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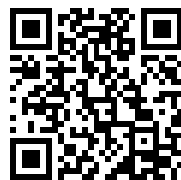
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The Monthly Homœopathic Review

Vol. 46, No. 5.]

MAY 1, 1902.

[Price 1s.

EDITED BY

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

B224225 F

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THE MONTHLY
HOMŒOPATHIC REVIEW.

RICHARD HUGHES, M.D., L.R.C.P. (Edin.),
M.R.C.S. (Eng.),

THE practical development of homœopathy has, during the last month, received a greater check than it has for many years encountered. A large proportion of those who have long endeavoured to promote a knowledge of it have met with a severer personal blow than any they have for many years experienced, in the sudden and unexpected death of their much loved, zealous, active, and energetic friend Dr. RICHARD HUGHES. How much his professional friends deplore his removal cannot possibly be expressed in words. A kind, courteous gentleman, a thoroughly well-informed, well read, thoughtful and constant student, his valuable influence on the cultivation of homœopathy will long be missed. His many years of devotion to the study of the *Materia Medica* as set forth by Hahnemann had placed him as an authority without a rival. How greatly the loss of his help and guidance will be felt, it is impossible to estimate. His earnestness in endeavouring to secure the purity and truth of the symptom-lists of our *Materia Medica* endured to the end of his life, his last effort in this direction appearing in type only three days before his removal from amongst us. His memory, as that of one who was a warm-hearted friend, an accomplished physician, an honourable colleague, will long be cherished throughout Great Britain and by very many in the United States of America and other parts of the world.

The following sketch of Dr. HUGHES' career has been prepared for us by his lifelong friend and former colleague in the editorship of the *British Journal of Homœopathy*, Dr. DUDGEON, with whose estimate of his character and influence we heartily sympathise, and thank him for having written this charming account of his dear old friend for the *Monthly Homœopathic Review*.

THE sudden and unexpected death of Dr. RICHARD HUGHES will cause a painful sense of bereavement to all the followers of Hahnemann throughout the civilized world. There was none comparable to him as an exponent of homœopathy, no works on its practice which have had such an abiding reputation and utility as his, no treatise on that bed-rock of homœopathy, the *Materia Medica*, which can rival his wonderful *Cyclopædia*. His fame is not confined to Britain. Wherever homœopathy is practised his name is a household word, his books are the valued guides of the practitioners, his services to the scientific development of homœopathy are acknowledged.

Dr. HUGHES was fortunate at the commencement of his homœopathic career in Brighton, in gaining the friendship and companionship of Dr. Henry Madden, one of the clearest headed and ablest of the pioneers of homœopathy in this country. In association with him, he published in the *British Journal of Homœopathy* some valuable studies of several of the most important medicines. His first great work, *A Manual of Therapeutics according to the Method of Hahnemann*, is still the best of guides to homœopathic practice. When he died he had not completed the correction of the last sheets of a new edition, almost entirely re-written, of this work; it will be published in a few weeks. His *Pharmacodynamics* is and probably will long remain the best standard work on our medicines. The originality of its design and the thoroughness of its execution are alike conspicuous. It is indispensable to the practitioner, and it is the most excellent work we can place in the hands of enquirers into the homœopathic system of medicine. The vogue it has obtained in all English-speaking countries, and by its translation in the continent of Europe, demonstrates the high estimation in which it is held by Hahnemann's followers everywhere.

But Dr. HUGHES was not content with producing works on homœopathic practice. He felt that if homœopathy was to make progress, and secure the approval of scientific minds, the records of the effects of medicines as shown in their provings, must be presented in a scientific form, not jumbled unconnectedly together in the usual schema form, in which it is impossible to discover the real morbid picture of the medicinal disease developed in each prover. HUGHES' idea was to display the symptoms observed by each prover in the natural order of their occurrence and their connexion with one another. This could only be done by giving the diary of each prover separately, so that it could be studied as a true picture of the artificially-produced medicinal disease. This work, the conception and execution of which is entirely his own—for the contributions of Dr. DAKE, whose name is associated with his on the title page, were insignificant if not absolutely nil—is known to us all as *The Cyclopædia of Drug Pathogenesis*, and is in four large octavo volumes. A Repertory to the pathogeneses in these volumes, and including those of the medicines in Hahnemann's *Materia Medica Pura* and *Chronic Diseases* forms an extra volume, the sole work of Dr. HUGHES.

But these works are by no means all we owe to the inexhaustible industry of our departed colleague. He joined the editorial staff of the *British Journal of Homœopathy* in 1863, and continued in it till its cessation in 1884, contributing many original papers, and careful and generally appreciative reviews of many of the homœopathic works published during that period. When the British Homœopathic Society resolved to publish a quarterly periodical of their own—their *Annals*, which used to be published irregularly, having ceased to appear—Dr. HUGHES was requested to undertake the editing of it. He readily consented, and the members of the Society will gratefully acknowledge how well he has executed his self-imposed task, which was very different from the editorial work of the *British Journal*, as it is solely occupied by papers read in the Society and its provincial branches, and the discussions thereon, together with a summary of the cases reported in foreign homœopathic periodicals, and excludes leading editorial articles and reviews, the chief and pleasantest labour of the quarterly he formerly edited. He continued throughout his whole career to contribute

original articles of great value to the homœopathic periodicals both here and in America.

In 1881 he delivered the second Hahnemannian oration, "Hahnemann as a Medical Philosopher," which was much admired. When the School of Homœopathy, in connexion with the London Homœopathic Hospital, commenced teaching, he was appointed to the post of Lecturer on *Materia Medica*. Some of his lectures have appeared in this journal; they deserve to be collected and published in a separate work.

But the untiring activity and devotion to homœopathy of Dr. HUGHES was not confined to writing books of inestimable value, to editorial function, or to delivering lectures. He was, if not the absolute inventor, at least the indefatigable organiser of the International Homœopathic Congresses, which at five years' interval brought together zealous homœopaths from all parts of the world. His position as Permanent General Secretary of these Congresses entailed on him immense labour, which he underwent with admirable patience and skill. The International Congress of 1886 afforded a conspicuous example of Dr. HUGHES' courage, tact, and resourcefulness. The preceding Congress of 1881 had decided that the next meeting should take place at Brussels, which was considered to be a most convenient locality for the majority of British, Continental, American, and Colonial practitioners who might be expected to attend. The Belgian representatives, through their leading colleague, Dr. Martiny, accepted the duty of making the arrangements for the meeting of the Congress at Brussels "*avec empressement*." But shortly before the date fixed for the Congress, at the eleventh hour so to speak, Dr. Martiny issued a circular stating that the Congress could not be held at Brussels, nominally because he had not received a sufficient number of adhesions to the plan, or an adequate supply of papers to be read at the meeting, more likely because he was afraid of the trouble it would give him. Though Dr. HUGHES offered to make all the needful arrangements, the Belgians declined to accept his offer. The Belgians were determined that no Congress should be held on their sacred soil. About the same time an article appeared in the chief German homœopathic periodical deprecating the holding of an International Congress in Belgium or Germany, as it would interfere with the annual meeting of their own "Central

Society"—a mere parochial affair. Dr. HUGHES, though no doubt annoyed, was not disconcerted or dismayed by this unexpected and unreasonable conduct of his Belgian colleagues. He immediately made arrangements for holding the Congress at Basel, in Switzerland, and with the hearty co-operation of some of the Swiss homœopaths, the Congress proved a great success. It is interesting to observe that several Belgian and German homœopaths attended the Congress, showing that all did not share the hostility to an International Congress displayed by those of their countrymen who professed to speak in their name.

In his capacity of permanent secretary, Dr. HUGHES attended and was mainly instrumental to the success of all the International Congresses. In whatever part of the world they were held, he made a point of being present. Twice he crossed the Atlantic when the Congress was in the United States, and he never failed to attend the meetings in France. Such devotion to the cause, entailing great personal inconvenience, inexhaustible patience, rare tact, and intelligent labour, commands our profoundest admiration. What future International Congresses will be without the presence and organizing talent of their tactful and ever courteous permanent secretary, we do not like to contemplate. Nowhere are Dr. HUGHES's services to homœopathy more appreciated than in the United States. In 1884, not a Congress year, the Boston University School of Medicine invited him to deliver a course of lectures. These lectures were published in America under the title, *The Knowledge of the Physician*, one of the most fascinating and at the same time instructive books on medical subjects ever written by a physician. A society was established in Boston, under the name of "The Hughes Club," having for its object the study and proving of medicines, a volume of which has been published giving an excellent proving and arrangement of the pathogenetic effects of Gelsemium.

It is not until we have lost him that we can adequately realize what a great power Dr. HUGHES was in the world of homœopathy. His books we read and avail ourselves of in our daily practice, hardly conscious of the toil and research he had expended on them, and hardly considering how potent they have been in influencing for good the present position of homœopathy in Britain. This is owing to their eminently scientific and practical character, their well-reasoned defence of the therapeutic rule we hold,

their masterly advocacy of the application of scientific methods and, I might almost say, of common sense to the practice of homœopathy, their convincing refutation of the extravagant doctrines of some of the most self-asserting and self-sufficient professed adherents of Hahnemann, their persistent advocacy of the absolute necessity of tracing the pathogeneses in our *Materia Medica* to their source, and of eliminating from our *Materia Medica* all records of morbid action which have no better authority than the observation of symptoms occurring or disappearing during the treatment of disease.

Dr. HUGHES was an admirable speaker. There was always about his utterances an evidence of knowledge, conviction, and earnestness. He knew so thoroughly the subjects he spoke about that it was always a pleasure to hear him. His facts were so correct, his illustrations so apt, his arguments so acute, and his judgments so sound, that the impression often left was that after he had spoken there was nothing more to be said. The British Homœopathic Society and the Annual British Congresses, whose meetings he rarely failed to attend, though they always involved a long journey to and fro, will sadly miss his accustomed presence and his edifying remarks. His manner of speech was always modest and never dictatorial. When he differed from the author of a paper, he expressed his dissent almost apologetically, and gave his opponent so much credit for the points on which he agreed with him, that his observations could not give offence. He had promised a paper on "Homœopathy among the Allopaths," for the next Annual Congress to be held in London in July.

But like all men who freely express their matured opinions on controversial subjects, he had his detractors on both sides of the Atlantic among some who cannot bring themselves to avail themselves of the sensible plan of agreeing to differ on points of opinion as distinguished from matters of fact. His earnest efforts to obtain for homœopathy the only sure basis of a pure *Materia Medica*, a real record of the pathogenetic effects of drugs, uncontaminated by admixture with the more than doubtful symptoms appearing or disappearing in patients under treatment, gave mortal offence to the advocates for the retention and addition of these impure symptoms. And yet HUGHES's views on this subject

were not novel; they are even to be found in Hahnemann's own works, though he did not always act on them himself.¹ Our departed friend's wise and thoughtful advocacy of what he and many others believed to be a more scientific presentation of the morbid pictures developed in the individual provings of medicines, in their natural order, sequence and connections, his well-considered objections to their dislocation and confusion in an artificial schema, were regarded as a sort of *lèse majesté* against Hahnemann himself, and excited the wrath of the advocates of the bad old plan, who attacked him with a bitterness and unfairness singularly out of place in a scientific discussion. But

Non ragioniam di lor, ma guarda e passa.

As a controversialist Dr. HUGHES was singularly amiable. While defending his own opinions and opposing those of others, he was always courteous, and seemed to have more pleasure in discovering points of accord than of disagreement with his opponent. He appeared always to see the good there was in others, and to be blind to their faults. In his frequent discussions, orally and in writing, he avoided everything like irony and sarcasm, and he never ascribed unworthy motives to his opponents for the opinions held or the acts done by them.

Dr. HUGHES was a many-sided man. Whilst we knew him as an exceptionally well read and able practitioner, a skilled diagnostician and pathologist, an enthusiastic homœopathist whose whole life seemed to be devoted to the scientific development and propagation of homœopathy; to others he was the honoured and beloved pastor of a church in which on retiring from practice, about two years ago, he was appointed to a high office, and in connexion with which he published some greatly esteemed works. He had a large acquaintance with the best literature of ancient and modern times, and he possessed a

¹ *Vide Organon*, s. 142: "But how some symptoms of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially those of a chronic character that usually remain unaltered, is a subject appertaining to the higher art of judgment, and must be left exclusively to masters in observation." Undoubtedly Hahnemann did not mean to include under the title "masters in observation," the Dicks, Toms, and Harrys, who seek to introduce into the *Materia Medica* the symptoms they suppose their medicines have produced or cured in patients of all sorts.

thorough knowledge and no mean skill in music. But he never made any ostentatious display of his many accomplishments, and of those who knew him as a physician few were aware that he was anything else. He was like a diamond with many facets, those who saw only one facet imagined that all the lustre of the jewel was there, and never knew that there were other facets shining with equal brilliance on others, though unseen and unsuspected by them.

He was suddenly struck down by heart syncope, far from home, in Dublin, on the 2nd April, at the comparatively early age of sixty-five, while still at the height of his mental powers and apparently in perfect health; not too soon for his fame, for that was already secured, but too soon for his friends, for whom his loss is irreparable, and too soon for homœopathy, which will greatly miss his invaluable services. We buried him in the lovely village of Albury, amid the beautiful scenery he loved so well, on the 10th of April, by a noteworthy coincidence, the anniversary of the birth of the great Reformer of Medicine, whose most able disciple and interpreter he was. It is a strange irony of fate that I should be writing an obituary notice of my friend so much my junior, when according to all natural expectation our parts should have been reversed. I can truly say :—

He was a man, take him for all in all,
I shall not look upon his like again !

The members of the growing school of medicine he so powerfully helped to grow, may well ask :—

Quando ullum inveniet parum ?

We have the pleasure of reprinting the following notice from the *Times*, April 14, 1902 :—

“The homœopathic section of the medical profession has sustained a severe loss in the death of Dr. RICHARD HUGHES, formerly of Brighton, and latterly of Albury, Guildford. Dr. HUGHES was born in London in 1836. He became Member of the Royal College of Surgeons of England in 1857, and was the possessor of many honorary degrees. He was a voluminous writer on medical subjects, his ‘Pharmacodynamics,’ which appeared first in 1867, having become a text-book on homœopathic *Materia Medica* with the homœopathic school since its first appearance.

It has passed through six English editions, and has been translated into most European languages, a Russian translation having appeared only a year or two ago. Among his other works is a "Manual of Therapeutics," and the Hahnemannian oration of the year 1881, entitled 'Hahnemann as a Medical Philosopher.' The 'Cyclopædia of Drug Pathogenesis,' a compilation of the effects of drugs on healthy persons, in four large volumes, is perhaps the chief of his works. He was the editor of the Repertory. Dr. HUGHES was at one time on the staff of the London Homœopathic Hospital, and he was Lecturer on *Materia Medica* at the London School of Homœopathy for a number of years. He was past President of the British Homœopathic Society, and at the time of his death was editor of the journal of that society. He had been for many years one of the editors of the quarterly *British Journal of Homœopathy*. Another important position held by Dr. HUGHES was that of permanent honorary secretary of the series of International Homœopathic Congresses held every five years. In 1881 he was chosen President of the Congress when it assembled in London. He was a member of the Catholic Apostolic Church, in which he had for many years held a high official position."

Dr. HUGHES' mortal body was committed to the grave on Thursday, the 10th of April, at his peaceful, retired home at Albury, near Guildford. The day was brilliant, well befitting the end of such a consistent Christian life, and of a noble devotion to duty. There was a large assemblage of sorrowing friends at the house, and on arrival at the Parish Church of Albury the building was already nearly full. The coffin was deposited in the Church, and part of the Burial Service performed there, the rest being at the open grave. The grave was lined with flowers, and many beautiful wreaths of white flowers lay round it. One of these was sent by the British Homœopathic Society. At the end of the service all passed by the grave with uncovered heads to take a last look at the coffin in which reposed the remains of our dear friend. His medical colleagues were represented by Dr. DUDGEON, his life-long friend, and co-editor of the *British Journal of Homœopathy*; Drs. MADDEN,

JOHNSTONE, and BENNETT, representing the British Homœopathic Society; Dr. GOLDSBROUGH, his colleague in the editorialship of the *Journal of the British Homœopathic Society*; Dr. HAWKES, of Liverpool, representing the Liverpool Branch of the British Homœopathic Society; Dr. DYCE BROWN, representing the *Monthly Homœopathic Review* and the London Homœopathic Hospital; and Dr. GILBERT, of Reigate, his medical adviser in a recent illness. Dr. CLIFTON, of Northampton, and Dr. POPE, were obliged, owing to ill-health, to refrain from carrying out a great desire to be present. Dr. BURFORD, the President of the British Homœopathic Society, and Dr. BYRES MOIR were in Spain, and on returning home were grieved to find that they were too late to be present, and join in this last honour to their deceased colleague.

Dr. HUGHES' memory will ever remain green, and no more expressive words could be chosen for a memorial motto than that from ROBERT BROWNING'S "Grammarians' Funeral":—

"Still before living, he learnt how to live,
No end to learning;
Earn the means first, God surely will contrive
Use for our earning."

Dr. HUGHES has left a widow, two sons (the younger of whom has just completed his medical studies), and four daughters, of whom three are married. Our warmest sympathy goes out to Mrs. HUGHES and the family.

We have much pleasure in drawing the attention of our readers to the letter from Dr. MADDEN, in our present issue, in which he announces that a movement is to be set on foot to form a "Richard Hughes Memorial Fund." Dr. Madden in his sympathetic letter expresses the aims and objects of this Fund, and its *raison d'être* so admirably, that we hardly require to add anything to his words, except to say that it has our fullest sympathy, and we are sure the object will commend itself to all our colleagues. The appeal promises to be widely responded to, not only by our medical colleagues, but by his numerous devoted friends and patients in this country, and by his many admirers and friends in the United States, and in fact in all parts of the world where his unique influence has been felt.

THE TWENTIETH CENTURY FUND.

WE have much pleasure in drawing the attention of our readers to the full report of the first General Meeting in connection with the Advance Movement in Homœopathy, which took place on Friday, the 25th of April, at the hall of the Stationers' Company, which had been kindly lent by Mr. ALDERMAN TRUSCOTT, and the Court of the Stationers' Company. The hall was quite filled with a very representative audience. It was presided over by EARL CAWDOR, and the tone of the meeting was very enthusiastic and jubilant. The speeches were excellent and stirring, and it was evident that the movement had "caught on." We do not enter at present into the detail of the speeches, as they can be read in full in our pages. LORD CAWDOR was elected unanimously as president; LORD DYSART and LORD CALTHORPE, as vice-presidents, and Mr. JOSEPH HOWARD, M.P., as treasurer.

The secretary announced subscriptions to the amount of close on £1,000.

All present considered the meeting an excellent "send-off" to the movement, and we feel assured of its success, of which the energy and determination of its promoters and supporters hitherto displayed are a fore-taste and guarantee. We need hardly say that our best wishes go with it.

We apologize to our readers for the necessary delay of a few days in the issue of the *Review*, involved in the publication of the full report of the meeting at so late a date in the month. But we thought it better to be a little late in issue rather than allow it to stand over till June, as we feel sure there is nothing like striking while the iron is hot.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USE OF MERCURY AND ITS SALTS.

By ALFRED C. POPE, M.D.¹

THE student of the *Materia Medica*, as set forth by Hahnemann, has not infrequently been puzzled by the nomenclature adopted by its author. Mercury, which he has

¹ Revised from lectures delivered at the London School of Homœopathy, 1882-83.

always known under its Latin name *hydargyrum*, is now introduced to him as *mercurius*, and potash, always known as *potassa*, is presented to him as *kali*. This arises from Hahnemann having derived the names of the drugs he proved from the pharmacopœia of his native country, while those to whom we owe the introduction of homœopathy into Britain having, unwisely as I think, retained the German nomenclature, instead of reverting to that current in this country, have so far added to the difficulties of disseminating a knowledge of the practice of homœopathy among the members of the medical profession.

The use of mercury as a remedial agent in disease may be traced far back in the history of medicine. The Arabians appear to have been the first to have availed themselves of its powerful influence over animal life, and they used it externally to arrest parasitic growths. Rhazes, Avicenna, and others prescribed it for the same purpose. The Chinese have used it by inunction and fumigation for diseases of parasitic origin since 1075; and at a later period they prescribed it for syphilis, but always with great caution. (Huber on *Mercury and its Preparations*, N. A. J. Hom.) In the thirteenth century, we meet with it in English practice. Paracelsus was a strong advocate of its employment. From that time to this it has been one of the most generally and pertinaciously prescribed of drugs. Armstrong, the leading authority on fevers of seventy years ago, regarded bleeding as the left, and mercury as the right arm of medicine. Sir Thomas Watson describes it as being "next to blood-letting as a remedy" in "serious inflammations of various kinds." In syphilis it was used, not only almost universally, but lavishly. Abernethy did much by his seeing "disordered liver" in most people, and by looking upon "blue pill" as the remedy for "disordered liver" in all, to popularize the use of this drug, to lead all and sundry to expect to receive it as, at any rate, an item in a prescription, where-soever and for whatsoever they consulted a physician. Hence we cannot marvel that an enormous amount of pain and misery has in the not very remote past been due to the administration of this drug, especially when we remember that, in syphilis and inflammation, it was held that it was but inadequately taken if the gums were not "touched"; while not a few regarded profuse salivation as essential to its efficiency. The late Professor Miller,

of Edinburgh, was accustomed, in his lectures, to refer to "that dread triumvirate, mercury, pox, and scrofula." :

Nowadays, we hear but little of mercurial salivation. While it was in syphilis that mercury was most energetically and profusely administered, we are assured by Dr. Ringer that "the firmest believers in the efficacy of mercury in syphilis are now unanimously agreed, that to give it in quantities sufficient to produce salivation is not only undesirable but pernicious."

The action of mercury upon the tissues and organs influenced by it is alike powerful, penetrating, and enduring. Rightly used, it is, therefore, a substance of great value in the practice of medicine. The researches into its action upon healthy persons are numerous, and the salts which have thus been studied are various. Proving has been made, and results of poisoning have been derived from the metal, its acetate, the mercuric chloride or bichloride, the mercuric cyanide, the mercurous chloride or calomel, the proto- and biniodides, otherwise termed the mercuric and mercurous iodides, the mercuric sulphide or cinnabar, and the mercurius solubilis of Hahneman—a black oxide with a variable amount of nitric acid and ammonia. The scientifically correct name of this preparation is dimercuriosammonium nitrate. This mercurial salt was first described by Hahnemann in 1788, in a work entitled *Instructions for Surgeons respecting Venereal Diseases, together with a new Mercurial Preparation*. He gave to it the name of soluble mercury, because he says, "it is completely dissolved in all animal and vegetable acids, and in water impregnated with carbonic acid; also in the gastric juice with great speed, as every practitioner may observe from the rapidity with which it causes mercurial fever." It rapidly acquired popularity with the profession in Germany, was accorded a place in the *Prussian Pharmacopœia*, and is, I believe, still widely used in Hahnemann's native country. Kurt Sprengel, the historian, says Hahnemann's mercury is an excellent and mild preparation, the usefulness of which has been proved.

Some of the most valuable of the observations respecting the pathogenetic properties of the metallic mercury have been made from amongst workers in it. Though generally supposed to be inert when swallowed in large quantities,

² *Geschichte der Arzneik*, Halle, 1828, part v, p. 591.

when vapourized, and consequently absorbed in small, indeed, infinitesimal particles, it is as active a disorganizer as most of its salts. Hence, Christison thought that it became oxidized before being inhaled. Buchner, Orfila, Pereira, and others, believe that in the finely divided state in which it exists as vapour, metallic mercury is itself poisonous.

The proving of *mercurius solubilis* is by Hahnemann, and is a very elaborate one; that of the bichloride is by Buchner; for additional information regarding it we have drawn upon the numerous cases of poisoning by it, recorded in the medical journals. Our knowledge of the cyanide has been derived from cases of poisoning; of the iodides, from provings instituted by Dr. Lord and Dr. Blakely, of New York; and of cinnabar from those conducted by Dr. Neidhard, of Philadelphia. A full record of these, and also of some short provings of other mercurial salts, are to be found in Allen's *Encyclopædia of Materia Medica*. In addition to the study of these, I would commend to attention the very valuable and exhaustive essay on mercury, by the late Dr. Huber, of Vienna, a translation of which appears in the *North American Journal of Homœopathy*, commencing with the November number of the year 1881.

A considerable degree of similarity exists between the disturbances of physiological action produced by the vapour of the metal and those arising from its salts. At the same time, a tissue which is somewhat influenced by one form of the drug may be, and often is, much more so by another. For example, in every form it acts upon the throat, but *m. vivus* produces simple ulceration of the mucous membrane; *m. solubilis* ulceration with pain when swallowing; the proto-iodide digs more deeply, as it were, and with ulceration of the surface gives rise to inflammation of the follicles; the biniodide again goes as far as this and farther, producing swollen tonsils also; the bichloride renders the throat of a darker-red colour than the other salts, and the pain is more burning; while the cyanide gives rise not only to inflammation and swelling of the throat, but to the development of white *patches of a tenacious* quality, resembling the diphtheritic deposit.

Before entering into details, I will endeavour to describe the general action of mercury. The influence of mercury is equally rapid in making itself felt, wide in its area, and

profound in degree. Maysucan and Bergeret (quoted by Huber) found, that after a single dose of one centigramme of sublimate, quicksilver appeared in the urine within twenty-four hours, but that none could be found on the second day. From continued daily use of the same quantity for ten or twelve days, quicksilver was found in the urine during the whole time, and from two to five days after ceasing to take it. With animals, into whom the sublimate was hypodermically injected, quicksilver was found after half an hour in every organ, but mostly in the liver and kidneys. Elimination by the urine in non-fatal cases continued about four days.

The profundity of this influence is especially seen in the alteration in the blood of persons taking it. The red corpuscles have been shown to be diminished, some observers have stated them to be so to the extent of a third of their normal number; the fibrin loses its plasticity, coagulation is less firm, serum is increased, and effete matters are not eliminated. As the result of these changes, we find fever of the hectic type and congestion of the glandular structures. The salivary glands become swollen and tender, and their secretion largely increased in amount, and deteriorated in quality. The liver and kidneys are also congested. Its effects are early seen on the mucous membranes. That of the mouth, gums and pharynx, swells, becomes sore, and finally ulcerates. The teeth are loosened, the breath becomes offensive, and the taste is usually described as coppery. The epigastric region is tender on pressure, and pain—especially after the bichloride—is often severe. Diarrhœa and dysentery, together with a greater or less amount of abdominal pain and tenderness, indicate the degree of inflammation of the bowel which has been set up by it. Erythema, papular and pustular eruptions, and ulceration mark its action on the skin. The periosteum and subjacent bone structures, especially those of the long bones, the bones of the nose and palate, become the seat of inflammation and subsequently of caries or necrosis. The nervous system also suffers, as is evidenced by the mercurial tremor or paralysis, the loss of memory, sleeplessness, and, in some instances, delirium and convulsions. Finally its depressing influence on nutrition is seen in the pale and wan complexion, the debility, amounting in some cases to prostration, the tendency to fainting, the irritable and easily

compressed pulse, with palpitation and slight anasarca, the mental depression and irritability which all sufferers from mercurial poisoning exhibit in a greater or less degree.

Halfort, quoted by Dr. Huber, says : "The necroscopic investigations of workers in mercury have yielded no constant result. In the majority of cases the intestinal mucous membrane has been found congested, and with traces of local inflammation. In some cases the liver and spleen were enlarged. In the brain and spinal cord there were now and then traces of inflammation and softening. When death was preceded by long-continued paralysis or tremor, there was atrophy of the muscles affected ; when they had succumbed to an attack of asthma, the lungs were found filled with reddish serum. Laryngitis and phthisis mercurialis presented the usual morbid appearances of these affections." It would seem that in their earlier history the liver and kidneys of the subjects of mercurialism are swollen and congested, but, as the poisoning spreads over some years, these organs become atrophied, though not to any great extent. The lymphatic glands are indurated ; the teeth and their alveoli, the jaw and other bones are found carious.

The gastro-intestinal mucous membrane is much less frequently altered in character when mercurial fumes have been the source of the poison, than when one of the salts of the metal has been taken. When death has occurred from the bichloride, the pharynx, tonsils, and uvula are usually swollen and injected ; and when life has been prolonged for some days these parts are commonly ulcerated. The lower third of the cesophagus is congested, and becomes increasingly so as the stomach is reached. This organ is brick-red externally, and dark-red and thickened internally. The mucous membrane is often destroyed in patches of ulceration, and, when a considerable interval has elapsed between the taking of the poison and its fatal consequences, perforation has been noticed. The duodenum and small intestine are inflamed, as is also the large intestine, especially in its lower part, the rectum often showing gangrenous spots. The liver is generally turgid with blood, the kidneys are inflamed, and deposits of pus have frequently been found in their pelves.

Such are the most frequent results of mercurial poisoning from one preparation or another. In some cases the action of the drug is more pronounced in one direction than it is in others.

I now proceed to deal with mercurial poisoning in detail. And first of all, let us examine the kind of febrile excitement set up by this drug.

Under its influence, a sense of chill pervades the body, especially in the open air. Frequent paroxysms of fever, consisting of general flushes of heat, and frequently recurring chilliness and shivering mark its course. Hahnemann describes the following group of symptoms as arising from his experiments with *mercurius solubilis* :—

“ Fever : At first heat and redness of the face, and a sensation of heat over the whole body, especially in the palms of the hands, without externally perceptible warmth, then alternations of internal chilliness, which obliged him to lie down ; a shaking chill lasting into the night, and even with this chill a sensation of heat in the palms of the hands, with icy coldness of the tips of the fingers.”

The perspiration following such an attack is profuse and easily excited. It mostly occurs at night, and is often remarked as being sour and offensive in smell.

Fever of this type bears a close resemblance to the hectic which accompanies wasting diseases, such as phthisis and abscesses, and is in many points like that characteristic of acute rheumatism. In the East and West Indian fever called Dengue, after comparing the symptoms of it with those produced by mercury, Huber says that in some of the milder cases this drug will be indicated as a suitable remedy.

Despondency, restlessness, irritability, and ultimately apathy express the phases of mental disturbance provoked, by mercury. It has not been much used in the treatment of mental disease, but deserves more careful study in relation to it. Dr. Talcott, of the New York State Asylum, at Middletown, records a case of melancholia in a married woman, in which mercury was the only medicine given during her nine weeks' residence in the asylum, and her recovery was complete. Like most patients of the kind, she had long suffered from sleeplessness caused, in the first instance, by business worries, and increased by domestic trials.

In the first volume of *St. Bartholomew's Hospital Reports* appears an account of the cases of two men to whom the inhalation of the vapour of mercuric methide proved fatal, to one in eleven days, and to the other within a year.

Dr. Edward Blake drew attention to these cases in the twenty-ninth volume of the *British Journal of Homœopathy*, and argued from them that even in so apparently hopeless a disease as acute dementia, it seemed possible that advantage might be derived from prescribing this mercurial preparation.

We must remember that it is from exposure to the vapour of metallic mercury, rather than from taking any of its salts, that symptoms similar to those of mental disease have arisen. The following group of symptoms quoted by Allen from the *Annales d'Hygiène* (1841), occurred in one of two girls exposed to the vapour arising in the distillation of mercury:—

“Intellect very weak; shows every mark of imbecility; smiles foolishly; screams constantly, without apparent cause; can speak only a few disconnected words; does not seem to understand the simplest questions, yet appears to know her sister with whom she plays, and repeats a few syllables of what the latter has said to her.”

The loss of mental power is a very common result of working in mercury. Hence in the earlier stage of mental weakness, especially when this is a sequela of some fever, mercury may be hopefully prescribed. The best form in such a case is the well triturated metal—*m. vivus*.

In many cases of meningitis, after the acute symptoms have subsided, mercury will be found indicated, and will materially assist in promoting complete recovery. Vertigo, more or less constant, with severe pain in the head; a constant rotatory motion of the head when lying on the pillow, together with mental confusion, are symptoms which, *cæteris paribus*, call for it. The forms of headache in which mercury is indicated are periosteal (*m. vivus*), catarrhal (*m. solubilis*), and hepatic (*cinnabar*). The character of the head pain is constrictive; it gives the sensation of a tight band being bound round the head, and is either limited to, or much aggravated during, the night. The frontal headache is pressive and tearing, and relieved by the pressure of the hand. Cinnabar corresponds more to the congestive state than all other mercurial preparations, sleepiness in the day-time predominates; the cinnabar headache differs from that of *m. solubilis* by its frequent appearance on the right side, which is opposite in the latter, also by going from without inwards” (Huber).

The cerebro-spinal symptoms of mercury—the well known tremor and subsequent paralysis—resemble both paralysis agitans and multiple sclerosis of the cord. The former, occurring chiefly in persons advanced in life, rarely admits of being relieved by medicine. If any medicine can contribute any advantage to a case of this kind, it may be more surely expected from mercury than any other drug. In multiple sclerosis, at any rate in its early stage, *mercurius vivus* may be of some benefit.

Neuralgia of the fifth pair is a well marked symptom of mercurialism. It has been most frequently observed in the manufacturers of mirrors, as the result of poisoning with corrosive sublimate, and of over-dosing with calomel. Huber gives the following well-drawn picture of mercurial neuralgia :—

“Mercurial neuralgia rarely begins suddenly, but generally develops gradually in the following manner: To the place which is the seat of the neuralgia the patient feels first a slight drawing, which soon subsides again, returning in a few weeks, thus gradually forming shorter intermissions, and finally appearing as fully developed nerve pain. These pains are drawing or tearing, are rarely confined to one spot, but generally appear in several portions in the course of an affected nerve. The pains intermit without assuming a definite type, particularly in protracted cases, the pain skips from one nerve to another, especially during great fluctuations of atmospheric pressure. A slight exposure to draught, over-heating, mental emotion, slight touch of the affected part, a slight physical exertion, are sufficient to call forth a violent attack. Such patients are able to endure dry warmth and dry cold. Dampness produces an attack at once. When ordinary people seek the shade at 94° F., the subjects of mercurial neuralgia delight to expose themselves to the heat of the sun. At night such patients are generally quiet, digestion as well as secretion and excretion are commonly natural. Fever was never observed in connection with mercurial neuralgia, which is one of the most obstinate disorders, and often torments a patient for years.

To this I would add that the pains, sudden in their onset, darting and acute in character, are chiefly felt in the zygomata and malar bones. In neuralgia presenting such features as these, particularly when catarrhal, rheumatic, or syphilitic in its origin, *m. solubilis* is generally a speedily acting remedy.

Passing from the neurotic action of the drug, I shall

next consider its irritant influence upon the structure of the eyeball, nose, mouth, and abdominal viscera.

While all preparations of mercury excite more or less irritation of the conjunctiva and cornea, none does so more powerfully than the bichloride, or mercuric chloride, or hydrarg. perchloride, as the ever-changing nomenclature of scientific chemists now describes the corrosive sublimate of our fathers. The symptoms it evokes in the eyeball are more striking and suggestive than numerous or varied. The eyes become red, glistening, bloodshot. Pain in them is severe, dry, and burning; the lids feel hot and tearing; the conjunctiva is deeply injected; severe pain is felt at the back of the eyeball; photophobia is present; objects seem smaller and more distant than usual. The symptoms resulting from *m. solubilis* are similar, but less severe. Kussmaul (*Unter-suchungen u. d. Constitutionellen Mercurialismus*), quoted by Allen, in detailing the effects of mercury upon a hundred workers in that metal in Erlangen, describes keratitis, scleritis, chronic conjunctivitis, with a fine rosy-red injection around the cornea, atheroma of left central artery of the retina, weakness of vision, rendering the reading of No. 7 test-type a matter of difficulty, and flickering before the eyes, as among the results arising from it.

Therapeutic deductions from these symptoms have led to the successful employment of mercury in strumous conjunctivitis, scleritis, keratitis and its too frequent consequence, ulceration. It is also prescribed in iritis. The only occasions on which anything like iritis has been produced by mercury have been when, having been given in syphilis, the patient has been exposed to cold or wet. To attribute the iritis exclusively to the mercury under these circumstances is somewhat of the nature of a gratuitous assumption. Then, again, we have clinical justification for prescribing mercury here. But it must be remembered that all therapeutic results have been vitiated, so far as accurate therapeutic conclusions are concerned, by the universal instillation of atropine at the same time as the mercury is taken internally. To which medicine, it may be fairly asked, was the cure due: to the atropine or the mercury? We may "think," but we cannot "know!" "As soon as the nature of the disease has been detected," writes Dr. Norton, of the New York Ophthalmic Hospital, "a solution of atropine should be instilled strong enough

to produce the desired result, and when the dilatation is complete, we should endeavour to keep it so by a continual application of the mydriatic." Excellent practice, no doubt; but at the same time a therapeutic measure that effectually debars us from being able to estimate the extent of the share in the resulting cure which is due to the internally administered medicine. At the same time, in syphilitic iritis, mercury may well be given, and in such cases Dr. Norton lays especial stress on the superiority of cinnabar over other forms of the drug.

† In strumous conjunctivitis, scleratitis, keratitis, as well as ulceration of the cornea, mercury, particularly its bichloride, is a remedy of supreme importance.

The following case, which came under my care in the course of dispensary work in 1854, illustrates the usefulness of this medicine in cases of this kind:—

Mary R—, æt. 52, came to the dispensary on the 9th of May. Six weeks since, during an attack of influenza, the right eye became highly inflamed, and has been gradually getting worse. On examination, the sclerotic and conjunctiva are seen to be intensely injected; the cornea is dim and suffused; the eyes feel sore and as though sand were between the ball and lids; the least light excites great pain; there is considerable lachrymation, particularly during the night.

Presc.: R. P. merc. corr. 3x, ter in die sumend.

May 23rd (a fortnight later). The inflammatory appearances have nearly subsided. The eye aches on exposure to light, but the sense of burning heat has nearly gone. The same medicine was continued during another week, when the eye appeared healthy, though aching a little.

In the *British Journal of Homœopathy* for 1864, Dr. Kidd reported a case of strumous keratitis with ulceration, which shows the value of m. corrosivus in this form of ophthalmia. The patient was a girl ten years of age, feeble, thin, and scrofulous looking; the cornea of both eyes were opaque, and covered with ulcers. Vision was quite indistinct, so much so as to render the child scarcely able to find her way across the room. Intense photophobia existed, with profuse lachrymation. She had been a patient at Moorfield's Hospital for six months, taking rhubarb and carbonate of iron during the whole time, and getting gradually worse throughout. Without making any special change in the child's diet or habits, Dr. Kidd gave her m. corrosivus 2x, one drop four times a

day. The effect, he writes, was both rapid and well marked. The ulcers quickly healed, the opacity of the cornea lessened, and in a fortnight all traces of ophthalmia had gone, and the sight was restored. Slight opacity of the cornea remained, but there was none in the field of vision; digestion and the general health were now perfect. Between the medicines prescribed at the hospital and the disease there was no connection, no relation. Between the disease and the action of the mercury there was a very distinct relation, and that relation was a homœopathic one.

All preparations of mercury irritate the ear—particularly the middle ear. The corrosive sublimate does so most acutely. The ears feel stuffed, pulsation in them is violent; there is felt a sticking pain in the middle ear, with roaring and whirling sounds. Very similar, too, are the sensations produced by the *iodide*. *M. solubilis* gives rise to a sense of stoppage in the ear, with roaring; sticking pains, and ultimately purulent discharge with deafness. *M. vivus*, again, causes difficulty of hearing with roaring.

In otitis, especially when the pain is aggravated during the night, or when it is described as tight and aching over the temporal bone, mercury has been successfully used.

In many instances of that troublesome and wearisome condition which, arising as it does from so many and such various causes, is commonly described by its subjective effect, in many cases of *tinnitus aurium*, mercury is clearly homœopathic. It is of most value when the roaring is due to pre-existing inflammation of the ear.

In chronic inflammation of the tympanum, when "the external canal is generally moist with an excess of cerumen, the membrane reddened and thickened, and moves very little, when the pneumatic speculum has been used, there is coarse tinnitus, dulness of hearing, and a stuffed numb feeling in the ear, *mercurius corrosivus* is," writes Dr. Winslow (*The Human Ear and its Diseases*), "one of the best remedies."

In chronic-purulent inflammation of the tympanum, mercury is also a medicine of importance. "For recent and severe cases," says Dr. Winslow, "I have found *m. corrosivus* most efficient. In those of slower progress with plastic exudation and hypertrophy, which it is desirable to remove, the *m. iodidus* is better. For mild cases without any tendency to hypertrophy or destructive ulceration the *m. solubilis* is efficient, and is the most suitable to administer in powders."

The symptoms which mark the action of mercury upon the nose indicate, in the first place, inflammation of its mucous membrane; and, secondly, caries of its bones. Fulness and stuffiness of the nostrils, producing complete obstruction and thin free discharge, with sneezing, which with the chilliness, aching in the limbs, and constrictive headache—also the result of mercury—form a group of symptom; accurately resembling a fully-developed nasal catarrh, or cold in the head. In this condition, when the period during which aconite would have checked it has passed by, and before that of weariness and exhaustion, where arsenic is so useful, has arrived, there is no more valuable remedy than *m. solubilis*.

Penetrating more deeply into the system as a vapour, the mercurial crisis thus established sets up inflammation of the palatine and nasal bones (Huber). Dr. Winslow's description of the cases to which mercury is homoeopathic in this sphere is a very good one. He advises it "when the mucous membrane is pale, gray, flabby, ulcerated, and bleeds easily, and the nostrils are scurfy and sore; the nasal bones are tender, the Eustachian tube filled with mucus; the throat slimy and the mucous discharge grayish, foetid, and metallic." (*Op. cit.*, p. 398.)

In all cases of this kind, care must be taken to ascertain whether this drug has not, at some time or other, been taken, so as to have been itself the cause of the evil it is desired to cure. If the patient is suffering from chronic syphilis, suspicions will be aroused, and then nitric acid will be called for; or, if caries has very far advanced, aurum muriaticum may be required.

It is on the tissues of the mouth and pharynx that the most striking and best known effects of mercury are seen. Under the influence of this drug, in almost any form, but especially under that of the vapour of the metal, or the internal exhibition of the corrosive sublimate, the lips become swollen, sore, hot, dry; ulceration is set up at the junction of the upper and lower lips; the gums swell and separate from the teeth, bleed readily, and frequently ulcerate; the teeth loosen and become extremely sensitive to cold air, when, as also during eating, they ache considerably. The toothache, characteristic of mercurial action, is jerking and throbbing; the pain extends along the lower jaw to the ear, and from the teeth of the upper maxilla to the head; the gums are generally swollen and

tender. The buccal mucous membrane in mercurialism is livid, swollen, and ulcerated. The secretion of saliva, which becomes acrid, tenacious, and offensive, is greatly increased. The breath has a peculiar and disagreeable odour. Taste is very variously perverted, having been described as brassy and metallic, sweetish, sourish, salty, and putrid. The mercurial tongue is large, swollen, coated with white or yellowish-white fur, and its margins are dentated; it is also often painful, the pain being described as burning, and as though pins were sticking into it. The throat is dry, there is some difficulty in swallowing, but at the same time the constantly accumulating saliva creates the desire to swallow. The anterior part of the throat looks slimy, the posterior feels dry. A pressure, as though something were sticking into the throat, has also been felt. The uvula and tonsils are swollen and ultimately suppurate. Externally the parotid and cervical glands are swollen, and the seat of burning and sticking pains. The jaws, too, feel swollen, painful, and stiff.

In the first place, these symptoms suggest the employment of mercury in non-membranous stomatitis, a low form of swelling of the buccal mucous membrane with ulceration; and also in *cancrum oris*, in its early stage. In these cases the corrosive sublimate is the best preparation to use. In caries of the teeth, when pain is acute and darting, and throbbing, when there is an abscess at the root commencing, a dose or two of *m. solubilis* will often give immediate relief, and postpone for a time, the necessity for the forceps.

In inflammation of the tonsils, attended by a thick slimy discharge from the follicles of the enlarged glands, the iodides of mercury are of great service. The protoiodide is preferable when ulceration is excessive, while in those cases where the enlargement of and pain in the tonsils are the prominent features, and there is a thick slimy discharge with comparatively little ulceration, the biniodide is the more useful. In acute tonsillitis, after aconite has reduced the febrile excitement, and belladonna the intensity of the local inflammation, but when the tonsils remain swollen, pale in colour and threatening suppuration, *m. solubilis* has, times without number, reduced the swelling and removed all danger of suppuration.

In many cases described as diphtheria, the iodide of

mercury has proved useful. The late Dr. Newton, in detailing some cases in the *M. Homœopathic Review* (vol. xiv. p. 411), describes it as being "useful in those cases where the deposit is limited, feebly organized, and attended with great gastric, hepatic or intestinal derangement." The true diphtheritic deposit can scarcely be said to be "feebly organized;" on the contrary it is generally tough and leathery. This is not the kind of deposit met with in mercurialism arising from the preparations we have been considering. On the other hand, three or four cases of poisoning by the cyanide of the metal have shown that it does produce a deposit of this type. Huber gives the following *resumé* of its pathogenetic action in relation to diphtheria.

"The mucous arch of the pharynx is red and vascular. Upon the arch of the palate and tonsils there has formed a grayish white, soft superficial layer; at the same time there is a diphtheritic ulcer in the mouth, and another around the anus. In addition to these pathological changes, the entire mucous membrane of the fauces is much reddened, together with dysphagia. Swallowing is very difficult. The pharynx is red and vascular. General weakness, which soon increases to actual faintness, so that he remained for a certain length of time in a state of unconsciousness. The night was spent in sleeplessness; he was much excited, and talked incessantly in his rage; the next night was spent in the same manner; the patient awoke with violent headache, nausea, increased thirst, much redness of the fauces, and dysphagia. With headache and vertigo there is nose bleeding; the face is pale, livid, and distorted. Nausea soon followed by vomiting. Retention of urine for five days; the urine collected on the seventh day was of acid reaction; microscopic examination revealed straight and twisted renal tubules, studded with fine *detritus*; no blood corpuscles; chemical analysis showed much albumen."

The close analogy—both locally and constitutionally—between these symptoms and those characteristic of true diphtheria in its most serious and anxious form is sufficiently obvious. The first physician to recognize this resemblance between cyanide poisoning and diphtheria, and from it to infer its value in diphtheria, was Dr. Alphonse Beck, who, in 1868, published a pamphlet in Paris, entitled *On the use of Cyanide of Mercury in Diphtheria*. His first observation *proving* its value was in 1864, the patient being a son of Dr. von Villers, of St. Petersburg.

Since that time the appreciation of this mercurial preparation in diphtheria has grown rapidly, both in Europe and in the United States of America. Like many another useful deduction made from the practical application of the principle of *similars*, some of those who profess to regard this principle as worthless, and its adoption as scientifically degrading, have "discovered," as they endeavour to make their colleagues believe, the importance of this use of the cyanide. Of these, Dr. Erichsen, of St. Petersburg, is one; and in the medical journal of that city, he assumed the role of the original observer, and recommended it as "the most potent *anti-diphtheriticum*." The preparation he used was one, the dose of which was equal to the 3d decimal dilution, which he gave in rapidly repeated doses. This "original" observer published his "original" observation in 1880, in the *Medicinische Central Zeitung*, sixteen years after Dr. Beck, guided by the principle of similars, had proved its efficacy on young von Villers, and twelve years after he had published his observations demonstrating its utility! In 1883 at a congress of physicians held at Stralsund, Professor Schulze, of Greifswald, in speaking on the treatment of diphtheria, said that "in the cyanide we possess a remedy which has the power of influencing the affected tissue internally, and at the same time, of destroying, or at least of paralyzing, the poison." (*Deutsche Med. Wochenschrift*, January 3rd, 1884.) He used a solution of one-seventh of a grain in four ounces of water, of which he gave from one to four drachms every hour. The *Lancet* of the 24th April, 1888, records the success of Dr. Selldén, a provincial medical officer in Sweden, in using the cyanide in diphtheria. He and his colleagues had in five years treated 1400 cases with this medicine, with a mortality of only 4·9 per cent., whereas prior to their knowledge of its value, the death-rate among 564 persons attacked was 92·7.

Hahnemann did not discover the fact that cyanide of mercury was the remedy in diphtheria, but he did proclaim the principle that led to its discovery; and the same principle has led and will yet lead to many similar discoveries. It is by not recognizing this fact that the great body of medical men lose so much therapeutic power. They accept and avail themselves of therapeutic conclusions, but deny the truth of the principle which led to these

conclusions. And this sort of thing is styled *rational* medicine!

Dr. Jousset, of Paris, Dr. Burt, of Chicago, and others, have published cases showing the value of this preparation of mercury in diphtheria.

In his essay on this subject, a translation of which appeared in the *British Journal of Homœopathy* (vol. xli., p. 336), Dr. von Villers lays great stress upon the dose not being greater than one or more drops of the sixth dilution. He examines this obscure question of dose in relation to this particular remedy and this particular malady, in a more philosophic, and at the same time, practical manner than we usually see it handled.

“When,” he writes, “I had observed a sufficient number of cases to assure me of the specific character of the cyanide of mercury, I abandoned the dose I had hitherto given, and gradually went beyond the sixth dilution. In this manner I got up to the thirtieth dilution and remained there, having only gone beyond it on one occasion. The result of my investigation was to convince me that the higher the dilution the more precise was the curative, or, as I have termed it, the negative action of the medicine. Since I have adopted exclusively the thirtieth dilution, I have observed that the diphtheritic exudation disappears in a somewhat shorter time than with the sixth or twelfth; while the appearance of the patient ten or twelve hours after taking the first dose of the higher dilution is unmistakably improved, the stage of convalescence, too, is diminished to the shortest.”

Dr. von Villers' account of his cases and his comparison of the results he obtained, with those secured by Erichsen and others using larger—though still comparatively small doses—justifies him in his preference for the more infinitesimal preparation. On the other hand, the success of Dr. Selldén and his colleagues, with their mortality of only 4.9 per cent., was obtained with the ninetieth part of a grain to a dose, and a gargle in the proportion of 1 to 10,000 of peppermint water.

That the cyanide of mercury is homœopathic to diphtheria has been proved, and that it is in very small doses the most successful remedy in that disease, experience has abundantly testified.

(To be continued in our next.)

THE TREATMENT OF CHRONIC NON-SUPPURATIVE DISEASE OF THE MIDDLE EAR BY THE APPLICATION OF SUPER-HEATED AIR.¹

PRELIMINARY COMMUNICATION.

By MACLEOD YEARSLEY, F.R.C.S.

Surgeon to the Royal Ear Hospital, etc.

SOME months ago, Dr. G. W. Hopkins, of Cleveland, Ohio, drew attention to the use of super-heated air in the therapeutics of chronic catarrhal otitis media. That author stated that whilst employing super-heated air extensively in the treatment of various joint diseases, it occurred to him that the same agency might prove satisfactory in such cases of chronic catarrhal otitis media as are characterised by ankylosis of the ossicles. He therefore commenced experiments in a number of typical cases, and in the paper referred to, is given the history of the first patient thus treated. During the four years subsequent to this case, Dr. Hopkins states that he has treated sixty-two characteristic cases with but four failures, all of which occurred in very old people with extensive labyrinthine involvement.

Cases of non-suppurative otitis media which have reached the stage of contraction of cicatricial tissue, so that the ossicles are bound down by adhesions, and are thus prevented from working properly, are so obstinate and difficult of relief, that any new treatment which could ensure an improvement, even though slight, would prove of great value to the otologist, and I therefore commenced experiments upon the lines of the method described by Dr. Hopkins, and the results that I have so far obtained justify me in calling the attention of otologists to the matter. Space will not allow of a lengthy report, and I shall therefore content myself with describing one of my cases.

Before entering upon the description of this case, however, it is necessary to describe shortly that given by Dr. Hopkins, in order to show the essentials of the method pursued. This case was a man, aged fifty-three years, a carpenter, who had suffered from nasal catarrh for fifteen years, and gradually increasing deafness for ten years. The details given by the author are very meagre as to

¹ Reprinted from the *Medical Times*

the condition of the patient; they are merely that the watch could only be heard on contact with the left, and at three inches by the right ear. Regular systematic treatment, continued for two years had scarcely stayed the progress of the disease. It will be noted that nothing is said as to the tuning fork reactions, of the presence of tinnitus, or of that very important symptom, *paracusis Willisii*.

The left ear (the worse), which was selected for the experiment, was thoroughly cleansed with alcohol for several days before the hot-air treatment was commenced. The ear was then packed with narrow strips of dry gauze, and a large pad of dry gauze placed over the ear. The ear was then covered with the canvas sleeve hot-air conductor, and a current of air sent into the canal at a temperature which gradually attained 400 deg. F.

The temperature was easily borne, if gradually increased, until a high point was reached, the only discomfort attending the treatment, arising from a severe headache which always followed it, but which was always promptly relieved by a dose of codeine.

Following the hot-air treatment, the Eustachian tube was always inflated with a warm stimulating vapour from a nebuliser, vibratory massage with the nebuliser completing the treatment.

The patient was not allowed to leave the house for half an hour after treatment, and the ear was tightly packed with warm cotton before he left.

The nose and pharynx received appropriate treatment with antiseptic washes, etc.

The treatment was continued for three months on alternate days, at the end of which time he could hear the watch distinctly at thirty-four inches, and surprised his friends by invariably replying to their whispered references to him. The right ear was then similarly treated, and in ten weeks an equally good result was secured.

This patient was discharged from treatment in January, 1897, and careful tests made at frequent intervals since have shown no indications of a tendency to recurrence.

In his subsequent remarks the author states that he has always regarded as contra-indications to the treatment: (1) arterio-sclerosis; (2) serous effusions into the tympanum; and (3) perforations. He has, however, more

recently treated several cases with small perforations without any difficulty.

The apparatus employed by Dr. Hopkins consists of a simple room-heater operating either by gas or oil, and having a funnel-shaped top, which sends the hot-air through a canvas sleeve to the ear. The essential points about the apparatus are: (1) There must be a sufficient draught to ensure perfect combustion, without having an excessive draught, which wastes heat; and (2) there must be at least one perforation in the canvas sleeve near the point of contact with the ear, or the dead air space will prevent the hot-air from reaching the ear. The gauze packing, within and over the ear, takes up all moisture as rapidly as formed, preventing burning and making the application of very high temperature easy and without discomfort.

I have given the above *résumé* of Dr. Hopkins' paper as nearly as possible in his own words, and would point out that he does not give any description of how the hot-air is made to reach the ear, or at what point in the apparatus he ascertained the temperature used. As my own case which follows will show, these two points are not without importance.

W. S., aged thirty-six, a sergeant in the Metropolitan Police, first consulted me at the Royal Ear Hospital on July 10, 1901. He complained of deafness in both ears, the left being the worse. The impairment of hearing was accompanied by buzzing tinnitus, and paracusis Willisii. The condition had come on gradually, having been noticed for the last two years, although it had probably lasted for a considerably longer period, and was attributed to frequent colds. Complaint was also made of headache of the nasal type. No form of treatment had ever been employed.

The voice was only heard when raised; the watch was heard on contact by the right, not at all by the left ear. The tuning fork gave the reactions of middle ear deafness.

On examination, both membranæ tympanorum showed uniform thickening and loss of lustre, the right was slightly indrawn, and the left markedly so, the latter being less dull and thickened than the right. The sound of the air entering by the Eustachian catheters showed that the left tube was more stenosed than the right; the

improvement after inflation was very slight in the right ear; in the left it was *nil*.

There was pharyngitis and considerable faucial œdema. The nose showed symmetrical inferior septal ridges, and enlargement of the middle turbinals. On posterior rhinoscopy adenoid remains could be seen.

Owing to the frequency with which the patient caught colds, he was advised to have the adenoid remains cleared away, and this was done on July 17th, under gas. From that time until September 29th, he was carefully and systematically treated by means of the catheter, the chloride of ammonium inhaler, injections of parolein, and every other method that could be suggested. The right ear was gradually improved to two inches of hearing power for the watch, but the deafness for conversation remained the same. It was decided to then give trial to the hot-air method, and after a few days' cleansing with alcohol, on September 30th, he was carefully tested and the first application made.

The results of these tests were as follows: Acoumeter, right ear, 13 inches; left ear, 0. Whispered speech: right, 32 inches; left, 0. Spoken speech: right, 102 inches; left, 3 inches. The ears were treated on alternate days until October 16th, when the method was abandoned for the left ear for the time being, and continued on alternate days for the right. It was, however, intended to again treat the left at a later date.

The first eight applications were made according to the method laid down in the paper by Hopkins referred to—that is to say, the ear was packed with dry gauze and covered with a pad of similar material. Alcohol drops were used for several days before, and were continued once daily throughout the treatment. The temperature of the air varied between 370 deg. and 420 deg., but it was probably not so intense at the ear itself, the thermometer being placed about the junction of the canvas sleeve and the copper funnel. After the first eight applications, it was thought that the packing of the meatus was unnecessary, and after that time it was discarded and the ear protected by gauze pads arranged round the pinna, so as to leave the opening of the meatus free in the centre. The patient expressed himself more comfortable under this arrangement, and stated that the air entered the ear better. After each application the Eustachian catheter

was used, and the ear massaged with compressed air and the Delstanche masseur. At home the patient kept up the use of the ammonium chloride inhaler. On only two occasions was slight headache complained of as a result of the treatment, and on each of these it readily succumbed to gr. $\frac{1}{2}$ of codeine.

The right ear received in all twenty applications, carried out regularly every alternate day. In the present paper it would be needless to describe the result of tests day by day, and it will sufficiently serve my purpose to say that any improvement was very gradual up to about the fifteenth application, when it became much more rapid. To that time, the hearing power for the acoumeter gradually increased to 27 inches, but on the sixteenth day it was $38\frac{1}{2}$ inches, and then steadily increased to 62. On the nineteenth day of hot-air, the whisper could be heard with the right ear at 81 inches.

This was on November 4th, 1901, and at the date of writing (November 29th, 1901), although no treatment has been used since the 7th inst., the patient can hear a whisper at 86 inches.

The patient has now resumed his duty in the police, and expresses himself as much satisfied with the result of the hot-air. He states that he no longer has to ask people to repeat their remarks, and he no longer feels that he has to strain the ear to catch what is said. The improvement to conversation is considerably greater than to the watch or acoumeter, and the patient can attend to his duties with comfort. His friends have, moreover, noted and remarked upon his altered condition.

Although it is too soon at present to speak with absolute certainty as to the value of this method of treatment, my results so far have at least been encouraging. The method requires both time and care to carry out, and at present I have not succeeded in applying it to my own entire satisfaction. The chief point about the apparatus is to obtain the greatest heat with the least waste. The arrangement which I have used was modelled upon that figured in the paper referred to. It consists of an ordinary copper room-heater made to burn gas. From it springs a copper, funnel-shaped chimney, on to which fits a canvas sleeve. This sleeve is stiffened by means of a framework of wire, and has a handle by which the patient can hold it against the ear, the portion which fits on to the copper funnel

being of asbestos. Near the ear the sleeve is pierced by several small holes to ensure proper circulation of the hot-air. In the earlier experiments I placed the thermometer in the funnel at its junction with the canvas sleeve, but I have since found that the heat of the air is diminished by some 40 deg. before it reaches the ear. I now, therefore, take the temperature of the air used through one of the ventilation holes by the ear. Greater economy of heat can be obtained by having no perforations in the heater above the gas burner. What is required is the ensurance of a perfect draught through the machine from just below the burner to the contact with the ear, and no outlet by which the hot-air can be wasted between these points.

At the present time I have a number of cases under treatment, all of which appear to be improving, and I hope to make them the subject of a more lengthy communication at no very distant date.

REVIEWS.

International Homœopathi: Medical Directory for 1902.
London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.

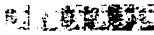
WE have received a copy of the above for 1902. We note a considerable addition to the number of names of homœopathic practitioners in the United Kingdom, showing that the need of such a Directory is being more distinctly felt. It now comprises the names of over two thirds of our colleagues. The idea that was rife some years ago, that a Homœopathic Directory was sectarian, and encouraged the old school to call us sectarian, seems to be dying out, and a desire to have a complete Directory of our school is evidently returning. The present issue is as complete as is possible under the circumstances, but it cannot be complete till all homœopathic practitioners send their names. We note, however, some inaccuracies which might have been avoided, and the name of one practitioner who was on the Hospital staff, and died nearly two years ago, is still in the list. The Colonial list is full, and seemingly complete, as is also the Indian list, and the Continental one. The new feature of the Directory announced last year is the insertion of the names of homœopathic doctors in the United States, in Central America (the United States of Mexico), and in South America. This list could hardly be expected to

be perfect in the first year of publication, but will no doubt be more so each succeeding year. It is not probably widely known in the United States that the publishers are prepared to insert in the Directory the names of all homœopathic doctors who desire it. In the present issue there are only eighteen names, but probably many more will in the future avail themselves of the opportunity afforded them of thus associating themselves with their brethren in Great Britain.

MEETINGS.

THE TWENTIETH CENTURY FUND.

A MEETING was held on Friday, April 25th, 1902, in the Hall of the Stationers' Company, Ludgate Hill, E.C., to consider a plan for the extension and development of Homœopathy in Great Britain, and the establishment of a "Twentieth Century Fund" for that purpose. The Rt. Hon. The Earl Cawdor occupied the chair, and was supported by Joseph Howard, Esq., M.P.; Sir Robert Hunter; Colonel Clifton-Brown; Alderman Truscott; Dr. Dyce Brown; W. Bedford Liddiard, Esq.; The Rev. and Mrs. Hardy Little; Mr. and Mrs. Arbuthnot; Miss Arbuthnot; Miss Ross; Mr. Willet; Dr. and Mrs. Madden; Dr. and Mrs. Burwood; Dr. Hawkes; Mr. Clifton Harris; Miss Cunard Cummins; Dr. Cronin; Dr. and Mrs. Spencer Cox; Dr. Layton Orr; Dr. Pullar; Dr. Stonham; Dr. Greig; Dr. and Mrs. Burford; Dr. Blackley; Dr. Sanders; Dr. Wingfield; Dr. Purdom; Dr. Johnstone; Dr. Beale; Dr. Jones; Dr. Epps; Dr. Jagielski; Mr. Dudley Wright; Dr. and Mrs. Clarke; Dr. S. A. Neatby; Dr. W. Roche; Dr. Roberson Day; Dr. and Mrs. Byers Moir; Mr. Moir; Mrs. Stephenson; Mrs. Compton Burnett, and others.

THE CHAIRMAN: Ladies and Gentlemen, I will first ask the Secretary to read the list of persons from whom we have received correspondence on the matter about which we are met together, before we proceed to the business. 

THE SECRETARY (Mr. Frederick King) read the list as follows: Lord Calthorpe; Lord Grimthorpe; Sir Henry Tyler; Mrs. J. B. Capper; Dr. A. C. Clifton; Henry Manfield, Esq.; Dr. Percy Wilde; Dr. Shackleton; Dr. J. W. Hayward; Dr. William Ross; Mr. J. A. Cross; R. W. Perks, Esq.; J. H. Houldsworth, Esq.; J. J. Bowley, Esq.; Arthur Avent, Esq.; Wynne Thomas, Esq.; Dr. Searson; Dr. W. Cash Read; Hahnemann M. Stuart, Esq.

THE CHAIRMAN: Ladies and Gentlemen, there are only a few

words which I need occupy your time with before I go on to ask those to address you who can speak with more knowledge of the subject than I can hope to. But perhaps you will expect me to say a word or two as to the object and aim of this our meeting, and the reason for it having been called. I think all those who have studied homœopathy, certainly all those who have taken an active part in homœopathic work, have for a long time felt that if the homœopathic cause, and the interest in homœopathy, is to be pushed and done justice to, it has been for some time necessary that there should be some permanent central organization for effective purposes. There is a great deal of homœopathic interest and skill scattered throughout the country ; but what has been felt is the need of this work being done from some central organization, which can touch all the districts where homœopathy is studied, so that we may be in a stronger position than we have been before. There are other matters, too, that require consideration, and that also require help. I think everyone is satisfied that there should be more study of homœopathy, that more able men should be free to study carefully the problems of homœopathy, and all things that affect it. It is impossible that a man in heavy daily practice can give his mind to quiet scientific study. I do not believe that for effective purposes it is possible for a man in heavy practice to give his mind fully enough to subjects of scientific research to make that research very effective. We should like to be able to free certain people who are very well able to deal with these subjects, and to give them an opportunity to benefit the community in the matter of therapeutic and scientific research, which they will be very well able to carry out if they have the leisure and time. And that leisure and time of course means money, a relief in that respect to those who have to earn their living by ordinary practice. I think it was in October last, that the British Homœopathic Society took this question up and had it under their consideration. I understand they came to the conclusion that they would endeavour to institute a movement for the development and extension of homœopathy all through Great Britain. I am very glad that the British Homœopathic Society has taken up the subject. I am sure the able men at the back of the movement will help it through if it can possibly be done. If we study what has been done in America, we shall find that Americans have gone ahead in homœopathic research and in practice more than we have in this country ; and perhaps we may take a leaf out of the book of our friends across the Atlantic, and see if we cannot do something in a direction in which they have succeeded very considerably. (Hear, hear.) Since the meeting of the British Homœopathic Society, a pamphlet has been sent out and

circulated through the country, describing the necessities of British Homœopathy, and suggesting some scheme for its extension. I do not propose to attempt to go now into the details of that scheme, because there are others who can speak better than I can upon the subject. But I touch upon it simply in order to say that it is one of the points upon which we shall hope to get some definite and clear information this afternoon. The committee have been much encouraged by sympathisers with the movement, and I think we may say that the outcome of that committee meeting is the meeting which we have here to-day. This meeting is one of the friends of homœopathy, those who practice it, and those who have—shall I say suffered under it, or those who have benefited by it? (Laughter.) There are very many who can claim to have benefited by it, and we shall be glad to extend to others the benefits that we ourselves have received. (Hear, hear.) Therefore to-day we want this meeting to consider and decide upon details of the organization, and to endeavour to form some plan to raise a permanent fund for the extension of homœopathy throughout the country. I am very much obliged to those who have allowed me to preside to-day, because I take a deep interest in homœopathy and its work. I do not profess to know much about it, except what it has done for me, and after all perhaps that is not the worst form of faith. (Applause.) I hope the result of our meeting will be something practical, that we may get together a good strong committee, and that we may be able to raise funds, which will enable us to move steadily and progressively in the direction we all wish. (Applause.) I will now call upon Dr. Burford.

DR. BURFORD: My Lord, Ladies and Gentlemen, not the least of your lordship's important public services to homœopathy is your presence in the chair at this meeting this afternoon. If any further cogent proof were necessary of the importance of this occasion it would be found in the distinguished gathering that we have here, which, whether as speakers or as auditors, are animated by one common desire for the extension and development of homœopathy in Great Britain. Homœopathy in this country has passed through many and various phases, some of them times of stress and trial. But homœopathy, being a sturdy plant, has survived to this day. There comes, my lord, in the history of institutions, as well as of individuals, from time to time, epochs of crisis, or at all events epochs of paramount importance, when all misjudgment or dilatory action may go far to wreck what otherwise would have fair prospects on account of previous years of careful upbringing. Those who have noticed the signs of the times say that for some such important juncture as this, we, as British homœopaths,

have to legislate to-day. Since the introduction of homœopathy into England seventy-five years ago, the voluntary work performed by homœopaths throughout the country has been enormous. They have erected a round dozen of hospitals, and the characteristic feature of all these, with one exception, is that since their institution they have, with that single exception, been added to, or extended or increased, and in some cases re-built. That is to say, homœopathy in England, as far as hospital work goes, is progressive. But besides this hospital work it has produced a very substantial body of technical literature, a literature which, in scientific value, is second to none of that which has been written on the same subject. We have also a very respectable journalism, with able editors, who, as Carlyle said, keep going the internal life of homœopathy by the periodicals which they conduct. Then again, I maintain that the services to the State of British homœopathy have been very considerable. If one considers and bears in mind the value to the Commonwealth of the lives of the people, important people in this country, who have been restored to health, and whose brain power has been given to the community again by homœopathy, and the scores, tens, and hundreds of thousands of lives of workers whose illnesses have been abridged and days have been added to, and who have been restored to the great army of the Commonwealth, and when one considers further that during the last seventy-five years all that has been wrought, one must admit that homœopathy has been of considerable service to the State. (Applause.) Finally, so far as what we call new drugs are concerned, it has been the province of homœopathy to provide these for itself, but also for the other branch of the profession, of whom it may often be said they have reaped where they have not sown, and have gathered where they have not strawed. One might perhaps think of the condition of British homœopathy at the present day as a newly unfolding vigorous organism, expanding under fair influence, and requiring nothing but fair conditions to enable it to occupy that position which its inherent virtue would determine for it. But this is not an accurate state of matters. We are told by those who should know that, as a matter of fact, homœopathy at the present time is working under unfavourable conditions of stress and tension, and its sphere has become more circumscribed in an enclosed circle, and that, cribbed, cabined, and confined as it is at the present time, unless some new departure is taken, we shall drift into an *impasse* from which we shall not be able to break away. In this lies the seriousness of the crisis which we ask you to consider this afternoon. Our progress is limited by disabilities. In the first place, in homœopathy we have no systematic teaching organization ; we have

no professors, no tutors, no readers, no demonstrators ; nothing, in fact, that will convey systematic, and constant, and consecutive teaching such as all the sciences now require. What would be said of the great science of engineering if people had to pick it up as best they could, supplemented by the study and reading of books ? But yet this is the kind of thing to which you condemn your homœopathic advisers at the present time. We have no academic attractions or posts to offer to those, particularly amongst our junior practitioners, whose gift are specialised in the direction of teaching. We have to condemn them to the ordinary drudgery of daily practice, when we could turn their special gifts and qualifications to better account. We have no arrangements for original research of any kind for the discovery and investigation of points of interest and importance in the sphere of medicine in general, and in our own practice in particular. These are matters which have laid an embargo upon homœopathy in this country. But over and above these—and I think you will sympathise with this on public grounds—we have no legal power to aggregate, or examine, or qualify men in our own therapeutics. It is as though it were an essential qualification for a clergyman of the Church of England that he should have practised in the Church of Rome, or that he should have some practical acquaintance with the functions of a Cardinal before he can be established in charge of a parish in the Church of England. (Hear, hear.) Ladies and Gentlemen, the thing has only to be stated for the absurdity of the position to be at once apparent. (Applause.) We have no *locus standi* in civil practice, or in professional representation. All the great Departments of State requiring medical advice, or which have commissions to bestow, pass homœopathy by with stony indifference, just as it if had no existence. And as far as representation on the General Medical Council is concerned, we take it that it would be a work of supererogation to apply to them for that fair representation which, in a scientific parliament, we should naturally look for. We are, so to speak, *ultra vires*. Again, we have no endowment, or fee, or subsidy of any kind for lectureships, or research work, or scholarships. And when we read of the enormous sums subscribed for investigation into the cause and cure of cancer, and into the cause and cure of tubercle, one reflects with some humility that a very much smaller sum would suffice for our needs, and that we should be far better able to deal with cancer and tubercle in our branch, than our friends of the other school, if we had the enormous financial backing which has been showered upon them, but denied to us. (Applause.) We have no special propaganda of any kind setting forth our own views and position. After some acquaintance with the heads of the

profession in general, I have been amazed often at the abysmal ignorance which is apparent amongst them with regard to the views we hold, and our practice. Any bizarre, or weird, or improbable story is thought good enough to explain homœopathy, and usually the denser the ignorance of the person on the matter, the more facile is his explanation of that which he has never taken the trouble to investigate. (Applause.) I do not believe, speaking for members of my own profession, that one would call this sort of thing original sin; it would rather come under the heading of original ignorance, (Laughter), which is quite as bad as the other. And we shall take it as a duty upon ourselves that, as soon as possible, with your kind aid and assistance, we hope to put before our colleagues a clear, concise, and, what is much more important, an accurate statement of what we believe and what we do. Thus, Ladies and Gentlemen, you will see that our difficulties are educational, they are political, they are financial, and that is the triple problem that confronts us to-day. Our disabilities are acute, and they are growing so acute and so fast that we feel we cannot, with any satisfaction, go on much longer in the old ways. We feel that we must in some way find new means, new agencies, and new potencies, to meet the stress of the situation. For the removal of these disabilities we require the combined interest and work of all, patients and doctors alike, in the progress of medicine, and in the welfare of humanity in general. We want the freedom to work out our place and our position in this Twentieth Century; that freedom professionally which we do not at present possess. We want improved educational apparatus. Even our opponents would bless this desire on our part; they would welcome it as a search for light; and if we are in the wrong we shall be able, sooner or later, to acknowledge it. If we are in the right, so much the better. But there is no man or woman of education who would not willingly confirm the desire, even in an opponent, to pursue intellectual work, so as to be of more service to humanity at large. We would therefore further original work in our department of healing. No man can do well two things at the same time. He cannot be engaged in the anxieties of caring for valuable human lives, and at the same time turn his attention to investigations and researches in science. These are the necessary complements in the art of medicine. We are well developed in the former; we want an additional infusion of the latter. We want the sinews of war, even a war of peace, in order to give us the means to develop. For the carrying out of our programme of a forward movement we require such an association, a bond of union of men and women similarly minded, national in its extent, for it is national work to which

we set ourselves. This bond of union shall be, in season and out of season, a visible sign of the cause of homœopathy in Great Britain. I trust my thesis for the Homœopathic Institution has been made out. If there was a clear call to action and a mission to carry out, we have it, and we only want the moral force of union, and the material force of finance to play a more useful part in the service of the State and the welfare of humanity. (Applause.) I beg to move that an Association be formed, to be called the 'British Homœopathic Association,' for the development and extension of Homœopathy in Great Britain in general, and in particular for the creation and endowment of lectureships, the provision of the means for original research, and the dissemination of a knowledge of Homœopathic therapeutics among the medical profession."

Mr. J. P. STILWELL (Chairman of the Board of Management of the London Homœopathic Hospital): My Lord, Ladies and Gentlemen, it is about 100 years ago that homœopathy was first discovered. Dr. Burford has mentioned seventy-five years ago as the time at which it was introduced into England. Dr. Frederick Foster Quin stood alone in England as the introducer of homœopathy into England. It very soon became evident to those who were brought into contact with him that there was a science and system superior in all ways to the then medical profession as expounded by the legitimate professors of the science. He got round him a number of eminent men, and the result of that was that they founded a society which they then called the British Homœopathic Society. It very quickly acquired large numbers of Fellows, and the Society set to work in the first place to form a library. Secondly it set to work to publish transactions; and thirdly, to issue works on the homœopathic treatment of disease, and to establish a hospital. That hospital was established in Queen Square in the year 1847. It was a small house, and no great progress was made up to the time when the late Mr. Marmaduke Sampson proposed the formation of a lay association to assist the British Homœopathic Society by the active co-operation of laymen. That is what I apprehend Dr. Burford would have us inaugurate now. Here we are met together for the purpose of getting lay help for medical science; or obtaining the help of laymen, who are more interested, I apprehend, than the doctors themselves, because we are those who are benefited by homœopathy; the doctors are only those who dispense it, and I apprehend that the man who receives benefit from homœopathy is a much happier man—except that there is a pleasure in doing good—than the man who cures him. (Hear, hear.) The British Homœopathic Association in

thirteen months numbered 1,300 members, and I do not see why, in the same time, we should not be able to do that, and to far surpass it. I think we ought to surpass it, and that we shall if we only put our shoulders to the wheel. The Duke of Beaufort was the President of that institution, and there was Field Marshal The Marquis of Anglesey as Vice-president. You will all agree that in our President and Vice-president we are happy. With the co-operation of the laity progress began. On the 10th October, 1849, a Homœopathic Hospital was inaugurated by the British Homœopathic Association in Golden Square. Then, after the old one was found too small for the needs of the patients, the new hospital was opened in Great Ormond Street. That continued, I think, for about fifty-six years, and within its walls patients were treated in the old building. That was pulled down, and the new hospital opened in 1895. Her Royal Highness Princess Mary Adelaide, Duchess of Teck, was at the opening, and the building cost the sum of £42,000, besides other things which were added afterwards, making up the total £48,000 in round figures. As to the extension of homœopathy, the work of homœopathy, as shewn in theory and practice, kept pace with the development of the science. The first years of the new century see the birth of, I hope, a new era for British homœopathy. The policy of therapeutic quietism must be abandoned. It is acknowledged that the policy of self-obliviation will not cause homœopathy to prosper. The President of the British Homœopathic Society has spoken, in his inaugural address, of this matter, and there is a determination to inaugurate a Twentieth Century Fund which has as its object the extension of the homœopathic belief and homœopathic practice in England, to make known to Englishmen the truth of homœopathy, and counteract the unmanly policy of the allopathic wing of our profession.

If we can get this we shall ensure a steady flow of students, and we can respond to the call for homœopathic medical men—physicians and surgeons—for whom the demand in the provinces continues to grow. Death has removed a great many of our supporters, and it is absolutely necessary that we should bring into our net new men who will assist us in the work which is before us. And in recommending this resolution to your notice, my Lord, and Ladies and Gentlemen, I would say that homœopathy is essentially the medicine of the poor. Those who are depending upon their daily labour for their food must know that it is important if they get sick, that they should be restored to health at the very first possible moment. And here is the difference between homœopathy and the other side of medicine: that homœopathy cures

more quickly and more certainly, and that there is nothing to recover from in treatment, as there very often is in the other system of medicine. (Hear, hear.) That being the case, I think you will see how important it is that this resolution which has been placed in my hands to support and second is worthy of being carried out. (Applause.)

MR. KNOX SHAW: My Lord, Ladies and Gentlemen, I have not very much to add to what has already been said in support of this resolution. But I think I may say a few words, as the subject is a very large one, and yet not go over ground which has been already so ably trodden. Now, one of the great difficulties which must be apparent to the layman—I am speaking now of non-medical people—is in securing, when necessary, the advice of a practitioner qualified in homœopathy. This is a subject which has been brought to my notice a great many times, and very bitter complaints have been made as to having once become a homœopath and therefore having, shall I say, learnt wisdom and also learnt the benefits of homœopathic treatment, that there are occasions if they move their residence or go into certain districts when it is impossible almost to find a homœopathic doctor. That is a question which concerns lay people as well as the medical profession. For some years past—I may say for the last fifteen years—we have been preparing the way for alteration in this. Our difficulties have been that we have not had the means of teaching homœopathy as it should be taught. We have now a hospital which I am proud to say we who are attached to it believe to be second to none. (Applause.) We have there now every opportunity of teaching if we have the means to teach. Now, it has often been said to me in a light and airy way—I say light and airy, because those who make these remarks do not appreciate in the least degree the enormous difficulties of the question—"Look at America; see what a large number of colleges and qualifying bodies there are in America. Why cannot you do something similar to that in England?" Well, as I said before, the difficulties are immense. The difficulties are political and financial. By political difficulties I mean medical politics. Unfortunately, we are considered to hold a heresy in medicine; and like all those who hold heresies, we are received with a good deal of opposition by the so-called orthodox school. In England we are a conservative country, and it is almost a matter of impossibility in our present position to found a university for granting degrees. Therefore we have to do the next best thing we can, and at present our difficulties are those of finance. Unfortunately amongst the whole body there has not yet arisen a Carnegie to do for us what Carnegie has done for Scottish

education in Scotland, or a Cecil Rhodes to do what Cecil Rhodes has done for us in Imperial education at Oxford. Still, we are hoping that with a strong combination of people who expound homœopathy, and those of the public who believe in it and receive its benefits, we can do as a large body what a millionaire can do with his one stroke of the pen. This Association we believe is on the lines to conduct and carry out this particular sort of work. We want a sufficient sum of money to enable us to educate the medical profession. We believe we may be able to educate them in two ways. We can bring to them the means of knowing what homœopathy is, and so counteracting what Dr. Burford calls the abysmal ignorance, when they have once passed the examining body and become fully fledged ; and also in attaching to the various hospitals and dispensaries of the country young men who will look into the subject and see exactly what homœopathy is, because it has really only to be looked into and seen to be established. We also labour under a great difficulty in that the General Medical Council, which insists upon the direction of the medical education of the country, entirely neglects amongst its duties the teaching of the science of homœopathy, possibly because in the present chaotic condition of ordinary medical therapeutical science they may not think it scientific ; they may consider it to be, as it is the fashion of the day to regard it, as the chemical construction of tabloids and not worthy of further consideration. Still, we are anxious to make good that particular deficit in the medical education of the present day, and we believe that such a sum of money as may be entrusted to the committee will be wisely and judiciously spent. (Applause.)

The resolution was carried unanimously.

DR. DYCE BROWN : My Lord, Ladies and Gentlemen, I have great pleasure in proposing the following resolution : " That this meeting nominate as officers of the Association for the ensuing year the following noblemen and gentlemen : President, The Earl Cawdor ; Vice-presidents, The Earl of Dysart, and Lord Calthorpe ; Treasurer, Joseph Howard, Esq., M.P." This is a short resolution, but it is a very important one. As we know, an army may be a first-rate army, full of vigour and courage, and ready to do anything and carry out any orders successfully when they get the opportunity : but the Generals are essential. Without the Generals an army cannot work successfully, and therefore it is that this kind of resolution is a very important one, and I have great pleasure in proposing the names of these noblemen and gentlemen. Lord Cawdor's work for homœopathy and for the hospital we all know. He is

exceedingly active in promoting the interests of the hospital, and without his aid I do not know how the hospital board of management would get on. Lord Dysart, as most of us know, has shewn a very great interest in the propagation of homœopathy, giving largely and offering large sums, which have not always been utilised, and shewing his interest and belief in homœopathy and his wish to have it spread as largely as possible by every means in his power. Lord Calthorpe has shewn his great interest in the cause by accepting office on the board of management of the London Homœopathic Hospital. His Lordship is very often in the country, but whenever he is in town he makes a point of coming to the meetings at the Hospital, and he would have been with us now if he had been in town. Mr. Joseph Howard, M.P., will be an enormous acquisition to our strength. It does not need any words of mine to convince you that Mr. Joseph Howard will make an admirable treasurer. Therefore I have great pleasure in commending this resolution to you.

SIR ROBERT HUNTER: My Lord, Ladies and Gentlemen, it gives me much pleasure to second the resolution which my friend Dr. Dyce Brown has just moved. If I may say one word upon the main question which brings us together to-day, it is that I am sure that anyone who has practical experience of the homœopathic treatment will desire that opportunity should be given for its practice on a larger scale, and under such circumstances that the results may be made known to the world. (Hear, hear.) It has always appeared to me that the attitude of the medical profession towards homœopathy has been very similar to the attitude of the theologians in the Middle Ages towards those who differed from them on the particular dogmatic teaching of the time. The doctors of theology in those days did not discuss differences of opinion with their opponents; they first called them names, and then they burned them if they could. (Laughter.) The medical profession at the present day has not been burning the adherents of homœopathy, but it has taken great pleasure in calling them bad names. Yet, if I am correctly informed, the Founder of homœopathy only did what all pioneers in modern science have done; he first collected a number of facts and then he hypothecated a law to explain those facts. One would have thought that the members of a learned profession would have welcomed suggestions of a law regulating therapeutics for observation and experiment, if not for immediate adoption. But so far from doing that, they seem to have resented the very suggestion that there could be any such law, and they seem to have treated all those who held a contrary opinion as unfit to associate professionally with their brothers

in the healing art. And this is the more extraordinary because a vast field of knowledge and enquiry is common to both branches of the profession. (Hear, hear.) The human frame, its constitution and functions, the ills to which it is heir, all these matters are subjects of investigation and consideration which are common to both branches of the medical profession. The treatment of disease, and the diagnosis of cases, and the whole area of surgical art is common to both branches, and it is only when one comes to the question of the operation of drugs that one party holds, as I understand, that there is a law regulating the operation of drugs, and another party which holds that there is no law at all. Either the one party or the other may be right, but it is singular that it should be attributed as a virtue to hold the one opinion, and a crime to hold the other. There are one or two facts which have always seemed to me to be significant of the future of homœopathy. If I am not mistaken, Dr. Hahnemann was persecuted in his own day, not on account of the law which he suggested as controlling the operation of drugs, but because he denounced bleeding as an infallible remedy for nearly every complaint. The medical profession as a whole, however, has adopted his view with regard to bleeding, and the practice of it has entirely gone out. Is it not possible he may have been equally right with regard to his suggestion as to the operation of drugs? Secondly, despite the treatment which it has received at the hands of the medical profession generally, homœopathy has not only advanced in the number of its own adherents, but it has, I believe, revolutionized the practice of medicine amongst the other branches of the profession. (Hear, hear.) We all know what that practice used to be. Those of us who have the misfortune to remember many years know much better than those who are younger. The practice was to take several very powerful drugs, probably poisons, in great quantities, the doctor mixed several drugs together and left them to fight it out in the body of the unfortunate patient. All that has now been altered. Drugs are now given by the allopath branch of the profession in small quantities; they are scarcely ever mixed, and, if I am not incorrectly informed, that branch has also adopted some of the most generally known and valuable homœopathic remedies; it has blessed them and received them into its practice, although it does not bless or receive into its community those who have been instrumental in introducing them. The particular resolution which I have to second needs no commendation from me. It is a subject for congratulation that names of such distinction should have been found as those of the first Officers of this Association. In particular I think this meeting may congratulate itself

on the fact that the President of the Association is to be a nobleman of the distinction and the great business ability of Earl Cawdor. (Applause.) The chairman of one of the greatest railway companies of the United Kingdom will bring to the services of the Association that knowledge of men and affairs, and that judicious judgment and tact and skill which he has acquired in the difficult world of railway commerce. I am sure we are equally to be congratulated in the other names which are before you, and I have great pleasure in seconding this resolution. (Applause.)

COL. CLIFTON BROWN: My Lord, Ladies and Gentlemen, I am afraid that the gentlemen who have induced me to support this resolution can be no very great friends of yours, but I must ask you to listen patiently for a few moments to my remarks. I rise with some pleasure to support the resolution which has been proposed and seconded. And the ladies will excuse me if I put the remarks I have to make like a subject which must be under two heads and an application. The first head is connected with the officers who have just been proposed to you; and I only add my testimony to the words which have already fallen from previous speakers. I rejoice that we have Lord Cawdor to be your chief head in the future. I can remember ten years ago when we had a Jubilee dinner for the hospital, that we sat down to that dinner with about £5,000 deficit, and we came out of it with something of a surplus. I ventured to say it was owing to the magic wand of our present chairman to-day. He contradicted me, but I believe there was a good deal of truth in it, and I am anxious that we should continue with him as the head, in order that he may use the magic wand again to produce funds which we require upon this occasion. In answer to those gentlemen who have put upon me the penalty of addressing a few words to you, I may say that I will gladly give them £100 for this fund if they will not ask me to speak again on these occasions. (Applause.) Again, there are two other noblemen on this list whom I should like to refer to. The world is large, and I do not think I know them personally, and they come from a House of which it is said the members do not do much work, and that sometimes the work which they do is not of the right sort; but I am sure of this, that those names appearing on this list, recommended as they are, are the best names we can find for Vice-presidents of this Organisation which you are forming, and I cordially and heartily support their election on this occasion. And now for the second head. I suppose I am asked also to say something on behalf of your work, which is the spread of homœopathy, as I understand it, all the world over. (Applause.) I

cannot do much more than refer to personal matters, which are not always very nice perhaps, but it has been my good fortune and my happiness to bring up sons that have served in Africa for these three years, and those years in the trying time of this country's need, and even in China, and in other places, and they have succeeded beyond all my expectations, and I put it down myself to their being brought up on sound mother's milk and to good homœopathic medicine. (Laughter and applause.) I am often asked whether, if there came a case of necessity in my life, or the life of any members of my family, I would not desert homœopathy and call in an allopathic doctor. Well, such has never happened to me yet, and I have already come to three score years and more, but I should look upon it as the direst calamity of my life to have to call in an allopath doctor. (Applause.) The great evils of the lack of homœopathic treatment, and where I want to see it extended, is in the country districts in which I have lived, where we have few homœopathic doctors that we can apply to, and very few dispensaries and organisations of any sort where we can get advice. And I believe that if young homœopathic physicians would go into many of our country districts and set up a practice they would make a fine living, because in most of the villages and towns which I know in Sussex, which is not very far off, there are seven or eight doctors all cutting their own throats and killing their patients with abominable stuff—(laughter)—and charging high prices. My belief is in the theory of homœopathy, that it goes from the very bottom to build up the constitution of the individual. It does not ruin the constitution by purging medicines or things of that sort which we have known in the past; but from the moment the patient comes into the hands of the homœopathic doctor he starts building up his constitution. The constitution is a thing which is lost sight of often, even amongst our medical men to some extent now-a-days, especially in the big towns, where you see the constitution deteriorating and going back every day. We in the country have other doctors; we have Dr. Fresh Air, we have Dr. Appetite, we have Dr. Exercise, and Dr. Sleep, all free to us. These doctors keep our constitutions better in the country than you can hope to have them in the towns. But, Ladies and Gentlemen, my belief in homœopathy is that its adherents follow Nature much truer and nearer than the allopath doctors do, and for that reason they do more good in the world in maintaining the constitution of many of the poorer people of this country, who require to have their constitutions built up and made firm. It is with great pleasure, My Lord, and Ladies and Gentlemen, that I support this resolution. (Applause.)

The resolution was then put to the meeting, and carried unanimously.

MR. JOSEPH HOWARD, M.P. : My Lord, Ladies and Gentlemen. The resolution which I have been asked to propose is this : " That this meeting nominate as a General Committee to carry out the objects of the Association, the President, the Treasurer, and the following gentlemen, with power to add to their number : R. W. Perks, Esq., M.P. ; J. P. Stilwell, Esq. ; Capt. Cundy ; W. R. Arbuthnot, Esq. ; Sir Robert Hunter ; Henry Manfield, Esq. ; W. M. McArthur, Esq., M.P. ; Col. Clifton-Brown ; J. J. Bowley, Esq. ; the members of the Executive Committee of the British Homœopathic Society ; Dr. Dyce Brown ; Dr. Clarke ; Dr. Madden ; Dr. Cash Reed ; Dr. Spencer Cox ; Dr. Goldsbrough ; Dr. P. Stuart. All donors of £1,000 and upwards to the fund shall be entitled to a seat on this Committee."

This resolution is consequential on those which have been already passed by this meeting, and it does not require any words of mine to recommend it to your notice. However, I am very glad to be here this afternoon to express my sympathy with homœopathy and homœopathic practice, and, like your chairman, to say what benefits I have derived from it myself, and how much good I have seen result from it in my own family, and in the members of other families with which I am connected. I am also convinced of its efficiency as a system, We have all, I feel sure, from the speeches which we have heard this afternoon, been satisfied of the importance of this movement at this particular juncture ; how desirable it is that the matter should be carried through for the benefit of humanity at large, and in the interests of scientific research, and we desire to support it in every way that we can. I do not think we can expect a movement of this kind to go through satisfactorily, unless we have a thoroughly good and strong Executive committee to carry out the operations, and I feel sure you will all agree with me that we could not have had better names than those I have read out to you in this list to carry on these operations. I was not aware when I came into this room that my name was to be put in as treasurer, but I am glad to do what I can to assist this movement, and if I can be of any service to you in this way I shall be very glad. I feel that we have had a very good and influential meeting here this afternoon, and that the movement has had a good start, and I give it my cordial good wishes, and hope we shall see it prosper in every way. (Applause.)

DR. CLARKE : My Lord, Ladies and Gentlemen, I have much pleasure in seconding this resolution. I was not aware myself

until I saw the resolution that my own name was on it, but, like Mr. Howard, I shall be happy to do my part. I may say that my name is here, as on the Executive Committee of the British Homœopathic Society. Well, the thing I feel inclined for executing is an *Odium Medicum*. The thing we have to contend with in putting forward homœopathy is not anything reasonable at all; it is the feeling in the medical profession against us. That feeling is a perfectly unreasoning thing, but we have to understand that that is what we have to meet with. Now, the postscript of this resolution is a very important part of it: all donors of £1,000 and upwards to the fund shall be entitled to a permanent seat on this committee. That is business. Those who pay the piper have a right to call the tune; and it is a very necessary thing that those who subscribe the money to this movement should be in a position to say how that money shall be spent. (Hear, hear.) There are two things necessary in advancing any cause. I have no great belief myself in the power of abstract rights. For the last 100 years homœopaths have been singing the song "*Magna est veritas et prevalebit.*" Well, that is all very well, but I am ready to back *Odium Medicum* against any amount of abstract right that may be brought to bear against it. We have enjoyed our abstract rights all along, but we do not make much headway. In order to make any headway there are two things necessary. First of all, there must be somebody ready to work, or it may be, to fight for it. (Applause.) And the next thing is there must be somebody to pay for it. (Hear, hear.) We have got somebody at last to set some machinery going, and that is our good friend, Dr. Burford. Before I sit down I should like to congratulate him on this very practical result of the energies which he has been putting forward all this time. I do not know whether there are any millionaires here to-day. Somebody said there were not. If there are any undecorated millionaires I should like to point out to them that in the course of the next few weeks there will be some comfortable seats in the House of Lords for distribution; and if they will hand over a hundred thousand pounds or two to Dr. Burford, there is no saying what might happen. (Applause and laughter.)

∴ The resolution was carried unanimously.

CAPTAIN CUNDY: My Lord, Ladies and Gentlemen, the last resolution seems to have put you into possession of the men, and I hope the resolution I have to propose will put you into possession of the money. The resolution is "That a Twentieth Century Fund be organised, of at least £10,000, to enable the Association to carry on its work." I do not know whether any of you have been into a shop, and when purchasing something have seen the assistant quietly receive a paper from

another assistant with this written on it: "Don't give it up without the money." We have this project forming; we are projecting this proposed Association, but we cannot float it without money; and for that purpose we want at least £10,000. That seems a great deal of money; but others are raising £100,000 merely for the purpose of trying to find the reason of cancer. If we are looking into that question every day in all the hospitals in London, there scarcely seems any necessity for further investigations into that dire complaint. But I think it is very necessary that homœopathy should be set going. I think it is as patriots we should desire homœopathy to progress, because you know we have children growing up; and how are they to grow up in health and strength unless, as Colonel Clifton-Brown has said, they are brought up naturally, and with good homœopathic medicines? Besides, we have to consider the tempers of the children. I am old enough to know what a bitter thing it was to have to get up early in the morning and take medicine. (Laughter.) I know what nasty abominations they were. I knew what it was to swallow a box of steel pills, and the only way I was emancipated from the peril of the doctors was by my marriage some fifty years ago. My poor wife, after five years, broke down. The allopaths could do nothing for her, and they delivered her up to die. Then she became a homœopath, and she is alive to this day. (Applause.) What could I do but follow her lead? I became a homœopath also, and I also am alive to this day. (Laughter.) And I hope, my dear friends who are here, ladies and gentlemen, that you may live many years. Yet homœopathy will not keep you alive; there is only one thing that can do that. When the Lord's time comes we must pass away. But these ills do not spring out of the earth, but are permitted to fall upon us by our Father in Heaven. Yet He also provides remedies. All medical knowledge is from revelation from God. It is given to the seekers, and I do not see why the allopaths should deny that the knowledge derived by homœopaths is equally a revelation from God. Certainly it is a good that I can declare, not only from my own personal experience, but from the experience of my household, and in the Homœopathic hospital which I am privileged to visit continually. It is these facts of personal experience of the actual and wonderful good and superiority of homœopathic medicines over the allopathic system that make me always a strong advocate of homœopathy, and a willing helper of the hospital. And it is not only the opinion of a person like myself. Some years ago I was writing to the doctor of my old regiment, perhaps some forty years ago, and I said, "My dear old friend, I do not know what you will think of me, perhaps you will cut me, but I have

become a homœopath." He said, "I am delighted to hear it. I only wish I knew when I was in the service what I know now about homœopathy, for many a poor fellow's life I might have saved and alleviated his complaint, which I was not then able to do." Homœopathy is as superior to allopathy, as the rifle was to the old brown Bess, and it is now a good many years since soldiers were armed with that first percussion musket. This is an old story you will see, but it is a fact. There was the testimony of a man who had no purpose to serve by making it, who had himself known all the horrors of allopathy, and who had learned in his later life the benefits of homœopathy. You have heard a good deal of speaking this afternoon, and I shall not take up your time further on that point. I was asked by one of our friends to say something about the objects to which this fund might be devoted. There are many ways in which the money might be used. We want a professorial chair; we want somebody who can lecture upon these subjects, so that when we have meetings of young men who desire to know what homœopathy is, they may attend and learn. We want money to establish that professorial chair, and also for the purpose of proving medicines. Of course we have all proved these medicines. Many of the ladies, perhaps, are homœopaths in their way. They have not taken honors; they are not M.D.'s or M.B.'s, but they are all private practitioners—(laughter)—in their own homes and upon themselves. And when we get the ladies on our side we shall have no difficulty in getting together £10,000, or £20,000, or £30,000, or any number of thousands of pounds, because there are no truer patriots than the ladies of England and of the British Empire. (Applause.) I have the pleasure to propose that a Twentieth Century Fund be organised, to enable the Association to carry on its work. (Applause.)

ALDERMAN TRUSCOTT: My Lord Cawdor, Ladies and Gentlemen, I rise with the greatest possible pleasure and satisfaction to second this resolution, and thereby to express my entire association with the object of this meeting. When, some few weeks ago, I found on my breakfast table a large packet of printed matter I was not surprised, because we all receive that nearly every day—(laughter)—but when I opened it and found to my great satisfaction, that the papers were connected with homœopathy, I did what I do not always do with the papers that I receive—I read the papers from top to bottom, with the result that I came to the conclusion that homœopathy was at last waking up. (Applause.) I found that it was catching the spirit of the times and going forward. Undoubtedly, as Dr. Burford said to us just now, homœopathy has arrived at a time when it requires a good push; at a period

when it requires the help not only of the medical profession, but of the laity. I am, as your chairman tells you he is, a homœopath by conviction. I am here to-day to support homœopathic tenets because of the good I have derived from treatment by homœopathy. (Hear, hear.) It was my privilege for many years to be a patient of Dr. Compton Burnett, and I believe there is not one in this room but will gladly acknowledge the great services he rendered to the cause of homœopathy, and I cannot but regret that he is not with us to-day to see the time that has now arrived when homœopathy is to be pushed forward. (Hear, hear.) I am sure nobody would have rejoiced more gladly than he would have done. If, ladies and gentlemen, you desire to know whether I am still a strong homœopathist I will show you my credentials. (Applause.) Here they are. One thing which has appealed to me in regard to homœopathy is the handy way in which you put up your medicines. If you are told to take your medicine at 4 o'clock in the afternoon, you have not to bring away with you in the morning a half-pint bottle. When I was under allopathic treatment I have done such a thing, and a precious nuisance it was. Therefore I heartily rejoiced when I came under the treatment of homœopathy, and was able to carry my physic conveniently in my pocket. As I came into this Hall to-day, an envelope was put into my hand, and it was addressed to the Master of the Company. It was an appeal from the Cancer Research Committee. I could not help associating that appeal with our meeting to-day, for it shows me more than ever how timely this meeting is. There are, as we have been told by the gentlemen on my right, at the present moment associations formed in order to try and find out the cause of that terrible disease tuberculosis; also another committee formed in regard to the equally terrible disease cancer. Well, it is time that homœopathy came forward, because I am sure there is not one of us but feels sure that amongst the homœopathic drugs, perhaps concealed at the present moment, are the very ones which may prove effectual in dealing with those dire maladies. It is therefore with the greatest possible pleasure I am here to-day, and I support with every cordiality the resolution that has been proposed by Captain Cundy, that a Twentieth Century Fund be organised, of at least £10,000, to enable the Association to carry on its work. (Applause.)

The resolution was then put, and carried unanimously.

THE SECRETARY read the list of subscribers, as follows:—

DONATIONS AND SUBSCRIPTIONS EITHER RECEIVED OR PROMISED.

			£	s.	d.
Captn. Cundy	..	..	250	0	0
Dr. Peter Stuart	..	..	100	0	0
Dr. Dye Brown	..	..	£50	0	0

	£	s.	d.
Dr. G. Burford	25	0	0
Dr. Byrnes Moir	25	0	0
Mr. Knox Shaw	25	0	0
Dr. E. A. Neatby	25	0	0
Mr. Dudley Wright	25	0	0
Dr. J. W. Hayward	25	0	0
Dr. Roberson Day	25	0	0
Dr. Burwood	25	0	0
Henry Manfield, Esq.	25	0	0
Mrs. Mason	25	0	0
Dr. Percy Wilde	20	0	0
Mrs. A. J. Woodhouse	10	10	0
Dr. Eugene Cronin	10	10	0
James Johnstone, Esq. (1st Subscription)	10	10	0
J. P. Stilwell, Esq.	10	10	0
A. Backhouse, Esq.	10	0	0
Dr. E. M. Madden	10	0	0
Dr. A. C. Clifton	10	0	0
Dr. Spencer Cox	5	5	0
Dr. Wynne Thomas	5	5	0
F. H. Shaw, Esq.	5	5	0
Dr. Cash Reed	5	5	0
Miss Cruickshank	5	5	0
Isaac Thompson, Esq.	5	0	0
Miss Paget	5	0	0
Dr. A. M. Cash	3	3	0
Mrs. Swain	2	2	0
Sir P. G. Julyan	2	2	0
Rev. Dr. Horton	2	2	0
Austin Reynolds, Esq.	2	2	0
Dr. F. P. Stanley Wilde	2	2	0
Dr. Stonham	2	2	0
Dr. Ramsbotham	5	0	0
Dr. Searson	5	5	0
Miss Annie Paget	5	0	0
Allen Stoneham, Esq.	5	5	0
A. Marshall Jay, Esq.	10	10	0
W. B. Liddiard, Esq.	10	0	0
W. G. Freeman, Esq.	2	2	0
C. A. Russell, Esq.	5	5	0
W. R. Arbuthnot, Esq.	10	10	0
Col. James Clifton-Brown	100	0	0
Dr. Clark	25	0	0
Amount of Donations and Subscriptions received or promised under two guineas	10	19	0

To date

Total £988 16 0

April 28th, 1902.

DR. MADDEN: Your Lordship, Ladies and Gentlemen, I have very much pleasure in proposing "That a Ladies' Committee be formed to act in concert with the General Committee: and consisting of the following ladies, with power to add to their number:—

Lady Cawdor; Mrs. Henry Wood; Lady Hunter; Mrs. J. M. Maclean; Mrs. Clifton-Brown; Mrs. Compton Burnett; Mrs. Arbuthnot; Mrs. Peter Rylands; Mrs. Cundy; Mrs. Stephenson; Mrs. Wm. McArthur; Mrs. Torrens-Johnson; Mrs. Kelly.

As you have just heard, we have made a very good start, but we have still a lot of work before us to complete what I have told my friend Dr. Burford, I consider an altogether inadequate sum of £10,000 to do what he is hoping to accomplish. (Hear, hear.) I think the £20,000 or £30,000 which Captain Cundy has referred to would be much nearer the sum which we shall require to in anything like an adequate way carry out this programme. To do that we shall require the help of all our friends, and the ladies will be most invaluable assistants to us in our efforts to raise the funds, and in advising us how best to make use of them. A certain lady, in whose opinion I have great faith, reminds me now and again that although the men of this country may, according to law, consider themselves the head of the house, undoubtedly the wife is the neck. As we wish the heads of all our friends to be turned in a direction which will be favourable to us, we have all the more reason to desire that the necks should turn them in that way. Ladies and gentlemen, there is no need for me to dilate further on the primary object of this meeting. I only want to make one further remark, and that is that in our efforts to lay homœopathy fairly before the profession, all we wish is a perfectly fair and unbiassed hearing. Fair play and no favour is all we ask for. (Hear, hear.) Hitherto our opinions and our practice have been absolutely distorted and maligned in every way. That comes from an allopath source, and it is that which we have to fight against. Every young qualified medical man is turned out with a prejudice against homœopathy. He is told he must be either a fool, or a knave, if he can follow it or associate with it in any way. Those of you who have not had practical experience of it do not know how hard it is to persuade a young man to associate himself with homœopathy, or with a homœopathic hospital or dispensary. They will not look at them, unless they have some private influence. They are so prejudiced that they will turn away from what is regarded as such an evil thing altogether, and they will not associate with it in any form. We have to take away the false, and replace it with the true knowledge of what homœopathy is. When that is

done we have no fear that the result will be that large numbers will accept and follow our teachings. I have great pleasure in moving this resolution. (Applause.)

DR. E. A. NEATBY : My Lord, Ladies and Gentlemen, I have much pleasure in seconding the resolution which has been proposed by Dr. Madden. I am asked to state that Lady Cawdor has consented to have her name added to the Ladies' Committee. (Applause.) I think you will cordially pass this resolution. I have some little acquaintance with the valuable work that ladies can do in connection with homœopathy in particular, not to mention what you all know in many other spheres. About a year ago the Board of Management of the London Homœopathic Hospital consented to organise, or to invite the organization of a Ladies' Committee or Guild in connection with their hospital ; and in different parts of London that has already been done. I spoke to the lady secretary of the first branch of the Ladies' Guild of the Homœopathic hospital, and found out from her that in one neighbourhood in the North of London, fifty-nine ladies have already banded themselves together with the object of helping the hospital, and each lady has invited at least one other lady to join that committee. If something of that kind can be evolved in connection with this larger and wider movement, which is being initiated this afternoon, I am sure there can be no doubt as to the issue of the movement. I have nothing further to say, except to once more cordially second the resolution which Dr. Madden proposed. (Applause.)

The resolution was unanimously adopted.

MR. DUDLEY WRIGHT : My Lord, Ladies and Gentlemen, I have great pleasure in moving a vote of thanks to the Master (Alderman Wyatt Truscott) and the Court of the Stationers' Company, for being so good as to lend us their hall to-day for holding this meeting. (Applause.) I am sure you will all cordially support that. And I should like to say that my colleagues on the Executive Committee of the British Homœopathic Society feel themselves under a great obligation to Mr. Alderman Truscott for having been so good as to offer us this hall, as we had some difficulty in selecting a suitable place for this meeting. Mr. Truscott has said something about homœopathy waking up and going forward. Well, my lord, I feel that we are waking up and going forward, and that we are starting under very good auspices when we find a large city company is ready to favour us, and help us on by lending us a hall for the meeting which starts this movement. (Hear, hear.) I will not detain you any more at this late hour, but will formally propose that a hearty vote of thanks be passed

to the Master and the Court of the Stationers' Company for the use of the hall. (Applause.)

DR. GOLDSBROUGH : My Lord, Ladies and Gentlemen, I have much pleasure in seconding this resolution, that the best thanks of this meeting be given to the Master and Court of the Stationers' Company for allowing us the privilege of meeting here to-day. Perhaps if we were to follow the advice of another speaker, and carry our minds back a few centuries and speculate into the origin of these great Companies, and ask at the time of their origin what hall we might have been expected to meet in, it would scarcely be the Hall of the Stationers' Company. It might perhaps have been in the hall, not of a Company, but the off-shoot of a Company which is not very far from here. I allude to the Apothecaries' Hall. But I suspect if we were to ask to-day if we might use the Apothecaries' Hall, we should have been rudely rebuffed, saying "Do you want to damage our trade?" That is all past and gone now as far as the origin of Companies is concerned; and in this present day we find a great Company rising to the occasion and allowing a meeting in their Hall for the advancement of the highest possible technical training and education. That is how it strikes me. And I should like to express my thanks personally as a member of the homœopathic body for permission to meet in this Hall to-day. I have the pleasure to second the resolution. (Applause.) (Carried).

ALDERMAN TRUSCOTT : My Lord Cawdor, Ladies and Gentlemen, it is with very great pleasure I acknowledge the courtesy of this resolution of thanks to the Court of this Company for loan of this Hall to-day. I must say that when I had to bring the application before the Court I wondered how I could associate homœopathy with stationery—(laughter)—and it occurred to me that I might point out to the Court that perhaps there is no profession which utilizes paper and print more largely than the medical profession. And although of course it is somewhat difficult to get ready acquiescence for anything connected with homœopathy, still the Court were good enough to pay me the compliment of lending me the Hall; and they did so without a murmur. I rejoice that this meeting should have taken place within the City of London, the home of freedom. We recognise no religious sect, in the city of London, over another. We recognise no politics, and we recognise no medical sects; we only look to the general benefit of humanity; and it is because this meeting may tend to the amelioration of human suffering that I rejoice it has taken place in the City of London. (Applause.) Reference has been made to the Apothecaries' Hall. It is not very far from here. In the old days the Archbishop of Canterbury,

who is the patron of this Company, used to attend here for the purpose of burning heretical books in that garden. If this meeting had taken place in the Apothecaries' Hall 200 years ago, it is just possible that this Company might have been asked for the loan of its garden for the purpose of burning the homœopathic books. I thank you very much for the compliment you have paid my Company and myself. (Applause.)

ALDERMAN TRUSCOTT: Ladies and Gentlemen, I have a great privilege bestowed upon me, and that is to propose a hearty vote of thanks to our Chairman. (Loud applause.) I join heartily in congratulating this movement upon having obtained his lordship as President of it. His lordship is known throughout the country as no faddist. (Hear, hear.) He is a practical business man, one who would not associate himself with anything which he did not consider thoroughly worthy of his association. (Applause.) It is therefore a matter of great congratulation that he has consented to accept the presidency, and in your name I tender to him the grateful thanks of homœopathy in general. (Applause.) I am sure that vote does not require any seconder. (Applause.)

The resolution was carried by acclamation.

THE CHAIRMAN: Ladies and Gentlemen, I am very much indebted to you for your kind vote. I am also indebted to you, Mr. Truscott, for your very kind words respecting myself. We have met here with a definite and practical object to-day. We have succeeded in that object so far as the establishment of an organization goes, and we hope it is going to bear fruit. We will see it does bear fruit, and those who have put their hands to the business I hope will endeavour to see it through. I concur with the view that to some extent £10,000 is not a large sum to enable us to do what we hope to, but if we get £10,000 I do not think we shall have great difficulty in getting a good deal more. It is the first step which is important, and when people find business is going to be done they will flock to it and give us further help. As far as I can give you any assistance and any leisure time I am glad to give it to so good an object. Since the subscription list was read out I am glad to announce that Dr. Clarke has given £25. I thank you very much indeed for having attended in such good numbers. We have had some good suggestions and excellent speeches, and we shall always feel very much indebted to Alderman Truscott for his kindness in giving us this Hall for the meeting. (Applause.) The proceedings then terminated.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Session 1901-02, was held at the London Homœopathic Hospital on Thursday, April 10, 1902. Dr. Roberson Day, Vice-President, in the chair.

NEW MEMBER.

Charles John Greig, L.R.C.P. Ed., L.R.C.S. Ed., and L.F.P. & S. Glasg., of 1, Florence Road, Ealing, W., was elected a member of the society.

SPECIMENS.

The following specimens were shown by Dr. E. A. Neatby. (1) Uterine myofibroma removed by abdominal retroperitoneal hysterectomy; recovery. (2) Double pyosalpinx removed by cœliotomy; recovery. (3) Large broad ligament cyst; enucleated. (4) Recurrent carcinoma of mamma removed by excision of the pectoralis muscle.

THE LATE DR. RICHARD HUGHES.

Attention was drawn by the chairman of the meeting to the great loss the society had sustained in the death of Dr. Richard Hughes, whose remains had that afternoon been laid to rest. Dr. Dudgeon thereupon moved a vote of sympathy and condolence with the widow and family of Dr. Hughes. Dr. Dudgeon reminded the society it was Hahnemann's birthday, and while many homœopathists throughout the world had been celebrating that event, he and other colleagues had been burying Hahnemann's greatest disciple. Dr. Hughes was beloved by all. He was incapable of making enemies. His works were known by all; they are handbooks, used all over the world, having been translated into many languages. No further eulogium was needed. Each member present felt Dr. Hughes' loss as a personal bereavement to himself.

Dr. Clarke seconded the motion. He said that until Dr. Hughes' works were available, the study of homœopathy was only possible through very severe application. It may be said for the last thirty-five years Dr. Hughes had dominated the homœopathic world, and now he is gone the loss cannot be estimated and seems irreparable.

A letter was then read from Dr. Pope, who though unable to be present desired to take some part in an expression of regard for a highly esteemed and widely loved colleague. Dr. Pope described Dr. Hughes as essentially a Christian gentleman, a man of wide and varied learning, and always a constant and industrious student. The most valuable part of Dr. Hughes' work concerned the homœopathic *Materia Medica*, in which to the end of his life he was earnest in sustaining the purity and accuracy of the public presentation of it. Great as is our loss,

that which Dr. Hughes' family are called upon to sustain is far greater.

The chairman added that his acquaintance with Dr. Hughes dated from the earliest time he knew anything of homœopathy. As a student he remembered Dr. Ringer quoting Dr. Hughes as an authority in *Materia Medica*. Dr. Dyce Brown had intimated his great regret that he was unable to be present at the meeting,

The motion was carried unanimously.

A HUGHES MEMORIAL FUND.

Dr. Madden then spoke as the oldest personal friend of Dr. Hughes, and moved that the public expression of the loss at his death should not stop at words, but should take a more substantial and permanent form. Many reasons could be adduced for this proposal, and there could be no doubt that not only members of the society, but Dr. Hughes' former patients and friends, and homœopathists in this and other countries, who had benefited by his work, would like to have an opportunity of subscribing. Dr. Madden proposed that a committee should be appointed from the society, to act with others in carrying out this suggestion.

Dr. Goldsborough seconded the resolution. He was glad Dr. Madden's proposal was of a wide and comprehensive character. It was fitting a memorial should issue from the society, the society representing the country of Dr. Hughes' birth, and the associations in which he worked, and also that it should come from that very spot where his colleagues were accustomed to meet him, and from which he would be missed that night.

Dr. Searson supported the resolution. He spoke as Dr. Hughes' successor in practice at Brighton, and believed many old patients would like the opportunity of joining in the memorial. The resolution was carried unanimously.

Dr. Madden intimated that Drs. Dyce Brown, Bennett, Gilbert, and Hawkes (of Liverpool) who were present at the funeral, but unable to attend the meeting, had signified their wish that the resolution just carried should be proposed, and that they would give it practical support.

The chairman then moved that the meeting should be adjourned. His name was down to read a paper, but that could be held over till another time. Mr. Knox Shaw seconded the adjournment. He thought it only a fitting mark of respect for our late distinguished member. He instanced the great help Dr. Hughes had been to the society as its secretary for many years, and latterly when he (Mr. Shaw) had undertaken the work of reorganisation in many details, he had found Dr.

Hughes most kind and encouraging. The work of Dr. Hughes in connection with the society had followed him to Dublin, the place of his death. He was engaged only a day or two before revising the proof sheets of the *Journal* for April. Mr. Shaw thought the least the society could do was to adjourn out of respect to the memory of so distinguished a man.

The meeting then adjourned.

NOTABILIA.

CROYDON HOMŒOPATHIC DISPENSARY.

FROM a local paper kindly sent to us by a subscriber we extract the following information concerning the annual meeting of the subscribers of the above Dispensary, held in the Old School of Art Room, Croydon, when, in the absence of Mr. Samuel Taylor, Mr. H. K. Moore, B.A., B.Mus., presided.

The third annual report was submitted, and this showed that, although the minimum payments by patients had been increased and the price of the monthly tickets also increased, there had not been any considerable falling off in the public use of the institution. The committee stated that it must always be remembered that this cost is kept as low as it is by the small remuneration the medical officers are generous enough to accept. The committee were anxious to increase the charitable side of the Dispensary, as there were, unhappily, always vast numbers of suffering persons who were too poor to afford any fee at all. Losses by death and removal had reduced the subscription list inevitably year by year, so that even to keep the charitable work at a level new subscribers were necessary. During the year there had been an addition of about seventeen new subscribers. The report of Doctors T. E. Purdom and H. V. Munster, the medical officers, stated that in 1901 the total number of consultations was 4,246, and the number of patients 1,078. The total number of patients visited at their own homes was 506, and the value of these home visits could not be too highly rated. The balance-sheet showed that the income amounted to £222 14s., and after the payment of all expenses there was a balance at the bank of £4 9s. 8d.

WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

THE twenty-sixth annual report of this flourishing dispensary lies before us. We note that an interesting device for augmenting the funds has been adopted. While "ordinary patients"

pay one penny for medicine, others more favourably situated in a financial sense may pay sixpence, in return for which fee they are allowed the privilege of being seen before the penny patients. This privilege has been claimed 1,316 times out of a total number of 6,905 attendances.

Owing to the serious overcrowding of the present premises, the Council have decided to erect a suitable building as soon as funds can be collected. We hope this great improvement may be carried out at an early date

A considerable variety of cases presented themselves for treatment both at the dispensary and in the visits to the homes of the patients. We venture to suggest that if one of the medical officers looked over the list of diseases before it went to press the orthography might be improved. The medical officers are Dr. T. Reginald Jones, Dr. Theodore Green, and Dr. H. G. F. Dawson.

OBITUARY

GIOACCHINO POMPILI, M.D.

WE regret to announce the death on the 19th of March of Dr. Pompili, a well known homœopathic physician of Rome, and one of the most strenuous advocates of homœopathy in Italy. He founded, and for forty-seven years edited, the *Rivista Omiopatica*, a journal which owed everything to his zeal and energy. His death is deeply lamented by his colleagues. The journal he has so long conducted survives him, and will in future be conducted under the direction of Dr. Perabo, of Milan.

CORRESPONDENCE.

“RICHARD HUGHES’ MEMORIAL FUND.”

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—At the last meeting of the British Homœopathic Society on 10th April, after the announcement of the death of our beloved veteran, Dr. Richard Hughes, and the votes of regret and condolence had been passed, I proposed, and all present were unanimous in approving, that a “Richard Hughes Memorial Fund” should be initiated. It was decided that the council of the society should appoint one or two members of the society to act on a small committee in conjunction with others who would represent his private friends and patients, who, we already know, are moving in the same direction.

As, however, the council has not yet met, and as it is highly desirable that no time should be lost in bringing this matter practically before his friends and colleagues, I am venturing to write this preliminary letter to you, in the hope that you will not only be able to insert it in your next issue, but will also sympathetically refer to it in your editorial columns.

It is confidently hoped that besides the personal friends and colleagues of Dr. Hughes in this country, some at all events of his American colleagues and fellow-workers may wish to be associated with us in this movement.

Briefly then, the object of this memorial will be to worthily express our gratitude for the invaluable life-long work of Dr. Hughes for the furtherance and development of homœopathy, a work which, while it has done more than that of any other one man (in this country at least), to attain this end, and has been of untold value to each one of us in our daily work, has undoubtedly not been of a very remunerative kind in itself, while it has prevented his time and energies being devoted to work which would have been to his more personal advantage.

We feel then that it will be only right and fitting, if for this reason only, but also because we all loved him as a man as well as revered him as a teacher, that we should do all we now can to add to the comforts, and administer to the needs, of those he has left behind, and who were dependent upon him during his life, and it is to this end that the greater part, if not the whole, of the proposed fund will be devoted.

I will only now add that to do this in at all an adequate manner will need a generous and general response to this appeal.

I am, yours faithfully,

Bromley, Kent,

EDWD. M. MADDEN.

21st April, 1902.

CANCER AND MALARIA.

To the Editors of the "*Monthly Homœopathic Review*."

GENTLEMEN,—The article on this subject that you quoted in the April *Review* from the *British Medical Journal* does not quite dispose of the matter under discussion. The statistics brought forward show there is no regular proportion between the cases of malaria and those of cancer in various populations; though it is noticeable that, in the instances mentioned, the highest mortality from malaria coincides with the lowest from cancer, and conversely the highest mortality from cancer

is coincident with the lowest form malaria. But this is not the point at issue. It is undoubted that the two diseases may co-exist side by side in the same population, but what we wish to know is whether they can co-exist in the same individual. If it is the case that they cannot do so, some antagonism between them may be fairly supposed to exist, in which case the implantation of malaria in the cancer case may be used remedially. The recorded cases of occasional cure of cancer from ovariectomy, thyroid extract, the X-rays, and medicine, and the occurrence besides of spontaneous arrest and retrogression, offer some encouragement for hope. The disease appears to be not absolute, but contingent, and it is for us to discover what those contingencies are that render the disease possible or impossible.

In Fletcher's *Pathology* there is an interesting chapter inserted by the editors, Drs. Drysdale and Russell, on the antagonism of certain diseases, and I would call attention to it as re-opening a line of thought that has of late years been lost sight of. The editors note from Rokitansky the remarkable antagonism between tuberculosis and carcinoma, as drawn from a series of 340 cases of the latter disease. They also show the antagonism between typhus and cholera, between tuberculosis and typhus, and other instances of incompatibility.

It will be remembered that the earlier theories of homœopathic cure were based on this principle of the incompatibility of two similar diseases existing together. In this case, however, there is no surplus of physiological action necessary on the part of the medicine, the medicinal and the morbid action just neutralising each other. In the other instances referred to, however, one disease holds the field to the exclusion of the other, and therefore can hardly be brought within the definition of homœopathic cure. But the practical question with us at present is, as already said, not so much whether the cure of cancer by malaria is homœopathic, but whether it is true; and, as the treatment is practicable, whether it is not worth our while to investigate it further. What we require at present is not theorising, but facts bearing upon the point under consideration; and in malarious countries there must surely be evidence forthcoming *pro* or *con*. Whether the case of recorded cure referred to in my former paper justifies our trying the experiment at home, I leave to the consideration of my colleagues.

Yours, etc.,

BIRKENHEAD.

P. PROCTOR.

 NOTICES TO CORRESPONDENTS.

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

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

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

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

We regret that papers by Dr. MURRAY MOORE, Dr. DUDGEON, and Dr. STACEY, have been crowded out.

Communications have been received from—Dr. DUDGEON (London); Dr. MURRAY MOORE (Liverpool); Dr. PROCTOR (Birkenhead); Dr. MADDEN (Bromley); Dr. CLIFTON (Northampton); Dr. STACEY (Birmingham); Mr. FREDERICK BOEHM (London).

 BOOKS RECEIVED.

Diseases and Therapeutics of Skin. By J. Henry Allen, M.D., Chicago. Philadelphia: Boericke & Tafel, 1902. *The Homœopathic World*, April. *Journal of the British Homœopathic Society*, April. *Sunn Andrew*, April. *Bath Herald*, March 27. *The Homœopathic Recorder*, March. Buffalo.—*The Homœopathic Journal of Pediatrics*, April. Baltimore.—*The American Medical Monthly*, March. Chicago.—*The Medical Era*, April. *The Minneapolis Homœopathic Magazine*, March. *The Medical Brief*, April. *The Pacific Coast Journal of Homœopathy*, March. *The Clinique*, March. *The Medical Envoy*, April. New York.—*The Medical Times*. *The Medical Century*, April. *The Calcutta Journal of Medicine*, February. *Annual Report for 1901*. E. Merck, Darmstadt.

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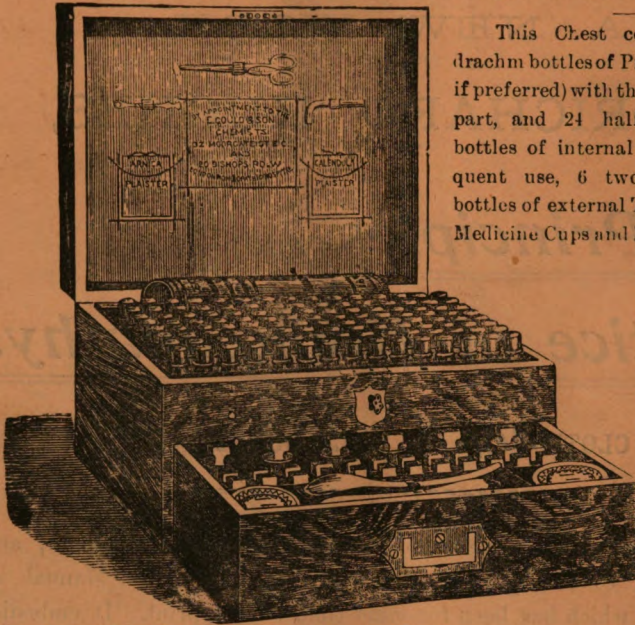
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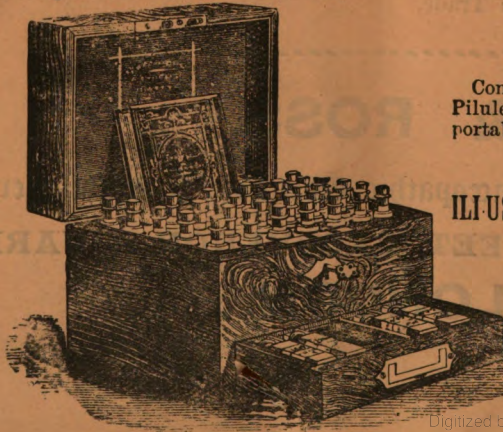
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