firm lips. After living to see another enriched and immortalised for carrying out the same principles for which he had been stoned thirty years before, he died of apoplexy, like Jenner, in 1816. Jesty’s

experiment on his family was performed in 1774 ; and Jenner's on the 14th of May, 1796, just twenty-two years later.' "

" The second statement in the *Lancet*, Sept. 25, 1862, was furnished by Dr. H. P. Davis, of London, who had received from one of Benjamin Jesty's grandsons a copy of the following document, indited and signed by the medical officers of the original Vaccine-Pock Institution :—' Mr. Benjamin Jesty, farmer, of Downshay, in the Isle of Purbeck, having, agreeably to an invitation from the medical establishment of the original Vaccine-Pock Institution, Broad Street, Golden Square, visited London in August, 1805, to communicate certain facts relative to the cow-pox inoculation, we think it a matter of justice to himself, and beneficial to the public, to attest that, among other facts, he has afforded decisive evidence of his having vaccinated his wife and two sons—Robert and Benjamin—in the year 1774, who were thereby rendered unsusceptible of the small-pox, as appears from the exposure of all the parties to that disease frequently during the course of thirty-one years ; and from the inoculation of the two sons for the small-pox fifteen years ago. That he was led to undertake this novel practice in 1774, to counteract the small-pox, at that time prevalent where he then resided, from knowing the common opinion of the county ever since he was a boy, now about sixty years ago, that persons who had gone through the cow-pox naturally—that is, by taking it from the cows—were unsusceptible of small-pox ; by himself being incapable of taking the small-pox by having gone through the cow-pox many years before ; from having personally known many individuals who, after the cow-pox, could not have the small-pox excited ; from believing that the cow-pox was an affection free from danger ; and from his opinion that by the cow-pox inoculation he should avoid engrafting various diseases of the human constitution, such as the evil, madness, lues, and many other bad humours as he called them. The remarkably vigorous health of Mr. Jesty, his wife, and two sons, now thirty-one years subsequent to the cow-pock, and his own healthy appearance at the time (70 years of age), afford a singular proof of the harmlessness of that affection. But the public must with particular interest hear that, during their late visit to town, Mr. Robert Jesty very willingly submitted publicly to inoculation for the small-pox in the most vigorous manner, and that Mr. Jesty also was subjected to the trial of inoculation for the cow-pock after the most efficacious mode, without either of them being infected. The circumstances on which Mr. Jesty purposely instituted the vaccine-pock inoculation in his own family—*viz.*, without any precedent, but

merely from reasoning upon the nature of the affliction among cows, and from knowing its effects in the casual way among men, his exemption from the prevailing popular prejudices, and his disregard of the clamorous reproaches of his neighbours—in our opinion, well entitle him to the respect of the public for his superior strength of mind. But, further, his conduct in again furnishing such decisive proofs of the permanent anti-variolaous efficacy of the cow-pock on the present discontented state of many families, by submitting to inoculation, justly claims at least the gratitude of the country. As a testimony of our personal regard, and to commemorate so extraordinary a fact as that of preventing small-pox by inoculation for the cow-pock thirty-one years ago, at our request a three-quarter length picture of Mr. Jesty is painted by that excellent artist, Mr. Sharp, to be preserved at the original Vaccine-Pock Institution.

“ G. PEARSON, L. NIKOL, THOMAS NELSON, Physicians.

“ —. WHEATE, F. FOSTER, Consulting Surgeons.

“ J. C. CARPUE, J. DORALT, Surgeons.

“ F. RIVERS, E. A. BRAUDE, P. DE BRUGE, Visiting Apothecaries.

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DR. JAMES W. WARD, OF SAN FRANCISCO.

WE are much pleased to learn that our distinguished American colleague, who visited England in October last, has been appointed one of the members of the Board of Health of San Francisco. He is the first homœopath who has been thus honoured: It is an honour to homœopathy, as well as to Dr. Ward personally. On the other side of the water, there is much more large-minded liberality than in Great Britain, and we congratulate our esteemed friend on his appointment.

HOMŒOPATHY IN JAPAN.

THE *British Medical Journal* of Feb. 23rd has the following: We learn from the *Philadelphia Medical Journal* that the American Minister at Tokio, in a dispatch dated Dec. 12th, 1901, stated that on July 20th, 1899, the Central Sanitary Council of Japan resolved not to permit the practice of homœopathy in Japan.” The process of absorption of western civilization in Japan has recently been quite phenomenal,

and such an announcement takes us quite aback as a movement of a most retrograde type. We cannot, perhaps, expect perfect developments in every department all at once, and we have little doubt that with further progress in liberty of opinion in Japan, aided probably by advice from the American Minister, and probably also from His Majesty's Minister at Tokio, this narrow-minded resolution of the Central Sanitary Council will in no long time be reversed, and that Japan will thus fall into line with every other country in the world.

SERUM THERAPY IN SCARLATINA.

ALTHOUGH the following paragraphs are from a non-medical paper (*Le Journ.*, Paris, Jan. 28), they may be of interest to our readers, both from the novelty of the information and from the close relation they bear to homœopathy.

A Professor in Leyden has prepared a serum from the blood of convalescents from scarlatina, taken some days after the cessation of pyrexia.

The new serum is said to have been used in fifteen cases. The results in all cases were good, and in five instances extraordinarily satisfactory. In these cases the patients were "inoculated" on the first day of the eruption, and the next day all fever had disappeared. Some of the cases treated were serious ones. No ill results have been noted. So far adults only have been subjected to this treatment.

HOMŒOPATHY IN SWITZERLAND.

AT the Meeting of the *Société Française d'Homœopathie*, on the 12th of February last, M. Ecalle informed the members that he had received a letter from Dr. Beck, of Monthey en Valais, stating that an enthusiastic admirer of homœopathy had expressed his intention of leaving by his will a sum of 750,000 francs (£30,000), for the erection of a homœopathic hospital in Switzerland.

The Society resolved on a vote of congratulation to their Swiss colleagues.

It will be remembered that Dr. Alphonso Beck, the physician referred to, now very advanced in life, was the first to recognize the resemblance between poisoning by cyanide of mercury and diphtheria, and the first patient suffering from diphtheria in whose case it was used was a son of the late Dr. Villers of St. Petersburg, now Dr. Villers of Dresden.

HAHNEMANN FAVOURED VACCINATION.

I WISH to add to the very interesting letters on the subject of vaccination on the 544th page of Vol. XVI of the *Recorder*.

“Even the invectives, which at present pour down in such quantities, cannot hurt. What have the shameful attacks on cow-pox vaccination accomplished? Nothing; nothing at all! They have only served to make more persons investigate and thereby to perceive its excellence.”

“Rest satisfied! Let everyone stand by the truth, which cannot be carried away nor perverted, and he will in future cling the closer to the words growing out of my experience.”

This is an extract from a letter written by Samuel Hahnemann, dated Koethen, August 20, 1825. It was addressed to Regiusungrath (Government Councillor von Gersdorff). Professor von Gersdorff, who occupied a chair in the homœopathic department of the Boston University, was a son of the Councillor. The letter from which I take it was communicated by Dr. H. Goullon and published in the *Zeitschrift des Berliner Vereines hom. Ärzte*, Band XVI., page 390. I am particular in showing the source of this fragment in order to prove its authenticity.—A. McNEIL, M.D., in *Homœopathic Recorder*, February.

HOMŒOPATHY AND NURSING.

AN eminent gentleman, now deceased, took occasion in one of his lectures to his students to compare the results of the so-called “regular” and homœopathic schools in the treatment of a certain disease which had recently been quite prominent. The statistics were against the “regulars,” as they usually are, and it naturally was incumbent upon the doctor to say something “explanatory.” Dramatically, he closed his remarks by saying, in effect: “But do not be led, by these figures, into the conclusion that it was homœopathic medicine that accomplished this good result, for I tell you it was their ‘nursing’ that did it.” Quite as dramatically, one of his students clapped his note-book shut and said: “Then I’m going to be a nurse.”—*Montreal Homœopathic Record*.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the Session 1901-2, was held at the London Homœopathic Hospital, on Thursday, March 6th, 1902, at 8 o’clock, Dr. Burford, President, in the chair.

SECTION OF SURGERY AND GYNÆCOLOGY.

A paper was read by Mr. DUDLEY WRIGHT, F.R.C.S., Eng., entitled, *Urinary Calculi: Their formation considered from the preventive point of view*; of which the following is an epitome:—

In introducing this subject, Mr. Wright said, that in the presence of a stone in one or other of the excretory ducts of the body, the question is rarely asked how it chanced to come—it is there, and must be got rid of; but his desire was to bring forward certain data concerning the circumstances under which calculus formation becomes a possibility.

The starting point of every stone is a nucleus. Given a knowledge of the laws which govern the formation of nuclei, and of the forces which conduce to the further coalescence of the particles which go to make up a growing calculus, we can render the further formation of stone an impossibility.

Physical Factors of Stone Growth.—The observations of Rainy, Ord, and Vandycke Carter, showed that so far as urinary calculi were concerned, the presence of a colloid substance was essential in determining a concretion. "The pebbles of the concrete would not hold together without the cement to bind them, and to act on their surface. To make calculi of uric acid without colloids, would be as hopeless a task as making ropes of sea sand."

Physiology of Stone Formation.—Within the sphere of the commoner formations of calculi, uric acid or its salts, and oxalate of lime, are by far the most important, and demand special consideration.

(1) Uric acid and the urates. In crystallising, uric acid has a marked affinity for urinary pigment, the amount of which appears to influence the shape of the crystals. The formation of these crystals is largely dependent upon the quality and general condition of the urine, and the question as to what affects their formation, and causes their precipitation, is a most weighty one. Although uric acid is a most insoluble substance, urine often contains 30 grains dissolved in 6 ounces. Recent research points to the belief that the uric acid exists in the urine as acid sodium urate, and that it becomes deposited owing to a decomposition taking place between the sodium salts and the acid phosphate of soda, which is always present. The amorphous urates cohere with difficulty, but when a nucleus has been formed of some crystalline body, they are deposited around it with tolerable readiness.

(2) Oxalic acid. If oxalic acid be added to lime in an ordinary medium, small crystals are formed; if, on the other hand, a small quantity of albumin or mucin be present, large crystals form. In oxalate calculi the

nucleus is usually one large crystal, which is a fact of some significance, and there is much evidence to support the view that mucin or albumin form the binding medium for the nucleus of oxalate stones.

Phosphatic Concretions.—Phosphate of lime is nearly always deposited in an amorphous condition, and while rarely constituting the nucleus of a stone, frequently forms thick layers on an oxalate or uric acid nucleus. The ammonia magnesium or triple salt is of course crystalline, and in combination with calcic phosphate occurs in forming the “fusible calculus.” Jonathan Hutchinson says, “Undoubtedly there are cases in which for years together, but with variations in quantity, white sand appears abundantly in the urine, there being no indication of disease of the kidney or bladder. This white sand consists of mixed phosphates, and is attended by an alkaline reaction of the urine.” Not infrequently in phosphatic calculi there is some admixture of urates with the earthy salts. The clinical history of the cases in which the white sand appears in the urine is quite consonant with the alternation referred to. White sand cases are by no means always attended by debility, whilst it is well known, uric acid dyspepsia is occasionally attended by marked debility, and may be produced by overwork or anxiety.

Race and Locality Factors.—In India, stone is very common, as it is also in France, Italy, Holland, Scotland, and England. In China (except in Canton), in Norway, Sweden, Denmark, Iceland, the greater part of Germany, the whole of Russia (except Moscow), in Switzerland, and in Ireland, it is very rare. There is probably more than one cause for these facts. The abundance or scarcity of good, fresh water may readily be a preventive or the reverse, of a predisposition to calculus. The same may be said of common salt. The disease is rare among sailors, and common in India, where salt is taxed.

Preventive Treatment.—In all cases of lithiasis there is a tendency to excess in the urine of some constituent which is not easily soluble. In order to assist nature by increasing the solvent, distilled water copiously taken, will do more towards effecting a thorough clearance than anything else. In cases of oxaluria, such articles of diet as rhubarb, spinach, and cocoa, should be avoided. The free use of common salt increases the solvent and hinders the formation of colloids. Turpentine and glycerine are efficient agents in getting rid of mucus and other bodies which favour coalescence. Where ammoniacal decomposition has taken place in the bladder, that viscus must be daily washed out, and an administration, twice daily, of 7 grains of urotropin will be found useful.

In a discussion which followed, Drs. Dudgeon, Beale, Stonham, Mr. Wynne Thomas, Dr. Ramsbotham (Harrogate), and the President took part, and Mr. Wright replied.

Another paper was read by Dr. JAMES T. ASHTON, entitled: *The High Frequency Current*, in which this latest adaptation of electricity to therapeutic purposes was described and demonstrated, apparatus for the purpose being lent by Mr. Dean.

Dr. Ashton first gave a sketch of the history of the subject, and then defined the nature of the current by comparison with other forms of electrical discharge. He said, "The High Frequency Current is an induced oscillating current. It is of the alternating type in that it travels through the conductors in both directions. The current is usually produced by the aid of a large Rhumkorff coil, such as is used for X-Ray work." The current is applied in two ways: (1) Direct, *e.g.*, to the skin; when even if a power of 3,000 milliampères is passed through, only a feeling of warmth is produced. (2) Indirect; the body being placed inside the solenoid, through which the currents could be passed without producing pain. If continued long, vascularisation and sweating are produced. As a therapeutic measure this current is specially suitable for gout, rheumatism, neuralgia, neurasthenia, chorea, obesity, diabetes, and skin diseases. Of the latter, tubercular conditions have been much benefited. Varicose veins and uterine congestive hyperplasias have also been relieved by it.

The time usually occupied by a discussion of the paper was taken up in the demonstration, and a cordial vote of thanks to Dr. Ashton closed an interesting and successful evening.

OBITUARY

MR. BRADLEY WILDE.

WE deeply regret to learn that Mr. Bradley Wilde, the son of our esteemed colleague, Dr. Percy Wilde, of Bath, has died of enteric fever at Harrismith, South Africa. Mr. Wilde was second lieutenant in the East Yorkshire Regiment, and was a most talented and promising young officer. We are sure that all our colleagues will sympathize sincerely with Dr. and Mrs. Percy Wilde, in this trying affliction. The bereaved parents request us to say how grateful they are for the sympathy which has been shown to them on this sad occasion, and they much regret that they feel unable to reply to the kind letters they have received.

CORRESPONDENCE.

POTASSIUM IODIDE IN SYPHILIS.

To the Editors of the "Monthly Homœopathic Review."

SIRS,—“How about potassium iodide in tertiary syphilis?” triumphantly asks the exponent of “*Rational Medicine*” of the Homœopath—conscious that he has a “specific” for at least one disease. Let us answer him triumphantly out of the mouth of one of his confrères. We will quote from Dr. Norman Walker’s “*Introduction to Dermatology*,” p. 47. He is describing the rashes produced by the bromide and iodide of potassium. “The iodide rash appears in several forms *In rare cases the lesions produced are at first solid, and later break down in a manner so similar to the gumma, that one or two patients have been dosed into their graves by the pushing of the very drug which was the original cause of their trouble.* In others large solid tumours have developed, and cases of iodine eruption have been diagnosed as malignant disease or even as leprosy.”

Yours truly,

A LOVER OF *Scientific Medicine.*

P.S.—It is said that a certain learned physician avers that he would rather have syphilis than any other disease, because he could cure that one! If he were to become a convert to Homœopathy, he might manage to choose out for personal enjoyment some pleasanter disease, one would imagine.

ERRATUM.

WE regret that in Dr. Percy Wilde’s paper in our last issue an unfortunate transposition of lines occurs on p. 165, lines 6 and 7 from the foot. Corrections were sent by the author at the last moment, and in order to embody these the compositor had to take up two lines of type, and inadvertently made the mistake. The printers who looked over the corrections did not observe the unfortunate transposition, which they much regret

NOTICES TO CORRESPONDENTS.

* * * We cannot undertake to return rejected manuscripts.

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Our notice of the *International Homœopathic Directory*, is deferred till next month's issue.—EDS. M.H.R.

Communications have been received from—Mr. SYDNEY G. THOMAS (Bromley); Mr. J. M. WYBORN (Bromley); Dr. PERCY WILDE (Bath); Dr. A. C. CLIFTON (Northampton); Dr. K. SIRCAR (Calcutta); Dr. GOLDSBROUGH (London); Dr. DUDGEON (London); Mr. DUDLEY WRIGHT (London); Dr. CARTIER (Paris).

BOOKS RECEIVED.

Ophthalmic Diseases and Therapeutics. By A. B. Norton, M.D. 3rd Edition. Revised and Enlarged. Boericke & Tafel. Philadelphia, 1902. *International Homœopathic Directory* for 1902. Homœopathic Publishing Co., London. *Cats.* By Edith K. Neel. Boericke & Tafel. Philadelphia, 1902. *Fifty-Second Annual Report of the London Homœopathic Hospital*, for 1901. *Thirteenth Annual Report of the Phillip's Memorial Homœopathic Hospital and Dispensary*, Bromley, Kent, for 1901. London.—*The Chemist and Druggist.* *The Homœopathic World*, March. *The Vaccination Enquirer*, March. *Bromley and District Times*, February 28th and March 7th. *The Calcutta Journal of Medicine.* Hobart.—*The Tasmanian Homœopathic Journal.* Chicago.—*The Clinique*, February 15th. *The Medical Era*, March. *The Hahnemannian Advocate.* *The Therapist*, March. *Saint Andrew*, March. New York.—*The Medical Times.* *The Medical Century*, March. *The North American Journal of Homœopathy.* *The Homœopathic Eye, Ear and Throat Journal.* Philadelphia.—*The Hahnemannian Monthly.* Lancaster, Pa.—*The Homœopathic Envoy*, March. *The Homœopathic Recorder*, March. *The Minneapolis Homœopathic Magazine*, January and February. San Diego.—*The Pacific Coast Journal of Homœopathy*, February. Baltimore.—*The American Medical Monthly*, February. St. Louis.—*The Medical Brief*, March. Buffalo.—*The Homœopathic Journal of Pediatrics*, March. Paris.—*Révue Homœopathique Française.* *Le Mois Médico-Chirurgical.* *Leipzig Hom. Zeitschrift*, March. *Allgemeine Hom. Zeitung*, March. The Hague.—*Homœopathische Maanblatt*, March. *La Propaganda Homœopathic Medicæ*, December, 1901. Calcutta.—*Indian Homœopathic Review*, March and April.

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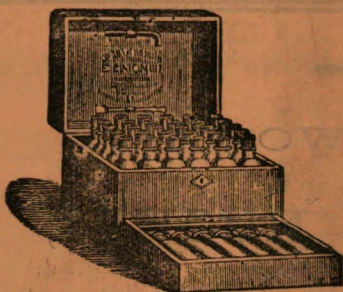
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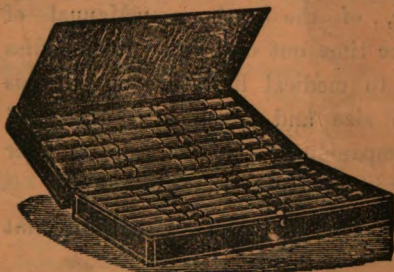
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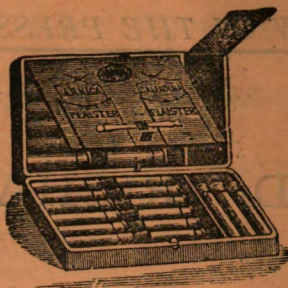


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