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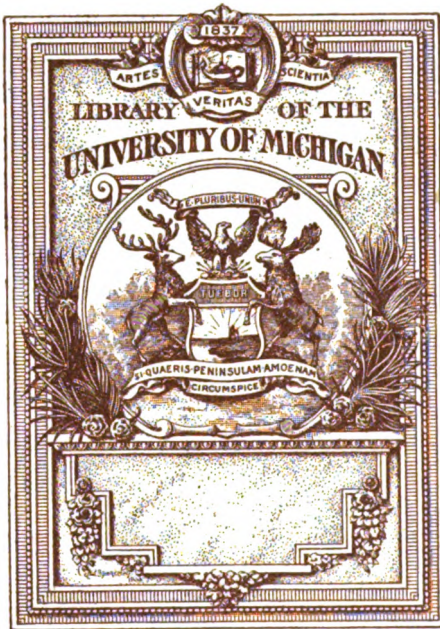




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**THE  
MONTHLY HOMŒOPATHIC REVIEW**



THE  
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.A., M.D.

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*VOL. XLVII.*

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE NEW YEAR.

WE once more have the pleasure of greeting our readers at the beginning of a New Year, and wishing them all the best wishes of this festive season. To all outward appearance the last day of December is much the same as the first day of January. But as the one day marks the end, and the other the beginning of a definite period of time marked off by permanent astronomical data, and recording the time-steps by which we measure the progress of current events, one cannot but feel that this is the time of all others for looking back on our past year, to see if we have made progress or otherwise, and having done so, not in a morbid pessimistic manner, but in the light of a healthy introspection, to aim at further progress and development, and if necessary, to correct mistakes. By so doing we utilize, in the highest manner, the marking of time, instead of looking on this season as merely one of festivity.

Looking back, then, on the past year, we think we may congratulate ourselves on having passed through a distinct and important period of progress. There has been a general revival of energy, a revival of life, and more marked desire and determination to make homœopathy a more living, active, and pronounced thing than it has

been for many previous years. Till recently, we had been too much given to lying on our oars, and since the active opposition of the Old School had subsided into one of a policy of silence, to think that it was best, as certainly most pleasant, to allow the current to run on smoothly and silently. But we have in this last year had our eyes opened to the fact that a new propaganda in medicine, if allowed to subside into easy-going methods is almost sure to retrograde, or at least to cease to make progress. The easy-going practice of homœopathy in recent years was, it was seen, only playing the game of our old-school opponents, who hope, by their silence and cessation of active opposition, to gradually absorb us, by adopting without acknowledgement our methods and our drugs—the latter being brought forward as “new remedies,” without any recognition openly of their obvious homœopathic action.

This feeling, once roused, was ably voiced by DR. BURFORD in October of 1901, when as President of the British Homœopathic Society, he promulgated a scheme for the more active and energetic propagation of homœopathic principles and practice. As all now know, the British Homœopathic Association was formed, consisting of medical and lay members, and with it the Twentieth Century Fund, with the object of adopting various methods of spreading the knowledge of homœopathy and of its principles. Lectureships were to be founded, scholarships for deserving young graduates were to be given, and means obtained for special investigations in the provings of drugs, and in the encouragement of collateral research. Along with these plans were associated schemes for reaching the younger and less-prejudiced members of our profession, and teaching them by various methods what homœopathy really means, and how different the reality is from the travesty of it which they hear from their old-school teachers. The scheme is an extensive one, requiring to be carefully thought out, and not to be hurriedly rushed into activity, at the risk of making mistakes and having to rectify them. The working out of this scheme has been the great feature of our year's work. To some we may have seemed to be slow in progress, as nothing visible and tangible to the public has been set in motion as yet. But solid work has been steadily and carefully done all the same, in the way of

numerous meetings of committees, with the view of preparing surely, though necessarily a little slowly, the details of the arrangements which are thought to be best. And in no long time the results of these deliberations will be palpable and visible to the profession and to the public. In every such extensive scheme, the old Italian proverb *festina lente* is applicable. Hasty decisions are fraught with risk of failure, while careful and cautious thought results in success, even though captious critics may make arm-chair remarks on the slowness of procedure. Already the executive committee have gratefully accepted the offer of many of the late DR. BURNETT's friends and patients to endow a Chair of Homœopathic practice in memory of him, and as soon as the funds are sufficiently secure, this important professorship will be an active and working fact. Meantime the committee have resolved to inaugurate a series of lectures, beginning with the summer session, on homœopathic practice. This, though only a temporary arrangement, will at least start the active teaching of homœopathy in connection with the new association. But the full programme cannot be carried out till the necessary funds have been subscribed. We are glad, however, to know that this most important phase of the scheme is in a very satisfactory state. Already upwards of £7,000 have been given or promised, and there is every expectation that in no very long time the whole of the £10,000, which is the minimum sum required, will be forthcoming. The lay element in the association has been very active and enthusiastic in the matter. The ladies especially have done yeoman service in the cause, by forming branch associations, getting up concerts, and sales, and in many quiet ways adding materially to the funds. The influence, energy, and power of the gentler sex, when they take up a cause, is well known, and has been well exemplified in the present case.

Such is our record for the past year, and one that we may be proud of. Coincidentally with this new propaganda, we note with pleasure, the continued and increasing interest and energy shown in our hospitals and dispensaries, in our society meetings, and in our congresses. All round, in fact, there has been a general wakening up, and a resolve to do all in our power to further in an active and militant manner the spread of the cause we all have at heart. And in looking forward to a New Year, we feel

sure that the same spirit will continue to increase in vigour, and result in achievements which a few years ago were looked upon as almost impossible of accomplishment. We have but to persevere, to hold to our present position as the responsible guardians of the greatest truth in medicine that has ever been discovered and brought to bear on the treatment of disease ; to resolve to fight for the truth till we are rewarded by seeing it openly accepted as the truth by the profession at large. The wheels of time, it is said, grind slowly, but they grind none the less surely, and while using every means in our power to aid and intensify the grinding process, we must also possess our souls in patience, and not be disappointed or disheartened, if things progress more slowly than we should like, or than we may have hoped. The victory is sure to come. Let our motto be always "Onwards."

We seldom pass a year without having to record losses in our ranks by death. In 1902 we have had the grievous loss of DR. RICHARD HUGHES, a man who had a world-wide reputation, who did an enormous and undying work for homœopathy, and who was universally beloved and respected ; of DR. J. CLIMENSON DAY, a man who came very little forward in public, but who was an enthusiastic believer in homœopathy, a first-class practitioner, devoted to his profession during a long life, and personally a most lovable man ; of DR. HENRY USSHER, and of MR. T. G. NICHOLSON ; while in America we have lost DR. HELMUTH and DR. TALCOTT, both men whom we can ill afford to do without.

But while thus ending our remarks on the old and the new year in the minor key, we rejoice to know that our ranks are being yearly filled up by young men of great ability and promise, who will in future years, we doubt not, find themselves "evolved" into important positions in the profession, and who will carry out the truth initiated by their seniors, and which will never be allowed to die.

We thank our contributors for the support they have given us in our *Review* during the past year, and look to them to continue to send us the best of the results of their work, especially in the record of cases demonstrating the practical value of the law of similars.

On another page will be found a report of a very

interesting and important drawing-room meeting, held at Brighton on the 13th ult., at the kind invitation of Mr. and Mrs. RUDHALL, of 3, Sussex Square. Its object was to interest the ladies and gentlemen of Brighton, and chiefly the ladies, in the work of the British Homœopathic Association, and to further its aims. The meeting was a most successful and gratifying one. Nearly 130 were present, and the attendance would have been still larger had it not been for the inclement weather. SIR GEORGE WYATT TRUSCOTT, Sheriff of the City of London, presided, and he was supported by a deputation from the British Homœopathic Association, consisting of Mr. W. B. LIDDIARD, one of its Vice-Presidents, Dr. BURFORD, Dr. DYCE BROWN, Dr. BYRES MOIR, and Dr. J. H. CLARKE. We are surprised to learn that with one exception, the medical representatives of homœopathy in Brighton were, if the eyesight of our informants did not fail them, conspicuous by their absence. They, no doubt, had reasons known to themselves for not appearing at the meeting, but on such an occasion one would have anticipated active support from them. They, however, are the losers, though we regret, for the sake of the cause, that they allowed anything short of a very urgent professional call to interfere with their presence at the meeting. We hope and fully expect that great results will follow the enthusiasm evinced on that afternoon, and that similar meetings will be organized in other important towns.

We are glad to learn that the proceeds of Mrs. CLARKE'S sale of silver articles, noticed in our last issue, in aid of the "Burnett Professorship of Homœopathic Medicine," amounted to over £200, and that donations have been sent for same object to the amount of £112.

We are also glad to learn that Mrs. RYLANDS, who presented the magnificent library, with the building to hold it, to the City of Manchester, has promised the munificent donation of £500 to the Twentieth Century Fund, thus bringing up the total to about £7,500.

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## INFANTILE DYSPEPSIA. ILLUSTRATED CLINICALLY.

By J. ROBERSON DAY, M.D. (Lond.)

Physician for Diseases of Children to the London Homœopathic Hospital.

EVERY child is a law unto himself, is a truism, and this is especially the case with regard to the digestive organs ;

or the same thing might be expressed differently, but with equal truth by saying, "One child's food is another child's poison."

Some children seem to inherit a feeble digestive system, and from the first start in life are a trouble to feed. The infant "puking in the nurse's arms" is still with us to-day. Others are in a chronic state of diarrhœa, others just as constipated. Even members of the same family may exhibit these differences, and they have always to be reckoned with when selecting a dietary.

Gastro-intestinal catarrh is the commonest of diseases in infants, and may cause disastrous consequences, for the springs of life are involved. It is the artificially-fed baby who most commonly falls a victim. Substitute-feeding is rarely satisfactory, and most babies are upset over the proteid elements of the milk. Cow's milk, as is well known, not only contains a greater proportion of casein than human milk, but it behaves differently in digestion, and is of different constitution. The casein consists of the two bodies, caseinogen and lactalbumen. The latter is in great excess in the human milk, and the former in cow's milk. The lactalbumen is easy to digest, the caseinogen very difficult, forming the large masses of curd with which we are all familiar in the vomit and the stools.

The young child is a very unstable mass of protoplasm; and it takes years for this irritability to settle down. The neurotic child is easily thrown into convulsions, and the hard masses of casein are a sufficient irritant to the mucous membrane of the alimentary canal to bring on convulsions (Cases ii and x). In others, constipation or an unsuitable meal will induce urticaria, or an erythematous rash, with rise in temperature, hard to distinguish from scarlatina. I saw recently a little boy, aged 3½, with a temperature 103° F., and an erythematous rash over the chest and back, which spread to the face. He had for some time been troubled with urticaria, and a few old spots remained, which greatly helped the diagnosis. Many, perhaps most cases, date their troubles to weaning. The bottle-fed baby is always in danger, in hot weather especially (Case iv), and if the dirty long-tube bottle is used, matters are far worse (Case viii). Case ix exemplifies the way in which rickets is induced. Any child may be made rickety, irrespective of the parents' health. A chronic dyspepsia is induced, fermentation set up, acids

and poisonous compounds manufactured and absorbed, and the all too familiar lesions of rickets follow. If there is a tubercular ancestry this induced dyspepsia may set up irritation of the mesenteric lymphatic glands, and then we get the familiar *tabes mesenterica*, wasting and enlargement of the lymph glands, a very chronic disease, but generally curable by homœopathy. In other children a chronic catarrhal state of the mucous membrane is induced, the tongue being frequently coated and glazed with an abundant mucous secretion ("Mucous disease.") These children suffer generally from *ascarides*—that peculiar plague of child life—and are liable to frequent attacks of fever from unexplained causes. I have a little patient who has to be most strictly dieted. If he touches eggs in any form he is made violently ill, and an asthmatic attack at once results.

The personal equation is nowhere more conspicuous than in the treatment of children.

The danger of a diet which contains no fresh food is well illustrated by Case v. The following cases illustrate many of these points, and it behoves us always to bear in mind how sensitive and responsive the child is to external influences. *Icterus neonatorum*, I believe to be due to the sudden chill to which the child's skin is exposed at birth. The worst case I ever saw was in a baby who was born asphyxiated, and to restore respiration the child had been repeatedly plunged, alternately into hot and cold water. The severe chill set up acute congestion of the internal viscera, and catarrhal jaundice followed. The benefits of homœopathy are well seen in Case iv, and a patient I saw at my out-patient clinic a few days ago corroborates this. A boy was brought by his mother for persistent vomiting for *three months*; he could keep nothing down, and was rapidly wasting. He had been under two allopaths in London, who failing to relieve, advised country air. He went to the country, was no better, and saw a doctor there, but still the vomiting continued. As a last resource he was brought to the London Homœopathic Hospital. *Ipec. 3x* was prescribed. Next week the mother returned with him, and told me after the *second* day the vomiting had entirely ceased, and he was now eating well, gaining flesh, and evidently making up for lost time.

CASE I. Baby R., age  $\frac{3}{12}$ ; I saw this patient in

consultation with Dr. Macnish, Feb. 11th, 1902. Child had been bottle-fed, and a great many varieties of food had been tried; the last to be given was Allenburys' food No. 2, but there was no gain in weight, and the child was very flabby. There was much flatulent colic, which had been relieved by colocynth. 30. The motions were too dark and not properly digested. The tongue was furred. The child did not seem satisfied with the diet. Beyond being very wasted there was nothing very much amiss. On the right side of the head was a small patch of cranio-tabes, but no snuffles. Advised pil. cham. 3x, j 3 hours, and whey ℥iv every 3 hours for 48 hours; then gradually add top-milk by teaspoonfuls to each bottle till the mixture was half and half.

*March 20th.*—Dr. Macnish reported going on very well; gained ℥vj last week.

CASE II. Baby W., age 1½; called in consultation by Dr. Austin Reynolds to see this patient at Enfield, Feb. 16th, 1902, who since Feb. 14th had been in frequent and severe left-sided convulsions. Indeed, for 36 hours was in a series of convulsions. Bell. 3x was being given when I arrived. I examined the child and found nothing which suggested any cerebral lesion, the anterior fontanelle was not bulging, on the contrary rather depressed, no flushing of the face. Had suffered from windy colicky pains, and a mustard poultice had been applied to the abdomen. Was being fed on Aylesbury Dairy "Humanized Milk." While I was there a left-sided fit occurred, but less severe than former ones. I advised whey to be substituted for the milk, and if necessary to feed by nutrient injections, as I found there was much flatulent rumbling in the abdomen during the fit, which ceased as soon as the flatus was discharged per rectum. Continued bell.

*Feb. 21st.*—Dr. Reynolds reported there had been a slight fit soon after we left, but none since.

*March 24th.*—Dr. Reynolds brought the patient to see me. There had been no fit for three weeks. The child was very fretful after all food, with much flatulence, and always hungry. Is now taking asses' milk ℥iij, aq. calcis ℥ss at each feed, and gained ℥vj in 7 days; has very little sleep, as food is required every ½ hour. There is no vomiting, and the bowels act twice in 24 hours; partly formed and no undigested food. Advised raw meat juice, and to gradually replace the costly asses' milk by



peptonized milk. Saline baths, inunctions of ol. olivæ, and calc. iod. 3 and cham. 3x occasionally.

CASE III. Baby, McD., age 1 $\frac{3}{4}$ , was taken suddenly ill on May 9th, 1902, with pains in the abdomen and frequent vomiting. Was asked to come and see the child in consultation with Dr. Vincent Green, as its condition appeared grave and intussusception was suspected. The child had always been constipated, and enemata had brought away hard fæcal masses, pale ochre in colour. The child was sleeping when I arrived; pulse 132; respirations 24. Tongue furred. We decided to make a thorough examination under an anæsthetic, and Dr. Green gave chloroform whilst I examined the abdomen, per rectum and bi-manually. A No. 10 gum elastic catheter passed easily into the rectum, and warm water was injected, until the whole length of the catheter was inserted, and could be felt in the transverse colon. Small fæcal masses passed with the returning injection, and no obstruction could be made out; nor was there any blood or mucus. Ars. alb. 3x every 2 hours was prescribed, and nutrient enemata every 6 hours. Small quantities of diluted Valentine's meat juice being given by the mouth.

The diet having been carefully regulated, convalescence was uninterrupted.

CASE IV. On Sept. 6th, 1902, I was asked by Dr. Blackman, of Brixton, to see A. R. J. B., age 1 $\frac{1}{2}$ , who had been thoroughly upset by taking raw milk in thundery weather, causing vomiting and diarrhœa. He had recovered from the vomiting and diarrhœa, but was very wasted; tongue clean, passed one offensive motion in 24 hours, like putty, and ochre colour. I should say his father, who is a doctor, was abroad on his holiday, and had given instructions for me to be consulted in case of need. The child was taking a carminative mixture in the day time, and a sleeping draught composed of morphia and bromide of potassium at night. I prescribed ars. iod. 3x, gr. j 3 hours, cham. 3x pil. j nocte, and to feed with a mixture of equal parts of peptonized milk and water, sweetened with sugar of milk, of this  $\zeta$ iv every 2 hours.

*Sept. 9th.*—Child was brought to me. Motions are now almost natural, colour better, and less offensive. The milk was increased and the water decreased.

*Sept. 11th.*—Constipation was corrected by giving

bovine, and calc. c. 6 was substituted for the ars. iod. 3x.

The last time I heard, progress was most satisfactory, food agreeing better, bowels acting regularly, and child sleeping well.

CASE V. Muriel D., age  $7\frac{1}{2}$  months, kindly sent to me by Mr. Jas. Johnstone, F.R.C.S. (Eng.), on Jan. 11, 1902. This child had been bottle-fed from birth. Had never taken *any* milk because it made her constipated at once. She had been entirely brought up on Allen and Hanbury's foods, mixed with water—never had anything else. The child was carried into my consulting room on a pillow, and screamed with the least movement. The legs were semi-flexed, and any attempt to touch or move them gave great pain. The legs were considerably swollen, and the skin glossy, especially over the left. There was sweating about the head, but the colour of the child was good. There were four upper and two lower incisors, and round the upper ones the gums were spongy, and there was the characteristic prune-juice colour. I prescribed calc. phos. 3, gr. ij ter die; and diet: whey  $\text{ʒvj}$  every 2 hours, and the juice of  $\frac{1}{4}$ -lb. beef daily; also the juice of grapes.

The child made a complete and rapid recovery.

CASE VI. Baby E. D., age  $\frac{1}{2}$ , was sent to me by Dr. Vincent Green, Sept. 22nd, 1898. The child was covered with lichen urticatus, a papular rash, worse about the nape of the neck, and wrists, hands, and feet. The tongue was clean, and there was much salivation. There had always been great difficulty with the feeding, as the child had to be brought up by the bottle. No food had been found to suit since birth; the child was constantly sick. The rash had been noticed for six or seven weeks. I prescribed rhus. tox. 3x, and to feed at first with whey. On Oct. 4th I heard the rash was better though not gone.

CASE VII. Baby J. A. K. W., age  $\frac{1}{2}$ ; was kindly referred to me by Dr. Vincent Green. She was the first born, and weighed  $7\frac{1}{2}$  lbs. at birth, doing well till weaning, when great difficulties occurred with the foods. She had influenza soon after weaning, and this complicated matters. When I saw her Sept. 12th, 1900, she was losing weight (6oz in 4 days), thin, flabby, pale, with large abdomen, flatulence and constipation, although sickness and diarrhœa were more usual. Wine whey proved a first of great service, and any change in the diet had to be made with the greatest care, or sickness resulted.

She was very susceptible to chills, and any change in the weather affected her. A severe gastro-enteritis followed a sudden exposure to cold, and on one occasion nutrient enemata had to be given to allow the stomach time to recover. The chief medicines employed were iodide of arsenic 3, tuberculinum 30, calc. phosph. 3. Great patience and a long continued anxious supervision at length restored the child completely. Last October I received a photograph of the patient, as comely a little girl as one could desire, limbs well covered with firm flesh.

CASE VIII. Baby B., age 4 weeks, a patient of Dr. Beale, whom I was asked to see; was born of healthy parents, a first child, but bottle-fed. I found a long-tube bottle had been used, and evidently insufficient care exercised in the preparation of the milk. Violent diarrhoea and vomiting resulted, and quickly reduced the child to a very alarming condition. I at once stopped all milk, and ordered wine whey, and merc. sol. 3. Next day vomiting and diarrhoea had entirely ceased, and though the child was livid, with sunken eyes and depressed fontanelle, and very weak pulse, convalescence was rapid and complete.

CASE IX. Baby B., age  $1\frac{1}{2}$ , was kindly sent to me by Dr. Austin Reynolds. The history of the case was as follows: He was nursed by his mother till  $\frac{2}{3}$  old, when he was weaned, and then his troubles began. At first barley water and milk was tried, then cream added, next Allen and Hanbury's food, then humanized, peptonized, and sterilized milks in succession without success. I first saw the child on March 1st, 1902, a poor, pale, ill-nourished, flabby creature, with the large square rickety head, and large distended abdomen. Perspiration soaked the pillow during sleep, which was broken and irregular. I prescribed calc. c. 6, and a diet consisting of barley water and milk; later on, Mellin's food and bovine. He at once began to improve and increase in weight, and his diet was carefully regulated to suit his increasing age and powers of digestion. His progress was steadily maintained, and he now looks the picture of health. He weighed 15 lbs. when I saw him first (March 1st), and at the present time (Nov. 13th) he weighs  $31\frac{1}{4}$  lbs.

CASE X. On Oct. 4th, 1902, I saw in consultation with Dr. Burford, baby G., whose history was briefly as follows. The child was born Sept. 8th, and weighed 8 lbs. The

mother was unfortunately unable to nurse, so he was first fed with barley water, milk and cream; then Allen and Hanbury's food alone. Oct. 3rd, several slight convulsions occurred, and the following day I saw him. I found him passing too frequent curdled motions, undigested, and watery. I suggested equal parts of whey and peptonized milk, and mercurius sol. 3 to be continued. The child appeared better on Oct. 7th, and weighed 9 lbs. On Oct. 10th convulsions again occurred, and green, undigested motions were passed, with a good deal of colicky pains causing transient pallor. Whey only and ʒj cream to each bottle was ordered, and æthusa cy. 3, 2 hours. This not agreeing I decided to wash out the bowel, feed with nutrients, and rest the stomach. Then white wine whey was used, which suited well, and he gained weight. The motions were still curdled at times and too frequent. China. 1, pod. 6, cham. 30, ignat. 3, and bell. 3 were all of service. On Oct. 28th the nurse went out and he was greatly upset. Acute indigestion followed by curdled stools was the result, and a return of convulsions, one of which occurred during my visit. I now ordered a diet free from caseinogen, consisting of whey (made with rennet), and fresh raw meat juice. After this the motions were perfectly digested, although still too frequent. He had no more fits from this time, sleeping well (Nov. 1st, 12 hours), and when I last saw him his weight was 11lbs.

CASE XI. On Oct. 25th, 1902, Dr. Wynn Thomas, of Bromley, requested me to see baby S., age  $\frac{1}{2}$ , who was a bottle-fed baby, and since a visit last August to Sandown, I. of W., had been suffering from vomiting and diarrhœa. He was having 8-10 motions a day, and frequent vomiting. China., merc. sol., ipec., rheum 3, apomorphia, cham. 3x, ars. 30, merc. cor. and bismuth subnitrate had all been given as indicated by the symptoms from time to time. Wine whey (ʒij every 2 hours), and merc. sol. 3, gr. j, 2 hours, were now given. This gave only temporary relief, and vomiting returning the bowel was washed out, and nutrients injected. The child now looked very ill, with sunken eyes, depressed fontanelle, cold and blue pinched expression, rolling the head about, constantly whining, and throwing the arms about. Dr. Thomas had given 3 drops of tinct. opii. the previous night, and when I saw him again we both agreed ars. a. 30 was the right

medicine. The nutrients were continued, and gradually feeding by the mouth attempted. Suffice it to say that owing to the unremitting and skilful treatment of Dr. Thomas the child is still making progress towards robust health.

## THE EVOLUTION OF THERAPEUTICS.

By P. JOUSSET, M.D.<sup>1</sup>

(Continued from p. 719 of December, 1902.)

(1). *Action of Ipecacuanha upon the lungs of a healthy animal.*—Ipecacuanha is employed empirically in inflammatory affections of the bronchi and lungs. In our school it is the principal remedial agent in broncho-pneumonia. It is therefore interesting to see the effects it produces in the case of animals. Pecholier, who follows the method which we have criticised above, caused rapid death in rabbits by a toxic dose of emetine, and always found the lungs ex-sanguine. Majendie and Pelletier, who experimented upon dogs with feeble doses, caused pulmonary congestion with foci of multiple hepatitis. In Ornella's experiments the state of the lungs varied with the duration of the intoxication. Our own experiments were as follows:—

EXP. I.—In this experiment we made use of *emetine*, the active principle of ipecacuanha, a substance but very slightly soluble in water, with the result that we only produced slight diarrhœa and a rise of temperature of five or six-tenths of a degree (centigrade).

EXP. II.—Five centigrammes of *sulphate of emetine*, a preparation extremely soluble, were dissolved in water and injected into the cellular tissue of a guinea-pig. Diarrhœa was at once produced, and the temperature fell 1° C. (from 39·5 to 38·5). On the following day a similar dose produced a much more powerful effect. Respirations rose to 128, pulse to 112, and temperature fell to 36°. The animal succumbed during the day.

*Autopsy.*—No effusion either in pleural or peritoneal cavity, spleen softened, liver pale, clots in both ventricles and auricles. Both lungs were the seat of *foci of hepatitis* to the number of five or six, the hepatised portions

<sup>1</sup> Translated from *l'Art Médical*, March 1902, by Dr. Blackley.

being black, compact, and sinking when placed in water. Microscopic examination and culture experiments made with the usual antiseptic precautions demonstrated the absence of microbes in this lesion. The results of histological examination were as follows: In the lungs enormous congestion of vessels; and in two spots the interior of the acini were found filled with broken-up red globules. In the bronchial tubes accumulation of mucus, but no desquamation of the epithelial cells; around one tube of large calibre was found a half-circle of round embryonic cells. The cells of the acini stained little or not at all; they had desquamated at certain points, and here and there showed two nuclei; on the same level were round cells enclosing black pigment granules. The condition was in short one of congestion with epithelial pneumonia.

The effects of emetine upon bronchi and pulmonary tissue have an inflammatory character and are localised, as in broncho-pneumonia.

(2). *Action of tartar-emetic upon rabbits.*—In these experiments the animals received at first a daily hypodermic injection of 1 c.c. of a 1 per 1,000 solution of tartar-emetic. After some days the dose was raised to 2 c.c. The feeble strength of the solution allowed the animals to survive for a long time, and the lesions consequently developed and acquired their typical aspect.

Exp. I.—With doses of 1 m.grm. per day continued for nineteen days the only symptoms produced were diarrhœa and notable diminution in frequency of respiration, the temperature remaining normal. On doubling the dose the temperature began to fall, and by the twenty-fourth day registered 35·8, the animal being evidently in a state of collapse; soon after this death in convulsions took place.

*Autopsy.*—Stomach alone affected; not far from the pylorus was a single elliptical ulcer measuring 8 mm. by 5 mm. by about 2 mm. in depth, reaching the serous coat and being surrounded by a dark ridge of mucus. The peritoneum over the spot was congested, but not adherent. Histological examination showed the margins of the ulcer to be composed of the glandular layer. The *muscularis mucosæ* ceased suddenly, and between it and the glandular layer existed large hæmorrhagic foci. The bottom of the ulcer was formed of necrosed tissue with islets of embryonic cells; these last had also invaded the *tunica muscularis*.

EXP. II.—In this experiment the results were similar to those obtained in Exp. I, but death took place on the tenth day. The stomach presented three minute ulcerations in place of one large one. They were in every way similar to it.

These experiments warrant the conclusion that tartar-  
emetic in strong doses *slows respiration, diminishes temperature, and finally causes death by collapse*; but we would call special attention to the property possessed by the drug when administered hypodermically of localising its action upon the stomach, and producing *ulceration having the greatest similarity to round ulcer*.

(3). *Functional troubles and visceral lesions produced by the serum of the eel*.—The serum used in this experiment was taken in our laboratory. The doses varied from 2 to 10 drops diluted with 1 c.c. of sterilised water, and were injected into the marginal vein of the ear.

*March 19th, 1899*.—Two drops of serum injected. Pulse fell from 148 to 108.

*March 20th*.—No injection. Urine already contains blood and albumin. Lachrymation.

*March 21st*.—Three drops injected. Pulse before, 136; after, 116.

*March 23rd*.—Injection of 4 drops. Pulse, 148 before and 122 after. General trembling. Polyuria; urine albuminous and contains renal cells.

*March 24th*.—Injection of 4 drops. Pulse 144 before, 136 after.

*March 27th*.—Injection of 5 drops.

*March 29th (11th day)*.—Injection of 5 drops. Temperature fell from 39·7 to 38·8. Pulse is 144.

*April 1st*.—Injection of 5 drops. Polyuria.

*April 11th (24th day)*.—Diarrhœa was set up, and urine was diminishing in quantity.

*April 12th (25th day)*.—Injection of 10 drops of serum. *Anuria*.

*April 13th (26th day)*.—Death.

*Autopsy*.—*Liver* much affected. Surrounding the sub-hepatic veins was a condition of "necrosis of coagulation." The coat of these veins is thick and necrosed. In the rest of the liver groups of hepatic cells presenting the commencement of the necrosis of coagulation. Numerous vacuoles were noticed. The intercellular capillaries are affected and filled with a finely granular substance.

*Kidney.*—Necrosis of coagulation is the predominating lesion both in the glomeruli and convoluted tubes. The straight tubes showed the same lesion in a less advanced condition.

*Conclusion.*—We draw attention to the speedy and energetic action of eel's serum upon the kidney, the urine containing blood and albumin within twenty-four hours; the latter substance persisted throughout the whole experiment and registered as high as 2 grms. per litre.

(4). *Action of calomel administered hypodermically to rabbits.*—This is one of several experiments undertaken with the object of justifying the indication of calomel in the treatment of cirrhosis.

*Rabbit No. 3.*—This animal survived twenty-nine days; he received in all about 45 c.grms. of calomel in repeated minute injections.

*Autopsy.*—Liver very congested; weight 60 grms.; spleen very small; kidneys hypertrophied. Lungs showed engorgement of the lower and middle lobe; on section the surface was deep red; examined by scraping the pulmonary juice showed isolated cocci, but no pneumococci. Left ventricle of heart hypertrophied; clots in auricles and right ventricle; a whitish clot was adherent to the tricuspid valve.

Histological examination by M. Lefas. “The alterations in the *liver* are analogous to what is named infectious embryonic cirrhosis of biliary origin. It consists in the existence of inflammatory irritative lesions of the cells lining the intra-hepatic biliary canaliculi, both those ramifying between the hepatic cellular trabeculæ (*canaux d'origine*) and also those which follow them and occupy the elementary conjunctive spaces constituting the fissures of Kiernan. If the irritation of the biliary epithelium is prolonged for a certain time it is propagated to the neighbouring conjunctive tissue, which reacts by proliferating, and we then say there is cirrhosis of biliary origin. Concurrently with these biliary and conjunctive lesions there always exist moderate alterations of the hepatic cells themselves, consisting in a granular condition or in a multiplication of the cellular nuclei.

*Kidney lesions.*—These belong to the same histological type as the subacute glomerulo-nephritis obtained experimentally in slow poisoning by cantharidine (Cornil and Brault), and which we meet with clinically in a large



number of divers infections; they consist in granulo-vascular and granulo-fatty degeneration of the tube-cells of the kidney and in congestion, which may go on to the production of capillary hæmorrhages; these alterations are therefore parenchymatous, and the connective tissue of the kidney does not appear to participate in them. The changes in the lungs are very interesting, and are of two kinds: one kind consisting in desquamation of the alveolar epithelium with congestion and capillary hæmorrhages (that is, *epithelial pneumonia* with congestion—comparable to the cardiac lung); the other consisting in broncho-pneumonia similar to that of infectious diseases (measles, influenza, typhoid fever, etc.). These alterations, in our estimation, come about in the following manner: The congestion is not passive, like that of the cardiac lung which it resembles histologically, but active, like that frequent in intoxications. The intensity of its effect upon the pulmonary capillaries may be explained in the same manner as that in the case of the kidneys, likewise the epithelial and broncho-pulmonary alterations, in the fact that the broncho-pulmonary apparatus is an important channel of elimination of toxic products carried there by the circulation; the presence of these last in the blood capillaries may also serve to explain the presence of hæmorrhages.

Thus, the hepatic lesions produced by the use of calomel serve to explain, according to the law of similars, the happy effects of this salt of mercury in the treatment of cirrhosis. That *which produces cirrhosis cures it*, to follow up the adage of Hippocrates concerning strangury. As for the effects of calomel upon the kidney and the lung, they may serve as the basis of therapeutic indications as soon as clinical observation points the way.

The problem here suggests itself—How can drug action intervening in a sick organism, in a similar direction to the disease, cure that disease? Is it because, as Hunter teaches, two analogous states cannot subsist in the organism at the same time? or is it, as Trousseau insisted, a substitutive action? or is it by some mechanism still unknown? We will leave the question open. The fact in itself is irrefutable whatever the explanation may be. In fact, the demonstration of the action of drugs according to the law of similars is a traditional fact. In his chapter upon "*homœopathic cures due to chance*," Hahnemann has

collected hundreds of observations, taken from all schools and all ages, demonstrating the homœopathic action of drugs. In our own day we have abundance of choice in citing similar cases. The action of ipecacuanha in non-nauseous doses in asthma and hæmorrhages; cantharides prescribed for Bright's disease, calomel in dysentery, belladonna in cynanche, drosera in whooping cough, hamamelis in varices and hæmorrhage from piles, etc., etc. We say it purposely again—all therapeutics are comprised in the principle *natura medicatrix*, and in the two laws formulated by Hippocrates. Therapeutics based upon these broad foundations is a truly scientific system. *It is not the therapeutics of one school in particular, it is the therapeutics of all*; outside of it there are only sects.

## II.—THERAPEUTICS OF GALEN.

In therapeutics Galen accepted from Hippocrates his axiom of *natura medicatrix* and his two laws of indication; but notwithstanding this acquiescence in the principles which serve as the basis of the Hippocratic therapeutics, Galen built up a system absolutely opposed to that of his master, and became the father of a revolutionary movement which arrested the spread of the therapeutics of Hippocrates. In place of aiding and guiding nature, the Galenic physician must *wrestle with the morbid cause, destroy it, and eliminate it; he must subdue the malady*. The law of similars was only kept as a souvenir of the fact, and the law of contraries dominated the whole of therapeutics.

The law of contraries was the favourite one with Galen. His ideas are well rendered in this passage: "Cure being only the change from an abnormal to a normal condition of the body, and these two states being opposed one to the other, it follows that health can only be re-established by what is contrary to the disease. . . . Each disease has its contrary, that is to say its special treatment."

As for the necessity for destroying the cause of a disease, answering to the axiom *sublata causa tollitur effectus*, Galen refers to it frequently. "Every time," he says, "that the acting cause persists in a disease we must commence the treatment by combatting this cause." "Whilst the corresponding cause persists, the malady remains; when it is removed, the malady ceases at once."

But these causes, which must be destroyed by their

contraries, are pure hypotheses, and the properties of the drugs which Galen opposed to these causes are equally hypothetical; so much so that Galenic therapeutics may be summed up as combatting a hypothetical cause by the hypothetical properties of a drug.

The essence of Galenism has survived to the present day. Etiological therapeutics, which makes believe to attack the very cause of the malady, still haunts the spirits of the majority of the physicians of our time. It is in the name of this etiological therapeutics that they profess to destroy the pathogenic microbe and so cure the disease. The deceptions of medical antisepsis applied to the cure of phthisis, of pneumonia, of typhoid fever, and of other infectious diseases are fresh in our memories. It is also to etiological therapeutics that we owe the employment of cold baths in pyrexias; a system which, whilst deluding itself, is obliged to confess to a mortality of 25 per 100 in typhoid fever!!!

The work of Galen has been, in a word, disastrous. It arrested the spread of the therapeutics of Hippocrates, a system founded essentially upon observation, and answering by its constitution to all practical necessities; by the law of contraries to surgical asepsis, palliative medication, and prophylaxis; by the law of similars to the treatment of diseases whose cause is said to be internal.

### III.—HAHNEMANN'S THERAPEUTICS.

An immense step in the way of positive therapeutics was taken by Hahnemann when he instituted *experimental materia medica*, and so not only rendered the application of the law of similars possible, but that of the law of contraries in palliative treatment more certain.

Hahnemann was forty-one years of age when he published a very small book entitled, "Essay upon a new principle for discovering the curative virtues of drugs." Even the title of this publication indicates in a very precise manner the object which Hahnemann had in view, that of discovering the positive properties of drugs. Did Hahnemann, like his predecessors, go seeking in the chemical and physical qualities of drugs, in the virtues which tradition assigned to them, or even in their effects upon the sick, the foundations of his new *materia medica*? No! he knew how illusory were all these sources of knowledge,

and how until his time they had produced only a contradictory science. Therefore, after having rejected ancient methods, he adds: "It therefore only remains for us to experiment upon the human organism with the drugs whose powers we wish to know" (p. 33 of above-named essay). Further on Hahnemann completes his idea by saying that drug-effects ought to be observed on *the healthy man*. Everything necessary to build up an experimental *Materia Medica* we find summed up in these few lines. Hahnemann went on to apply this method, and some years later published, under the title of "*Fragmenta de viribus medicamentorum positivis sive in sano corpore observatis*," the history of twenty-six drugs.

Hahnemann in this first period of his life allowed himself to be entirely guided by the experimental method; it was, moreover, the time of his greatest discoveries. His faculty for observation gives great value to his first work in *Materia Medica*, for he not only traces the action of drugs upon the healthy man, but states certain laws which govern the action of drugs upon the healthy, laws whose correctness has been recognized by modern pharmacodynamics. These laws are two in number; the first is this: A drug given in a single dose to a healthy man produces two alternating effects, of which the first is opposed to the second. Here is the second law: Every drug produces on the healthy man two opposite effects, according as we prescribe it in small or large doses.

In Hahnemann's posology there was at this period nothing extraordinary: "We must administer the remedy in such a dose as to manifest in an almost imperceptible manner the artificial disease which it provokes (for it acts because of its tendency to call forth a similar artificial affection); we must then increase the dose insensibly until we are certain that the interior change in the economy takes place with sufficient energy, although with manifestations much less vigorous than the symptoms of the natural malady. In this manner we obtain a gentle and certain cure."

If the reform of Hahnemann had been presented to the medical world with this character of science and good sense, it would have carried conviction to the minds of all. We know, however, that it was not; and it is as well that we should relate what actually took place. The note upon dosage which we have reproduced above shows

us what was Hahnemann's attitude at the time. He was evidently impressed with the inconvenience of strong doses capable of producing in the economy manifestations more severe than those of the disease under treatment. It is clear also that in employing drugs which produced, in the healthy, symptoms analogous to those of the disease, he wished to guard against useless or dangerous aggravations. What method did Hahnemann employ in order to accomplish the attenuation of the dose? Did he try experimentally by diminution of the dose to one-half, one-fourth, or one-tenth? No, he astounds us by pushing his infinitesimals at the first step, to limits hitherto unknown, and proposes the attenuation of drugs by centesimal division. His first dilution is 1 in 100, his second 1 in 10,000, the third 1 in 1,000,000, and the thirtieth is expressed by unity preceded by sixty ciphers!

Hahnemann never gave his reasons for choosing this scale of dilution. We would merely remark that at this moment a complete change took place in Hahnemann's attitude. He is no longer the weighty *savant* speaking the usual medical tongue, and seeking the solution of therapeutic problems in experimental *Materia Medica*. His language has taken on a taint of illuminism; he considers himself as having a mission; he poses as a master without respect for medical tradition, and accepts no other guides than his own inspirations!

It was then that the absurd theories cropped up which tried to explain the action of diluted drugs as being due to a virtue imparted to them by the shakes given to the bottle containing them; which shakes he recommends us not to carry too far for fear of increasing the energy of the drug too much, an absurd puerility absolutely destitute of any scientific authority, but which was adopted enthusiastically by all those cranks who are always to be met with in connection with any new system.

The thirtieth dilution was soon overstepped. We see Jenichen, a cavalry subaltern, with robust shoulders, taking off his coat and shaking with vigorous arms bottles of the fourth dilution. When he had given them a hundred shakes he had the hundredth dilution. After 20,000 shakes there was the 20,000 dilution!!! But it remains to all sensible physicians nothing but the fourth dilution still. We need not insist upon other similar absurdities, all born of this folly of drug powers being *produced* by

successive dilutions. What we have said about Jenichen ought to suffice.

Hahnemann's reform, although it had deviated from the experimental basis which ensured the grandeur of its *debut*, was not abandoned altogether to the irreconcilables who had made a sect of it. Protests became more and more numerous and energetic, and a reaction in an opposite direction set in, chiefly amongst French and English physicians, and the employment of drugs diluted by tenths instead of by hundredths, and even of ponderable doses, became very general. Nobody any longer maintains the "exalting action" of the shakes given to the bottle of medicine. One might almost say that at the present day the majority of Hahnemann's disciples had thrown off the *sectarian mantle* which had been thrust upon them; that they had reverted to traditional science, recognizing Hippocrates as master, and the illustrious Pasteur as the present-day representative of the law of similars and of attenuations. They consider to-day that there are two laws of indication—the law of similars and the law of contraries, each legitimate in its own sphere. They deny that infinitesimal doses should be exclusively employed, and they have a rule which fixes the dose. Infinitesimal doses are, however, so generally pooh-poohed, and physicians of the official school so object to employ them, that we find it necessary to insist upon the demonstration of their effect upon the organism. For more than a century thousands of medical men in all parts of the globe have demonstrated clinically the effect of infinitesimal doses; but we know that in therapeutics clinical proof is absolutely insufficient to carry conviction to the mind of an adversary.

In the demonstration of so difficult a matter clinical proof can only be used as confirmation.

What remains to be done? To demand in the laboratory such a demonstration as the experimental method is accustomed to furnish, and against which no objection is possible. Such experiments we have performed. We have taken an organized being and have brought it into contact with a drug diluted on Hahnemann's plan. Inspection and the balance demonstrate the action of this drug even to the sixth centesimal dilution (expressed by unity preceded by a dozen ciphers). But if a substance in so infinitesimal a dose has an evident effect upon an

*alga*, who can deny the possibility of the action of infinitesimals upon a morbid process.

These experiments were made in the laboratory of the Saint Jacques Hospital with *argentum metallicum* and *aspergillus niger* (*vide L'Art Medical*, Jan., 1902.)

We have now another order of proof of the action of the infinitely little. Who can state the weight of tuberculous toxin which actually reaches the lung when a drop of Koch's tuberculin is injected into the cellular tissue of a phthisical patient, has mixed with the whole of the circulating blood, has traversed the liver, and finally arrives at the tuberculous lesion in the lung? The quantity is so minute that Besnier (of the Saint Louis Hospital) compared it to the most exaggerated homœopathic dilutions; and, nevertheless, this infinitesimal dose of toxin may cause a violent fever, and has too often been the death of the patient.

Who can estimate the weight of diphtheritic toxin which, after elaboration in the organism of a horse, is contained in Roux's serum?

These are examples of infinitesimal doses whose effects cannot be questioned, because they have the brutality of a laboratory fact. Now we ought to have a chance of being understood when we speak of the thousands of clinical facts which our school possesses.

#### IV.—PASTEUR'S THERAPEUTICS.

The doctrine formulated by Hippocrates and developed by Hahnemann finds its complement in the work of a man who was as great in his genius as in the elevation and honesty of his character. I speak of Pasteur! We are ignorant of the sources whence Hippocrates drew his teaching, but Pasteur was our contemporary, and we possess, therefore, all the data for recording the genesis of his discoveries.

Pasteur commenced by being a chemist, and showed from his first steps in the study of that science the qualities to which he owed his superiority. His chief characteristic is his constant fidelity to the experimental method. Pasteur experiments! If he makes hypotheses it is for the sake of verifying them; he never makes a system! When he harnesses himself to the investigation of a truth, to the solution of a problem, he institutes experiment after experiment, and is only satisfied when these experiments always agree; then, for him the question is solved

and he formulates with the clearness born of complete knowledge of the subject. A moment ago he was hesitating, searching, verifying; now he affirms, and, as his methods are rigorous, he does not make mistakes.

The study of fermentation, which until Pasteur's time had been explained by purely chemical laws, was for him the opening of a new route. The discovery of the microbes of lactic and alcoholic fermentation led him naturally to study and investigate in animals and man the infinitely little, which he demonstrated as being the cause of a certain number of diseases, just as they were the cause of fermentations. The *pathogenic microbe* was found; its conditions of culture, after much groping in the dark, were determined, so that Pasteur could at one and the same time single out the cause of infectious diseases and teach the means of reproducing them in animals. These new discoveries were first applied to the study of *anthrax*, in collaboration with Davaine. A little later, bacteriology allowed him to find the cause of *pebrine* or silk-worm-disease, resulting for Pasteur in a great and well-deserved popularity. Pasteur went on to make deductions from his early work with unforeseen consequences, the practical results of which were considerable. It was in the first place *aseptic surgery* of which he fixed at one stroke, both doctrine and technique. Here is what he said to the surgeons:

"This water, this sponge, this lint with which you wash or cover a wound, deposits upon it germs which, as you see, have an extreme facility for propagating in the tissues and would infallibly occasion the death of the patients in a very short time, if *life* did not oppose the multiplication of these germs. But, alas! how often this vital resistance is impotent; how often the constitution of the wounded patient, his weakness, his moral condition, or the bad condition of the dressing, offer an insufficient barrier to the invasion of the infinitely little with which you have, without knowing it, covered the wounded part. If I had the honour of being a surgeon, penetrated as I am by the dangers to which we are exposed from the germs of microbes spread on the surface of all objects, particularly in hospitals, I would not only make use of absolutely clean instruments, but, after having washed my hands with the greatest care and passed them rapidly through a flame, I would use only lint, bandages, and sponges previously exposed to



an atmosphere of 130° to 160°, and I would only use water which had been subjected to a temperature of 140° or 150°. All this is very practicable, and I should then have to fear only the germs in suspension in the air; but observation shows us every day that the number of these germs is insignificant compared with those deposited as dust on the surface of objects or in the purest ordinary waters."

We have reproduced at length this passage from a discourse of Pasteur before the Academy, because it sets forth completely the reason and the rules of *surgical asepsis*. Indeed, if we add to what Pasteur has said, the systematic washing of the region to be operated upon, you have the *ensemble* of those precautions which prevent the introduction of the pathogenic microbe into a surgical wound; you have the practice of what is now called *asepsis*, that is to say, the method which prevents the entry of the microbe; as distinguished from *antisepsis*, which is directed against the microbe already introduced into the organism and against the toxins which it secretes.

It is to Pasteur also that we owe the rules governing *puerperal antisepsis*. A woman in child-bed is after all only a surgical patient after operation. J. P. Tessier established this as long ago as 1838 in his memoir on the "Purulent Diathesis" published in the journal *l'Experience*, and Trousseau repeated the same thing twenty years later at the Academy of Medicine. Several years later, after a discussion upon the causes of puerperal fever, Pasteur intervened with the authority drawn from experimental knowledge of the facts.

"What causes the epidemic," he said, "is the doctor and those about him, who carry the microbe from an affected to a healthy woman." Pasteur went to the blackboard, drew streptococci in chains, and said, "*Tenez, voila sa figure!*" . . . The question was, and remains, solved.

It was in the course of his experiments upon microbic diseases that Pasteur discovered the *immunising and curative properties* of *attenuated* cultures, giving thereby to therapeutics new agents of incalculable efficacy. The history of this discovery was as follows:—

Pasteur, having found and isolated the pathogenic microbe of *chicken-cholera* and decided upon an appropriate culture-bouillon, transmitted the disease with certainty

not only to fowls, but to animals, which, like the rabbit, were sensible to the microbe. In the midst of this work "one of the chances which occur to those who have the genius of observation came, and was soon to mark a step in advance and prepare for a grand discovery." Pasteur, having inoculated some fowls with a culture several weeks old, was surprised to find that the fowls,<sup>1</sup> although ill, did not succumb. It then occurred to him to inoculate these fowls with a fresh culture which would be active and certainly deadly; the fowls survived; immunisation by cultures attenuated by age was discovered!

Pasteur compared this with the discovery of vaccination by Jenner, and was able at last to formulate his grand discovery of immunisation, and of the cure of diseases by attenuated cultures of the pathogenic microbes which produce them, and verified upon other microbes what he had discovered in the case of chicken-cholera. The discovery of immunisation from rabies had considerable vogue. Pasteur's pupils have continued to tread in his footsteps, and the serum of tetanus, of diphtheria, of typhoid fever, of plague, etc., go to prove the fertility of the doctrine. Much variety has been shown in the methods of attenuating the microbes and their cultures; age, addition of iodine, place of inoculation, infinitesimal quantity used, then progressive inoculation, the effects of light, of heat, or of electricity were the chief agents employed. Then a new method of serum-therapy was invented, consisting in employing the serum of immunised animals; but all these grand discoveries were the outcome of the original experiment upon chicken-cholera; all are summed up in a single principle—the *attenuation* of the virulence of the pathogenic microbe of the disease which has to be cured. Outside of these experimental truths all is mere hypothesis and vain speculation.

The therapeutic work of Pasteur rests therefore upon two principles: (a) *Treating an infectious disease by the microbe which gives rise to it*; and (b) *Employing this microbe in an attenuated dose*. It may be objected that the majority of therapeutic serums are derived, not from the microbe itself, but from the serum of an immunised animal; but whatever be the theory necessary to explain the action of these serums, whether antitoxin, attenuated

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<sup>1</sup> *Vie de Pasteur* by Vallery Radot, p. 427.

toxin, or an entirely new substance produced by the organism with the help of the microbe or its toxin, it is always the pathogenic microbe which is the starting point, whether it be employed directly, as in rabies or tetanus, or employed indirectly and replaced by a substance elaborated in the immunised animal.

Examining these facts by the light of the therapeutic doctrines formulated by Hippocrates, we find that they are governed by the law of similars. That which produces strangury in a healthy man, said Hippocrates, will cure strangury; that which produces rabies cures rabies, says Pasteur; and Pasteur, like Hippocrates, might give as his indicative law *similia similibus curantur*.

The attenuation of pathogenic microbes and their cultures answers to the attenuation of drugs proposed by Hahnemann; the two methods are born of the same thought, that of avoiding the dangers and aggravations of too active remedies. One is naturally tempted to ask how it came about that Pasteur, who was probably unacquainted with either Hippocrates or Hahnemann, arrived at the same therapeutic conclusions as these two great men. The history of chicken-cholera cited above is the answer. Pasteur, guided solely by experiment, arrived at the reproduction of a therapeutic formula which Hippocrates probably owed to tradition.

Hippocrates enunciated the therapeutic doctrine; Hahnemann rendered possible the application of the law of similars by the study of drug-effects upon the healthy and by diminishing the dose; and Pasteur, to the support of a therapeutic method still uncertain and contested, brought the unanswerable argument of the laboratory and its scientific methods.

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## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

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(Continued from p. 733 of December, 1902.)

18. *Digitalis*.—The action of large doses of this drug in producing feeble and irregular action of the heart and pulse, with great depression and tendency to fainting,

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

is well known, while in small doses it is now universally looked upon as one of the most powerful "cardiac tonics." Handfield Jones says: "From the above evidence there seems good ground to conclude: (1) That digitalis in the milder degrees of its action has a stimulating influence on the heart; and (2) That its stronger action has the reverse effect, like galvanism or mechanical irritation, arresting the heart's movements. . . . Digitalis tones and strengthens the action of a feeble heart, but lowers that of a vigorous one." This is pretty good from a well-known allopathic physician.

19. *Gold. Aurum.*—In large doses, Christison, and Trousseau and Pidoux state that gold causes considerable gastric irritation, or even inflammation of the stomach, colic, diarrhœa, dryness of the tongue, and redness of the throat. Conversely, Trousseau and Pidoux say that in small doses it increases the appetite and the rapidity of digestion, "not only in persons in health, but in those whose stomachs have been enfeebled by chronic disease or by prolonged low diet." They quote Legrand as having published a number of cases of children affected with diarrhœa, vomiting, and dyspepsia, who had got into a state of marasmus, which excited considerable anxiety, and in these cases he found gold had a wonderful power of restoring them to health.

20. *Hydrocyanic acid.*—Produces convulsions, sometimes true tetanus, as testified to by all works on Toxicology and Materia Medica. Conversely, Waring speaks of its value in chorea, and also in tetanus. It also causes nausea and vomiting, with sensation of heat in the stomach. After death the stomach shows evident symptoms of irritation, redness, etc., as testified to by Christison, Taylor, Wood, Pereira, and Trousseau. Conversely, its use in sickness and vomiting, in cases of dyspepsia with pain in the stomach, and general irritability of the stomach, is well known. It likewise produces, as testified to by these same authors, dyspnoea, hurried and difficult breathing, palpitation of the heart, pain in the precordial region, feeling as of suffocation, and sense of anxiety. These symptoms are not the same as the stertorous and laborious or hurried breathing which are the precursors of death, but have been produced in the early stages, and with comparatively small doses. For example, Chanet states that in manufactories where hydrocyanic

acid is disengaged workmen feel, among other symptoms, "difficult respiration, pain in the region of the heart, sense of suffocation, constriction in the throat, and palpitation." Conversely, Waring says of its use in spasmodic asthma, "We have a large mass of evidence in favour of hydrocyanic acid," and quotes several authorities as to its use in what he calls "catarrhus suffocation." Wood says that in diseases of the heart, palpitation, and other irregularities in the function of the organ, "I think its powers most valuable. . . . I know no medicine better calculated to relieve the disturbed function and afford ease and comfort to the patient." In *angina pectoris* Waring and Trousseau testify to its value.

21. *Iodine and iodide of potassium*.—When the vapour of iodine is inhaled, and also when iodine is given internally, it produces coryza, sometimes very severe, with frontal headache, lacrymation, redness of the conjunctiva, dryness of the throat, irritation and inflammation of the air-passages, with cough, difficulty and quickness of breathing (see Trousseau and Pidoux, Wood, Pereira, and Christison). Conversely, the value of iodine when inhaled in coryza and catarrh is now well known, and a "vapour iodi" was made officinal in the *B.P.* of 1867. Trousseau and Pidoux say: "In bronchorrhœa or catarrh of the mucous membrane of the bronchial tubes, iodine is evidently useful. . . . Thus we recommend with confidence inhalations of iodine, under different forms, in the treatment of certain cases of laryngitis, of bronchitis which has passed into the chronic stage, in which we have often been able to prove to ourselves its value." They also speak of its value in asthma as having an "efficacy truly remarkable." On its action on the stomach Wood states that it increases the appetite in small doses, but if the dose be increased this "passes into positive irritation, as evinced by gastric uneasiness, nausea, and sometimes disturbance of the bowels, with or without colicky pains." Pereira speaks to these facts also. Conversely, Pereira, and also Trousseau speak of the increase of the appetite when given in small doses, "from which circumstance it has been denominated a tonic."

Trousseau and Pidoux say also that it produces emaciation, and that "this emaciation is sometimes so marked that patients become in a short time unrecognizable, and take on the appearance of individuals far gone in

consumption." Conversely Pereira quotes from Lugol as stating that it increases the size and growth, and promotes *embonpoint*, and Scoresby-Jackson (*Mat. Med.*) says, "General emaciation is said to be caused by the use of iodine; but this effect is sometimes denied by those who call iodine a tonic, and state that patients improve in general appearance and grow fat during its exhibition. These statements are not irreconcilable; a gentle irritation of the stomach, with slightly increased activity of the absorbents, not too long continued, may increase the appetite, promote assimilation, and conduce to *embonpoint*; but if the irritation be too severe, or too long continued, and the absorbents be too highly stimulated, the digestive functions may be impaired, and emaciation be the result." Iodine, and especially iodide of potassium, produces salivation and soreness of the mouth, (see Pereira, Trousseau and Pidoux, and Christison, etc). Conversely, Trousseau and Pidoux speak of its value in the treatment of mercurial salivation, and again, "Everyone knows how refractory in the majority of cases is salivation occurring during pregnancy. On this point we have read with interest an observation by Dr. Lemæestre, where a salivation, which, by its abundance, threatened to destroy the patient, was found rebellious to all means employed, but was cured very rapidly by iodide of potassium administered in the form of pastilles."

Next, its action on the skin. Trousseau and Pidoux say it produces various skin affections "of the nature of acute exanthems, such as erythema and urticaria. When the action of the iodine is continued these symptoms take the character of prurigo, of acne, or of eczema." And Wood says, "What is more certain is that the medicine occasionally gives rise to eruptions on the surface, erythematous, papulous, eczematous, or impetiginous." Conversely, Trousseau and Pidoux say, "With regard to chronic diseases of the skin, notably in scaly diseases, iodine has long ago given its proofs." Pereira says, "Besides the diseases already mentioned, there are many others in which iodine has been used with considerable advantages; for example, chronic skin diseases, as lepra, psoriasis, etc." (See also Wood and Waring).

Lastly, Christison and Pereira testify to its power to cause inflammation and enlargement of the liver, while in Pereira, Waring, and Graves we have testimony to its therapeutic value in similar states.

22. *Ipecacuanha*.—This drug is well known to produce sickness and vomiting, and Trousseau and Pidoux state that it causes inflammation of the stomach. Conversely, Braun, of Vienna, recommends it in the sickness of pregnancy; Pereira says, "In indigestion Daubenton gave it in small doses. . . . Eberle tried it in his own case with advantage. An anti-emetic quality has been assigned to it by Schönheider." An Edinburgh allopathic physician told me before Ringer's book was published that he had long known ipecacuanha wine in 2-drop doses to be the most successful remedy he knew in the treatment of sickness and vomiting.

It also produces diarrhœa, as is well known. Trousseau and Pidoux say, "This purgative effect is even obtained in nearly half the cases of persons who have been fully vomited by this medicine." Conversely, its use in the treatment of diarrhœa and dysentery has been highly lauded by numerous authors (see Trousseau and Pidoux, Wood, Pereira, etc., etc.). Its use in dysentery has gained it the name of "*Radix anti-dysenterica*." Trousseau and Pidoux say, "In simple diarrhœa which depends on a saburral state of the stomach (by which they mean a state of acute or sub-acute catarrh of it, with pain, tenderness, and vomiting) it is of great use." They give it here in emetic doses, however, according to their theory of "medication substitutive," which is only a rough homœopathy. "But," they go on to say, "in chronic diarrhœa, when there is no ground for supposing it dependent on phthisis, or simple ulcerations of the mucous membrane, ipecacuanha, given in small doses (5 to 10 c.grms.) every two hours in a suitable vehicle, in such a manner as neither to provoke vomiting or purging, is of service." They also use it in the diarrhœa of children along with calomel, which is, as we shall see, also homœopathic.

Next, that ipecacuanha produces irritation of the bronchial tubes, difficult breathing, and asthma is too well known to require citation of authors. Conversely, the use of this drug in asthma and asthmatic bronchitis is a piece of treatment of every-day occurrence. Sir John Forbes, in his article on asthma in the *Cyclopædia of Practical Medicine*, says of ipecacuanha in asthma: "He (Akenside) says the medicine proved equally successful whether it produced nausea or vomiting. It is probable that it would have proved more successful if it had produced

neither. Ipecacuanha is certainly a remedy of considerable power in the asthmatic paroxysm; but this seems altogether independent of its emetic properties. Practitioners of experience, without subscribing to the doctrines of homœopathy, will certainly think more favourably of it on account of its peculiar tendency to induce fits of asthma in the predisposed. Long before the time of Hahnemann the main principle of his doctrine was recognized by practical men in the adage '*Nil prodest nisi læditur idem.*'"

23. *Creosote*.—Pereira says, "Swallowed in large doses causes vomiting and purging. Larger doses than 1 or 2 minims give rise to nausea, vomiting, vertigo, headache, and heat of head." The same author adds on the next page, "As an internal remedy creosote has been principally used in this country as a medicine possessing extraordinary powers of arresting vomiting."

24. *Mercury*—This drug is well known as a purgative, producing diarrhœa. In cases of acute poisoning, especially with corrosive sublimate, an artificial dysentery is produced, with stools chiefly consisting of mucus mixed with blood, tenesmus, tenderness of abdomen, and ulceration of the large intestines, a all works on Toxicology state. Conversely, Trousseau and Pidoux speak of the value of calomel in dysentery, and in the diarrhœa of infants. Waring quotes Underwood as saying that in the diarrhœa of infants, when ordinary means fail, calomel often proves a "sovereign remedy." Indian physicians, Annesley, Johnson, Sir Ranald Martin, and Waring testify in the same way. Wood speaks highly of calomel in doses of  $\frac{1}{4}$ th of a grain as a remedy in the diarrhœa of young children, and "cholera infantum." As to the action of mercury on the liver, this has recently been called in question, but Graves, among others, brings proof of its power of producing "disease and enlargement of the liver." He says, "It cannot be denied that the immoderate use of mercury has been productive of liver disease." Conversely, in affections of the liver, inflammatory or otherwise, the use of mercury is a piece of practice of every-day occurrence. Graves, in speaking of the action of mercurials in liver affections, says, "In this instance we are compelled to allow that our practice may furnish weapons to be turned against us by the disciples of Hahnemann."



That mercury is "par excellence" the remedy in syphilis requires no quotations of authorities. But it is not generally known in the old school that mercury produces a train of symptoms closely resembling those of syphilis. This has been denied by those who have not all the facts before them, but the resemblance cannot fail to strike anyone who reads a long passage in Trousseau and Pidoux, in which they compare and differentiate the symptoms produced by mercury and syphilis respectively, and this comparison brings out in a remarkable way their similarity. The passage is too long to quote. Graves, after saying that "every practical physician knows that mercury may, and does, give rise to a train of symptoms bearing some analogy to those of secondary syphilis," goes on to say, speaking of a case he has described, "Here, you perceive, we have a remarkable analogy between the disease produced by mercury and syphilis. . . . It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, belladonna, strychnine, quinine, hydriodate of potash, and some other powerful medicinal agents; in fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues unless it has some specific effect on such tissues; and in this point of view we have an example of the '*similia similibus curantur*' of the homœopathists." A charming testimony to our views from such a distinguished physician.

The use of perchloride of mercury in very weak solution as an eye-wash is very common, which is, of course, homœopathic, as any but a weak solution will produce trouble and pain and conjunctival inflammation.

25. *Nux vomica* and *strychnine*.—Trousseau and Pidoux say, "If the dose is too large, it is by no means rare to see loss of appetite produced." Pereira says, "In somewhat larger doses (than those which increase the appetite, etc.) the stomach not infrequently becomes disordered, and the appetite impaired, and it causes pain and heat in the stomach, with nausea and vomiting." Wood says, "In large doses its operation on the stomach becomes irritating, causing loss of appetite, epigastric uneasiness, cardiac pain, and sometimes vomiting and purging." Its use in dyspepsia, loss of appetite, and in promoting digestion, and relieving constipation is testified

to by Wood, Pereira, Trousseau, and it is now very extensively used as a stomachic "tonic."

It, as is well known, produces convulsions, while Trousseau and Pidoux, and Wood, speak of its successful use in chorea. The former authors say, "Nowadays the employment of *nux vomica* in the treatment of chorea has become almost general." In epilepsy it has been successfully used by Tyrell, Wood, etc., while Pereira naively remarks, "But, judging from its physiological effects, it would appear to be calculated to act injuriously rather than beneficially in this disease." Of course it would on any other than the homœopathic law.

26. *Opium*.—As to its action on the stomach and bowels, it is well known to produce disorder of the stomach, loss of appetite, and troubles of digestion. Trousseau and Pidoux, Taylor, Christison, and Pereira all state that it causes nausea and vomiting, while Trousseau and Pidoux state in regard to its power to cause diarrhœa, "Given internally, and especially when it is given in large doses, it constipates at first, but after some days it too often provokes diarrhœa in those who have not had it before." Conversely, these same authors say, "Opium is one of the best remedies to oppose the symptom vomiting; but it must be remembered that opium, inasmuch as it determines certain nervous accidents, is of itself a very powerful cause of vomiting." They also say, "In a sufficiently large number of dyspeptics opium is one of the most efficacious means to stimulate the appetite and regulate the work of digestion." It is constantly given in the old school for diarrhœa.

In the form of Dover's powder it is well known to produce sweating, while we find Handfield Jones saying, "Nay, even Dover's powder I have found, in accordance with Descamps' recommendation, materially to check the night-sweats of phthisis." Lastly, its power to produce sleep, in full doses, is, of course, known to every tyro, while, conversely, if given in too small a dose to effect this purpose, it will produce a state of excitement and wakefulness. Handfield Jones says, "Opium exerts, unquestionably, in many persons a stimulating power, at least when given in moderate doses and in the early period of its action. Thus it comes to pass that, if the cerebral tissue be highly hyperæsthetic, opium, unless given in large doses, is apt to produce an effect the very

reverse of sedative." He also, in another part of his book, gives a case of "soporose delirium" cured by opium—just the state in which it is markedly homœopathic.

27. *Rhubarb*.—Is well known to produce purging in large or so-called "medicinal" doses. Conversely, its value in diarrhœa, either alone or in the form of Gregory's powder, is testified to by Trousseau and Pidoux, Waring, Pereira and Wood.

28. *Rhus toxicodendron*.—Trousseau and Pidoux, Pereira, and Sanders, of Edinburgh, testify to its power to produce a skin eruption exactly like erysipelas, with vesicles here and there, on the hands, arms, face, etc.; while the first-named authors say, "This curious action of rhus on the economy has led the homœopaths to employ this substance in diseases of the skin; but already, before them, Dufresnoy, of Valenciennes, had published a paper in which he highly praised the virtue of this plant against skin diseases, and later, against paralysis. From that time we have found from time to time essays on this subject in the different periodicals, and many reliable physicians have confirmed Dufresnoy's experiences.

29. *Ruta*.—This drug has been long known as an emmenagogue, and capable of producing abortion, while Trousseau and Pidoux quote Dr. Beau as recommending it with savin as a remedy in metrorrhagia.

30. *Sabina*.—Trousseau and Pidoux say of its action, "The emmenagogue properties of savin are more marked than those of rue. Its action goes sometimes the length of producing serious irritation, congestions of the uterus, and violent menorrhagia." Conversely, they say, "Dr. Beau recommends against metrorrhagia a mixture of the powder of savin and rue; he considers this mixture as possessing superior efficacy to that of ergot of rye." He gives 1½ grains of savin night and morning.

31.—*Secale, (ergot)*.—The action of ergot in causing uterine contractions and expulsive uterine pains in labour, and in producing abortion, is too well known to require references. But in a paper in the *Practitioner* of 1868 Dr. Alfred Meadows, on "The therapeutical uses of ergot of rye," says that he has used this drug in "cases of pregnancy during the early weeks of gestation, when there is a history of oft-recurring abortion, which seems to be due to an atonic condition of the uterus." He further remarks that to prevent abortion taking place, "the dose requires

to be carefully regulated ; it is, in fact, of more importance in this particular instance than in any of those I have previously considered. With these a little more or less is at least not productive of any evil consequences, whereas in the case of threatened abortion any excess of the required dose will probably effect the very thing we are most anxious to avoid."

32. *Silver, Argentum*.—The nitrate of silver is here understood. Pereira and Wood state that in an over-dose it produces pain in the stomach, nausea and vomiting, purging, with irritation of the gastric mucous membrane. Conversely, Pereira, on the next page, says, "In chronic affections of the stomach (especially of morbid sensibility of the gastric and intestinal nerves) it has been favourably spoken of by Antenreith, Dr. James Johnson, and Rueff. It has been employed to allay chronic vomiting connected with disordered innervation, as well as with disease of the stomach (schirrus and cancer), and to relieve gastrodynia." Wood says, "In very small doses nitrate of silver produces no other observable effect than those of a gentle tonic and astringent, as improved appetite, invigorated digestion, and perhaps a tendency to constipation. . . . It has been recommended in certain painful affections sometimes dependent on dyspepsia, as gastrodynia and pyrosis ; and has been found useful in morbid sensibility of the stomach. But it is vastly more beneficial, given rather freely, through its alterative action on the mucous membrane in a state of chronic inflammation and ulceration ; and has been strenuously recommended even in active irritation or acute inflammation of the same tissue. In chronic gastritis of the worst kind I know of no remedy so effectual as nitrate of silver." Waring also quotes numerous authorities on the same points. Trousseau and Pidoux speak also of the value of nitrate of silver in diarrhœa, acute and chronic, in children and adults, in dysentery, and acute and chronic enteritis. So also do Wood and Waring.

It produces also epileptiform convulsions. Christison gives a case where the man was found "insensible, with his eyes turned up, the pupils dilated, the jaws locked, and the arms and face agitated with convulsions." Conversely, its use and value in epilepsy and chorea are given in Pereira, Wood, Trousseau and Pidoux, and Waring, who quotes other authorities.

Lastly, externally it is well known as a caustic, and in strong solution as a powerful irritant, especially to the conjunctiva of the eye, and all mucous membranes, whereas, conversely, in weak solution there is no more frequently used application to inflamed conjunctiva, and also to other surfaces, as the throat and uterus—in all these cases to produce a gentle stimulation to the already inflamed part,—a pure piece of homœopathy.

33. *Stramonium*.—Trousseau and Pidoux state that stramonium causes in large doses “obstinate sleeplessness,” while, conversely, on the same page, they say that in a moderate dose it produces a slight tendency to sleep; that “in large doses it produces frequent desire to urinate with little or no urine,” while in moderate doses “the urine is more abundant”; that it causes sharp fever, with dry, hot skin, while it produces “sweats” when there is neither diarrhœa nor diuresis. The same authors say that in large doses it produces “vertigo, agitation, spasms, furious delirium, continual hallucinations. . . . The delirium is sometimes gay, sometimes sad, but always accompanied by singular hallucinations and fantastic visions.” The same authors, in speaking of mania, acute and chronic, and insanity cured by stramonium, say “a sufficiently large number of facts seem to confirm the utility of stramonium employed against mania.” They then quote M. Moreau, of Tours, who says, “It is especially useful in cases of monomania with hallucinations,” founding this treatment, say Trousseau and Pidoux, “on the fact that stramonium causes hallucinations, and that mania ought to be cured by stramonium in the same way as the majority of irritating agents are employed topically to cure irritations. This application of the ‘medication substitutive’ has already been indicated by us in the chapter on Belladonna.” If this is not homœopathy, I would ask, what is?

34. *Sulphur and its compounds*. (Sulphurous acid, sulphide of potassium, of calcium, and natural sulphur waters).—Pereira, quoting Sundelin, says that “Sulphur operates specifically on the rectum, and thereby promotes critical hæmorrhoidal discharges.” Conversely, its value in piles is well known. It is given generally by allopaths in a laxative dose, but Waring says, “It appears to exercise an influence greater than is fairly attributable to its aperient action.”

*Sulphurous acid.*—The effects of the inhalation of this acid used to be well known practically to nearly everyone from accidentally inhaling the fumes of the old sulphur lucifer matches, which are rarely seen nowadays. They are, choking feeling in the windpipe, spasm of the glottis, feeling of constriction and pain in the chest, and violent spasmodic cough (see Pereira and Wood). Conversely, its value in cases of chronic catarrh and bronchitis, and in other states of the respiratory apparatus, were fully demonstrated by Dr. Dewar and Mr. Pairman in two works published by them, which made quite a sensation at the time.

*Sulphide of potassium* (potassa sulphurata, B.P.).—Christison and Scoresby-Jackson state that in large doses it causes severe pain in the stomach and duodenum, vomiting, and great depression; and in smaller doses causes considerable gastric irritation, followed by nausea, vomiting, and severe purging. The stomach is found red, the lungs soft, gorged with black blood, and non-crepitant. Conversely, Waring quotes Todd as recommending it in dyspepsia when the mucous follicles are supposed to be implicated; and Trousseau and Pidoux say it “has an incontestible efficacy in chronic pulmonary catarrh.” These authors state also that in the form of baths it causes sharp irritation of the skin, and also an “eruption of small papules, and often a painful and confluent vesicular eruption.” Conversely, the use of sulphur baths in skin disease is common ground in the two schools.

Of the effects of *natural sulphur waters*, Trousseau and Pidoux say: “It is rare that patients do not experience a sensation of sharp heat in the larynx and isthmus faucium, a dry, stifling, or choking, peculiar cough, with a constrictive irritation at the entrance of the respiratory passages, some dyspnoea, mingled with a feeling of weight and oppression of the chest, vague pains in the chest walls, chiefly under the clavicles. We have observed that persons who take the waters of Eaux-Bonnes very readily contract catarrh, especially the first time they use them. In persons already affected with chronic irritations, more or less deep-seated, of the respiratory apparatus, the least cold produces bronchitis and pulmonary congestions.” Conversely, the same authors say: “The maladies in the treatment of which the waters of Eaux-Bonnes manifest particularly their therapeutic

properties are: (1) Susceptibility to catarrh of the isthmus faucium, of the larynx, and of the bronchi, especially the latter; (2) Chronic inflammation, and confirmed catarrh of these organs, whether simple or spasmodic, whether co-existing with emphysema or not; (3) In follicular sore throat; (4) In phthisis. . . . It is against this (phthisis) that the mineral waters of Eaux-Bonnes show a power with which none of our officinal drugs can compare. . . . Lengthened clinical experience has pronounced on the efficacy of the waters of Eaux-Bonnes in these different affections." I have already quoted a passage from these authors saying that "sulphide of potassium given internally has an incontestible efficacy in chronic catarrhs."

Of the *sulphide of calcium* (the *Hepar sulphuris* of the homœopaths) these same authors say, "It remains an acquired fact in science that chronic catarrh may be happily modified by the sulphide of calcium." Graves advises sulphur with cream of tartar in chronic bronchitis. Pereira says, "In pulmonary affections, as chronic catarrhs and asthma, sulphur is sometimes useful." And Wood says, "In chronic catarrh, particularly attended with excessive and exhausting expectoration, it acts beneficially, probably by a direct stimulant and alterative influence on the mucous membrane. It has, from the earliest times of its employment, had some reputation in bronchial diseases." (See also Garrod's *Materia Medica*, and Scoresby-Jackson).

35. *Turpentine*.—That this drug has a special affinity for the kidneys and urinary tract of mucous membrane is well known. Trousseau and Pidoux describe its physiological action as follows: "It produces pain and considerable heat in the lumbar region, principally at the points which correspond to the kidneys; also in the hypogastric region. This region is painful on pressure, which determines, as in acute cystitis, tenesmus of the bladder, pains in the urethra, and strangury; then ardor urinæ, dysuria, sharp, burning pain, sometimes a true urethritis; the urine is scanty, red, and even bloody. . . . The mucous membranes are dry as in the first period of catarrhal affection; they are injected, hot, and turgid." Other quotations to this effect are unnecessary, as they are to be found in Wood and other writers on *Materia Medica* and Toxicology.

Conversely, Trousseau and Pidoux, two pages further on, say: "The observation of the physiological action of turpentine has taught us that this substance principally exerts its excitation on the system of mucous membranes, which it evidently irritates; but we have also observed that the mucous membrane of the urinary passages is that of all others which feels most keenly, and sometimes exclusively, this irritant action. It is precisely against affections of this mucous membrane that turpentine has the most incontestible efficacy. We shall see further on that the essential oil has been employed in the most acute catarrh of the bladder. We confine ourselves at present to the study of chronic catarrh of the bladder in its *rappports* with turpentine." The rest of this passage is too long to quote, but I commend it to the study of the profession. They go on to say, "The efficacy of this treatment of chronic catarrh of the bladder is such that we may say without rashness that if the wise and well-indicated administration of turpentine does not always completely cure the malady, it almost constantly ameliorates the state of the patients." These authors say that they have not had any clinical observations as to its curative effect in inflammation of the kidney, but they quote from M. Avisard, who took his facts from Dupuytren, as follows: "That in chronic catarrh of the bladder, when we suspect the co-existence of an affection of the kidneys and ureters, we ought to abstain from the use of turpentine, which frequently only aggravates the evil; but that, notwithstanding, it has been sometimes useful in like cases." Trousseau and Pidoux then go on to say that in a state of "idiopathic catarrh" of the kidneys, "if anything is in accordance with analogy, we should be right in thinking that turpentine ought to have success in these cases." We have similar statements in Wood as to its use in "chronic inflammation of the pelvis of the kidney in which there is reason to suspect ulceration, as indicated by pus or blood in the urine traceable to a renal origin," also in cases where there is "no reason to suspect ulceration, when there is copious mucous or muco-purulent discharge and the case is destitute of acute symptoms," and in "similar affections of the bladder." Waring states that Dr. Copland advises turpentine internally and externally in "subacute and consecutive nephritis" (see also Pereira). I have already quoted



Trousseau and Pidoux as testifying to its power to cause a hæmorrhage from the kidneys and urinary passages. Wood says the same, while, conversely, Wood says, "In hæmorrhages from the urinary passages, when purely passive or sustained by habit, oil of turpentine is one of the best hæmostatics that can be used." Mr. Vincent found it successful in similar cases.

Turpentine is well known to act as a purgative, and is sometimes given for this purpose in the old school. Conversely, Trousseau and Pidoux say: "Baglivi and Van Swieten have found great success with it in chronic and colliquative diarrhœa. . . . These effects, in appearance contradictory, nevertheless involve no contradiction. . . . There is nothing astonishing in that turpentine may be given as a laxative, since, in the examination of its physiological and therapeutical action, we have seen that it frequently produces alvine evacuations. But it is not any more astonishing that it may arrest a mucous flux of the intestine, since it acts on other morbid secretions in the same way, as its desiccative property is most characteristic." Its use in the diarrhœa of typhoid fever is well known and requires no references. Lastly, Trousseau and Pidoux say: "As to the effect which we have said to be produced in some cases on the nervous system of the limbs, it consists in an exquisite sensibility, especially in the inferior extremities; a general feeling of pain in these parts, but existing more specially in the track of the large nerves. A headache of the most acute kind, and persisting a long time after the other effects, is also one of the most constant of the effects of a somewhat prolonged use of turpentine." Conversely, they speak of its great curative value given internally in rheumatism and neuralgia of the inferior extremities, especially sciatica. They maintain that it has this anti-neuralgic property independent of any purgative or any other derivative property. The whole passage is too long to quote (see also Pereira and Waring). Waring and Graves both speak of its use in "nervous headaches."

36. *Valerian*.—Trousseau and Pidoux state that it produces headache and vertigo, such as is felt after a bleeding or from hunger. Conversely, they say, "The most positive indication of valerian after that which we have just indicated (viz., hysterical attacks) is that of vertigo." These same authors say, "In certain animals it

throws into confusion (*bouleverse*) sensibility and the muscular functions; this is also what we have observed in certain females, and in ourselves, but in a degree much less remarkable. It is then by exciting artificial nervous phenomena, analogous to morbid spasms, and consequently in acting on the cerebro-spinal system by means of the ganglionic system, that valerian produces its effects." See also Pereira and Wood, who state that besides the headache and vertigo, it causes mental excitement, illusions of sight, general agitation, and involuntary movements. Conversely, its use in hysteria, hysterical headaches, and hysterical spasms and paroxysms, in which the sensibility and muscular functions are much disordered, is too well known to require references. Waring quotes numerous authorities for its good effect in epilepsy and chorea, while in epileptic vertigo Trousseau and Pidoux speak of its efficacy.

In 1868 we have an article from the pen of Dr. Wilks, entitled "On the use of (37) *Aconite* as an antiphlogistic," in the *Practitioner*, in which he praises its value. Before this the use of aconite was unknown in the old school as a remedy in states of fever, and was laughed at as an absurd homœopathic idea. He gives cases of pneumonia, of acute rheumatism, of whooping cough and bronchitis, and one of chronic catarrh. He concludes that "it is only at the onset of an inflammatory process that aconite is likely to prove useful, and, secondly, that the dose must be small. In one of his cases even 2 drops at a dose caused very uncomfortable symptoms, about which Dr. Wilks remarks, "I had no hesitation in attributing the new symptoms to the effects of the remedy."

In January, 1869, Dr. Sydney Ringer published in the *Lancet* a paper on "Aconite and its Preparations," which might have been written by any homœopath, but the practice he advises was then quite new to the old school. After giving an account of its physiological action, he speaks of its power to control inflammation and subdue the accompanying fever. "The power of this drug over inflammation is little less than marvellous. It can sometimes at once cut short the inflammation." He advises it in "the catarrh of children," "in tonsillitis, or in acute sore throat," in catarrhal croup, "in pneumonia, pleurisy," and "the graver inflammations," in acute nephritis after scarlet fever, in the throat sore of scarlet fever, in erysipelas,

and in acute rheumatism, gouty pains and neuralgia, in certain heart affections, in suppression of the menses, in acute gonorrhœa, and in functional nervous palpitations of the heart. In fact, he absorbs the whole of the homœopathic indications for aconite.

In the same year the *Biennial Retrospect of Medicine and Surgery* of the Sydenham Society states that (38) *Hepar sulphuris* had been found of immense service in an apparently hopeless case of croup; that arsenic had been used with success in a form of gastralgia exactly resembling the gastralgia it produces; that (39) *veratrum album* had been successfully employed in the collapse of infantile diarrhœa. In the *Practitioner* for that year Dr. Thorowgood writes of the usefulness of (40) *phosphorus* in bronchitis, and Dr. Mackey, of Birmingham, in the *British Medical Journal*, writes of the value of (41) *cantharides* in inflammation of the kidney.

It was in this year, 1869, that Dr. Sydney Ringer published his now well-known *Hand-book of Therapeutics*. And this brings me to the opening of the THIRD CHAPTER of my subject.

(To be continued.)

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## REVIEWS.

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*A Pocket Case Book* for Practitioners and Students. By ALEX. THEODORE BRAND, M.D., C.M. London: Bailliere, Tindall & Cox.

FOR those who wish to make notes of their cases at the time of seeing the patient, this pocket case book is an excellent one. Each case has four pages to itself. The first two have paragraphs for all the various organs and functions which may be involved, while on the third page is a space for further notes, and a diagram of the body, front and back, for pencil or pen drawings, while the fourth page has a space for further notes, and a temperature chart. It is very complete and comprehensive, and we can recommend it as a very helpful arrangement for case-taking. It goes easily into the pocket.

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*The Law of Unity and Homœopathy.* By ARTHUR A. BEALE, M.B., C.M. London: John Bale & Sons. 1902.

THE above is a reprint from the *Journal of the British Homœopathic Society* of a paper read by the author. We are sorry

we cannot say much in its favour. It is full of hypothesis, and as a contribution to the philosophy of homœopathy we find ourselves no wiser after reading it than we were before. His basic views we cannot adopt. When he tells us that "It is a presumption and insult to man to avow that 'the infinite is inscrutable,'" and that consciousness exists in stones as well as in man—"an all-pervading consciousness," and that, as reported in the *Journal of the Society*, Dr. Beale, in his concluding remarks after the discussion, states that "Metaphysicians of any note deny that there is anything supernatural," we object. We commend the report of the discussion following his paper, in the *Journal of the British Homœopathic Society*, to our readers as an indication of the views of the Society on the subject.

*Diseases of the Lungs: Their Pathology, Symptomatology, Diagnosis, and Treatment.* By CH. GATCHELL, M.D., Professor of Diseases of the Chest and Physical Diagnosis in the Chicago Homœopathic Medical College, etc., etc. Chicago: Era Publishing Company. 1902.

BEFORE reading a new medical book it is always best to look at the preface to see what the author's aim is, and so to judge of his success in carrying it out. Dr. Gatchell, in his preface, says: "The purpose in preparing this work has been to present to the profession the subject of diseases of the lungs in a form which, while not too much condensed, yet partakes of the character of an epitome. The effort has been to give every topic belonging to each diseased condition in a form readily accessible, and at the same time in such a shape as to be of practical value. In the matter of the treatment of the various diseases no attempt at condensation has been made; it is given as fully as would be done in a larger work. Especial care has been taken, also, to present the important subject of pathology in a manner to be of value to the student as well as to the studious physician."

Such being the author's very definite aim, we congratulate him on having very admirably and successfully carried it out. It is an epitome of all that is known or necessary to be known in the etiology, pathology, the physical signs, the symptoms, the complications, the prognosis, and the differential diagnosis of each disease of the lungs. It forms, therefore, a great help to the student and the physician in recalling to his mind points which he had previously learned, but on which he may wish to refresh his memory, and it is written so concisely and clearly that all these points can be studied in a very short space of time, consistent with the claims of busy practice.

By reading through a given disease he can have the whole subject at his finger-ends in no time. Then in regard to the treatment of the various diseases, it is excellently put. There is no long, tedious alphabetical list of medicines with a few indications for each, but the comparatively few leading medicines are given, such as are in the majority of cases the ones that are found to cover the patient's state, with the indications, general and special, concisely and yet fully described. When further detail is required the *Materia Medica* must, of course, always be referred to for this object. But for all practical purposes, in a busy practice, the requisite detail of indications is admirably stated. It will be a very useful book both for the student and busy practitioner, and we congratulate Dr. Gatchell on the successful accomplishment of his aim in writing it.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

The third meeting of the Session 1902-1903 was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, December 4th, at eight o'clock, Dr. Roberson Day, President, in the chair.

#### NEW MEMBER.

William Barrington Prowse, M.R.C.S., L.R.C.P., of 11 St. George Place, Brighton, was elected a member of the Society.

The following specimens were exhibited :—

1. Double pyosalpinx, ruptured during operation, followed by tachycardia ; temperature chart of same ; recovery ; and 2, Labia majora affected with scleroderma, with microscopic section ; recovery. by Dr. Edwin A. Neatby.

#### SECTION OF MEDICINE AND PATHOLOGY.

D C. Osmond Bodman read a paper on " Spleno Medullary Leukæmia," in which he gave a general account of the disease, and detailed cases which had been treated in the London Homœopathic Hospital, and illustrated the subject with temperature charts and diagrams of abdominal physical signs.

Dr. Galley Blackley followed with a paper, entitled " The Therapeutics of Leukæmia and Allied Conditions." The author remarked at the outset that the number of drugs available was still very small. Phosphorus and other so-called hæmolytic drugs, such as pyrogallic acid, nitro-benzol,

antipyrin, and chlorate of potash, were first touched upon. Ergotin (recommended by Gowers in splenic leucocythæmia) was next considered. Quinine was dwelt upon at some length, and the author referred to the opinion of some experts that it was the quinine which had been administered rather than the malarial poison itself which gave rise to the enlarged spleen so common in malarial cases. Of purely empirical remedies arsenic appeared to be the only one about which authors were agreed in thinking it undoubtedly of service. The author gave details of three cases of splenomyelogenous leukæmia and two of *anæmia infantum*.

Drs. Epps and Watkins opened a discussion on the subject, which was taken part in by Drs. Dyce Brown, Byres Moir, Stonham, Madden, and Alexander, Mr. Wynne Thomas, Drs. Lambert, Pritchard and Roberson Day. Drs. Bodman and Blackley replied.

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## NOTABILIA.

### DR. EUBULUS WILLIAMS.

WE understand that our much esteemed colleague Dr. Eubulus Williams, of Clifton, has resigned the post of Physician to Müller's Orphanage Home at Ashley Down, Clifton, owing to advancing years. We regret to hear that Dr. Williams is feeling the advance of time, but he may well congratulate himself, and we join in the congratulations, on his long and valuable services to Müller's Orphanage, lasting over a period of thirty-four years. He well deserves the recognition of this devoted service in having, we are glad to hear, been appointed Honorary Consulting Physician to the Home. No doubt Dr. Williams will continue to see patients, though to a more limited extent than in former years, and we trust he may see many more years of usefulness, health, and happiness.

We hear that he is to be succeeded in the post of Physician to the Orphanage by our young colleague Dr. C. Osmond Bodman, who has been for the past year one of the Resident Medical Officers of the London Homœopathic Hospital, where he has won golden opinions. We wish him all success in his new and important sphere of work.

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### BRITISH HOMŒOPATHIC ASSOCIATION. DRAWING-ROOM MEETING AT BRIGHTON.

A MEETING was held at 3, Sussex Square, Brighton, by the kind invitation of Mr. and Mrs. Rudhall, with the view of

interesting the profession and the public of Brighton in the British Homœopathic Association and its aims, of furthering the cause it was formed to advocate, and of taking steps to carry out its objects by forming a local branch if thought desirable. There was a large attendance of ladies and gentlemen, numbering nearly 130. Mrs. Rudhall had expected a still larger number, but the inclement weather had been unfortunate.

SIR GEORGE WYATT TRUSCOTT, Sheriff of the City of London, presided, and a deputation from London, appointed by the Executive Committee of the Association, was present, consisting of Mr. W. B. Liddiard, one of the Vice-presidents of the Association, Dr. Burford, Dr. Dyce Brown, Dr. Byres Moir, and Dr. J. H. Clarke.

THE SECRETARY (Mr. King) read a letter from The Earl Cawdor, regretting his unavoidable absence, expressing his Lordship's deep sympathy with the movement, and hoping that both the profession and the public would be found to assist in forming a local branch of the British Homœopathic Association.

THE CHAIRMAN then delivered an admirable address, in which he said that, having taken part in the Foundation Meeting at Stationers' Hall in April, he was glad to come down to Brighton to help in the movement. He considered that a strong shove forward should be given to the wheel, as the recent tone of satisfaction with the position homœopathy now had in the country tended to a state of lethargy. A militant movement such as homœopathy was could not stand still. If it did not go forward, it was sure to retrograde. There was an ever increasing demand for homœopathic practitioners, but hitherto there had been no colleges, or board of examiners, nor prizes to stimulate young men to learn homœopathy. It was necessary to be up and doing, and to shout as everyone in earnest at the present day does. It was also necessary to centralize and have united action in order to accomplish the objects in view, to enrol members and associates in the Association all over the country, and so have a widely spread organization. The formation of the Association was owing to the energy of Dr. Burford, who had started also the Twentieth Century Fund in order to raise £10,000 as a minimum for the working of the forward scheme of the Association, and he (Sir George) considered that the success of the undertaking was assured, in that already over £7,000 had been promised. As the ladies in Brighton had come forward so nobly with Mrs. Rudhall at their head, and were present in such large numbers at this meeting, he concluded that it would result in the formation of a local

branch of the Association. We had a thorough belief in the cause we had at heart, and that homœopathy only required a fair hearing and fair criticism to be victorious. He had noticed with interest in the *Monthly Homœopathic Review* that the late Dr. Horner, of Hull, and Dr. Sircar, of Calcutta, had both been requested to write papers against homœopathy, but that having, in order to do so, read up the subject, and tried the treatment in practice, they ended their studies by blessing, instead of cursing it. Sir George considered homœopathy the fine art of medicine. The Association proposed to start, among other things, lectureships on homœopathy, and he rejoiced to know that, in memory of Dr. Compton Burnett, who in his last years lived in Brighton, a special fund was being raised to form and maintain the "Burnett Professorship of Homœopathic Medicine." He concluded by hoping that all present would unite in furthering the aims of the Association by enrolling themselves as members or associates.

Dr. DYCE BROWN then rose to propose the first resolution : "That this meeting expresses its sympathy with the aims and objects of the British Homœopathic Association, and its desire to aid in the practical furtherance of the same." He said that though the chairman had admirably explained the general objects of the Association, he would like to do so from another point of view, by giving a little bit of history from the time of Hahnemann to emphasize the necessity there was for forming the British Homœopathic Association. He described the manner in which Hahnemann was led to his discovery of the law of similars. Now, when medical practice at that time was at its lowest ebb of rude barbarism, the enunciation of a law which was diametrically opposed to ordinary rules of practice, and the small dose following as a corollary to it, roused the most virulent opposition that any new doctrine could be exposed to. Homœopaths were called fools and knaves, and they were tabooed all round. After a number of years the old school found that this tone would no longer do. They knew that we were neither knaves nor fools, and so came so far round as to say that the only objection to association with homœopaths was that they called themselves, or allowed themselves to be called, homœopaths, thus adopting a sectarian position. It was thought that after this pronouncement the relations between the two schools would greatly improve, and that many would enquire into homœopathy and become converts to it. Even many of our own men deemed the time had come for the cessation of the militant attitude of homœopathy, and that things should be allowed to go on quietly, watching the progress of the current. But this idea has been found a



complete mistake. The old school, by adopting their policy of silence, are trying to absorb us by adopting in a great many instances our methods and medicines, bringing out the latter as "new" remedies without saying where they have got them, or hinting at the principle on which they act therapeutically. The result of this is that our opponents adopt these medicines as mere "tips," and keep back the great law which is at the bottom of them, while the teachers in the schools studiously keep their students in ignorance of the real meaning of homœopathy, caricaturing it, or rather giving such a travesty of it as to be absolutely untrue. This cannot be allowed to go on. We must wake up and set to work actively to propagate homœopathy, and this is what the British Homœopathic Association is formed for. We want to get hold of young graduates and students, teach them by literature what homœopathy really means, and its scientific basis, have courses of lectures to teach them how to practice it, to endow scholarships for deserving young men to study homœopathy at American and foreign schools, and to assist scientific research bearing on homœopathy. This is not a doctor's question; it is one for the public to aid them in. Without the aid of the lay element progress will not be adequate. There are countless openings for young homœopaths which we have not men to fill. And it is in order to supply this want that the Association is formed. Especially we want the co-operation of the ladies. We all know how enormous their influence is in a good cause. Here we have the good cause, here we have the ladies, and we expect great results.

DR. CLARKE said he had much pleasure in seconding the resolution. He found himself in the peculiarly happy position of one who had been for seventeen years preaching a certain line of policy, and was at last seeing it being carried into practical effect. In these days of division of labour and specialisation it was not to be expected that the same man should give the advice and carry it out as well; and he confessed that he had had little expectation of seeing it carried out at all. The homœopathic body had manifested a sad lack of cohesiveness which he scarcely hoped to see overcome. But he had reckoned without Dr. Burford. He had known Dr. Burford for many years, but he did not know till now that he had the Combine-making power of a Pierpont Morgan, which he has proved himself to possess, in welding all the elements of homœopathic progress in the one endeavour. Referring to the objects of the Association, Dr. Clarke instanced the necessity of providing teaching in homœopathy for those who want to learn. He mentioned the founding

of the Burnett Professorship of Homœopathic Practice, and the heartiness with which the proposal had been received. He regretted that Mrs. Clarke was not there to make the statement herself, but he was glad to announce for her that the proceeds of her Silver Sale reached £200, and that in addition over £100 had been subscribed in donations since the Fund had opened. Among the subscriptions was one of twenty guineas, which Sir George Truscott had just intimated to him his wish to contribute. (Cheers.) Dr. Clarke said that, as he understood it, the aim of the Association was not to make efforts to convince full-fledged and old-established doctors. He gave instances to show that they were practically impervious to evidence unless they had either retired from practice, or were independent of it. He said the thing homœopathy had most need to be afraid of was—fear. Homœopaths had always been afraid of doing something or other which was useful and necessary for fear of offending somebody or other, from whom they had nothing to gain, when it did not matter in the least whether they were offended or not. There was a town he knew of, not one hundred miles north of Brighton, where there were some homœopaths who were afraid of putting their names in the *Homœopathic Directory*. He did not mind saying this in Brighton, for there they were all true blue—all the Brighton doctors, he believed, had their names in it. He urged the meeting to join the Association and make plenty of noise, as the Chairman had said. If homœopaths only made it clear to the public and the profession that they thought a vast deal of homœopathy, that they cherished it for the immensely valuable thing it is, there would be plenty of eager young men coming forward to study it.

DR. BYRES MOIR had much pleasure in supporting the resolution. He thought that the present was pre-eminently the fitting time for an advance movement on the lines indicated by the British Homœopathic Association. He stated that all the most recent investigations in bacteriology, chemistry, and the collateral sciences pointed in a remarkable manner to the truth of Hahnemann's doctrines, and to his marvellous anticipations in medical views, so far beyond his own time. And now was the time to bring forward more prominently these facts, to the notice of the profession and the public; the latter showing more interest in matters medical than ever had been observed before.

DR. BURFORD, in supporting the resolution, took the opportunity of thanking Sir George Truscott, both for his services to the Association at the Foundation meeting, and for his kindness in presiding on the present occasion,

practically a continuation of the inaugural meeting held at Stationers' Hall. Brighton, consciously or not, seemed to have an important share in the annals of homœopathy allotted to it. The name and fame of the late Dr. Hilbers will still be gratefully treasured by many in London, as well as in Brighton and elsewhere. The loss of Dr. Compton Burnett was still fresh in the memories of all; while that of Dr. Hughes was so recent as scarcely to have been fully realised by the homœopathic body all over the world. All these departed worthies were Brighton residents. It was therefore peculiarly fitting that the first effort for the extension of the Association outside of London should be made in Brighton. Dr. Burford spoke of the enormous spread of homœopathic interests in America, as evidenced by the number of educating and examining faculties there, the sum total of fifteen thousand homœopathic practitioners disseminated through the States, and the erection of a public monument to Hahnemann.

He further stated that we were desirous of putting our own house in order, and in doing this to provide not only a substantial permanent endowment for academic foundations, but further and most important, to initiate and ensure a living expanding sympathetic interest in this public movement by all who had an intelligent appreciation of homœopathy. The new developments of their professional activities: the cancer research, the tuberculosis committee, the new pathological laboratories established at Oxford and elsewhere; these were evidences of the importance others attached to lay appreciation of professional necessities. Wherefore he urged that all who sympathised should aid the good work the Association had undertaken by becoming members or associates, or by donations to the special fund, the Twentieth Century Fund. In this way the Association would receive the necessary secular backing, and would receive power to very considerably quicken the extension and development of homœopathy in Great Britain.

MR. CLARKSON WALLIS proposed: "That a committee of ladies and gentlemen be nominated at this meeting to consider what steps should be taken to further the objects of the British Homœopathic Association in the Brighton centre." He said that he had been much interested in the addresses which had been giving during the afternoon; personally he had had experience of homœopathic treatment for over forty years. As the meeting doubtless did not require a lengthy address from him, he would content himself with the proposition of the resolution he had read.

MR. DANIEL HACK, J.P., Chairman of the Brighton Homœopathic Dispensary, said that he had much pleasure in seconding

the resolution, as he had been interested in homœopathy nearly the whole of his life, and that it would have made much more progress, were it not for the attempt of allopathic doctors to keep down the knowledge of what homœopathy is. In Brighton the poor seek the aid of homœopathic dispensaries, because they find they answer the purpose for which they go there, and when the poor seem to be so eager for homœopathic treatment, there must be something in it. He thought that progressive work in disseminating among the public generally more information than was at present available, was most necessary, and more books on the subject were required. The public ought to be kept informed of what homœopathy has done and what it seeks to do.

MR. HOUNSOM, J.P. (chairman of the Sussex County Homœopathic Dispensary), said he had pleasure in supporting the resolution, and spoke of the noble work done for homœopathy in Brighton years ago by Dr. Hilbers and Dr. Henry Madden. He was glad to give a fillip to the present movement, and considered they were indebted to the deputation for the stir these gentlemen had given to homœopathy in Brighton. One thing he thought militated much against the spread of homœopathy, and that was the want of a sufficient number of homœopathic medical men. We wanted to see more men trained who can supply the requirements of country places; and as federation was the order of the day, let us all work together. Mr. Hounsom gave some interesting personal details of his introduction to Dr. Henry Madden, and the speech was received with applause.

PROVISIONAL COMMITTEE.

<i>Ladies :</i>	<i>Gentlemen :</i>
Mrs. Rudhall	Mr. Rudhall
Miss Garstang	Rev. H. M. Livens
Miss E. C. Harvey	Capt. Boger, R. N.
Mrs. Rogers	Mr. Clarkson Wallis
Mrs. Compton-Burnett	Mr. J. J. Jones
Miss Compton-Burnett	Mr. Wm. Willett
Miss P. Hack	Mr. Armstrong Dash
Miss M. Hack	Mr. Water
Miss Scaw	Mr. W. W. Andrews
Mrs. Armstrong Dash	
Miss Friend	
Miss N. Friend	

With power to add 15 to the number.

The Homœopathic practitioners of Brighton; the chairman of the Sussex County Homœopathic Dispensary (Mr. W. A.

Hounsom, J.P.); the chairman of the Brighton Homœopathic Dispensary (Mr. Daniel Hack, J.P.).

Mr. and Mrs. Rudhall then hospitably entertained their guests with tea and coffee before leaving.

**THE BURNETT PROFESSORSHIP OF HOMŒOPATHIC  
MEDICINE.**

DONATIONS (up to December 19th, 1902).

	£	s.	d.
Sir George Wyatt Truscott .. ..	21	0	0
Hahnemann Epps, Esq. .. ..	15	0	0
James Epps, Esq. .. ..	15	0	0
Messrs. Mowll .. ..	10	10	0
Capt. & Mrs. Corynden P. Boger ..	5	5	0
Mrs. Maitland Wilson .. ..	5	5	0
Lady Durning Lawrence .. ..	5	5	0
F. Ames, Esq. .. ..	5	5	0
Mr. & Mrs. James Chester .. ..	3	3	0
A. Elliston Fox, Esq. .. ..	3	3	0
Mrs. Pole .. ..	2	2	0
J. S. Hall, Esq. .. ..	2	2	0
The Misses Berney .. ..	2	2	0
Mrs. Dudley Batty .. ..	2	2	0
Major Lister .. ..	2	0	0
Mrs. Miller .. ..	2	0	0
Miss Cumming .. ..	1	1	0
Mrs. Gledstone .. ..	1	1	0
Mrs. Edmondes .. ..	1	1	0
Ashley Dodd, Esq. .. ..	1	1	0
Mrs. Bader .. ..	1	1	0
Mrs. E. Singleton .. ..	1	1	0
Mrs. Kiver .. ..	1	1	0
Rob. Heath, Esq. .. ..	1	1	0
H. Woodhill, Esq. .. ..	1	1	0
Mrs. H. Woodhill .. ..	1	1	0
Miss Julia Berney (2nd don.) .. ..	1	1	0
Mrs. Bevan .. ..	1	0	0
Mrs. Burningham .. ..	1	0	0
Miss Sullivan .. ..	1	0	0
Baroness Brantsen .. ..	1	0	0
W. Brele, Esq. .. ..	0	10	0
Miss Harriet Copeman .. ..	0	10	0
Mrs. Emily White .. ..	0	10	0
Miss Thornhill .. ..	0	5	0
Mrs. Baildon .. ..	0	2	6
	<hr/>		
	118	2	6
Proceeds of Mrs. Clarke's Silver Sale ..	203	17	6
	<hr/>		
	£322	0	0
	<hr/>		

## HUGHES' MEMORIAL FUND.

THE following has been received by Dr. Blackley since last announcement :—

	£	s.	d.
Messrs. Keene & Ashwell .. .. .	1	1	0
Previously reported .. .. .	792	3	6
	<u>£793</u>	<u>4</u>	<u>6</u>

## BRIGHTON HOMŒOPATHIC DISPENSARY.

WE learn from the *Brighton Herald* of Nov. 29th, 1902, that the above-named Institution has opened a Branch Dispensary at 35, Wordsworth Street, Hove. We wish it all success.

## THE LAUNCESTON (TASMANIA) HOMŒOPATHIC HOSPITAL.

WE have received the *Launceston Daily Telegraph* of Oct. 3rd, 1902, giving a very interesting and satisfactory account of the Hospital, as shown at the Annual Meeting held on Oct. 2nd. Our homœopathic friends across the seas are to be congratulated on the success of their valuable Hospital. We subjoin the report of the Annual Meeting, which will interest all our *confreeres* in England.

“The adjourned Annual Meeting of the subscribers was held last evening. The President (Mr. Henry Ritchie) occupied the chair. There was a good number present, including the matron and some of the nursing staff. After the minutes of the last annual meeting had been read and confirmed, the hon. secretary (Mr. F. Styant-Browne) read the reports as follow, and the treasurer (Mr. W. S. Bell) read the balance-sheet.

## ANNUAL REPORT.

The board of management submitted the third annual report as follows : During the year the work at the institution has gone smoothly along, and much good has been done, the hospital being much in favour for its comfortable and homelike character and healthy aspect. Twelve monthly and two special meetings have been held by the board of management, the attendance averaging 9·3 members, as against 9·6 last year, thus showing that the interest of members of the board is unabated. Many sub-committee meetings

have been held, the house committee meeting fortnightly and the finance committee fortnightly or monthly as required. Mr. T. W. Massey, M.H.A., acted as chairman to the board for the first half of the year ; but, owing to pressure of his Parliamentary duties, he resigned the position, and the chair has since been occupied by the president, to whom thanks are due for placing his office at the disposal of the board for holding their meetings. We regret to have to chronicle the resignation of Dr. M. W. Gutteridge upon his removal to a larger sphere of work in Melbourne. Dr. Douglas Smith has continued to give his valuable services throughout the year, and special thanks are due to him, as the work single-handed has been much more arduous than during the preceding year. Mr. A. J. Hall and Mr. H. B. H. M'Christie also rendered valuable aid as honorary dental surgeons. Our matron (Miss Harrison) left us in July on a six months' leave of absence, in order to take a special course of lectures on the mainland. Her place has been occupied by Miss Winifred Tod (certificated of the Melbourne Homœopathic Hospital), who has been assisted by Nurses Okines, Sargeant, and Davis, and all have given much satisfaction to the board. The medical officer reports most favourably upon the examinations recently passed by the nurses. Numerous letters of thanks have been received from former patients for kind and skilful treatment. Mr. J. M. Martin still continues to act as assistant secretary most satisfactorily. The free bed was almost constantly occupied during the year, and many of the other patients have been charged only nominal fees for treatment. This, however, will always have to depend upon the support given by the public, as, though it is wished to treat as many poor and deserving cases as possible, funds must be forthcoming to enable this to be done. It is hoped that our kind friends will aid us in this. A number of donations most useful to the patients and nurses have been received at the hospital. Books, flowers, fruit, fresh eggs, poultry, fish, preserves, old linen, etc., are always most acceptable. Donations in money are specially asked for, as they bring from the Government £1 for every £1 subscribed. Grateful thanks are due to all who assisted us in this way during the year. Mrs. Magnus Smith, assisted by other ladies, organized a pleasure trip by the S.S. Centennial, which greatly helped the funds. Mr. Henry Neville kindly gave an illustrated lecture. Mr. Gye added to our funds by successfully carrying out a conversazione in the Mechanics' Institute, when again the ladies did great service. Misses Madge Burbury and Ella Musgrave, two little girls, held a fair, which realized a substantial addition to our donations.

Our needs are always great for funds to carry on the good work at the hospital, and we hope our friends will bear this in mind. Owing to some departmental alterations, the Government subsidy for the year was much reduced, but it is hoped that we may yet obtain the deficit. In the present unsettled state of the Tasmanian finances, we feel very anxious as to the sum to be granted as subsidy for next year, and may have to depend even more than heretofore upon the liberality of our subscribers. The hospital funds being in a healthy state at the commencement of the year, we have sailed along steadily, though our donations have fallen off ; but during the coming year we beg our sympathisers to have the hospital in mind, as we may be in urgent need of funds. You will remember that the hospital is not endowed, and, beyond the Government subsidy, which may be cut down considerably, the institution has to depend mainly upon the generosity of the subscribers, especially as the policy of the board has always been, as far as possible, to encourage the admission of patients from the poorer classes, rather than those who can afford private medical attendance and nursing. As will be seen by the Medical Officer's report, the majority of patients were from the country districts. With this in view, we hope our supporters from the country districts will assist us as much as possible.

#### MEDICAL REPORT.

Dr. P. Douglas Smith reported as follows for the year ending June 30th : In presenting this second medical report. I wish at the outset to refer to the serious loss we have sustained in the departure of Dr. Gutteridge for Melbourne, early in our hospital year. The whole of the medical and surgical work of the institution has had to be performed by one, and in this respect we have been working at a serious disadvantage as compared with the previous year. Bearing this in mind, I think we may be at least well satisfied with the work done in the hospital during the year included in this report. The total number of patients treated in the hospital during the year was 73, made up of 5 remaining at the close of the previous year and 68 admitted during the year. Of these 66 were discharged, and 7 remained in hospital at the end of the year. Of those discharged, 44 were cured, 17 improved, 2 unimproved, and 3 died, giving a percentage of 67 per cent cured, 26 per cent improved, 3 per cent unimproved, and 4·5 per cent died. The operations numbered 27, two of the patients operated on dying in hospital. To compare these with the first year's figures, the admissions show an increase of 6, the operations a decrease of 4, and the



deaths a decrease of 1. As before, no selection of cases was made, our conception of the purpose of a hospital dictating the admission of even hopeless cases, if thereby suffering could be alleviated. Of the 68 patients admitted, 31 resided in and around Launceston, 36 were from the country districts of Tasmania, and one from Victoria, our friends from the country again being in a majority.

The Chairman moved the adoption of the report and balance-sheet, and said he was pleased to find that everything was working smoothly at the hospital, and that the results of the year were most gratifying; especially was it a matter of congratulation that the death-rate was so low, in spite of there being no selection of cases—all applicants had been admitted. He referred to the resignation of Dr. Gutteridge, and said Dr. Douglas Smith had nobly filled the arduous duties of medical officer in spite of the large additional amount of work entailed while only one doctor was in charge, but he hoped soon to see another medical officer appointed to make the duties less burdensome. The board of management had specially leaned towards the admission of poor patients, and the free bed was much used, and all had been done that was possible to help the needy. The finances were in a lower state than last year, though the balance-sheet was satisfactory, as the public had not been asked to contribute to any large extent, but during the coming year it would be necessary to have increased support from the well-wishers of the hospital to enable the board to carry out their work satisfactorily.

Dr. P. Douglas Smith seconded, and expressed his regret at losing Dr. Gutteridge. He was very gratified to see the death-rate come out so well, and said this was due, firstly, to homœopathy, then to the nursing staff, who had helped most loyally, and he gave them the highest praise for their work.

The following were elected for the forthcoming year: President, Mr. Henry Ritchie; vice-presidents, Mr. W. S. Bell (hon. treasurer), Mr. W. Mosey, and Mr. F. Styant-Browne (hon. sec.); members of the board, Mrs. F. Styant-Browne, Mr. C. S. Button, Mrs. C. S. Button, Mrs. Alexander Clerke, Rev. W. J. Eddy, Mr. A. Gye, Mrs. Haslam, Rev. Mearns Massie, Rev. J. T. Piercey, Mr. J. Piper, Mrs. J. H. Room, Mrs. Magnus Smith; hon. medical officer, Dr. P. Douglas Smith; hon. auditors, Mr. H. C. Littler, Mr. N. Weetman.

Mr. Chas. Button moved a vote of thanks to the retiring members of the board, Mesdames Gutteridge and Holyman, Messrs. T. W. Massey, M.H.A., and Magnus M. Smith, which was carried unanimously.

A hearty vote of thanks was carried with acclamation to Dr. Douglas Smith.

Votes of thanks to the nursing staff, the house committee, the hon. treasurer and hon. secretary, and to the president for the use of his office for board meetings, concluded the meeting.

### LONDON HOMŒOPATHIC HOSPITAL.

THE annual dinner of the present and past medical officers of the London Homœopathic Hospital took place on Wednesday, December 10th, at the Freemason's Tavern, presided over by Dr. Goldsbrough, the chairman of the staff meetings for the year. The company numbered twenty-four, and a very pleasant time was spent, many contributing by music, song, and recitation to the entertainment of the evening.

### A CASE OF PSORIASIS IN A PARROT WITH DISCOLORATION AND DROPPING OFF OF FEATHERS.

#### CURED BY *ARSENIC*.

BY DR. MAHENDRA LAL SIRCAR.

A BEAUTIFUL parrot of the Channana variety was caught about a year ago. It was apparently in full health. Its feathers were bright green with red streaks on the middle of the upper surface of the wings. It was put in a cage. After about a couple of months' confinement, it was noticed that feathers were dropping off, first from the breast, then from the wings and from the tail. Most of the downy feathers of the breast became white before dropping off. In the course of three or four months the bird had lost so much of the feathers of the wings and of the tail that it was unable to fly; so during the day it was let out of the cage and allowed to walk about, and after nightfall was put in its cage again. Notwithstanding this freedom given to it, the disease did not show any sign of improvement. The ladies from time to time gave the bird baths of turmeric water, which, according to them, is a powerful insecticide. But these baths were of no use. In the course of ten months from the commencement the bird lost nearly three-fourths of its feathery covering. Singularly enough it did not lose its appetite. It could eat well, and in fact it was rather greedy.

In the beginning of May last I thought of trying some medicine, and arsenic was the first medicine that came to

my mind. I could not, however, make the poor thing take the drug. I put some globules of the 30th in its milk, but seeing that I had put something in the milk it would not take it. I tried to put the globules in the milk without allowing it to see what I was doing. But somehow or other it became suspicious about its milk, and refused to take it from the day I had mixed medicine with it. At last, about the middle of May, I thought of mixing with the gram soaked in water, with which we used to feed it, a little sugar of milk, with about half a drop of Arsenic 30. He ate the gram. The dropping of feathers ceased in about four or five days. In about a week the downy feathers of the breast which had become white began to turn green. In a fortnight feathers appeared in the wings and the tail, and began to enlarge to their natural dimensions. In the course of a month the bird had nearly regained its full and beautiful plumage. It became quite a pet with me, and I had expected that it would for some years to come remain a monument of the great genius which had discovered the true science of healing, which was to be a blessing not only for mankind, but for the animal world as well. But alas! on the 18th June, a feast day in my house, the ladies forgot to put the bird in its cage, and at midnight it was caught by a cat and made a meal of, to the grief of the whole family, and specially of myself.

#### REMARKS:

This was truly a remarkable case. It not only demonstrated that homœopathy was applicable to the lower animals, thus pointing to the similarity of structure and function throughout the animal world, but it showed also how sometimes high dilutions act beneficially, and even one dose sufficing to effect the cure of a long existing disease. When I administered the 30th Arsenic, I did not expect any improvement, at least in so short a time, and I would have repeated the medicine if no improvement had followed in the course of a week. But improvement being perceptible in the course of four days, I waited to see if the improvement that had begun would continue. It not only continued, but became more and more, and so much so that I gave up all thought of repeating the medicine. Would repetition have been useless or even injurious? It certainly could not have accelerated the cure which was so rapid without it. This case teaches the value of patience on the part of the physician.

We have experience of the efficacy of our dilutions, and of the Hahnemannian 30ths, in the horse, the dog, the

sheep, the cow, &c. We do not think they have been tried on the elephant, the rhinoceros, the camel, the cameleopard, &c. It would be interesting to see if the high dilutions would act in these animals. Trials alone can decide, and these will come in time.—*Calcutta Journal of Medicine*, August.

### CAULOPHYLLUM.

ONE empirical use of Caulophyllum which has given me excellent satisfaction has been in thrush; that most troublesome complaint in mother and babe. I have found that 20 to 60 drops of a low dilution in a glass of warm water, applied upon a swab to the visible sores, will produce prompt amelioration, and I give it internally in doses of the 12th and 30th once every four or five hours. FRANK KRAFT, M.D.—*Medical Century*.

### CORRESPONDENCE.

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

DEAR SIRs.—I beg to thank you for your very appreciative review of my address on the "Ætiology of Cancer," and regret to find that it has failed to induce you to say, with regard to the infective solution of the cancer problem, even "almost thou persuadest me."

When one becomes convinced of the verity of a theory, he has difficulty in putting himself in the place of the unconvinced, and, therefore, I cannot appreciate what can be adduced against the infective theory. There are so many and, to my mind, unanswerable arguments in its favour.

It is obvious that cancer is a specific disease, and being such, it must have a specific originating cause. It does not arise in a happy-go-lucky manner; it follows a definite condition precedent induced by irritation, of longer or shorter duration, by injury, or by degenerative change. This latter obviously occurs, *a fortiori*, in the middle-aged and senile.

Cancer is pre-eminently a human disease, and the only other animals affected by it are the domesticated mammals; *i.e.*, those most closely associated with man, the pig alone excepted. Wild mammals are practically exempt. Such a condition of things is surely more than suggestive of contagion.

Again, in suggesting a cause for cancer, it is evident that to be acceptable it must be of universal applicability, and infection from without, in my opinion, alone satisfies this postulate.

I must not occupy too much of your valuable space with what would be a reiteration of my address, therefore I shall adduce only one of my arguments of a positive nature in favour of the contagious nature of cancer.

Tross reports the case of a man who presented himself to him with an epithelioma of the glans penis. His wife had for some time previous been suffering from an epithelioma of the cervix uteri.

The non-believer will here at once say "this is very interesting, but it proves nothing, it is a mere coincidence." *Aber warten sie einen augenblick!* On removal of the growth a microscopical examination of the tumour revealed that its structure was histologically identical with that of the cell elements of the cervix uteri.

Now, one of the distinguishing and constant characteristics of cancer is that metastatic growths are identical in structure with the primary originating growth; e.g., a growth in the brain secondary to a mammary cancer consists of mammary, not cerebral, tissue.

These premises can have only one logical conclusion, viz., that the penile growth was secondary to the cervical one, ergo the man's tumour originated by contagion from his wife's cervical cancer. It could not possibly be a case of coincidence.

With regard to heredity, as a believer in infection I cannot accept the doctrine that an individual is likely to develop cancer in later life merely by virtue of having had cancerous parentage.

I am free to admit the possibility of a congenital vulnerability, as is the case in tubercle; but I do not believe that the disease itself is directly transmitted, any more than tubercle is.

The percentage of cancerous parentage alleged by the warmest advocates of heredity does not exceed 50 per cent., which means that the chances at most are even for or against the influence of heredity.

But this 50 per cent. is not admitted by the immense majority of observers, and I only quoted it as the highest alleged. Dr. Fraser, of Manchester, says:—"The importance of heredity has, in the opinion of most observers, distinctly declined. Too much stress has formerly been attached to this subject. Its value has been discounted by the increasing evidence of the contagiousness of the disease."

Dr. Herbert Snow, of London, whose opportunities of observation must be almost unique, says:—"The mode of causation is always obvious. So far as we know there is no inherited disposition."

This, of course, is an extreme statement, and is in striking contrast to the 50 per cent. by some. I think the truth lies in a possible hereditary vulnerability, as stated above.

I am afraid it is hopeless to convince you by such arguments as I have adduced in my address, which, however, seem to me logically convincing; but I do think that the more cancer is investigated, with infected exogenesis as a working hypothesis, the less sceptical will the observer become, until at length conviction will take the place of fatalistic pyrrhonism.

I remain, dear Sirs,

Yours faithfully,

A. T. BRAND.

INVERY, DRIFFIELD, EAST YORKS,  
8th November, 1902.

### DR. DUDGEON'S "FAMILY PICTURE" ILLUSTRATION.

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

DEAR SIRS,—Allow me to thank Dr. Dudgeon for the trouble he has taken to enforce and explain his "picture" illustration. His meaning, however, was so clear from the very first that no explanation was required, and the force of the illustration can hardly be added to. But it is evident that I have not made my meaning clear to him, and will therefore ask you to allow me a few words more upon it. Let me say, in the first place, that I am not writing in defence of the schema. I am fully aware of its shortcomings, and have given from the beginning my cordial support to the labours of Dr. Hughes in the other direction. In this respect I am quite at one with Dr. Dudgeon. My remarks are intended to apply only to Dr. Dudgeon's "caustic description" of the schema. It will be remembered that he said "the schema is as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the noses all together, and so on." For a length of time after reading this in the "Lectures," I accepted the grotesque picture as fair and reasonable, but later on another view of the matter presented itself which led me to think the illustration not quite so fair and reasonable as I did at first. It will be observed that in the illustration there are two constituent elements, the first being the cutting up of the symptoms into groups and

arranging them in sections, and the second being the likening of the different portraits to the various provers. Now, as regards the former, I have no objection to offer; the symptoms are cut up and grouped as Dr. Dudgeon says. It is only with regard to the other element of the illustration that I venture to differ, and for the following reasons:—In the first place we note the fact that the best of our provings are but fragmentary, and a number of them are required to produce anything like a complete picture of any one drug; differing in this respect from the figures on the canvas, each of which is a complete representation of a separate and distinct individuality. The illustration seems to fail here, and we begin to suspect the analogy does not run on all fours. To be exact, every prover should present a full and finished portrait of the drug disease, and each one should be distinct with its own individuality, and with only a family likeness to the others. This is hardly what we look for in studying a drug—we look for identity, not diversity, of action. If we are satisfied with only a family likeness, we can get that if we throw together the symptoms of Bellad., Hyos., Stram., and others belonging to the Solanaceæ. Even within the limited range of a family consisting of children of a common parentage there is an idea of separateness and individuality that jars with the conception of the underlying unity that is manifested in any set of provings, and when we remember their imperfect and fragmentary character we can see they are not like the members in the family picture that are individually complete in themselves. Our provings, on the contrary, are contributory to one end—that is, to build up a single portrait of the medicinal disease. It is this view of the matter that induces me to discard the family picture illustration, and to regard the result, as already stated, rather in the light of a single figure being built up by means of a number of sketches taken by different artists and from different points of view. We get in this way one portrait presented to the mind in place of a congeries of family likenesses that Dr. Dudgeon prefers. In conclusion, I would offer my apologies to Dr. Dudgeon for having condemned his illustration in too general terms. It has its points of *vraisemblance*, and I am well aware that no analogy should be pushed too far, and over and above all dispute, we are agreed that whether we accept the illustration of one or of several portraits delineated by our provings, they are equally cut up and dislocated by the operation of the schema.

P: PROCTOR.

BIRKENHEAD.

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 NOTICES TO CORRESPONDENTS.
 

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\*.\* *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.

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 BOOKS RECEIVED.
 

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*The Homœopathic World*, Dec. *The Vaccination Enquirer*, Dec. *The Medical Era*, November and December. *The Clinical Reporter*, St. Louis, November. *The Pacific Coast Journal of Homœopathy*, November. *The Medical Century*, December. *The Clinique*, November. *The Hahnemannian Monthly*, December. *The Homœopathic Envoy*, December. *The Medical Brief*, December. *The Medical Times*, New York, December. *The Calcula Journal of Medicine*, September. *The Brighton Herald*, November 29. *Revue Homœopathique Française*, November. *Allgemeine Homöopathische Zeitung*, November and December.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### A HOMŒOPATHIC HOSPITAL FOR BRIGHTON.

WE have much pleasure in drawing the attention of our readers to a letter on the above subject, which was sent to SIR GEORGE WYATT TRUSCOTT, the chairman of the Drawing-room meeting at Brighton, of which we gave a report in our last issue. This letter, from MESSRS. WILLIAMS AND MACKENZIE, homœopathic chemists in Brighton, will be found on another page of our present issue. The proposal that a homœopathic hospital should be instituted at Brighton is a most spirited one, and points to a great sphere of usefulness for the supporters of homœopathy in that important town, and for the committee appointed at the meeting for promoting the aim and objects of the British Homœopathic Association. While homœopathic hospitals now exist in London, Birmingham, Liverpool, Bath, Plymouth, Bromley, Eastbourne, Leicester, and Tunbridge Wells, it does seem an anomaly, which should not be allowed to continue, that a town of the size and importance of Brighton should have none, but content itself with having two homœopathic dispensaries. To have a hospital, however small to begin with, would not only give a position to homœopathy, which it cannot have without it, but it would do immense good to the cause in every

way. Especially in a town which is associated with the names of DR. HILBERS, DR. MADDEN, DR. HUGHES, DR. BAYES, and DR. BURNETT, the two last residing latterly in Brighton, though not practising there, there ought to be some institution more prominent than a dispensary. There is no doubt that a hospital, commencing in a small way perhaps, with only a few beds, would elicit much more interest and support from the homœopathic public than a dispensary, however successful or well-conducted. The dispensary patients come and go, and their numbers are recorded in the reports, but they are not visible to the public. Whereas when there is a hospital, in which the patients are laid up from illness, the public interest, it is well known, is elicited in a marked way. Ladies take pleasure in visiting the wards, ministering to the sick in all forms of kindness, flowers are sent to brighten the wards and pictures to ornament the walls, in order to lessen the depressing effects of illness. The visitors see the patients recover, and enter into their sorrows and joys in a way that is impossible when there is only a dispensary. And wherever in a large and important town there has been a flourishing dispensary for many years, it has been found that if an energetic movement is set on foot by the profession and the public acting together to enlarge the sphere of operations by founding a hospital, success has invariably followed. The movement only requires to be set on foot with a will, and the thing is done. This has been the experience and history of all our hospitals, and we are sure Brighton will be no exception. We also feel sure that when the project is once suggested, as it is now, the homœopathic public of Brighton will feel in honour bound, for the credit of their important and large town, not to be behindhand with smaller places. It would still more elicit active support on the part of the friends and patients of the late DRs. HILBERS and HUGHES were a ward in the new hospital to be named after each of them. And now is the time. The wave of enthusiasm for the advance and propagation of homœopathy, so long a mere ripple, is now at its full rushing height; the British Homœopathic Association, backed up by the Twentieth Century Fund, is full of activity and of arrangements for militant working out of its aims, and for the determined spread of homœopathy, its doctrines and practice. The drawing-room meeting at MR. and MRS. RUDHALL'S house

in December, showed most clearly the interest and enthusiasm felt in Brighton for actively assisting the forward movement. Here then is a mode of developing homœopathy, waiting like an open door, for them to enter in and take possession. The poet tells us that there is a tide in the affairs of men, which, taken at the flood, leads on to fortune. *And now is the time* for the Brighton homœopathic public to show that they "mean business," and that the drawing-room meeting intends to work, and not merely talk. If the present opportunity is allowed to slip by, there may not be another, for years to come.

In order to accomplish this object, union, centralization, and co-operation on the part of all, the medical and the lay adherents of homœopathy alike, are absolutely necessary for success. In Brighton there are two homœopathic dispensaries, with separate organizations, and working entirely independently of each other. There was, no doubt, good reason for this at the time, into which we do not enquire. But such an arrangement is only a source of weakness to the cause. They must overlap one another more or less, in management, expenditure, and subscriptions. And so there is a waste of energy and material. We would suggest that it is high time for the Boards of Management of these two excellent institutions to consider whether they should not be amalgamated, simultaneously with the resolve to obtain a homœopathic hospital. A building in a suitable locality could be leased or bought to contain, under one roof, in-patients, and out—or dispensary patients. The ground floor could be used as the dispensary or out-patient department, while the rooms on the floors above would form the wards, and sleeping rooms for the matron and nurses. The dispensary system and the hospital system would thus be unified and centralized, and so become one strong institution. We noticed in our January issue that one of the two existing dispensaries had opened a branch at Hove. This is excellent. Branch dispensaries at a distance from the central institution will be useful adjuncts, but they ought to be really branches of one central institution—the "Brighton Homœopathic Hospital and Dispensary." We notice with pleasure the names of MR. HOUNSOM, J.P., the chairman of the Sussex County Homœopathic Dispensary, and of MR. HACK, J.P., the chairman of the Brighton Homœopathic Dispensary, among those present

at the Brighton meeting, and also that they are members of the Provisional Committee then appointed to carry out the aims and objects of the British Homœopathic Association. We would, therefore, strongly urge them to use their energy and influence to procure the amalgamation of the two dispensaries, as the first necessary step towards founding a hospital, to which scheme we trust they will be favourable. If they succeed in accomplishing the union of the dispensaries, and the founding of a hospital, which need not be more than a cottage hospital at first, they will confer an inestimable boon on homœopathy, and on Brighton. Brighton will then take the position it ought to have in regard to homœopathy. We have little doubt that the proposal to found a hospital will meet with the unanimous approval and support of the public who reside in "London-on-Sea," and who wish to see homœopathy well represented there and advancing.

### HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 43).

TILL the publication of Dr. Ringer's *Handbook of Therapeutics* there had been only isolated examples of homœopathy among the allopaths, which I have collated. But now appeared a large work, in which the amount of homœopathy absorbed, and published by a doctor of the old school, took away the breath of most practitioners. The number of pieces of "new" treatment, treatment that had not been heard of before in the old school, and which ran counter to all the old "orthodox" ideas of therapeutics, was *the* feature of the book. These pieces of "new" treatment were nothing more nor less than pure homœopathy, while there was nothing stated in regard to the sources of his information, except that he in a few instances quoted homœopathic writers by name, though never stating that they were homœopaths, leaving the reader to suppose that all this new treatment was original on Dr. Ringer's part—the result of his intuitive genius and observation.

<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

I now proceed to take notice in detail of his homœopathic recommendations. As his book is so well known, it is not necessary to give such full quotations as I have done from the other works I have referred to, and which are not so well known to the profession of the present day. The work of Trousseau and Pidoux, one of the most masterly works on *Materia Medica* and therapeutics ever written, is especially little known or quoted. I take Dr. Ringer's drugs in the order in which he gives them in his fifth edition.

*Sulphide of calcium.*—(*Hepar sulphuris*).—One of the properties of this drug, as stated by Hahnemann, is that it has the power of preventing suppuration in a threatened abscess or boil, but that, if pus has already formed, it hastens the maturation of the abscess and promotes the expulsion of the pus. This was laughed at for long as being absurd. But Dr. Ringer says, "The sulphides appear to me to possess the property of preventing and arresting suppuration. Thus in inflammation threatening to end in suppuration they reduce the inflammation and avert the formation of pus. . . . The influence of this group on the suppurative process is still more conspicuous after the formation of pus. Thus they hasten maturation considerably, whilst at the same time they diminish and circumscribe the inflammation, promote the passage of the pus to the surface, and the evacuation of the abscess." Such a statement was not only never heard of before except in homœopathic writings, but was, as I have said, laughed at as ridiculous.

I have not space for the details of his advice when to give the sulphides, but they are just those that have been in constant use in homœopathic practice, but unknown to the old school before.

*Iodine.*—The action of iodine in causing a running catarrh of the eyes, nose, and throat is well known, and has already been referred to. Conversely, Dr. Ringer says: "Patients of various ages are greatly troubled, often for many years, with daily attacks, lasting, it may be, several hours, of itching of the nose or of the inner canthus of one or both eyes, sneezing, running at the nose of a watery fluid, weeping of the eyes, and some frontal headache. This affection is often removed at once by iodine inhalations; but when it succeeds only partially, it almost always lessens the headache and the discharge

from the nose." Under Iodide of Potassium we have similar observations—the pathogenetic effects and the therapeutical ones corresponding. He also, as we quoted from Trousseau and Pidoux, speaks of the power of iodide of potassium to cause salivation, and conversely of its therapeutic use in mercurial salivation.

The *acids* (sulphuric, nitric, hydrochloric, and phosphoric) he, of course, recommends in certain forms of dyspepsia and diarrhœa, and as tonics; while, conversely, he states, on the other hand, "To those who have watched the action of acids on the stomach, it is well known that, if too long continued, the improvement first following their use lessens, ceases, and then fresh symptoms arise. . . . If their administration is too long continued they excite a catarrhal inflammation of the mucous coat of the stomach and intestines, accompanied often by diarrhœa, and even general wasting."

*Sulphurous acid*.—We have already described the physiological effects of the inhalation of this acid, and its converse therapeutical effects, as described by Dr. Dewar and Mr. Pairman. These homœopathic results in cold in the nose, laryngitis, chronic bronchitis, chronic phthisis, asthma, and croup Dr. Ringer quotes.

41. *Chlorate of potash*.—He says: "This salt appears to increase the flow of the saliva, and, according to Hutchinson and others, to produce ulceration of the mucous membrane of the mouth." Conversely, "it is largely used in various affections of the mouth, and is of signal service in mercurial and simple salivation, in ulcerative stomatitis and aphthæ."

*Nitrate of silver*, he points out, produces convulsions which are "very similar to those produced by strychnine, and are excited by the least peripheral irritation." Conversely, he states that "both the oxide and the nitrate are employed in chorea and epilepsy apparently with occasional benefit."

*Mercury*.—He advocates the use of doses of  $\frac{1}{3}$  grain of grey powder every hour in tonsillitis. He says, "In quinsy or scarlatina, when the tonsils are so enlarged as almost to meet, and when the difficulty in swallowing is nearly insuperable, with even danger of suffocation, at such a crisis  $\frac{1}{3}$  grain of grey powder taken every hour greatly reduces the swelling in a few hours, and obviates the distress and danger, and even if an abscess has formed,

its maturation and evacuation appear to be effected more quickly." In mumps, also, he advocates the same dose of grey powder three or six times daily as "speedily relieving the swelling and pain of this affection."

He next strongly recommends mercury in certain diarrhœas of children,  $\frac{1}{3}$  grain of grey powder, or the bichloride (a grain to a half-pint of water, and a teaspoonful for a dose), and in dysenteric diarrhœa, and in the dysentery of adults in doses of  $\frac{1}{100}$  grain. The various forms of diarrhœa and dysentery thus described are precisely those forms which are produced by mercury, as can be seen from any book on toxicology or *Materia Medica*. The whole passage is too long to quote, but one has only to read it to see how purely homœopathic this treatment is, and also that it is exactly contra-indicated on allopathic ideas. As to its use in syphilis, to which we referred under Mercury in our chapter II, Dr. Ringer quotes with approbation a long passage from Mr. Jonathan Hutchinson, which is opposed to old ideas of mercurial administration, and corresponds exactly with the views of Hahnemann and of homœopaths in general, especially in the use of doses less than will develop any signs of physiological action.

*Antimony* (tartar emetic).—The use of antimony in pneumonia and bronchitis is, of course, given, and the case of bronchitis suited to it is clearly described—excellent homœopathic indications, and in doses of  $\frac{1}{100}$ th of a grain. As we have formerly seen when speaking of antimony, nausea, vomiting, diarrhœa, and acute catarrh of the intestines is produced. Conversely, Dr. Ringer says: "Antimony in small hourly doses is very useful in the acute catarrh of children, which is not uncommonly accompanied by vomiting and diarrhœa, probably due to catarrh of the intestines. The intestinal canal is sometimes, but most frequently the lungs are first attacked. The tartar emetic generally quickly stays the vomiting and diarrhœa, but often takes a longer time to control the bronchitis." In speaking of the *post-mortem* appearances, he says, "Some inflammation of the lungs is usually observable, tending to make it probable that tartar emetic exerts an especial action on these organs." Hence, I may add, its usefulness in pneumonia.

*Arsenic*.—This article in Ringer's book is full of homœopathy. He advises it: (1) In attacks of acute coryza, with sneezing, "profuse running from the eyes and nose,

and sometimes severe frontal headache," with itching at the nostrils; (2) In similar cases, but coming on after food; (3) In similar cases, when the catarrh spreads down to the bronchi and lungs; (4) In bronchitic asthma; (5) In hay-asthma; (6) In "irritative dyspepsia"; (7) In the vomiting of drunkards; (8) In chronic ulcers of the stomach, and cancer of the stomach. "I have seen arsenic give relief in chronic ulcer after failure of the commonly-used remedies." (9) In "heartburn and other distressing sensations of the stomach, and is very useful in gastralgia." (10) In some forms of chronic vomiting. (11) In cases of chronic dyspepsia and diarrhœa, when a desire to go to stool comes on quickly after food. This is a well-known homœopathic indication. "Arsenic often proves useful in other chronic forms of diarrhœa, even when due to serious organic disease, as the bowel ulceration of phthisis." He says, "Arsenic has been strongly recommended in cholera" (as we have already seen), "especially in the later stages, when there is much collapse." "Arsenic given in medicinal doses is very effective in sloughing of the mouth and throat, malignant sores, as cancrum oris, malignant sore throat, and the like. It is also useful in chronic coryza." His account of the pathogenetic action of arsenic has only to be looked at to see the reverse picture of these therapeutical effects, and how clearly homœopathic is his use of arsenic. He quotes Dr. Bayes, though not stating that he is a homœopath, as "recommending arsenic for the swelled feet of old or weakly persons; or for old people with a weakly acting heart and feeble circulation, and who often suffer from breathlessness on exertion." He advises it in asthma and emphysema, with difficulty of breathing, wheezing, etc. Also, of course, in various skin diseases, in psoriasis and lepra, in chronic eczema, in pemphigus, in lichen, and "other obstinate skin affections"—just those skin eruptions which are well known to be produced by arsenic. In chorea, neuralgia, angina pectoris, in epilepsy, in "long-standing ague, especially of the quartan type;" "in phthisis and tuberculosis." And (quoting Dr. Simpson) in that peculiar affection of the bowels prevalent among women, characterized by the copious discharge of membranous shreds, accompanied by much emaciation, and a long train of neuralgic and other nervous symptoms. This affection occasionally co-exists with dysmenorrhœa,



the membranous shreds being discharged both from the bowel and uterus." In fact, had it not been too long to quote, I might have engrossed the whole article on arsenic, but, for want of space, I have had to refer only to the main points. There is more homœopathy than anything else in this article.

*Phosphorus*.—Of its use in pneumonia he only says: "Dr. Fleischmann, of Vienna, approves its use in pneumonia, especially if accompanied by typhoid symptoms."

42. *Hamamelis*.—This is a drug introduced to the old school for the first time, but well known long before in homœopathic practice. The cases he indicates for its use are just those found in any homœopathic work—hæmorrhages of various kinds, piles, and "diseased veins," and varicocele. *Hamamelis* is now well known in the old school.

*Creosote*.—He says: "Large quantities produce a sensation of burning at the epigastrium, accompanied by nausea and vomiting." Conversely, in the next paragraph, he says: "It checks the vomiting of various diseases, as that of pregnancy, sea-sickness, cancer, ulcer of the stomach, Bright's disease. It often relieves stomach pains occurring after food."

43. *Nitrite of amyl*.—After fully describing the physiological effects of this drug, which, being well known, I need not quote, he recommends it strongly in the flushings or "heats" followed by perspiration, which are so common at the menopause. A beautiful piece of homœopathy, well known in our school.

44. *Camphor*.—The use of camphor in the early stage of a "cold in the head" is well known to every homœopath, and it is advised in every homœopathic work from Hahnemann downwards. And here we have Dr. Ringer endorsing this well-known piece of homœopathic practice. He says: "Inhaled, or taken by the stomach, camphor exerts a decided influence on 'cold in the head'; employed at the beginning of an attack (it is useless after the first stage) camphor sometimes arrests an ordinary cold, and, failing this, it abates its virulence, obviating or diminishing frontal headache, and restraining the sneezing and running at the nose." He then tells us that "large doses excite epigastric pain, nausea and vomiting. After death from poisonous doses the stomach and intestines are reddened and even ulcerated." He then adds: "Few, if any,

remedies are comparable to camphor in summer diarrhœa and cholera. Its benign influence in cholera is most conspicuous, for it generally checks the vomiting and diarrhœa immediately, prevents cramp, and restores warmth to the extremities"; although he also says that in large doses it produces "coldness of the surface, shrunk features, and clamminess of the skin." "It must be given at the very commencement, and must be administered frequently, otherwise it is useless." So taught Hahnemann, but where did Dr. Ringer learn all this except from homœopathic works? He adds: "Some persons, especially women, on exposure to cold, suffer from diarrhœa accompanied by severe cutting pains. Standing on cold objects is especially liable to excite this diarrhœa. The pain may be very severe, continuing till the bowels have acted three or four times. Camphor generally relieves the pain and restrains this diarrhœa." "Large doses," he says, "often induce some smarting and pain of the urinary organs, with urgent desire to pass water." And, conversely, "it is said to relieve strangury," as all homœopaths know.

*Turpentine.*—He says, as is well known, that turpentine causes "bloody and scanty urine, or, indeed, it may suppress this secretion; occasionally it excites pain along the urinary tract, with frequent and painful micturition." He then adds that "it is very efficacious in bleeding from . . . the kidneys and bladder." "Even to check bleeding from the kidneys, as in Bright's disease, it must be administered in very small quantities." "It has been used in chronic cystitis, in gonorrhœa and gleet."

*Copaiba*, he says, "in some cases causes bloody urine; in others I have seen a large amount of blood in the urine quickly disappear under the influence of copaiba resin."

45. *Asafœtida*.—Of this drug Dr. Ringer says: "A full dose of asafœtida induces general exhilaration, and sometimes various nervous or hysterical phenomena, and a general sense of *malaise* (Jörg, quoted by Stillé). It often produces headache and giddiness." Conversely, it "is very useful in hysteria, in many cases removing hysterical headache and peculiar sensations in the head. It is also useful in hysterical flatulence."

*Cantharides*.—Dr. Ringer describes its physiological action on the kidneys and urinary tract, but as this is

so well known, it is unnecessary to waste time in describing it. I therefore only note his therapeutical advice, which, from an allopathic point of view, is utterly wrong and heretical, as the drug is on these lines strongly contra-indicated. "The preparations of cantharides," he says, "have been recommended by high authority" (but we are not told who the high authorities are, and we know of none except that of Hahnemann and homœopaths) "in certain forms of Bright's disease, but in this disease it has been for years past regarded as a most dangerous drug." Of course it is from any but a homœopathic point of view, and in homœopathic doses. "The discrepancies respecting the effects of cantharides arise," he continues, "perhaps, from the difference in the dose administered by different observers. I am convinced of its usefulness in acute Bright's disease when the active inflammation and fever have subsided, as they invariably do about the fifth to the eighth day. A chronic state often follows the subsidence of the more acute stage, and the urine continues small in quantity, contains albumen, and perhaps blood. If, just at this time, that is, on the immediate subsidence of the acute inflammation, a 1-minim dose of tincture of cantharides is given every three hours the blood will almost always quickly disappear, while the albumen decreases more gradually, and the urine becomes more abundant." "Cantharides, in a similar dose, has been recommended even in the acute stage of Bright's disease"; by whom, we would ask? "and when the kidney, having undergone fatty degeneration, secretes very little urine." "After its separation by the kidneys, cantharides acts as an irritant to the urinary tract, and may be employed in cystitis, gonorrhœa, and gleet. A drop of the tincture, although five are sometimes required, given three or four times a day, is particularly useful in cases where there is a frequent desire to make water, accompanied by great pain in the region of the prostate gland and along the urethra, while at other times severe twinges of pain are felt in the same part. The urine may contain a small quantity of pus." Dr. Ringer also recommends it in cases of middle-aged women who have a frequent desire to micturate and cannot hold their water long, also when women cannot help passing a little urine on straining, or sneezing, or coughing—or a combination of both states. In these states "one or two drops of

tincture of cantharides three or four times a day will in many cases afford great relief and sometimes cure with astonishing rapidity, even when the symptoms have lasted months or years." This whole article is, you will see, full of excellent homœopathy. If it is not homœopathy, I again ask, what is it ?

*Ipecacuanha*.—After stating its physiological action, which is so well known, producing mucous catarrh of the eyes, nose, stomach, intestines, and bronchial tubes, with much increase in the secretion of mucus, and nausea, vomiting, and diarrhœa, Dr. Ringer says : " This remedy is frequently used in catarrh of either the stomach or lungs. It is especially useful when the secretion from the lungs is abundant and tenacious." " On account of its slight irritant action on the mucous membranes of the stomach, and perhaps by virtue of the strong movements it produces in that organ when it excites vomiting, ipecacuanha is found useful in irritative dyspepsia, both of the acute and chronic kind." " Few remedies are so efficacious as ipecacuanha in checking certain kinds of vomiting. I have in numerous instances witnessed the efficacy of drop-doses of the wine, administered every hour or three times a day, according to the urgency of the case, in checking the following kinds of sickness." I cannot quote this long passage, but must refer you to the work itself, so I simply enumerate them : (1) In the vomiting of pregnancy ; (2) In the vomiting which sometimes occurs severely during suckling ; (3) In vomiting at the menstrual period ; (4) In the vomiting of drunkards ; (5) In the morning vomiting from general weakness, and in convalescence from acute disease ; (6) In the vomiting of children, with acute catarrh of the stomach ; (7) In the vomiting of whooping-cough ; (8) In the vomiting after meals, without nausea or pain, the food being merely rejected ; (9) In regurgitation of food. This use of ipecacuanha is so purely homœopathic, and contrary to all allopathic notions previous to the publication of Dr. Ringer's book, that it is no wonder it caused rather a stir in the ranks of the old school. It was well calculated to stagger them and cause them to wonder where they were, but now it has become quite the fashionable and correct treatment. He then speaks, of course, of its use in dysentery. And he says that " the dysenteric diarrhœas of children, whether acute or chronic, will generally yield speedily

to hourly drop-doses of ipecacuanha wine. The especial indications for this treatment are slimy stools, green or not, with or without blood. Vomiting, if present, as is commonly the case, affords an additional reason for the adoption of this treatment, and it will even cease, often after the first or second dose of the medicine, and generally before the diarrhœa is checked." In asthma and bronchitis he praises it highly, but prefers to administer it in the form of spray. In whooping-cough he also advises it, "and it will often arrest the vomiting that the paroxysm produces. Dr. Phillips and some other observers"—we know Dr. Phillips, but who are the other observers?—"consider ipecacuanha especially useful when the attacks of coughing are accompanied by retching and vomiting." "It has been highly praised for its usefulness in hæmorrhages, as in epistaxis, bleeding from the lungs or womb, and the flooding after delivery." This high praise he will find in homœopathic writings from Hahnemann downwards, and all his recommendations have been in constant use from the earliest in our school, and, I may say, nowhere else till Dr Ringer's book was published. His instinctive genius in discovering the homœopathic uses of well-known drugs is unique!

45. *Veratrum viride* was, I think, previously unknown except in homœopathic practice, and Dr Ringer gives its uses and indications as they are found in homœopathic works.

*Veratrum album*, he says, "has been used with success in the vomiting and purging of summer diarrhœa." By whom? we should like to ask, except by homœopaths, in whose practice it is well known as an old and tried remedy, producing in large doses this very state.

46. *Podophyllum*.—After describing the pathogenetic effects of this drug in producing vomiting and diarrhœa, cutting pains, and inflammation of the small intestines chiefly, he discusses its cholagogue action, in which he believes. Then he advises it in certain forms of diarrhœa in children, the particulars of which I have not space to quote, but they are precisely the homœopathic indications for it, and he gives it, of course, being a purgative, in minute doses. But one passage I must quote. It is too good to be passed over with a mere reference. The use of podophyllum in diarrhœa was certainly a new thing in old school practice, being quite opposed to allopathic

views, but this passage I am going to quote gives a piece of treatment to be found in all homœopathic books, but nowhere else. "Small doses of podophyllum are highly useful in some forms of chronic diarrhœa. Thus a diarrhœa with high-coloured motions, with cutting pains, is generally relieved by small doses of podophyllum, the bowels becoming regular, and the pain speedily subsiding. This medicine is especially indicated if this form of diarrhœa occurs in the early morning, compelling the patient to leave his bed several times, but improving after breakfast or by the middle of the day; or sometimes diarrhœa does not occur after breakfast, but returns early next morning. Indeed, podophyllum will generally cure this morning diarrhœa, even if the motions are pale and watery. (*Rumex crispus* is also recommended for morning diarrhœa)." By whom, I ask? and who ever heard of *rumex crispus* before, except in homœopathic writings? "By means of podophyllum I have cured chronic diarrhœas of watery, pale, frothy motions, with severe cutting pain, even when the diarrhœa has lasted many years. Two or three minims of the solution just named (gr. j in ʒj of spirit) should be given three or four times a day." Sick-headache, when accompanied by "a dark-coloured, bilious diarrhœa," he advises to be treated with the above solution of podophyllum, or by bichloride of mercury in doses of 1ʒʒ of a grain.

47. *Actœa racemosa*, a medicine hardly known before except in homœopathy, is treated of, and the various homœopathic uses of it given.

*Aconite*.—I have already noticed Dr. Ringer's paper in the *Lancet* before his book was published. I therefore need not go over it again, but simply note that in the book all the homœopathic uses of aconite are praised to the skies. I would refer you to the chapter on Aconite in the book, which really requires no further comment, but is full of valuable information to all who know nothing of homœopathy.

48. *Digitalis*.—In the chapter on this drug Dr. Ringer goes very fully into its physiological action, and the various theories in regard to the mode of production of this action, which it is, of course, out of place to go into in this paper. But it is noteworthy that he says, "I believe that we obtain better indications respecting the advisability of using digitalis by considering the totality of the symptoms"

(observe this phrase, hitherto peculiar to homœopaths) "rather than by confining the attention simply to the nature of the valvular affection." He then gives an excellent clinical picture of the case indicating digitalis. And he adds, "Eminent authorities have asserted that in aortic disease digitalis is worse than useless, and will embarrass the heart still further, and increase the difficulty of breathing; but after a prolonged and careful investigation of this question the author is convinced that, in a case presenting the physical signs and symptoms above described, the existence of aortic disease, whether obstructive or regurgitant, or both, does not in any way contraindicate the employment of digitalis. The irregularity of the pulse is the most important indication of the necessity of giving digitalis." This is exactly the homœopathic method of giving digitalis—not looking to theoretical indications, but to the clinical picture, corresponding to the pathogenesis, and being guided by the "totality of the symptoms," as Dr. Ringer puts it. It only shows how Dr. Ringer *thinks* homœopathically. The whole chapter is an admirable one, and well worth study.

49. *Calabar bean*—*Physostigma*.—The physiological action of this drug in producing general muscular paralysis is well known and need not be described here. But Dr. Ringer's therapeutics are here to be noted for their homœopathy. In muscular paralysis one would have thought physostigma strongly contra-indicated from an allopathic point of view. But listen to Dr. Ringer: "Dr. (now Sir James) Crichton Browne finds calabar bean markedly useful in general paralysis of the insane; indeed, he has even cured some of his patients of this severe disease. I have known it arrest the progress of general paralysis, and even slightly improve the mental and physical condition. I have seen it not only arrest progressive muscular wasting uncomplicated with much mental disorder, but also effect considerable improvement in the muscular power. Moreover, it has appeared to me to be serviceable in some cases of long-standing hemiplegia. I have given the extract of physostigma in one-thirtieth of a grain doses every two hours." "We (Dr. Murrell and he) gave it in five cases of paraplegia due probably to myelitis. In one case no improvement ensued; and but slight amendment in another. Even when the drug failed to produce any improvement, it yet seemed to us

to arrest the disease. In old-standing cases we could hardly hope for any amendment when the lower part of the cord had become disorganized ; but we might fairly hope to control the march of the disease in the less affected parts. In two cases very marked improvement occurred, an improvement so decided as fairly to astonish us, but in both relapse took place and the patients became as bad almost as before undergoing treatment. In the fifth case the treatment effected a considerable and permanent improvement, so that the patient, who was unable to move his legs even in a slight degree, was enabled before his discharge to walk about the ward with his stick. These cases, it will be said, do not tell conclusively in favour of the efficacy of physostigma in paraplegia ; we were both, however, struck by the evident temporary improvement in some of the cases, and the decided and permanent amendment of one, patient, which we could not help attributing to the drug, and we feel sure that this subject is well worth further investigation. We gave the drug in the same dose to two cases of locomotor ataxy, in one case for a year, in the other for three months ; both cases improved, and one a very bad case, considerably. We gave it also in a recent case of writer's cramp, and in two months the patient recovered." I have given this long quotation as showing a charming example of "homœopathy among the allopaths." If it is not homœopathy, what is it ? Two cases of my own, one of paraplegia and the other of motor paralysis of the lower limbs due to sclerosis of the cord, to whom I had prescribed physostigma, were advised by friends to consult two well-known old-school physicians to confirm or otherwise my diagnosis. One of these doctors is dead, and the other is still in vigorous practice. Each of these two prescribed physostigma in the respective cases.

50. *Gelsemium*, a drug then new to the old school, is introduced, but little is said of its therapeutics. Still the fact of a drug, largely used by homœopaths and till then used only by them, being introduced into the book is significant.

*Belladonna*.—After speaking of its value in threatened milk abscess, he adds, "Belladonna, too, is effectual in other forms of inflammation which threaten to end in abscess." But after stating that "a full dose produces great dryness of the tongue and roof of the mouth, extending



down the pharynx and larynx, inducing consequently some difficulty in swallowing, together with hoarseness, and even dry cough ; and that a larger dose will sometimes induce dryness of the Schneiderian membrane, and dryness and much injection of the conjunctiva," he adds a quotation from Dr. John Harley, that "the dryness of the mouth gives way, to be replaced by a viscid, sticky, acid, and foul-smelling secretion, and the mucous membrane becomes clammy, and the tongue is covered with a white fur." He then further quotes Harley as saying that "in several instances he has known belladonna to cleanse and moisten the tongue of typhus fever patients." He then goes on to say, "Belladonna is employed in several inflammatory diseases of the throat, and its good effects are most apparent when the throat and tonsils are acutely inflamed and much swollen." This homœopathic treatment was then a new thing in old-school therapeutics. He says the first effect of belladonna on the pulse is "to increase its quickness, fulness, and force," but later "the pulse diminishes in frequency and loses in strength." In fatal cases the pulse grows rapid, intermittent, and weak, adding that Dr. Harley "considers belladonna a powerful heart tonic, adducing in proof the power of this drug to reduce the frequency and strengthen the beats of the heart when weakened by disease." He further says: "It is stated by Wharton Jones, Meuriot, Harley, and others, but denied by Nunnely, that belladonna, when applied to the web of a frog's foot, contracts the smaller arteries, producing at first acceleration of the circulation, followed after a time by complete stasis, beginning, according to Meuriot, in the veins and capillaries ; and the circulation always continues in the artery after it has completely ceased in the veins. Harley says that 'a moderate dose contracts the arteries, whilst a large dose dilates them,' thus showing the double action of the drug. When speaking of the excellent effect of belladonna in exophthalmic goitre, he says, "Homœopathic doctors have long employed this treatment." So he might have added with regard to all his novel, contra-indicated from an old school point of view, pieces of treatment. He praises its use in the cough and oppressed breathing of asthma, and in whooping-cough. After having spoken of the effect of belladonna in producing headache and delirium he adds, "It is often useful in certain forms of headache.

The indications for its use are when the pain is situated over the brow and in the eyeballs, which seem as if too large for the head, and as if they would be forced out of the skull. These headaches are not due to stomach or uterine derangements; indeed, very often their cause cannot be discovered." Where did Dr. Ringer get these indications? They are excellent homœopathy. And he adds, "It is said that belladonna controls the delirium of fevers, as of typhus fever."

*Nux vomica and strychnine.*—In this article Dr. Ringer strongly advises *nux vomica* in dyspepsia, flatulence, heartburn, constipation, and "sick-headache," but he does not allude to its curative power in tetanus.

51. *Cannabis indica.*—After describing the peculiar and well-known effects of this drug in producing headache of a peculiar type, and the well-known symptoms of brain-excitement, and hallucinations, he says, "*Cannabis indica* is one of the most valuable remedies for megrin or sick-headache . . . it is useful in attacks accompanied by spectra. It is most useful, in my experience, in preventing the attacks."

52. *Chamomile.*—Here we have the homœopathic indications for its use. "In the ordinary summer diarrhœa of children, often occurring during teething, characterized by green, many-coloured, and slimy stools, the infusion in doses of half a drachm or a drachm often proves very useful, especially when given at the commencement of the attack. This medicine is also efficient in other forms of summer diarrhœa. It also subdues restlessness or peevishness." This is our old friend chamomilla, which used to be so often laughed at by our friends of the old school.

53. *Santonin.*—When speaking of its use as an anthelmintic, Dr. Ringer says: "In an obstinate case some advise the administration of one or two grains twice or three times a day; but, repeated so often, this medicine is apt to occasion sickness and vomiting, with great difficulty in holding the water; so that children, if over-dosed with it, are apt to wet the bed at night, are constrained to pass water very frequently, and are even unable to hold it night or day. It is curious that this remedy will sometimes stay the nocturnal incontinence of children, and when this affection is not dependent on the presence of worms, santonin succeeds occasionally when other

remedies, including even belladonna, have failed." Of course this curative result is only "curious" from an allopathic point of view.

This concludes my analysis of Dr. Ringer's *Handbook of Therapeutics*; and I think you will agree with me that the amount of homœopathy in it is simply astounding as coming from the pen of a physician who ranks as one of the allopaths, and who, we understand, refuses to meet a homœopath in consultation. In fact, I might safely say that three-fourths of the new material in the book is pure homœopathy. The homœopathic treatment there recommended is never coupled with the least suggestion of the principle underlying it all, or an acknowledgment of the (so far, at any rate) truth of the law of similars as shown in its practical working. All the same, his "therapeutic tips" have been largely absorbed by the old school, not as homœopathy openly, but on the authority of Dr. Ringer, which is quite safe, and they have largely leavened and improved the treatment of the allopaths.

(To be continued.)

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## REVIEWS.

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*Stepping Stones to Neurology*: A Manual for the Student and General Practitioner. By E. R. McINTYER, B.S., M.D., Professor of Neurology in the Dunham Medical College of Chicago. Philadelphia: Boericke & Tafel, 1903.

In the preface to this book the author says, "No claim is made for completeness or perfection, but as the name indicates, it is simply the stepping stones, or brief sketch of those nervous diseases that are most commonly met in general practice. I have attempted to give a picture of each disease sufficiently clear to enable the student to recognize it, and have eliminated all superfluous matter. This will obviate the necessity of the student reading several pages of chaff in order to get a single grain of wheat. An attempt also has been made to so present the subject that it will not appear as a general jumble of mysterious statements calculated only to confuse instead of instruct. The arrangement is the simplest possible, and at the same time it is such as to be most easily comprehended. The generals are given first in the definition, varieties, when there are more than one, then

the etiology. This is followed by the morbid anatomy. If the student has his anatomy and physiology he will, by the morbid anatomy, be enabled to tell the symptoms from that alone before studying the symptomatology in the book. After the symptoms come the diagnosis, prognosis and treatment. The treatment, both general and medicinal, is given with only those remedies that the author has found most frequently indicated, together with their leading indications. The homœopathic treatment is emphasized in all respects." With these clear aims in view, Dr. McIntyer has produced an admirable little book, which is based upon his lectures at the college.

The first chapter is an excellent and clear sketch of the anatomy and physiology of the brain and spinal cord, and the second chapter is on the "Methods of examination in neurological diagnosis." The rest of the book is taken up with the various diseases treated of. Each disease is very clearly, concisely, and yet sufficiently fully described for the use of the student and general practitioner, and all that the author, in his preface, states that he aims at, is very successfully accomplished. The treatment is given in the way that we think is the right one in a work of this nature—"stepping-stones," and not a complete work on the subject. We expect a Professor of a given speciality to give his individual experience, in naming the drugs which he has found most frequently indicated in the majority of cases of each form of disease. The practitioner knows then to which medicines, from the experience of the Professor, he ought to look in the first place, as the ones that will, in all probability, meet his case. And under each remedy named, the symptoms most characteristic and essential are shortly, but clearly given. But the author is careful to guard himself against misconstruction on the part of those who give, in their works, a long alphabetical list of possible remedies, by almost invariably stating under each disease that *any* medicine may be indicated in any form of disease, and that when the drugs he names do not accurately correspond to the case, the student or practitioner must refer to the materia medica. This method of stating the therapeutics of each disease is the only really useful and satisfactory form for general use, and we congratulate Dr. McIntyer on having adopted it. We want to know an author's personal experience and its results. The rest we can ascertain for ourselves by studying the materia medica with the aid of a repertory. This being our view, we have no right to remark on the omission of any particular remedy, but we were rather surprised to find *cimicifuga* not named in the book except once, under

the section of neuralgia. But probably the author's valuation of it is not so high as ours. We simply note the fact. The last section on "Reflex Irritations" is admirable, and well worthy of perusal by all who have "views" on their causation. The work is well-fitted to be a real and valuable help—safe and firm "stepping-stones"—for the student and general practitioner, and we heartily recommend it, and hope it will have a wide circulation.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Fourth Meeting of the Session 1902-1903 was held at the London Homœopathic Hospital on Thursday, January 8th, at 8 o'clock, Dr. Roberson Day, President, in the chair.

#### NEW MEMBER.

Christopher Osmond Bodman, M.D., B.S. (Dunelm), M.R.C.S. (Eng.), L.R.C.P. (Lond.), of 87, Somerville Road, St. Andrew's Park, Bristol, was elected a member of the Society.

#### SECTION OF MATERIA MEDICA AND THERAPEUTICS.

In connection with this section Miss Octavia Lewin, M.B., B.S. (Lond.), M.D. (Chicago), read a paper entitled "Cases Illustrating Constitutional Treatment." This was the first occasion on which a lady member had read a paper before the Society, and it was listened to with marked interest by a good attendance of Fellows and members. Dr. Lewin detailed some chronic cases which had been under her care in which single doses of high potencies had been given with success. An interesting feature of the paper was the meaning Dr. Lewin attached to the term "constitutional." She did not attempt to define it, but noted some of the characteristic features of the individual patient as general features and then the disease manifestations as particular features, selecting the medicine more especially from the former, although of course not excluding the latter.

The paper gave rise to an interesting discussion, turning mainly on this point. Drs. Dyce Brown, Clarke, Goldsbrough, Mr. Dudley Wright, Drs. Lambert, Dudgeon, Neatby, and Roberson Day contributed to the discussion, and Dr. Lewin, who was heartily congratulated on her effort, replied.

A paper was then read by Dr. Stonham, of London, entitled

"A Study of Hydrocyanic Acid," of which the following is an epitome: This poison was discovered by Scheele in 1782. Under the form of essence of bitter almonds and cherry laurel water it was known to the ancients. In nature it is found in bitter almonds, the kernels of apricots, cherries, plums, the peach (flowers and leaves), nectarine leaves, laurocerasus leaves, the bark of the cherry laurel, etc.

The physiological effects of hydrocyanic are most marked, it being the most virulent poison known and the most rapid in its effects. Protoplasmic life is impossible in the strong vapour, death of the cell being instantaneous. When applied directly to the heart it stops it, and if injected into the jugular vein of an animal, it drops dead instantly. But the part most sensitive to the drug is the respiratory centre in the medulla oblongata, and next to that the cerebro-spinal nervous system in general.

The gross effects of poisonous doses are foreshadowed in the provings by such symptoms as laborious respiration, contraction of the chest, constriction and heaviness of the head, palpitation, etc. There are also many stomach symptoms.

Hydrocyanic acid is singular in being the only drug which has never been employed internally as a medicine for its physiological effect. It has only had a homœopathic use in the hands of homœopaths and allopaths alike, the reason being that there is no safe margin between its physiological and toxicological action. Elliotson records forty-nine cases of gastric disorders cured by hydrocyanic acid in doses of from 1 to 4 minims of the dilute 2 per cent acid.

In accordance with the pathogenesis its clinical use in stomach complaints is confined to those of nervous origin. From its rapid and decided influence on the central nervous system one would anticipate an important curative rôle for hydrocyanic in nervous disorders. Dr. Midgley Cash gives an instance of sunstroke cured after twelve days' treatment by this drug. There is no drug which has a more distinctly tetanic action, as it acts directly on the medulla and spinal cord. At first sight the nervous disease which seems to be most closely imitated by hydrocyanic acid is epilepsy. But the use of the drug in this disease has on the whole proved disappointing, probably because the primary seat of hydrocyanic poisoning is the medulla oblongata, while in a true epileptic discharge it is the cerebral cortex. Nor is the correspondence between epilepsy and hydrocyanic more exact from a symptomatic standpoint, so that to try to cure epilepsy by giving hydrocyanic is like attempting to get rid of weeds by cutting off their heads.

The most important sphere of the therapeutic action of hydrocyanic is the respiratory. Here, too, the action is on the nervous system. It alters respiratory rhythm and tetanizes respiratory muscles. This would suggest its use in angina pectoris. (The details of an interesting case were given in this connection.)

Dr. Stonham concluded with a suggestion drawn from the similarity between the poisonous effects of prussic acid and chloroform. Both are protoplasmic poisons, and in sufficient strength stop the contraction of the heart ; both act primarily and with great energy on the respiratory centre ; both act with great rapidity, and with both, if recovery takes place, the effects are very evanescent. When on the operating table respiration ceases from an over-dose of chloroform a remedy is required which is powerful, which acts rapidly, and which is easily administered. A drop or two of acid hydrocyanic dil. placed at the back of the tongue would be immediately carried to the lungs by artificial respiration, and by means of its extreme diffusibility would quickly gain access to the blood and to the respiratory centres.

Drs. Dyce Brown, Clarke, Goldsbrough, and Granville Hey discussed the subject, and Dr. Stonham replied.

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NOTABILIA.

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A HOMŒOPATHIC HOSPITAL FOR BÂLE.

A BEQUEST of the late Madame Merian-Iselin, left for the purpose of founding a homœopathic hospital in Bâle, has, in spite of the protests of numerous allopathic medical men, just been accepted by the Society of Public Benevolence. The bequest amounts to 700,000 francs (£28,000) and the Society pledges itself to devote the money to the foundation and maintenance of a homœopathic hospital of at least fifteen beds within the municipal boundary of the city of Bâle. The hospital will remain under the supervision of the Society, but will be managed by a committee chosen by it, and consisting of lay friends of homœopathy and one homœopathic physician. This committee will superintend the placing, building, and carrying on of the hospital, subject to the approval of the president of the Benevolent Society ; and the hospital when finished will address itself to providing medical attendance at the cheapest possible rate to patients of modest means who wish to be treated homœopathically. We rejoice over the high-minded benevolence of the testatrix, and its unprejudiced acceptance by the Society of Public

Benevolence. The committee have now to solve the very weighty and practical question as to how much of the capital will remain to be funded towards carrying on the institution after the building and fitting up of a hospital, even of the limited capacity of fifteen beds, have been paid. May good luck await the undertaking.—*A. H. Z.*, Dec. 18th, 1902, p. 206.

#### BRITISH HOMŒOPATHIC ASSOCIATION.—THE BRIGHTON MEETING.

THE following letter was sent to Sir George Wyatt Truscott, by Messrs. Williams & Mackenzie, homœopathic chemists, at Brighton, at the time of the Brighton meeting, a report of which appeared in our last issue. We have much pleasure in reproducing it, and our leading article relates to it.

SIR,—Having been servants to homœopathy for many years, we can scarcely allow a meeting such as that over which you are presiding to pass by without expressing our cordial support and sympathy with it. In apologising for absence we have pleasure in enclosing our humble contribution of a guinea towards the ends in view.

Perhaps we may be permitted to allude to a long-felt and cherished hope in this large community, for the need of a hospital devoted to homœopathic treatment—be it on however small a scale. If Eastbourne, Tunbridge Wells, Plymouth, &c., have been favoured with one, how much greater and more urgent must be the needs of Brighton and Hove? It would undoubtedly do a grand service to homœopathy this side of the Metropolis. We therefore trust that the subject may be taken to heart in the near future by some benevolent and philanthropic friend of the cause, who may either hear these words or have it brought before them. Meanwhile, we are aware that it is a matter of secondary importance to the aims of the Association, which deserves such a generous response as will prove gratifying, not only to those immediately connected therewith, but equally so to every supporter who will have assisted in the extension and development of this great medical science.

We remain, Sir, respectfully yours,

WILLIAMS & MACKENZIE.

To Sir Geo. Wyatt Truscott, Chairman.

Brighton, Dec. 12th, 1902.

#### THE LEICESTER HOMŒOPATHIC COTTAGE HOSPITAL AND DISPENSARY.

ALTHOUGH the annual report has not yet been issued, we have received a preliminary announcement that the sum



of £349 13s. has been subscribed for the furnishing and maintenance of the hospital since May last, and that during that time all the available beds have been occupied, thirty-two patients having been admitted, five still remaining under treatment. This is an excellent beginning of a valuable institution, and shows that its existence was called for, and that it is appreciated by the poor of Leicester. We heartily wish it all success in the future, under the medical care of Drs. George Clifton, Henry Mason, and Edmund Capper.

### A FEW THOUGHTS ON HOMŒOPATHY.<sup>1</sup>

By AUGUST KORNDORFER, M.D., PHILADELPHIA.

THE following admirable paper we have the pleasure of re-printing entire from the *Hahnemannian Monthly* of November. It is too good to do otherwise than quote it in its entirety, and we think our readers will agree with us.—EDS. *M.H.R.*

DURING the past few decades we have heard much criticism of homœopathy; its truths; its so-called fallacies; its assumed errors; its many shortcomings; its merits as a method of practice; its right to a place as a school of medicine. From the general tenor of these criticisms one might be led to infer that the fundamental truths first defined and expounded by Hahnemann had already served their purpose; that later discoveries had rendered them obsolete; and that time was now ripe for their subordination to a new order of things medical; in fact, that Hahnemann and his teachings were fit only to be relegated to some obscure place in history. One, prominent as a teacher, recently remarked, 'Homœopathy is a dead issue.' Yet this same physician has the audacity to hold membership in societies bearing the name!

But, *is* homœopathy a dead issue? Are its generic principles obsolete? Has the art and science of medicine advanced on lines so diametrically opposed to the law of similars as to give any reasonable ground for such assertion? To these queries every intelligent physician who has given thought to the subject must answer most emphatically, 'No.' In fact the very opposite condition obtains; every advance in medicine has brought the profession nearer to the acceptance of Hahnemann's teachings. The self-constituted critics and reformers who thus have endeavoured to detract from the honour due the founder of homœopathy boast of their freedom from medical bias, and prate loudly of liberty of

<sup>1</sup> (Read before the Philadelphia County Homeopathic Medical Society, October 9, 1902).

opinion and action; they nevertheless prove, by their methods, that they lack both the knowledge necessary and the perspicacity essential to just criticism.

We do not under-estimate the value of criticism, nor the importance of liberty in both opinion and action; but when such liberty fails to be controlled by law it tends toward professional anarchism, and becomes a menace to the well-being of both patient and profession.

Nor do we under-estimate the educational value of doubt. Doubt that acts as an incentive to philosophic investigation must be fostered. Such doubt never ends in unbelief; it leads on till dismissed by knowledge. Certitude is the very life of science, for science recognizes no tenable middle state between truth and error. Eclecticism, that middle-of-the-road method, which in medicine so often masquerades under the honourable title of homœopathy, has doubly wronged our school—actively, by implanting error; and passively, by discouraging real investigation. Eclecticism, strictly speaking, has no legitimate place in science. Its sphere is found in history, and the philosophy of history alone.

Every honest searcher after scientific truth must recognize the necessity for law; and, as law obtains in every other department of nature's work, we, by analogy, must assume that medicine forms no exception. Here, too, law must reign. In the search for truth, methodical experiment guided by definite principles must in every case be our final court of appeal. Law must decide.

Hahnemann recognized this, and wrought with this thought ever in mind. It made the steps of his progress sure. With what confidence he appealed to the profession that they make experimental tests of all that he taught: 'Machts nach aber machts recht nach' was the ground of trial and acceptance that he himself proposed. Test it, but test it accurately, and let it stand or fall in accordance with the response that nature thus will give. This was his challenge, and a hundred years of practice has proved him right.

Hahnemann was *invariably right* with his facts, and in his practical deductions from those facts; but when he attempted theoretical explanations the influence of the philosophy of his day necessarily manifested itself, and he ran more or less into error. However, of such explanations Hahnemann himself says: 'I attach no value whatever to any explanation that could be given.' 'As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place.' He held the theory in the light of a non-essential.

On this point Hering, in the Preface to the American edition of the *Organon*, says: 'Whether the theories of Hahnemann are destined to endure a longer or shorter space, whether they be best or not, time only can determine; be it as it may, however, it is a matter of minor importance.'

Theories afford reason, means, for the discovery of the possible relationship between phenomena; through them working hypotheses are elaborated, and investigation thus facilitated; they prove useful, as aids, in the utilization of facts, and for this purpose their employment is not to be deprecated.

It is the bounden duty of the physician to thoroughly fit himself for his chosen profession through a comprehensive knowledge of the theory of medicine; this, however, does not conflict with the principle that 'the practice of the art should be based upon the solid foundation of demonstrable facts.'

In reasoning upon the relationship of observed phenomena, theories may be utilized as stepping-stones to legitimate conclusions; but in practice theories must ever be subordinated to facts.

Hahnemann set the example in his own life and work; we can do no better than faithfully follow the course he pursued. He deprecated theorizing, but not investigation and research; *a priori* conclusions, but not logical reasoning. He wrought in full agreement with the axioms, 'Every phenomenon must have a cause,' and 'Every phenomenon must have a law.'

His search for law *necessitated theory*, but he never permitted theory to govern the practice of the art. New modes of investigation and new fields for exploration were prompted thereby, but the discovery and establishment of the governing law was ever the objective point. This is markedly illustrated in his search for the reason of his failure to cure chronic non-venereal diseases. In his 'Chronic Diseases,' Dresden and Leipzig, 1835, he refers to this, saying that since the years 1816 and 1817 he had been occupied in efforts to discover the reason why the known homœopathic remedies did not effect a cure in these chronic diseases. Continuing, he says: 'After unceasing meditation, indefatigable research, careful observation and most accurate experiments, I was permitted to solve this problem for the benefit of mankind.'

In this we have Hahnemann's method typically manifested. A fault discovered meant with him a search begun. All these years he wrought without expressing, even to his dearest friends, a thought upon this to him momentous question. 'Because it is unwise, yea, even harmful, to speak or write upon things yet immature.'

That Hahnemann was not invariably right does not in the least affect the validity of the law that he discovered. Darwin, that great and independent thinker, surely erred in some of his conclusions ; he also failed to perceive certain of the relations underlying the facts that he presented. Likewise, he failed to perceive their far-reaching influence in fields remote from those gleaned by him. Nevertheless, these failures to grasp every detail or to appreciate the full scope of his discoveries do not militate against the facts he discovered, nor do they invalidate any law that he legitimately deduced. Neither does Hahnemann's failure to correctly theorize lessen the value of his discoveries, nor impair the utility of the truths that he taught.

It is worthy of remark that Hahnemann early recognized what in later years Spencer and other noted philosophic thinkers have even more forcibly expressed, namely, 'That the reality existing behind all appearances is and ever must be unknown.' He deprecated the search after such unknown, because *unknowable* ;—never so, however, the search after facts, nor yet the rational effort at deducing legitimate conclusions from such facts.

To illustrate how our latter-day philosophy upholds Hahnemann's views in this particular, permit me to quote the following few sentences from Spencer: 'If,' says Spencer, 'respecting the origin and nature of things, we make some assumption, we find that through an inexorable logic it inevitably commits us to alternative impossibilities of thought ; and this holds true of every assumption that can be imagined. If, contrariwise, we make no assumption, but set out from the sensible properties of surrounding objects, and ascertain their special law of dependence, go on to merge these into laws more and more general, until we bring them all under some most general law, still we find ourselves as far as ever from knowing what it is which manifests these properties to us.'

'Ultimate scientific ideas turn out to be merely symbols of the actual, not cognitions of it.' 'The mind can conceive, and consequently can know only the limited and the conditionally limited.'

These views, concededly correct in other departments of philosophic research, apply just as forcibly to the search after the intangible in disease.

Hahnemann not only did not oppose the most exhaustive research, but, on the contrary, he set the example, and led the way in the most radical line of investigation ever instituted in medicine.

Recognizing the irrationality of a search after some hidden

mysterious cause of disease, he confined himself to a critical analysis of the cognizable evidences of disease, namely, symptoms, signs and conditions discoverable by the physician, or appreciable by the patient or attendants. Had microscopy been an accessible means in his day, I doubt not he would have been one of the most ardent advocates of its use for diagnostic purposes. Illustrative of his critical research and wonderful powers of ratiocination, I will instance his views of the cholera contagium, published in 1831. His investigations led him to suspect the presence of a contagious material in cholera, which he described in the following words: 'On board ships—in those confined spaces, filled with mouldy watery vapours, the cholera miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists.' Again, he speaks of 'the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic animated beings which at first developed on the broad, marshy banks of the tepid Ganges.' With such prescient insight of the disease-producing factor in cholera, I cannot conceive of a man of Hahnemann's temperament giving up the search, or stopping short of the actual demonstration, save from a lack of suitable apparatus wherewith to conduct the investigation.

Generalizations, save as the logical outcome of individualization, he abhorred; therefore, while recognizing a specific organism as the germ through which such disease is propagated, he also recognized specific phases of its manifestations, and quite consistently contended for individualization in the selection of the remedial agent.

Each drug, to him, stood as the representative of a discrete totality, peculiar to itself; differing in some particular from every other such totality. It alone was indicated in certain given complexes of symptoms in given conditions of disease.

Hahnemann first clearly differentiated the three only conceivable modes of therapeutic drug action, and he first demonstrated the relative value of each. Logically extending his deductions, always guided and guarded by experimental tests, he arrived at a solution of the problem in the confirmation of the symptomatically similar drug action as the only positive guide to the selection of the curative drug agent. The law he reduced to the verbal formula, *similia similibus curentur*.

That Hahnemann pursued an exhaustive research before

he gave the results of his labours to the profession cannot be disputed; that he came to his professional brethren with his new-found knowledge in full faith of their rejoicing and co-operation is beyond question; that his confidence met with ridicule and contumely, and that jealousy, hatred and persecution were his reward, is all too true. The principle of similars as a guide in therapeutics was derided. Elaborate and vituperative essays were written to show its absurdity and to defame its author; and, finally, the united political influence of physicians and pharmacists was employed in the effort to effect his professional ruin. Notwithstanding all which, he, during these years of persecution, gave to the world that masterpiece of medical philosophy, *The Organon*, and those monuments of indefatigable research, *The Materia Medica Pura* and *The Chronic Diseases*. In all this work scientific exactness was aimed at, and to a marvellous degree attained.

The law of similars, the single remedy, and the minimum dose that will cure, were the three especial factors upon which he laid stress. But, in addition to this, we must not overlook the fact that a more consistent and intelligent study of pathology was urged, and the importance of the symptoms and signs of disease as guides to the selection of the curative therapeutic agent was emphasized. All this was so diametrically opposed to the teachings of his day, that we can scarce wonder at the slowness of understanding manifested by his professional brethren.

Acceptance of Hahnemann's teachings by the old school has indeed been slow, but it has been sure. Every feature accepted has followed upon some independent research by members of that school. The importance of the symptomatic expression of disease; the recognition of the systemic involvement in even so-called local diseases; the improvement in and greater appreciation of hygiene on lines advocated by Hahnemann; and, last, but not least, the acceptance of Hahnemann's doctrine of the dual action of drugs, and the curative effects of small doses of drugs that in the healthy produce symptoms similar to those for which they are therapeutically prescribed, may be cited as among the most noteworthy. Closely allied to this latter should be noted their use of the nosodes in diphtheria, tetanus, typhoid, cholera, anthrax, etc. Many other changes are creeping in, which in the near future will bring their teachings upon therapeutics more nearly along the lines laid down by Hahnemann in *The Organon*.

The open advocacy of the dual action of drugs by the investigators in pharmaceutics of the old school marks an

epoch-making event in medicine; for, with this fact once adopted, the barriers separating the two branches of the medical profession will practically be removed.

That such result will surely follow we have abundant reason to believe. In fact, it is already foreshadowed in such articles as those published in Merck's *Archives* of August, 1901, and May, 1902. In the editorial columns of the August number, we read the following: 'It appears to us that one of the problems to engage the attention of the twentieth century therapeutists and pharmacologists will be the action of drugs as influenced by dosage. This part of pharmacology has been neglected entirely too much. There are hundreds of drugs whose action not only varies under different dosage, but is diametrically different. Ipecac. in very small doses allays vomiting; in large doses it excites it. Cocaine in small doses excites the reflexes; in large doses it depresses them. In the case of a number of drugs it will, therefore, be insufficient in the future to attach a label: depresso-motor, excito-motor, emetic, etc. The different action in different doses will have to be stated.' In the May, 1902, number, the editor again calls attention to this fact, and quotes from the April *Medical Times* as follows: 'This statement confirms what we have so often repeated, that the dual action of drugs should be taught in all medical schools, as then we should have not only an improved therapeutics, but also the annihilation of sects in medicine.' 'This question of dosage is the very foundation of the practice of medicine, and its solution and general adoption will prove the greatest boon to humanity. The physician who uses drugs only in larger doses, or in smaller, neglects one-half of the armamentarium which should be his. The indications which decide the dose are so diametrically different that it is easy for the student well versed in drug effects to apply his knowledge for the purpose indicated.'

With such open acceptance of the curative action of small doses administered in accordance with the law of similars, we may confidently anticipate a still more general acknowledgment of the correctness of Hahnemann's views.

Thus, while some of the would-be leaders of our own school were adopting an apologetic attitude before the general profession, and were endeavouring to ape the methods of therapeutists who blindly denied the homœopathic law, the more advanced therapeutists of the old school were investigating, accepting, and adopting the teachings of Hahnemann—not, indeed, because they were of Hahnemann, but because they were of the *truth*.

This law of the neutralizing opposition of similars is so well

recognized in other departments of physics that the opposition it has met in medicine is truly surprising. In the mechanical forces; in the sphere of dynamics, and in the psychic sphere, the same law holds. Is it not surprising, then, that in medicine it has aroused such violent opposition ?

But, comes the query, do any of the later investigations in pathology shed light upon this question ? To this I unhesitatingly answer, Yes, and will call your attention to a few of the confirmatory facts recorded in some of the latest works upon this important department of medicine.

Prof. Roger, in his recently-published 'Introduction to the Study of Medicine,' says : 'The antiseptics, properly so-called, when used in minute doses, have the very curious property of stimulating the activities of microbes ; under their influence the chromogenic bacteria produce a greater quantity of pigment. On increasing the dose of the antiseptic, we see the chromogenic power diminish and disappear ; then vegetations grow slower, cease, and finally the microbe is killed.'

Again, 'A good many of the *chemical substances*, including those known as antiseptics, diminish the resistance of the tissues, and favour the development of microbes. So the tendency is in surgery to substitute, more and more, asepsis for antiseptis.'

According to W. H. Thompson, 'The effect of intravenous injection of peptone differs according to the amount of the substance which is introduced into the circulation ; if less than .02 gm. per kilogram of body weight is added, coagulation of the blood is hastened ; but if more than that amount is added, coagulation is retarded.' A similar peculiarity with regard to their action upon coagulation has been noted by Horne in the case of salts of the alkaline earths. He found that though coagulation does not take place in the absence of a soluble compound of one of these elements, and though the addition of a small quantity hastens coagulation, the addition of a greater amount than .05 per cent retards the onset of coagulation.' Again, it has been noted that, 'though the specific gravity of the blood falls after the injection of a large quantity of normal saline solution into the circulation, it nevertheless rapidly rises again, and does not cease to rise until it has reached a higher level than obtained previous to the injection.'

I might quote at length from the published observations of investigators, who not only had no interest in the demonstration of facts that support the deductions made by Hahnemann, but who really are in active affiliation with those who habitually deride both Hahnemann and his doctrines. Time,



however, forbids; therefore, these few quotations must suffice.

The results noted surely furnish warrant for the belief that educated therapeutists of all schools will ere long recognize in the law of similars a therapeutic law of nature, and in it find, as Hahnemann affirmed, the only available guide to a correct system of curative therapeutics.

The acceptance of the law does not, however, complete our work; many problems still remain unsolved. Among these may be mentioned a more exact definition or delimitation of its sphere of action; the discovery and demonstration of its corollaries, its concordants, and its related modifying forces, if such there be. For, although a law in its sphere is universal, it must, as a law of nature, act in harmony with other related laws.

Much also remains to be done in defining exact lines of demarcation between drugs having very similar pathogeneses; also, in determining some definite principles relative to the subject of efficient minimum dosage. This work can and should be carried on in our hospitals and colleges—but it needs thinkers.

These and other features involved in the development of Hahnemann's discoveries, though secondary in importance to the great central truth, will nevertheless afford brilliant opportunity for research, and practically illimitable scope to the reasoning faculties of the scientific investigator in the field of medicine.

Physiology and pathology are lending efficient aid in solving these and other important questions. To investigators in these departments of medicine, and to the painstaking work of the pharmaceutical chemist, we may confidently look for many a happy solution.

Discussion as to the utility of the single remedy in comparison with the effects of polypharmacy is, and has been, occupying the attention of many therapeutists of the old school. At present, the single-remedy advocates number some of the brightest and most talented prescribers in that school.

The minimum dose remains an unsolved problem, being still in the empirical stage. Hahnemann's rule, *Organon*, §280, 'The doses of all homœopathic remedies, without exception, are to be attenuated to such a degree that after their administration they shall produce an almost imperceptible aggravation,' fails to define quantity or potency, and practically leaves the matter to be determined in accordance with the personal experience and individual judgment of the practitioner.

The subject of infinitesimals still arouses much discussion, though here the believer in the Hahnemann potencies is decidedly on the winning side. Fifty years ago and less, the mass of scientific men laughed to scorn the homœopath who expressed belief in infinitesimals; and even within the last two decades several learned investigators in our own school wrote lengthy essays upon the impossibility of getting curative action from even the twelfth decimal potency. Their argument was based upon the then accepted views of the atomic theory of matter. They argued that, as the atom is the smallest possible division of matter, and as the atom is a unit, simple and indivisible, therefore Hahnemann was wrong in his belief in the higher potencies. In refutation of this argument clinical facts were appealed to; but we were tauntingly told, 'so much the worse for the facts.'

Our learned friends' theses are still fresh in our minds, when behold! Science, that never respects persons or theories, ruthlessly upsets their learned reveries, and tells us that atoms may, indeed, as Dalton claimed, be 'the only rational explanation of the laws of multiple proportion and combining weights;' but other and more recently-investigated phenomena make it probable that the atom 'may in reality be composed of a great number of smaller parts.' J. J. Thomson, from a study of the passage of cathode rays through gases, observed phenomena which led him to ask, 'What are these particles of matter? Are they atoms, or molecules, or matter in a still finer state of subdivision?'

In explanation, Thomson speaks of these very small particles, or primordial atoms into which the molecules of gas are dissociated, as 'corpuscles.'

When we consider that the number of molecules in a cubic centimeter of gas, under normal conditions, may be six thousand million million million, and that each molecule is composed of two or more atoms, and that each atom may be composed of a great number of smaller parts, you may readily perceive that already the division is increasing to quite Hahnemannian proportions. And it doth not yet appear what it shall be.

## AN INVOLUNTARY IDIOSYNCRATIC PROVING OF QUININE.

By BURLEIGH PARKHURST, M.D., Los Angeles, Cal.

My curiosity was first particularly directed to the skin symptoms of quinine by the case which I am about to present and by the fact that my *Materia Medica* gave none of these

symptoms under that drug. On looking up old-school literature I found that they all had more or less complete statements of skin eruptions, which may be summarized as follows: A variety of eruptive phenomena result from the external contact or internal use of cinchona and its preparations; the prevailing form is erythematous, but almost every form of elementary lesion has been observed. In sixty cases Morrow found thirty-eight erythematous, twelve utricularial, five purpuric, and two vesicular and bullous. They were attended with severe itching and frequently followed by desquamation. Exfoliation of the epidermis in large lamellæ, giving a complete cast of the fingers, like a glove, is recorded. In some cases the swelling of the face and the limbs was so marked as to suggest erysipelas. The quinine exanthem derives its chief clinical importance from its close resemblance to the rash of scarlatina.

*American Medicine*, March 15, 1902, published the following: "Stellwagon gives an entertaining account of a most remarkable case of quinine susceptibility in a middle-aged gentleman of robust health. He has had in all about twenty to twenty-five attacks of scarlatinaform erythema, followed by desquamation with more or less itching, and lasting several weeks. It will be interesting to enumerate a few of the mixtures and the doses of quinine compounds sufficient to bring on an attack. In one instance  $\frac{1}{2}$  grain of the elixir of calisaya was sufficient; another time it was a few sips of of the bitter wine of iron. Compound syrup of hypophosphites, though containing only an infinitesimal amount of quinine, produced the usual results. (Please notice the potentization.) On one occasion it was the ubiquitous rhinitis tablet, which contains  $\frac{1}{2}$  gr. of quinine, that temporarily disabled him, and, remarkable as it may seem, on another occasion a tablet containing, among other ingredients, only  $\frac{1}{4}$  gr. of quinine sufficed to bring on another attack. A striking feature of the malady is that the patient feels a flush over the entire surface of the body coming on a few minutes after he has taken the drug, and knows at once that he is in for an attack."

With such a showing from the old school, and considering the general knowledge that quinine will produce a skin eruption, one should turn to our own *Materia Medica*, confident of finding a full and exact description of the pathogenic action of cinchona on the skin. We claim to know more thoroughly the action of drugs on the human system than the old school, through our provings. It is then a matter of some surprise and with no sense of elation that I find the following results from a search for skin provings in our best

known works. I have not been able to look up all our literature, but these which I quote are representatives.

Boericke gives under cinchona : External sensitiveness to touch, but hard pressure relieves. Coldness with much sweat. One hand cold, the other warm. Anasarca. Under chininum sulph. he gives no skin symptoms.

Cowperthwaite : Yellowness of skin, icterus ; under cinchona. But nothing under chininum sulph.

Douglass : Chininum sulph. Cold, pale, moist, shrunken skin. Under cinchona, nothing.

Guernsey's Key-notes : Shriveling of the skin and whitening.

Hering's Condensed : Cinchona : Skin dry, flaccid, yellow. Whole body sensitive, even palms of the hands. Ulcers ichorous, sensitive ; ichor has a putrid smell. Ulcers flat, shallow, copious discharge. Small-pox pustules. No symptoms for chininum sulph.

Hughes' Pharmacodynamics gives no skin symptoms under either drug.

Farrington gives none.

Jahr gives a fuller symptomatology than Hering of the same character, and adds hard, red swelling and erysipelatous swelling of the whole body.

There are three works which give complete provings. Two of them, Allen's Encyclopædia and Hughes' Encyclopædia, are too voluminous for ordinary use, as few doctors' libraries contain them. Burt's *Physiological Materia Medica* has the following, taken from the toxic effect in the workers in quinine laboratories in France : Acne-like, itching eruption, chiefly on thighs and scrotum, though often on the whole body, exuding serous pus and finally forming scabs. When the suppuration attacks the face, great swelling of head, face, and eyelids. Under cinchona he gave the same symptoms as the others.

I shall not quote in full from Allen and Hughes, as there are several pages in each given to skin symptoms of these drugs, but they both give the following, with full descriptions : Erythema and roseola ; petechial eczema ; purpura, and hæmorrhages from the gums ; and Hughes mentions also herpes labialis, macules, papules, nodules, and papules passing into pustules. Vesicles and desquamation, crusts and cracks and urticaria, with violent and intolerable itching. Boils and offensive ulcerations, wheals and local rednesses.

It is evident from the proportionately small space which these eruptions hold in our literature that these effects of the drug occur only in those who are peculiarly sensitive to its action. But that all the provings show symptoms of the skin which differ only in degree from those more marked

manifestations is evidence that the cinchona preparations are truly homœopathic to them, and all our *Materia Medicas* should mention under skin effects the range and character of these symptoms, even if only in a few words.

It would be interesting to consider the effect that sulphur may have in making the lesions of quinine different from those of other forms of the drug.

Let me now offer my case as a contribution to the pathogenesis of *chininum sulph.*

Mr. C., age 46, a college professor; large, strong, healthy, full-blooded man. Took very little quinine in boyhood. Has had both old-school and homœopathic treatment, but has been an adherent of the old school in his adult life.

The unpleasant effects of quinine were first noticed at the age of 29 and have appeared four times since, the only times he has touched the drug. The quantities which have been sufficient to cause the eruption are small. After 1 grain of *cinchonidia* he had an aggravated attack. The dosage of *cinchonidia* is about one-half that of quinine, so that the equivalent of  $\frac{1}{2}$  grain of quinine produced this attack. And the trace of quinine in one tablespoon of somebody's preparation of "Beef, Wine and Iron," supposed to have no quinine in it, gave him what he called a rudimentary attack. This last, by the way, inclined him to look more tolerantly upon our potentization and dosage.

The attack comes on three or four hours after taking the drug, and there is no headache accompanying it. It lasts three days, passing away the third day. There is no eruption, properly speaking. No vesicles, pimples, or blebs, but an even redness, swollen and slightly puffed. Itching is the chief symptom, with burning if it is rubbed. The itching is so severe as to allow practically no sleep the first night and only disturbed sleep the second. He has tried two old-school dermatologists, but never has been able to find any application which would give him an instant's relief.

The parts affected were chiefly the knuckles and, secondarily and slightly, the elbows, knees, and buttocks.

From all this evidence I would suggest that in addition to the icterus, shrivelled, wrinkled skin, and so forth, in our more compact *materia medicas*, there be inserted, under skin symptoms, some such statement as this: Inflammation varying in intensity from scarlatinoid and erysipelatous erythema and urticaria to vesication, pustulation, and purpura; with sensitiveness and intense itching and burning, or both. As antidotes I would suggest bell., apis, rhus. All of which will be found to have a symptomatology corresponding to these, not only locally, but constitutionally.

I should like to read also the following *resumé* of a long paper on "Skin Eruptions in Malaria, with a Report of a Case of Urticaria," which is published in *American Medicine*, March 22nd, 1902, page 464. It seems to me interesting in this connection as a point in relation to the homœopathicity of quinine to malaria, which I have never seen pointed out. The article is by Dr. Reisman, of Philadelphia. Skin changes are by no means infrequent in malaria, but are neither uniform nor constant. The best known and most frequent is herpes, which makes from 30 to 50 per cent of these cases. Old literature contains references to black vesicles and black crusts. Herpes is more common in malaria than any other disease except pneumonia. Next in frequency is urticaria. It is probably rare, however, as a complication of malaria. A patient at Blockly Hospital had an eruption of urticaria which came out over the entire body during the febrile stage of the malarial attack and was characterized by peculiar wheals of yellowish pink colour in huge zig-zaggy patches. As the fever subsided so did the eruption. As he had no quinine before the eruption appeared, it could not be due to that, he says, and quotes H. C. Wood, Jr., as emphasizing the fact that quinine is of itself capable of producing an urticarial eruption. Other skin manifestations in malaria are so rare as to be insignificant, but he enumerates herpes zoster, eczema, numularis, miliaria, sudamina, scarlatiniform erythema, erythema nodosum, œdema, purpura, furunculosis, jaundice, and gangrene. It will be seen that these cover the types which we have found under cinchona. In his summing up, Dr. Reisman says that "in cases of urticaria of obscure origin the blood should be examined for plasmodia. Whether found or not, quinine is worthy of trial."

In view of the skin pathogenesis of quinine, which I have submitted, this statement of Dr. Reisman reads as if he were an unconscious or an unwilling homœopath.—*Pacific Coast Journal of Homœopathy*, Oct., 1902.

### "THE ELEVATOR DISEASE."

A LONDON journal calls attention to what might be termed the "elevator disease." It says it looks as though people with weak hearts had, after all, better climb ten flights of stairs than effect the ascent by means of the elevator. Lift attendants have died sudden deaths! people with weak hearts have noticed ominous sensations when in the elevator. We are told the sudden transition from the heavier air at the foot to the lighter air at the top is

extremely trying to the constitution. Most people have experienced singular sensations of internal collapse when the lift floor sinks beneath the feet, but none suspected that the results might be so serious.—*Timber*, 21st September, 1901.

#### ATROPHY OF THE OPTIC NERVE OF SATURNINE ORIGIN.

THE frequency of lead intoxication in factories for accumulators has been noted by several writers. Guibert reports the following case, in which, in addition to the usual symptoms, there was a superadded bilateral optic nerve atrophy. A 29-year-old male, after working one year in such places, developed lead colic. Treatment relieved him in twelve days' time, and he returned to work, only to have a relapse a few weeks later. Shortly after this a sudden blindness developed, which disappeared in six weeks' time, leaving a diplopia. There was, however, a doubtful history of acquired syphilis some six years previously, without any obtainable hereditary history. The patient was a tall, emaciated, and cachectic male, who exhibited some cutaneous hyperæsthesias. His reflexes were normal, and there was not any blue line on the gums. There was an alternating external strabismus, the patient claiming to see better to the sides than straight ahead. The iris reaction was normal. Vision with the right eye was reduced to the  $\frac{1}{10}$  of normal, and the left vision to  $\frac{1}{15}$  of normal. The visual fields were concentrically contracted, red and yellow perception alone being conserved, and better seen at the field of peripheries. The ophthalmoscope revealed a marked atrophy of the temporal segment of each eye, with an absence of all post-inflammatory signs. Alcohol and tobacco amblyopia could be excluded, as could hysteria and practically syphilis; so that the saturnine origin of the amblyopia seemed the most probable. The author believes that better hygienic conditions should be imposed upon such factories.—*La Clinique Ophthalmol.*, from the *Hahnemannian Monthly*, Oct., 1902.

#### AIR PURIFICATION: A NEW METHOD OF RENDERING BAD AIR BREATHABLE.

OUR attention has been called to a recent article in the *New York Sun*, says the *Illustrated Scientific News*, which throws further light on this subject, as the following extracts show:—

By the merest chance two French doctors, Desgrez and

Bolthayard, have recently made the important discovery that bioxide of sodium will purify and repurify air indefinitely. This means, roughly speaking, the removal of chief obstacles to submarine work and to all other pursuits requiring a constant renewal of air by mechanical means. Its commercial value along many lines can hardly be estimated. To the credit of several mice, forgotten and left to die, the discovery must be credited. In the laboratory of the two chemists the mice had been placed for some experiments in a closed glass globe and then forgotten. In the nature of things the air of the globe should have been soon exhausted and the mice have perished of asphyxiation. Great was the surprise of the two chemists, therefore, when several days later they found the mice still alive, somewhat thin, to be sure, but exhibiting no difficulty in their breathing. Casting about for an explanation of the mystery they decided that a small block of bioxide of sodium which had been left in the globe must have effected the unexpected prolongation of life. They tested the matter.

Rabbits and dogs were shut up with a block of the bioxide of sodium in hermetically-sealed glass receptacles just large enough to hold sufficient air for half an hour or so. After five hours and a half the animals were still breathing regularly and placidly, just as if they were in the open air. Then it was decided to experiment with human subjects. A diver's helmet was constructed with a lining of the bioxide of sodium. The air capacity of the helmet was only about five pints; but the air being purified and oxygenised by the action of the chemical the wearer was able to remain under water for an indefinite period. There was no longer any room for doubt that a discovery had been made which, while of extraordinary simplicity, will be an invaluable aid to progress, and to the comfort of life.

It was shown by experiments that wherever carbonic acid gas is present bioxide of sodium fastens on it. Incidentally, a proportionate quantity of pure oxygen is set free, that is to say, the bioxide of sodium is the most efficient scavenger of vitiated air yet discovered. It needs no preparation of any kind, its mere presence suffices, and it is absolutely insatiable, as long as there is a morsel of the bioxide left, and the tiniest whiff of carbonic acid gas for it to play on, it continues its purifying work. The uses to which the bioxide may be put are endless: it will be used to purify the air in hospitals; mining operations will be rendered much more safe by its use; crowded factory rooms can be kept always full of fresh, sweet air; in theatres, ball-rooms, and places of public meeting people can breathe freely; in schools, children will be brighter and healthier for its presence.



It has been pointed out, also, that the bioxide will dispense with the need of opening windows in winter time. Instead of losing three-quarters of the artificial heat of our rooms through windows opened for ventilation we may, if we like, keep our apartments hermetically closed from November until May, and have a constantly equable temperature, with no fear of sudden chill, the air, none the less, always perfectly pure, and the coal bills cut down.

More interesting still is the suggestion due to the discoveries that bioxide may be used to give people a chance who are buried alive. Dr. Desgrez especially is enthusiastic on this point. He insists that the law should compel the construction of what he calls scientific coffins, spacious enough to give ample turning-over room, having a bell attachment ringing outside, and containing a block of the bioxide.

*Apròpos* of this comes the question as to whether the harm of vitiated air is due to its impurity from a chemical point of view or from the germs which may inhabit it. On this point "an eminent bacteriologist" has given his opinion:—

"Personally, I think bad air is injurious, not so much because of germs it may contain, as on account of its lowering effect on the system. There is the opportunity of evil-disposed germs! Seaside and mountain air act beneficially, not by reason of the germs or otherwise, but because the ozone benefits the system, which is then able to withstand the onslaught of injurious bacteria. It is not, I think, a question of germs, but of carbonic acid gas in bad, and oxygen in good, air, the former of which affects the lungs and the system generally, and favours disease bacilli if they happen to come that way."

Nature's allowance of carbon dioxide, as it is called now, is 4 parts in 10,000. In what would be considered a well-ventilated room it amounts to 50 or 100 per cent more than this; in one ill-ventilated it amounts to enough to poison every breath.—*Invention*, Nov. 15, 1902.

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## OBSERVATIONS ON THE VALUE OF THE MEDICATED GALVANIC CURRENT ON VARIOUS GROWTHS.

By M. O. TERRY, M.D., Utica, N Y.,

Brigadier-General and Ex-Surgeon-General, S.N.Y.

IN the July issue of the *Medical Times* for 1900 there is an article which came from my pen on the resolving effects of the medicated galvanic current on various growths. The treatment suggested was the result of years of observation. Although there was no extensive clinical report supporting

the article, yet the character of the difficulties treated was of such importance to the general practitioner, the electrician, as well as the surgeon, that I have thought it advisable to reimpress it upon the medical profession by bringing it before you in a different way.

The growths referred to include enlargements of the cervical glands, fibroids, subinvolution of the uterus, and goitre. All of these conditions are surgical in the sense that the surgeon is called upon to operate for the relief of these morbid processes. The operations in some instances are dangerous, and in others an unsightly scar remains.

A trial of electricity, as will be described, involves no danger to the patient, as the growths are slow in forming. It requires no great skill; the method of treatment is simple, the element of patience only being necessary.

Cervical enlargements will disappear more rapidly than the other conditions. In the case reported where there were twenty-eight cervical enlargements, only three remained after three months' treatment. A goitrous condition disappears more slowly, it taking from six months to two years to bring about the desired result. This is also true in regard to fibroids and subinvolution of the uterus.

Much has been written of late in respect to prostatic hypertrophy, and quite radical methods have been instituted for the relief of the same. There can be no reason why the galvanic treatment in such cases would not meet with the same satisfaction as in the others mentioned.

As to the method of application, it will depend upon the growth to be treated. The electrodes are medicated in every instance by the use of chloride of ammonia and iodine. No particular attention is given as to the quantity of these remedies, but a drachm of the former with 10 or 15 drops of the latter is sufficiently definite. The strength of the current may be from 50 to 1,000 milliampères. The patient is usually able to state the strength of current agreeable. It can be increased or diminished during a treatment, which may be given for fifteen to twenty minutes.

In treating enlargements of the neck the positive pole is placed posterior to the same with the negative upon the affected parts. The patient can frequently taste the iodine as the current passes.

In the treatment of fibroids of the uterus, where there is a marked hæmorrhagic tendency, the negative pole is placed upon the spine or abdomen; generally the latter. The positive pole is applied by using a uterine electrode into the uterus, the part passing through the vagina being isolated by slipping over the electrode a piece of rubber tubing.

Should hæmorrhages be severe on beginning the treatment it may be given for two or three days in succession; then every five to seven days.

It has been mentioned that a fibroid of nine inches has been reduced to four and one of six to three within a few months and within the past five months a case has been treated by me where the hæmorrhages had been persistent for weeks. They have long since ceased, and the uterus which was six inches in length, reaching up to the umbilicus, is scarcely above its normal position now. The patient, who was an invalid, unable to work, expresses herself as feeling better than she has for months, and is able to resume her normal occupation.

It will be noted that the positive pole is used when hæmorrhages are present, but in case of subinvolution the reverse is the proper treatment, namely, the negative to be placed in the uterus. Later on in the treatment continued resolution will be induced by using both poles upon the abdomen, pressed on either side of the tumour.

If prostatic difficulties were to be treated, the positive pole should be placed upon the spine, the negative upon the perineum. I shall certainly try this treatment at an early period in case I should fail in the use of chloride of ammonium, which I have used for years with marked success in such difficulties, a report of which will be found in the transactions of the State Society. The doses given in such cases are from 8 to 10 grains three times a day.

In conclusion, I am quite sure that the practitioners, surgeons, or electricians who will undertake this method of treatment with perseverance will be as highly gratified with the results which follow as have attended my observations for the last fifteen years or more.—*North American Journal of Homœopathy*, July, 1902; from the *Calcutta Journal of Medicine*, Sept., 1902.

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#### AN EDDY PRAYER AGAINST DYSPEPSIA.

THE following sample of "Christian science" is quoted by Samuel Lloyd Luckey in the *Journal of Physical Therapeutics* from one of the Eddyite publications, *Faith Healing and Christian Science*, by Miss Alice Fielding, p. 214. It is a prayer for a dyspeptic, drawn up by Mr. Hazzard, president of the New York School of Primitive and Practical Christian Sciences. The capitals of the original are followed:—

"Holy Reality! We BELIEVE in Thee that Thou art EVERYWHERE present. We really believe it. Blessed

Reality, we do not pretend to believe, think we believe, believe that we believe. WE BELIEVE. Believing that Thou art everywhere present, we believe that Thou art in the patient's stomach, in every fibre, in every cell, in every atom, that Thou art the sole, only Reality of that stomach. Heavenly, Holy Reality, we will try not to be such hypocrites and infidels every day of our lives as to affirm our faith in Thee and then immediately begin to tell how sick we are, forgetting that Thou art everything and that Thou art not sick, and therefore that nothing in this universe was ever sick, is now sick, or can be sick. Forgive us our sins that we have this day talked about our backaches, that we have told our neighbours that our food hurts us, that we mentioned to a visitor that there was a lump in our stomach, that we have wasted our valuable time, which should have been spent in Thy service, in worrying for fear that our stomach would grow worse, in that we have disobeyed Thy blessed law in thinking that some kind of medicine would help us. We know, Father and Mother of us all, that there is no such a thing as a really diseased stomach; that the disease is the Carnal Mortal Mind given over to the World, the Flesh and the Devil; that the mortal mind is a twist, a distortion, a false attitude, the HARMATIA of Thought. Shining and Glorious Verity, we recognize the great and splendid Fact that the moment we really believe the Truth, Disease ceases to trouble us; that the Truth is that there is no Disease in either real Body or Mind; that in the Mind what seems to be a disease is a False Belief, a Parasite, a hateful Excrescence, and that what happens in the Body is the shadow of the Life in the Soul. Lord, help us to believe that ALL Evil is Utterly Unreal; that it is silly to be sick, absurd to be ailing, wicked to be wailing, atheism and denial of God to say, I am sick. Help us to stoutly affirm with our eyes fixed on Thee, that we have no dyspepsia, that there is no such thing, that there never was any such thing, and that there never will be any such thing. Amen."—*Jour. A.M.A.*—[*Minn. Hom. Magazine.*]—From the *Pacific Coast Journal of Homœopathy*, Oct., 1902.

#### BRITISH HOMŒOPATHIC CONGRESS.

THE Congress will meet this year at Oxford, on Thursday, July 23rd, under the Presidency of Dr. Percy Wilde. Detailed arrangements will be published in due course. We understand that the Congress is expected to be an exceptionally interesting one.

CASES DECLARED INCURABLE BY THE OLD SCHOOL  
CURED BY HOMŒOPATHIC MEDICATION.<sup>1</sup>

DR. KALUSCHKE, Hamburg.

IN the year 1884, induced by particular circumstances, I published some cures which might serve as a demonstration that homœopathic physicians can depend with the greatest confidence on the weapons at their disposal, the only requisite being that their patients themselves and their relatives are possessed of sufficient reason, patience, and perseverance to grant the time necessary.

Since that time I might frequently have related instances, especially cases of a kind that are usually handed over to surgery, and which were cured by strict adherence to our remedies; so that I have gradually become convinced that most operations, with few exceptions, would be unnecessary if the physicians treating them should know how to rightly handle the *simillima*.

The first of these cases concerned a girl, Margarethe Schmidt by name, the daughter of a messenger in a counting-house in Hamburg, who will be ready to answer any question with reference to this case. That girl, then (in the year 1879) eight years of age, had been treated by me for whooping-cough, and almost immediately afterwards for meningitis. The remedies used in treating the case, belladonna and apis, mercurius and hepar sulphuris, had, according to my view at the time, done everything that could be required of them. The girl had so far recovered that I did not consider my visits any more required, and only requested the parents to keep me informed in my office hours so as to continue her treatment. Great was my surprise, therefore, when a few days later the father of the patient came to me, telling me that he believed the girl had become blind. He had first perceived this when the child had passed an object with her hand when she was trying to seize it. Then he held a burning taper before her, and she did not follow the light, though requested to do so. I, of course, first of all, convinced myself by inspection concerning the fact, and I had to acknowledge that it was so. I now endeavoured to make clear to the parents my understanding of the case. It was plain that the meningitis had caused exudations also in the ventricles of the brain; that the absorption of these exudations had only been imperfectly effected, and that a sediment was covering the visual colliculi, and thereby making impossible the action

<sup>1</sup>Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Z.*, October, 1902.

of both the optic nerves. I encouraged them to hope that our remedies would succeed in removing this sediment deposited, and thus to free the visual colliculi and restore the visual power. I trusted, as may be seen, with considerable confidence in the action of our homœopathic remedies, and relied at the same time on the patience and perseverance of the parents. The remedies used were sulphur 30, calcarea carbon. and silicea 30, in methodical sequence, with a pause of five days between the remedies. After several weeks, during which her state had remained unchanged, the father appeared again in my office, telling me that his wife was being overwhelmed by the reproaches of friends, relatives, and neighbours, because they had not gone to an eye-specialist, but stayed their hopes on the effect of such homœopathic "nonentities." I could here again see how our operation is frequently undermined by well-meaning neighbours, relatives, and acquaintances of the parents. I repeated my views to the father, but, of course, left him free to consult an eye-specialist; but I could not help adding that such a specialist, by throwing in light on the retina, would not only be of no use, but would very likely do damage by unnecessarily irritating the retina. The parents then consulted anew, and I received the gratifying request to continue my treatment of the child, after which I continued my treatment without interruption, which was soon turned into epistolary treatment as I removed to Breslau on May 1, 1880. The first account I received in Breslau was that the girl's sight was fully restored, except a slight squint in one of the eyes. Also, this symptom had disappeared at the time the next report was sent to me, and so the cure was complete.

Although nearly as much gratified by this result as the parents, I did not make much mention of it, because I could not help thinking that the blindness might have been avoided by carefully following up my treatment of meningitis. This first case was strikingly recalled to my memory by a second case of the same ailment in 1888.

A farmer, Rechter by name, from Hohenraden near Pinneberg, called on me at Hamburg, giving me the following description of his son's ailment: His boy, when one year old, had been treated by the physician of the district for inflammation of the brain; and after passing through this disease, the lamentable discovery was made that the child was totally blind. The physician had sought to comfort the parents by suggesting that the child might be taken to a blind asylum. He also suggested that they might call on a professor in Kiel, who would doubtless give them the same information. The parents, as soon as practicable, went to Kiel, and received,

of course, from the professor a similar diagnosis. "When the nerve is dead," said he, "it cannot be vivified again." The physician of the district had done well to refer them to a blind asylum. Thus they were politely dismissed. That the father of the child came to me was doubtless owing to the fact that he had met in his district one of my patients, and it was certainly gratifying to me to be able to give him hope of success in view of the case before mentioned. I was then convinced that the same methodical prescribing of the remedy indicated in the various stages of a chronic disease, which I had found useful in osteonecrosis, in polypi, and other very tedious diseases, would also have its use here, so I gave him six powders marked with the numbers one to six. Nos. 1 and 4 contained sulphur 30; Nos. 2 and 5, calcarea carb. 30; and Nos. 3 and 6, hepar sulphuris calc.

Every powder was to be dissolved in a wineglassful of water, and a teaspoonful to be taken four times a day, beginning with No. 1. After one solution was taken, a pause of four to five days was to be made, according as the solution had been used up in two or in three days, so that the sphere of operation of every powder was meant to cover a week, the patient being thus supplied with medicine for six weeks. I had intended to substitute in the next cycle of six powders apis instead of hepar, and later on perhaps also silicea.

But none of these combinations were needed, as the farmer reported after six weeks that the child's sight was restored. At least, it now followed with its eyes the light which he moved hither and thither in order to try it. I was prepared, indeed, for such a result, but was, nevertheless, immeasurably gratified to see my expectations realized. I was especially pleased because the specialists declared this case, and, therefore, all other cases due to the same cause, as incurable; while our medicines which they variously defame either as nonentities or as virulent poisons nevertheless show such striking results. Accordingly I continued the same remedies for another six weeks, and after another such cycle the child had fully recovered its visual powers.

The case caused much excitement in Pinneberg, and I soon afterward had quite a number of eye-cases to treat. I especially remember the case of a young man of twenty-two years, who had also become blind as an infant after inflammation of the brain. His case, however, was not to be regarded as a case of blindness so much as of manifest idiocy. I, of course, could give no hope of cure in such a case and the father did not prosecute it further.

I may yet mention a notable fact connected with the case

of the child given above. The physician who had been treating it had still retained some interest in its case. When he had to acknowledge that his prognosis had miscarried, he used the following remarkable expression: "Well, yes, in eye diseases homœopathy may be able to do something, but in other matters it is of no account." It would have been interesting to have heard an opinion also from the Professor in Kiel if the restored child could have been presented to him, but I had no means of securing this.

I would adduce a third and last case which was also successful. An infant boy, one year old, had also had inflammation of the brain, and had also remained blind, but in addition he was partially paralyzed. The case, I was sorry to find, was not recent, some six months having elapsed since the meningitis. The cure on this account proceeded much more slowly. I may here confess that the father of the child, in a manner, put me to shame, as he showed more patience and perseverance than I. Repeatedly I offered to give up the cure, owing to lack of success, and every time it was the father who encouraged me to at least keep on for one year. In this case the task was manifestly much more complicated, the mass of the exudate to be absorbed greater, and the part that had been inflamed more extensive. The time of one year, for which the father had pleaded, was almost full when, to our great pleasure, a favourable change showed itself, the eyes regaining their visual power, and the paralysis in the sphere of the other nerve disappeared. I had in this case retained the same method as in the former cases, only varying the remedy which was contained in the third and the sixth powders. The boy is at this day a tall and well-formed youth and has ever since then had good health. His name is Förthmaun, and his residence, Appen, near Pinneberg.—*Homœopathic Recorder*, Dec., 1902.

#### POTATO TREATMENT IN DIABETES.

M. MOSSE, professor of the faculty of Toulouse (*The Lancet*, January 4th, 1902), not only supports the theory recently put forward by Dujardin-Beaumetz that of all starchy substances potato is the least harmful to diabetics, but he holds that it is actually beneficial, and constitutes an essential element in the treatment of diabetes. M. Mossé gives potato in place of the ordinary ration of bread, in proportion of three times the weight.

Far from increasing the sugar, the use of potato diminishes its output, and clinical examination of the urine shows that



the carbohydrates of the potato are absorbed and utilized. The results are better in that form of diabetes which is marked by thinness than the fat form. The potato containing weight for weight twice the amount of water that bread does, and nearly the same quantity of potassium salts, a patient taking three times as much by weight of potato as he would of bread, gets six times as much water and three times as much potassium salts, while the starchy matter remains unchanged. Potassium salts are an integral part of the alkaline treatment of diabetes, and the good which they do easily counterbalances the harm done by the ingestion of the starchy matter. Under the potato treatment, the sugar disappears, and the appetite and general health improve.—*American Medicine*, January, 1902.

#### PROFESSOR KOCH ON TYPHOID FEVER.

It used to be said of Dupuytren that his motto in surgical practice was *Faire autrement*. Where the recognized authorities said that a wound should be enlarged, he closed it, and *vice versa*. Professor Koch seems to have taken the same motto for his public deliverances. Scarcely have we recovered from the shock of his famous address at the Tuberculosis Congress, in which he told the world that the precautions previously insisted upon to prevent contamination of milk were useless, than there comes another in the form of a pronouncement that in the prevention of typhoid fever special precautions with regard to drinking water may be dispensed with provided certain others are enforced. An address on the prevention of typhoid fever, delivered by him to the Senate of the Kaiser Wilhelms Academy, has just been published by A. Hirschwald, of Berlin. In this address he urges that the surest method of prevention is that in all places where the disease is endemic every single case should be dealt with by isolation and disinfection of the clothes and excrements. Inasmuch as no other source of typhoid infection exists except the diseased man, he holds that by this method alone, without special precautions as to drinking water, etc., the disease can be stamped out in the foci where it originates, as in the case of cholera and malaria. The only means of preventing typhoid fever from spreading consists, he says, in the complete isolation of the sick, and on these lines he has experimented at Treves so successfully that he was able to stamp it out completely in a group of villages in the neighbourhood notorious for the frequency of its

typhoid cases. Professor Koch suggests that a new institution for the combating of infectious diseases should be founded. We hope as soon as possible to give a fuller account of the address.—*Brit. Med. Journ.*, Jan. 10th.

### ARSENICUM ALBUM.

PROF. R. O. BUTTERFIELD, of the Denver Homœopathic College, furnishes the following case of cure with arsenicum album 3x which presents some points of especial interest:—

A native of East Germany, aged 68, never used tobacco, but has used beer freely up to two years ago.

During the last year he had been morose and fault-finding; wanted to be quiet, but did not like to be alone; noise made the pain in the right side of his head worse; eyes bloodshot, but not especially sensitive to light; face wan and pale, with a tired look.

No appetite; usually vomited food as soon as taken; burning in the stomach with feeling of something heavy in it; a continual desire to drink water, taking only a swallow at a time; has ceased to want beer because it is vomited up; violent retching with the vomiting; soreness over the abdomen, presumably due to the retching.

Burning pain deep in the small of the back; urine scanty and passed with difficulty; always burning during micturition; sometimes he notices a burning all of a sudden and finds a little urine has passed involuntarily.

Pulse rapid and irregular; temperature 101.2.

Patient very weak, and yet he persists in being up days to be with his family. He speaks with difficulty, as if weak and in pain. Feels worse the second half of the night, sleeping only a little, with nightmare; sometimes he thinks the house is burning up.

I saw patient at 9 p.m. April 19th and prescribed arsenicum album 3x, telling his wife to report next morning, which she did at 9 o'clock, saying her husband was feeling better than he had for nearly a year. April 24th she called for more medicine, reporting the patient as feeling stronger and wanting lemon pie and beer. He passed more urine and had but very little burning with it.

CASE 2.—A locomotive engineer, aged 62, had been ill two months. Receiving no help from the railroad surgeon, I was consulted. The last medicine he had taken was very sour and so severe in its effects upon the stomach that he was afraid to take any more.

I found him full of anxiety and apprehension lest he might not get well.

He complained of a dull, heavy pain in the left hypochondrium, which, as he expressed it, "would rise up and shut off his wind whenever he lay down, so he could not sleep." For several weeks he had been unable to sleep even reasonably well; except when he sat upright in a chair. He was fearful that a cancer or other tumour was growing in his stomach and would finally kill him.

He would wander around from place to place, from bed to lounge and chair, and even floor, to get snatches of sleep.

He had no fever; the pulse was slow and laboured, but regular; the bowels were constipated, with swelling and sensitiveness over the epigastrium. His appetite was good and he ate heartily.

To antidote the effects of the medicine he had been taking I gave him *nux 3x*. This was followed by phosphorus and then china, but he received from them only a little relief.

The mental and gastric symptoms, as well as his inability to lie down, and also the disposition to wander from place to place to get ease and sleep, were all characteristic indications for arsenicum album, which was given in the third decimal, and he at once began to improve. "He slept like a baby" the first night and continued to improve under the remedy.

After using the arsenicum two days a diarrhœa with black, tarry stools set in, thus confirming the diagnosis of catarrh of the bile ducts. Some *leptandra 1x* was also given. Under these remedies he is rapidly improving and bids fair to soon be quite well.

The above cures were both effected with small doses of a common remedy on strict homœopathic principles. When such grave conditions can be speedily relieved and quickly cured with doses too small to work any possible harm, how can the genuine physician refrain from becoming enthusiastic for homœopathy?—*The Critique*, quoted from the *Homœopathic Envoy*, July, 1902.

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#### DRS. GOODHART AND STILL ON MERCURY IN DIARRHŒA.

IN the seventh edition of a work on "The Diseases of Children," by Drs. Goodhart and Still, when advising the treatment of congenital syphilis by mercury, the authors say: "In case of diarrhœa the solution of the perchloride of the *British Pharmacopœia* may be given; infants take it well in doses of 1 to 3 minims, which may be gradually increased if necessary."

### THE EFFECT OF RE-VACCINATION DURING PREGNANCY ON THE CHILD.

A NUMBER of correspondents have recently quoted examples of interesting cases which go to prove that, in some instances, the re-vaccination of a pregnant woman may render the infant temporarily insusceptible to vaccination after birth. The subject, which is one of both practical and theoretical interest, has been discussed by Dr. J. W. Ballantyne in the first volume of his *Manual of Antenatal Pathology and Hygiene*, published early this year. Dr. Ballantyne states that statistics prove that while the infants in such cases are not invariably refractory to subsequent vaccination, the immune percentage is larger than can be accounted for by idiosyncrasy or accidental causes; the proportion has been variously placed, he states, at from 32 to 80 per cent, and he concludes that it will be safe to assume that one fœtus in three is protected by the vaccination of the mother in the second half of pregnancy. It is true, he says, that an infant has never been born carrying a vaccination pustule upon the skin as the result of the vaccination of the mother, but similarly an infant has never been born with the primary sore of syphilis upon its genital organs; the point of contact of mother and fœtus is in the placenta and not on the foetal cutaneous surface, so that if a vaccination mark occurred in antenatal life it would have to be looked for in the placenta. As to how the protection is brought about there are two theories: the one that there is a direct transmission of an antitoxin elaborated in the maternal tissues to the fœtus; the other, to which Dr. Ballantyne inclines, that the immunizing agent passes to the fœtus and acts upon its tissues and fluids, and that these elaborate the antitoxin. Dr. Ballantyne holds that the evidence proves that the protection afforded to the fœtus by the vaccination of the mother during pregnancy does not last long, probably not more than six months, and this view appears to be confirmed by some of the new cases recently published in our columns. The immunity is thus, as has been pointed out by Bar, Béclere, and others, comparable rather to the protection produced by immunizing serums than to that conferred upon the infant after birth by arm vaccination. The practical conclusion which Dr. Ballantyne draws, and which is confirmed by the recent correspondence, is that it is necessary to vaccinate all newborn infants, whether their mothers have been vaccinated or re-vaccinated during pregnancy or not, and further, that in the presence of an epidemic of small-pox it will be wise to re-vaccinate a pregnant woman for the sake of her unborn infant, even if not for her own. Dr. Ballantyne also deals

with another curious point. It appears that there is some evidence that the infant of a woman who has been re-vaccinated during pregnancy without success, owing presumably to earlier successful vaccination, may yet be born with a certain degree of immunity. Piéry even found that of forty-four women who were insusceptible to re-vaccination no fewer than thirty-one gave birth to infants refractory to vaccination.—*Brit. Med. Jour.*, Dec. 27, 1902.

### HOMŒOPATHY IN SEA-SICKNESS.

MAL de mer is an erratic equation. Of our sixty-five first-cabin passengers perhaps not more than a dozen escaped. I was number eleven. Not a qualm disturbed my peaceful diaphragm. Forty-two meals on board and not one missed is a satisfying record. But enough were sea-sick to give seven physicians a chance to try their prowess. The old school men relied upon bromo seltzer and codeia, with varying success. My experience covered fifteen cases. Cocculus was most helpful when the patient was "O! so sick!" and couldn't move; vertigo, faintness, extreme nausea, and deathly paleness completed the picture. A single tablet of sixth decimal gave prompt relief in nearly all such cases. Only three times was it necessary to repeat the dose for a single occurrence, though it was necessary to re-exhibit the remedy in an occasional case upon the rolling of a heavier sea.

Ipecac. was helpful in those in whom emesis occurred easily, giving prompt relief in several such.

Glonoinum, sixth, did excellent service for two patients with whom violent headache took the place of gastric disturbance. These cases are said to be quite common. Petroleum was prescribed for one case of diarrhœa of mal de mer, relieving promptly; bryonia was given to a man who was "dreadfully constipated" and who was nauseated upon moving about, and apomorphia, third, one tablet, made a homœopath of a lady who had failed to obtain relief from old school treatment and from cocculus previously administered.

From this and previous experience on the Atlantic I am quite satisfied that sea-sickness may be prescribed for successfully if the cases be individualized, and that specifics, combination prescriptions, and routine remedies are of no more use here than elsewhere. It is the patient and his personal manifestations of the malady which are to be treated, every time, if success is to be expected. Doubtless there are

aggravated cases which resist the usual remedies ; but it cannot be gainsaid that homœopathy is very efficient in sea-sickness and has robbed the sea of much of this particular terror.—*C. E. Fisher, M.D., Medical Century* ; quoted from the *Homœopathic Envoy*, July, 1902.

#### DIETETIC PREPARATIONS.

##### KEEN, ROBINSON, AND CO.'S PATENT BARLEY.

THE use of barley-water with milk as a food for infants, and a valuable diluent and nourishing food for invalids who cannot take solids, is well-known to the profession. In prescribing barley-water, we are often asked what is the best barley to use, and there is little doubt that Robinson's Prepared, or Patent Barley is better for the purpose than Pearl barley. The firm have an advertisement on our cover, in the form of "an open letter to the profession," in which this is stated, and we believe, correctly stated. Pearl barley of course, does well enough, but there is barley-water and barley-water, and we feel sure that our colleagues will find that Robinson's Patent Barley is the best for the purpose. We observe that the *Daily Telegraph* notices the preparation as follows :—

"Dr. Pye H. Chavasse and other physicians having prescribed Robinson's Patent Barley with which to dilute milk for infants' food, it has been used in the Royal nurseries of this country and on the Continent, many of the Royal children owing their stamina to this preparation. Messrs. Keen, Robinson, and Co.'s Royal appointments commence with that of King William IV., and include that to our present King."

#### OBITUARY.

##### TIMOTHY FIELD ALLEN, A.M., M.D., LL.D., OF NEW YORK.

It is with the greatest regret that we have to record another great loss to the profession and to the cause of homœopathy in the death of Dr. T. F. Allen, whose name, as the author of the *Encyclopædia of Pure Materia Medica*, is world wide. We cannot do greater justice to his memory than by extracting the following from the pen of Dr. Charles Deady, from the *Homœopathic Eye, Ear, and Throat Journal* of January (New York) :—

“In the death of our great teacher homœopathy throughout the world sustains an almost irreparable loss. His entire life was devoted to her interests. Wherever the battle was fiercest, he was found on the firing line, and he waged the contest with the relentless energy which was characteristic of the man. When he espoused her cause she was weak and tottering; he leaves her strong in the number of her adherents, able in the quality of her defenders, and powerful in the colleges and hospitals dedicated to her service. Among her champions none was abler, better equipped, more enthusiastic, or more tireless. Broadly cultured, intellectually keen as a blade, and of the strictest integrity, he inspired universal admiration and respect, and his death will carry sorrow wherever homœopathy is known.

Words cannot add to his fame; it rests securely on his achievements. We shall see him no more, but he leaves to us the precious heritage of his works, through which ‘he, being dead, yet speaketh.’

Timothy Field Allen, A.M., M.D., LL.D., was born in Westminster, Vermont, April 24th, 1837. His father, Dr. David Allen, was a leading physician of that State; his mother, Eliza Graves Allen, belonged to an old New England family.

He was educated at Amherst College, graduating in 1858, and receiving the degree of A.M. in 1861. His medical training was obtained in the medical department of the New York University, from which he graduated in 1861, when he entered the United States army as acting assistant surgeon, and saw active service under Surgeon Wagner, U.S.A., at Point Lookout. Upon his return to private life he formed a partnership with Carroll Dunham, at 68, East 12th Street, New York. He was at once successful, and soon took the leading position which he retained throughout his life.

Receiving the appointment of Professor of Chemistry in the New York Medical College for Women, he filled the chair with credit, and was soon called to the teaching staff of the New York Homœopathic Medical College and Hospital as Professor of Anatomy. His ability as a teacher and his special interest in the study of drugs were early recognized, and he was subsequently made Professor of *Materia Medica* and Therapeutics and Director of the Laboratory of Experimental Pharmacology. This was the foundation of the great work which was to give him world-wide fame. He laboured incessantly, carefully, and thoroughly, and his works are a monument to the cause he represented and a most invaluable contribution to scientific medicine.

In 1874 he published the first volume of *The Encyclopædia of Pure Materia Medica*, and this magnificent work in ten volumes of about 650 pages each was completed in five years. This was followed by *A General Symptom Register of the Homœopathic Materia Medica*, *A Handbook of Materia Medica and Homœopathic Therapeutics*, both large volumes of over 1,200 pages; a revised edition of *Bœnninghausen's Therapeutic Pocket-book*, and almost innumerable smaller contributions upon this and allied subjects.

In the year 1867 the Board of Directors of the New York Ophthalmic Hospital, which up to that time had been an allopathic institution, decided to use homœopathic treatment instead, and Dr. C. Th. Liebold and Dr. T. F. Allen were the first homœopathic surgeons of the hospital. Here a new field opened to the young practitioner, and with characteristic energy he began to fit himself for it. At that time there was absolutely no guide in prescribing, but the general works on *Materia Medica*; no monographs on eye and ear diseases; no clinical experience in these lines. Dr. Allen began by carefully taking *all* the symptoms throughout the body and prescribing for them as accurately as possible. The eye symptoms which disappeared under the action of a given drug were noted and checked, and when these symptoms had been verified many times they were considered as characteristic of that drug. In this laborious, but thorough manner he proceeded until a large amount of useful material had been gathered, when it was published under the title of *Ophthalmic Therapeutics*, by Allen and Norton, the latter in recognition of the assistance rendered in its preparation by the late Geo. S. Norton.

This unique publication proved so useful to the profession that the first edition was soon exhausted and a second edition was issued, which was revised and amplified by Dr. Geo. S. Norton and appeared under the title of *Norton's Ophthalmic Therapeutics*. This stands to-day as the ablest exposition of homœopathic therapeutics as related to diseases of the eye and its appendages.

In his capacity as surgeon of the New York Ophthalmic Hospital, Dr. Allen made a thorough study of medicine and surgery as related to ocular affections, and soon became so expert in both branches that he was universally recognized as an oculist of conspicuous ability.

In the year 1872 he was elected a member of the Board of Directors of the New York Ophthalmic Hospital, and at this time he rendered a most important service to the hospital. It was during this year that Mrs. Emma A. Keep endowed the hospital with \$100,000, and it was entirely through the



influence of Dr. Allen that the lady was induced to make this munificent donation. Seven years later he was again able to render the hospital a signal service. In 1879 a bill was introduced in the Legislature of the State of New York conferring upon the Board of Directors of the institution the power to grant the degree of "Oculi et Auris Chirurgus" (Surgeon of the Eye and Ear) to properly qualified candidates. This measure was strongly antagonized by the dominant school, and it was mainly through the instrumentality of Dr. Allen that it was successfully passed and signed by the Governor of the State.

In 1894 Mr. Thos. C. Smith, after a service of twenty-five years as president of the hospital, tendered his resignation, and Dr. Allen was elected to the position, which he occupied at the time of his death. During all these years he remained actively engaged in the service of the New York Homœopathic Medical College and Hospital. Throughout his life he was its senior professor in the Department of Materia Medica and Therapeutics, and his name and great reputation contributed largely to the success of the institution. He was for ten years dean of the faculty, and succeeded the late Judge Cowing as president of the Board of Trustees. Here also he gave not only constant, faithful, and efficient labour as teacher and administrator, but also rendered great material assistance. It was by his advice and through his personal efforts that the late Hon. R. P. Flower and his family contributed over \$300,000 for college uses, placing the college on a good financial footing and making possible the Flower Medical and Surgical Hospitals, which, in addition to the great aid extended to the suffering poor, have enabled the student to obtain his knowledge at the bedside of the patient, and thus have immensely enhanced the value of the college work.

For forty years Dr. Allen was a student of botany, and he was a recognized authority on the characeæ or 'Brittle Worts.' His collection of over 5,000 of these plants, presented to the New York Botanical Garden, is the finest in the United States, if not in the world.

He was a charter member of the New York Botanical Garden and a member of its Board of Managers, and was for many years president of the Torrey Botanical Club, of New York City. He was also a Fellow of the American Association for the Advancement of Science and of the New York Academy of Science. As far back as 1876 he was president of the Homœopathic Medical Society of the State of New York, and later was a senior of the American Institute of Homœopathy, and its president in 1885.

Professor Allen was a fine musician and an accomplished organist. A large church organ was erected in his private residence for his recreation, and he had a considerable reputation as a performer on the instrument.

The keynote to the life of Timothy Field Allen was work, hard, unremitting work: possessing the wiry New England constitution and temperament, he never tired and never wasted time. His fine intellect, broad education, and rare ability to utilize every moment made it possible for him to conduct a very large private practice, and at the same time render public services, which alone would fill the life of any ordinary man. In spite of advancing years his industry never flagged until that day in October, 1901, when apoplexy and subsequent paralysis dulled the busy brain, bound the willing hands, wrote 'It is finished' on the page and sealed his life work. He lived on for more than a year, until on December 5th, 1902,

"He gave his honors to the world again  
His blessed part to Heaven and slept in peace."

## CORRESPONDENCE.

### A LAST WORD ON THE SCHEMA:

By DR. DUDGEON.

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

DEAR SIRS,—If, as Dr. Proctor says, "our provings are contributory to one end—that is, to build up a single portrait of the medicinal disease," that might be a kind of justification of the schema form of presenting the provings. Were a medicine the remedy for only one disease, it would be right that its pathogenesis should be the medicinal portrait of that disease only. But do the provings of any well-proven medicines allow us to make of them a single portrait of the medicinal disease? Take the pathogenesis of any well-proved medicine, bryonia for instance; is there any "underlying unity" manifested here that would enable us to build up a single portrait which we could point to as the bryonia disease? Look at the individual provings of the drug in the *Cyclopædia of Drug Pathogenesy*. While some provers got what may be called the bryonia dyspepsia disease, others got the bryonia muscular rheumatism disease, others again the bryonia arthritic rheumatism disease, others the bryonia pleurisy, others again the bryonia pneumonia, and so on. Of course as provings are seldom

pushed to a dangerous extent, most of these bryonic diseases are not "full and finished portraits of the drug disease," but mere sketches, though unmistakable likenesses of the disease, and in several of the cases the actual disease hinted at by the prover was displayed in the *post-mortem* examination of animals poisoned to death by the drug. That the proving displays the similia of several altogether different maladies is shown by the fact that the homœopathic practitioner employs the medicine for the cure of these maladies when he meets with them in practice. Thus he selects it for analogous cases of dyspepsia, for rheumatic, typhoid and relapsing fever, for pleurisy, pneumonia, synovitis, meningitis, hepatitis, and many other diseases of which he finds more or less distinct hints in the pathogenesis of the drug. It would not assist us in the study of natural diseases were the symptoms of dyspepsia, rheumatism, pleurisy, pneumonia, etc., to be presented to us in our works on Practice of Medicine in the schema form, nor can I imagine that the study or even recognition of medicinal disease is facilitated by this arrangement. As a kind of rude repertory of the drug-proving the schema may have its very limited use; but on the whole I think it is a misfortune that it was ever adopted as a mode of presenting the members of the materia medica. Analogies are not as a rule expected to "run on all fours," but I think my analogy of the "family picture," with its dissevered and disarranged features is not a bad illustration of the defects of the schematic materia medica. Dr. Proctor, after quoting my "family picture" illustration, says: "For a length of time after reading this in the 'Lectures,' I accepted the grotesque picture, etc." Well, the passage does look rather grotesque as Dr. Proctor gives it, because it contains an error ("noses" in place of "mouths") showing that the passage has been taken from Hughes's book, where the error occurs, and not directly from my "Lectures," where the error is not to be found. This shows the advantage of going to the original for our quotations.

Yours faithfully,

R. E. DUDGEON.

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### DR. HAYWARD'S CIRCULAR LETTER.

#### A PERSONAL EXPLANATION.

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

DEAR SIRS,—Since our last Congress we have been favoured with *The Principles and Practice of Homœopathy*, by our highly esteemed teacher the late Dr. Hughes, in which, referring

to the two branches of the profession, he writes, "The time has come for serious endeavours to heal the breaches and terminate the schism."

On reading this passage and remembering that at our last congress one of the discussions went strongly in praise of pathology and disparagement of symptoms as indications for the selection of medicines in the treatment of disease, I addressed to our colleagues four questions for their thoughtful consideration. One object I had in view was that our views on the matter in the twentieth century might be put on record in the published proceedings of congress. This asking of these questions greatly offended the editors of our two journals. I am not sorry for this, because it has provoked them to write some of the best editorials that have appeared in their journals for a long time; and these have re-stated very plainly, comprehensively, and definitely the place and purposes of homœopathy, and the views and determination of those who practice under the guidance of the law of similars.

The questions were purposely so worded as to conceal my own views and to elicit or provoke the unbiassed opinions of those to whom they were addressed; and they have succeeded well in doing so. Very nearly all our colleagues have been kind enough to favour me with a reply; many indeed with an elaborate explanation of their views on homœopathy and its position and purposes. These replies cannot but be of the utmost value both to homœopathy and to the writers themselves. They have demonstrated anew what was of course already well known amongst ourselves, *viz.*, that there is no falling away from homœopathy, nor any hankering after return to old school ways, as is asserted by our old-school *confreres*, and as might have been inferred from the discussion I have referred to, but on the contrary, that every practitioner who has studied the homœopathic action of medicines, and who practices in accordance therewith, is thoroughly convinced that the morbid symptoms producible in the human body by drugs are the very best indications for the use of those same drugs for the rectifying of morbid states indicated by those symptoms, when otherwise occurring in the human body: in other words, that of the three curative actions of medicines—the antipathic, the isopathic, and the homœopathic—the homœopathic is by far the most generally applicable in practice, the other two being only very occasionally applicable; that is, that "*similia similibus*" expresses the principal curative relationship established by nature between medicines and disease.

The replies have also demonstrated that these practitioners are resolutely determined to continue using medicines in

accordance with this law, notwithstanding the opposition, ostracism and persecution meted out to them by our old-school *confères* for so doing.

Most of them, however, entertain an ardent hope that in the light of the recent discoveries of science, of the results obtained by homœopathic practitioners in the treatment of diseases, and of the frequent use of homœopathically indicated medicines by old-school practitioners, not only will ostracism and persecution soon cease, but that our old-school *confères* will relent and re-open to us the privileges of our profession. Most are willing to welcome overtures in this direction, and many to make considerable concessions; indeed, for the sake of amity and good fellowship they are willing to make almost any concession that is compatible with principle and with loyalty to truth and truthful conviction. These are in truth the sentiments of most homœopathic practitioners.

These sentiments must not, however, be mistaken for evidences of that impatience under persecution which makes cowards of weak minds; or of impatience under exclusion from local hospital and infirmary, and from naval, military, and other government appointments which being homœopaths imposes upon us. These impositions we have borne so long that we have become used to them, and have not the slightest intention of appealing for relief from them. If there are amongst us any who have a lingering liking for old-school ways, traditions, and palliatives, they are extremely few, and they must be those who read the *British Medical Journal*, or the *Lancet*, more than they do the *Cyclopædia of Drug Pathogenesis*; or who are somewhat fascinated with the puffs and blandishments of manufacturing chemists, such as Burroughs, Wellcome & Co., who so frequently annoy us with samples of their tabloid imitations of our medicines; or they are those who are too much exposed to the influences of old-school and too little of new-school surroundings; who are deprived of contact with their homœopathic colleagues, in consequence of being scattered over the country as isolated practitioners thrown out of touch with homœopathic *confères* and homœopathic surroundings. Environment is indeed one of nature's conditions of nourishment, growth and vigour, not only in the natural world, but no less so in the moral, religious, and medical worlds. It is not only that "a man is known by the company he keeps," but his character is moulded and his principles are fostered or destroyed by it. And it is as useless to hope for the truth in medicine to flourish under the opposition of the old-school without suitable environment, as it is to hope for morality and religion to flourish in the face of the temptations of the

world without the usual sabbath day and other such-like meetings, services, and exhortations. Let us therefore as custodians of the truth in medicine "not forsake the assembling of ourselves together," but have frequent meetings amongst ourselves, and attend the meetings of our societies and congresses; indeed, let us take every opportunity of meeting, exhorting, encouraging, and strengthening one another in the truth bequeathed to us by our great teacher, the illustrious Hahnemann, *par excellence* the friend of humanity and benefactor of the human race.

Yours, etc.,

J. W. HAYWARD.

As Dr. Hayward sent his "circular" on his own initiative and responsibility, the proper course for him to pursue, in our opinion, if he wished to make a "personal explanation," would have been to send a copy of it to each colleague to whom he had sent the circular. Although we were not favoured with one till nearly three weeks after it had been in circulation, we were neither offended at this, nor at the circular. We were only much astonished to find such a letter emanating from Dr. Hayward of all people, and whatever the aim in writing was, to observe, in our opinion, such an unexpected want of judgment. We considered that the issue of such a circular was fitted to do a vast deal of damage to homœopathy, and we therefore considered that the best way to minimize its evil results was to take no direct notice of it in the *Review*. And to carry out this object, we should have felt ourselves justified in declining to publish the above "personal explanation." But having regard to Dr. Hayward's standing in the profession, his long record of valuable work, and the merited esteem in which he is held by all of his colleagues, we have pleasure in acceding to his request to print his letter, especially as he does not repeat the questions in his "circular," but only alludes to them. No one therefore who has not seen the circular will be much the wiser, and so not much harm will be done by this concession on our part.

EDS. M. H. R.

### HUGHES' MEMORIAL FUND.

BURLINGTON HOUSE, BROMLEY,  
KENT.

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

Jan. 19th, 1903.

DEAR SIRS,—The committee of the "Dr. Hughes' Memorial Fund" having now brought their work to an end, I have

the pleasure of enclosing a copy of the circular, which will be sent to all subscribers, describing the arrangements made for disposing of the Fund. At the request of the committee I have consented to be the first trustee representing the British Homœopathic Society. At the time of writing my colleague, to be appointed by Dr. Hughes' family, has not yet been chosen.

I am, dear Sirs, yours faithfully,

ED. M. MADDEN.

*The Hughes Memorial Fund.*

BRITISH HOMŒOPATHIC SOCIETY,

LONDON,

January, 1903.

DEAR SIR,—I am desired by my Committee to inform you of the results of our work, which are as follows:—

The total sum collected is as nearly as possible £800, including subscriptions from medical colleagues in America and France, and private friends and patients of Dr. Hughes in Brighton.

It has been decided to deal with this sum in the following manner:—

(1). Two Trustees are to be appointed, one of whom shall always be a fellow or member of the British Homœopathic Society, and the other chosen by the family of the late Dr. Hughes.

(2). The money will be invested in the names of the Trustees, and the income paid during their lives to Mrs. and Miss Hughes or the survivor of them, or until voluntarily surrendered by them or her.

(3). The Trustees shall have power to pay to Mrs. or Miss Hughes, out of capital, such sums as they may in writing request for, in order to meet any special need, not exceeding on the whole the sum of £300.

(4). And when the fund, or the balance remaining of it, ultimately comes into the possession of the Trustees for the perpetuation of Dr. Hughes' name in connection with homœopathy, the income thereof will be devoted to the development of the Homœopathic Materia Medica in whatever manner (that is to say by Scholarship, Lectureship, or otherwise), the Trustees, in consultation with the then existing Council of the British Homœopathic Society, may deem the best.

I remain, dear Sir, yours faithfully,

EDWD. M. MADDEN,

*Secretary to the Hughes Memorial Fund Committee  
of the British Homœopathic Society.*

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from—Drs. DUDGEON, GOLDSBROUGH, BLACKLEY (London); Messrs. WILLIAMS AND MCKENZIE (Brighton); Dr. J. W. HAYWARD (Liverpool); Dr. CLIFTON (Leicester); Messrs. G. STREET & Co. (London); Dr. CLARKE (London); Dr. K. SIRCAR (Calcutta).

## BOOKS RECEIVED.

*A Text-Book of Clinical Medicine.* By Clarence Bartlett, M.D. Philadelphia: Boericke & Tafel, 1903. *Reflections on the Treatment of Pneumonia.* By W. H. Hamilton, M.D. Toronto: Homœopathic Publishing Co., 1902. *Stepping Stones to Neurology.* By E. R. McLINTYER, M.D. Philadelphia: Boericke & Tafel, 1903. *The Homœopathic World*, Jan. *The Journal of the British Homœopathic Society and Supplement*, Jan. *The Therapist*, Jan. *The Vaccination Enquirer*, Jan. *The Calcutta Journal of Medicine*, Nov. *The Homœopathic Recorder*, Dec. *The Homœopathic Eye, Ear, and Throat Journal*, New York, Jan. *The Hahnemannian Monthly*, Jan. *The Medical Times*, New York, Jan. *The Pacific Coast Journal of Homœopathy*, Dec. *The Cleveland Medical and Surgical Reporter*, Nov. and Dec. *The Clinique*, Dec. *The Medical Century*, Jan. *The Minneapolis Homœopathic Magazine*, Nov. *The Homœopathic Envoy*, Jan. *The Medical Brief*, Jan. *Allgemeine Homiopathische Zeitung*, Dec. and Jan. *Homœopatisch Maandblad*, Dec. *Rivista Homœopatica Catalana*, Jan. *Le Mois Medico-Chirurgical*, Nov. and Dec. *Révue Homœopathique Française*, Dec.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, Limited, 59, Moorgate Street, E.C.



THE MONTHLY  
HOMŒOPATHIC REVIEW.

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CAN TRUE TYPHOID FEVER BE ABORTED ?

THIS question must again come to the front, not only as a question of immense interest and importance in itself, but as bearing on the therapeutical powers of *baptisia*. For the information of the younger generation of homœopathic doctors we may sketch the evolution of opinion on the subject, and as perhaps refreshing the memory of our senior colleagues. *Baptisia* was first brought to the notice of our school in 1857, when from the United States, where the plant grows, reports came of its remarkable curative power in typhoid, gastric, and other forms of fever. On the strength of these statements, and of provings of the drug carried out carefully by several American physicians, provings which developed such a species of fever with marked involvement of the gastrointestinal tract, and prostration, as to render its homœopathicity to the well-known symptoms of typhoid as clear as possible, a number of cases of typhoid were treated in this country and in America most successfully. Not only was it found that the drug so modified the disease that it ran its course in a comparatively, or rather markedly, mild form, but quite a number of cases which appeared to be examples of true typhoid were cut short

or aborted, the fever and its concomitant symptoms subsiding in about half the usual time of the ordinary course of the disease, and sometimes even earlier. In short, it seemed to be proved that in baptisia our school had a remedy which could actually accomplish the feat of aborting true typhoid. Of course, a considerable number of cases occurred where (though under baptisia the severity of the illness was much mitigated) the disease yet ran its normal course in duration. In 1872, at the Annual Homœopathic Congress at York, our late lamented colleague, DR. HUGHES, read a most interesting paper on "The place and value of Baptisia in Typhoid Fever," going over all the details of the cases recorded up to that time of its use in this disease, analysing them, and coming to the conclusion that baptisia was of great value in cases of typhoid fever in general, and also that, in his opinion, from all the evidence, it had the power of actually cutting short the fever and bringing about the convalescence in about half the usual time. Into these details we have not space to enter here, but we refer our readers to the paper, which will be found in the *Monthly Homœopathic Review* for 1872, and it is well worth studying. Other cases were recorded of similar results subsequently.

But after a time the orthodox view that typhoid fever, being produced by a specific poison, and having a definite and well-known course and duration, could not be true typhoid otherwise, seems to have laid hold on DR. HUGHES' mind and that of many others of our school. The result of this change of view, which seemed to many to be the true and scientific view to take, was that the cases recorded as those of typhoid, and which, clinically, were indistinguishable from the true disease, could not, after all, have been so, and that they were cases of some other fever—not typhoid—and which were put down as "gastric." This view has been practically accepted by the majority, and the interesting and important question of whether true typhoid can be aborted by baptisia has for long ceased to be mooted. But those of us who *saw* cases of unmistakeable typhoid cut short by baptisia have never been convinced that they were not correct in their observations, and consequently they still believe that typhoid can actually be aborted by baptisia. It is, of course, very difficult to *prove* that a case having all the symptoms of typhoid, and which

would certainly have been diagnosed as such by any physician seeing the case, but which got well in half the time, the temperature falling in some marked cases as early as the eighth or ninth day, was really a case of true typhoid; and so those accepting the orthodox view simply take the position which our opponents of the old school are so fond of assuming, and say, "It can't be true, therefore it is not." It is not argued by the supporters of the abortive belief that baptisia is such a specific in typhoid as to abort all cases; we know it is not, and it was never maintained that it is. But the point they hold to, the moot point, is that in a certain number of cases it *has* the power to abort the disease, and does do so. A large amount of negative evidence is not of any value as against even comparatively few cases of positive evidence, and yet orthodox views are allowed to ignore such positive evidence, and put down such cases as examples of some other fever, whatever they are called—"gastric" or otherwise, but not typhoid.

It is curious that DR. HUGHES, after changing his views, and in his last work, "The Principles and Practice of Homœopathy," just finished before his lamented death, after discussing the question and stating his conclusions, should put a footnote as follows: "In vol. xxvi, *Monthly Homœopathic Review*, at p. 203, Dr. Dyce Brown relates three cases of unmistakable typhoid in which, under baptisia, the temperature became normal between the eighth and thirteenth day. In two a relapse, readily accounted for, occurred, and then the fever ran its course; but in the third there was no subsequent elevation of temperature" (p. 235). These three cases, which even DR. HUGHES admits were "unmistakable" cases of typhoid, and in which everyone must agree with him, he calmly sets aside, as they will not tally with his views. Even three "unmistakable" cases prove the point, namely, that true typhoid can be aborted, and that baptisia can do it. Cases of failure to abort the disease simply prove that baptisia is not, what no one asserts, a specific for all cases of typhoid, and that the cases where the disease was aborted are the exception and not the rule. But that is not the question, which is, "Can typhoid be aborted at all?" And we suggest that it can, with the evidence of even three cases only. Our resting the claim on only three cases is for the sake of argument, but other cases have occurred and been recorded.

This important question, then, we consider, ought to be re-investigated and decided as far as possible. We all know that many are exposed to the risk of typhoid and do not take it, and we conceive that there is nothing unscientific in supposing that the poison may take hold of certain persons in such a manner, probably owing to their previous good health and constitution, as to be capable of being checked in its full development by therapeutic measures.

We bring this question forward at the present time, after having allowed it for so long to remain in abeyance, as we find that the same desire to have it re-opened is held by the editor of *The Medical Times* of New York. In an editorial article in the issue for January of this year we find the case thus stated. It is headed "Abortive Typhoid," and we reprint it entire:—

#### ABORTIVE TYPHOID.

"Cases of fever showing a gradual daily exacerbation, with morning diminution, but not to the normal point, and closely resembling in their general symptomatology true typhoid ever, but defervescing within a week or ten days, are of comparatively frequent occurrence, and they are especially noted at seasons when genuine typhoid is prevalent. A generation ago such cases were usually termed abortive typhoid, and many practitioners went so far as to speak of 'breaking up' typhoid, or aborting a threatened attack. For some years it has been generally taught that this conception and the claims based upon it are entirely false, and that from the beginning a fever either is or is not typhoid, and that a typhoid infection must inevitably manifest itself by a more or less typical course of at least three or four weeks.

"So long as the definition of typhoid depended upon the description of its clinical course this attitude was eminently proper, and the modern teaching has done much to dissipate the claims of the medical charlatan, outside or inside the regular fold. In the light of still more recent pathologic and bacteriologic research we believe that the question should be re-opened, not with the view of supporting or disproving claims of superior medical skill, but as a matter of abstract scientific knowledge, and of practical sanitary and diagnostic deductions.

"Not to present a personal conviction, but for convenience

in suggesting a line of scientific investigation, we will cite certain *a priori* arguments in favour of the existence of 'abortive typhoid.' First, and most important of all, it is scarcely logical to insist that a given specific infection must be characterized by a nearly definite clinical course, either in point of time or intensity. This point is particularly well taken as regards a disease of considerable duration. We may well be sceptic when an infection, ordinarily of fulminant nature, assumes a chronic course, yet prolonged tetanus, anthrax, and cerebro-spinal fever are well established, and even hydrophobia is acknowledged to be marked at times by a long period of latency. On the other hand, the shortening of a continued or chronic infective process is by no means so difficult to conceive, and, in regard to tuberculosis, we have the most indisputable evidence that the implantation of specific germs may result in any degree of disease, from a brief, or, perhaps, unnoticeable indisposition, whose pathologic anatomy is found years afterward at a necropsy, to a chronic process of years' duration, and including all intermediate grades, including one form that is clinically almost indistinguishable from typic typhoid. Especially in regard to diphtheria, we have evidence of what may be termed imperfect infection. In other words, individuals who have diphtheria bacilli in their throats may be entirely free from disease, or may present the symptoms of a catarrhal or lacunar amygdalitis, without a pseudo-membrane.

"It is utterly untenable to suppose that every person who swallows one or more typhoid bacilli falls a victim to the disease. Is it logical to hold, as does the present orthodox view, that there can be no middle ground between an entire absence of reaction to ingested typhoid bacilli, and a fairly prolonged and typic attack of the disease ?

"Such an opinion is contrary to the analogy of other diseases, it postulates arbitrary and peculiar properties of the disease-reaction for typhoid, and it is supported by purely negative evidence.

"As we have said, we do not take sides upon this issue, but we do believe that the dogmatic assertion that brief febrile attacks, which appear to present the initial symptoms of typhoid, are of entirely different nature, can no longer be maintained without a re-opening of the case

and a careful re-examination of the evidence. The crucial test of the individuality of abortive cases is the isolation of the typhoid bacillus. This method, however, satisfactory in theory, is still largely impractical because of the difficulty of detecting the germ when it is present in small numbers. For instance, a municipal water supply which is obviously and unquestionably the source of an epidemic, often, or even usually, evades the search of the bacteriologist. Similarly, the blood and excreta often fail to respond to culture tests unless the infection is massive. Possibly the use of very large culture beds, such as Vaughan, of Michigan, has employed to produce toxins on a large scale, may serve the purpose of detecting typhoid which eludes ordinary test-tube and plate methods.

“The Widal reaction, though not absolute, is easily applied, and the results of a large series of tests of abortive typhoid, so-called, would be of considerable value as evidence. Personally, we can cite only one such case, and in this there was a moderate Widal reaction. But it is a common experience to find such atypic reactions in cases that have never had a distinct run of typhoid, and it is a question whether the imperfect clumping of a typhoid culture is due to the previous occurrence of an abortive typhoid, or to some other factor, for instance a partial immunity by other bacteria.

“The impression is gaining ground that we have no other continued fever than typhoid in the temperate zone of America, except under peculiar local conditions, or owing to the atypic manifestation of some equally well-known infectious process. Malaria is practically extinct in many localities and, at any rate, is now easily determined by blood examinations. Tuberculosis, even more frequently than has been taught, may appear as an acute fever, without localizing symptoms of diagnostic value, or discharge of bacilli. Unfortunately, the tuberculin test does not seem to be reliable for human beings, possibly on account of the tendency to febrile reaction of nervous origin, which is not likely to occur in cattle. Intestinal toxæmia, in other words, usually a partially infectious process due to increased virulence of the colon bacillus, may simulate typhoid, but here we should expect to find marked indicanuria, and the symptoms ought to subside rapidly after a calomel purge and reduction of the intestinal putrefaction by diet and antiseptics. In this connec-

tion it may be hinted that much of the symptomatology of typhoid is due to non-specific, complicating, intestinal sepsis. Para-typhoid has been demonstrated in certain cases of apparently genuine typhoid infection, whether of short duration or pursuing a fairly typical course. But the diagnosis of a "para"-infection is not yet satisfactory, either from the standpoint of diagnosis or from that of our conception of the nature of the symptom-complex. In other words, it is important to know whether a para-disease is due to a related but specifically independent micro-organism with regard to the ordinary cause of similar clinical manifestations; or whether the para-germ is a botanic *variety* of the ordinary one, and if so, whether the variation is permanent, so that by cultivation the original properties of the bacterium cannot be restored, or whether, on the other hand, there has merely been a more or less transient mitigation or modification of the germ. A very practical scientific point in this connection is as to the occurrence of agglutination of the culture of a specific germ by the products of other germs. Some degree of agglutination of typhoid bacilli does occur with so-called para-typhoid, but the true significance of this reaction, especially with regard to the botanic relations of typhoid and para-typhoid bacilli, is not yet understood.

"The practical diagnosis of typhoid from other febrile processes, such as appendix inflammation and other septic conditions, although important, is scarcely germane to this article."

Additional interest and importance is given to this question by the almost coincident publication of an original and valuable paper in the *British Medical Journal* of Feb. 7th, by MAX M. BERNSTEIN, M.B., which was read before the Hunterian Society. This paper is entitled "On the Bilberry (*Vaccinium myrtillus*) as a remedy in typhoid fever and other infectious diseases of the intestine." It is too long to quote in the body of this article, but our readers will find it reprinted in our *notabilia*, and we hope all will read it. The bilberry is also known as the whortleberry, and in Scotland as the blaeberry. In this country, at least, it has never been used otherwise than as a fruit, freshly picked, or made into tarts and jam. But DR. BERNSTEIN shows that it has quite a remarkable action on the gastro-intestinal tract, the details of which will be found in his paper on

another page. But in regard to typhoid, we must quote a short passage here as bearing on the subject of this article. He says: "In 1897, for the first time, I tried a weak infusion in a case of typhoid in a child, and it seemed to me that the disease took a milder course, and that convalescence started earlier than I had anticipated. The second case was also a child of 8 or 9 years; the main symptoms for the first ten days had been severe headache, and the disease had remained not diagnosed. At the end of this time it came under my observation, when I put it on a decoction of *v. myrtillus* and a proper diet, and although prognosis had been dubious on account of the preceding injudicious feeding, the patient's temperature went down and the disease was over in a fortnight. Two more cases of typhoid in adults were treated with *v. myrtillus* with similar good results, but unfortunately I am not in possession of the records." DR. BERNSTEIN also records careful experiments showing that the juice of the berries has quite a remarkable power of killing the typhoid bacillus, and also the *B. coli communis* in the laboratory. Noting that the juice was acid, he carried out further experiments with it when neutralized by a solution of sodium carbonate. This, he found, killed the bacilli even more quickly, showing that neither in the presence of acids or alkalies in the stomach and intestines was the germicide juice prevented from acting medicinally.

Here is a very remarkable discovery, and one that may not only prove of immense value in the treatment of typhoid and other gastro-enteric troubles, but throws a decided light on the abortive typhoid cases.

It is an excellent and important subject for further study. We ought to have as soon as possible provings made of the bilberry, and when proved we ought to test it in practice. We commend the suggestion to the British Homœopathic Association as a commencement of the proposed further proving of medicines. And it would also be an extremely interesting, not to say extremely important point, if any of our younger colleagues who are experts in bacteriology would experiment with the infusion or tincture of *baptisia*, and ascertain whether it, as well as the bilberry, has this power of killing the typhoid and other bacilli in the laboratory. Were this found to be the case it would give new zest to the study



of the question with which we have headed this article, and by adding this knowledge to our provings of baptisia it would give additional confidence and a fresh reason for its employment in typhoid.

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### THE FOLKESTONE HOMŒOPATHIC DISPENSARY.

We have not received the report of the above Institution presented at the annual meeting, but the admirable editorial article from *The Folkestone Herald* of January 24th speaks for itself. It is headed "Homœopathic Treatment," and we reprint it entire:—

"Although the report presented at the annual meeting of the Folkestone Homœopathic Dispensary was, so far as the amount of work accomplished by the institution was concerned, highly satisfactory, there was one feature of the proceedings which gives rise to considerable regret. We refer to the decision to discontinue home visits for the present. This means that the benefits of the institution will be cut off from a very considerable number of people. It is not for a news journal of this description to discuss the merits and demerits of the different schools of medicine, and we have no intention to be drawn into any such controversy. But we do not hesitate to express the opinion that the curtailment of the operations of the Homœopathic Dispensary is a distinct loss to a considerable section of the local community. Time was when it was considered little less than heretical to say a word in behalf of the champions of the infinitesimal dose; but homœopathy stands upon a very different footing to-day, and even those of us who still rigidly adhere to what may be termed medical orthodoxy, must acknowledge that the disciples of Hahnemann and the apparent benefits of the treatment associated with his name are sufficiently numerous and real to deserve our respect. The decision arrived at by the governors of the Dispensary is rendered necessary in consequence of deficiencies in the income last year, but it is to be hoped that the discontinuance of what may be called the out-benefits of the institution will be of only temporary duration. The income of the Homœopathic is comparatively small—for instance, from April, 1901, to September, 1902, it was only £127 2s. 2d.—

but it accomplishes a work of very considerable extent, and one which entitles it to a much larger measure of support than it receives. In the period under notice consultations numbered 2,220, and home visits 549, the actual number of patients being 628, of whom the large majority were cured or relieved. To do so much upon so small an income shows that the Dispensary is most admirably and economically managed. But in the ensuing year, owing to the lack of support, there will be nothing under the head of "Home Visits," which, to our mind, constitute a very important branch of the institution's work. We trust, therefore, that the Committee will speedily find themselves in the possession of funds sufficient to justify them in again making arrangements for patients to be attended at their own homes."

It is not often that we find a newspaper, from the editorial pen, writing in this manly, independent, and public-spirited manner in regard to a homœopathic institution—hospital or dispensary. And the fact of the editor of the *Folkestone Herald* having done so speaks volumes for the value and excellent work of the Folkestone Homœopathic Dispensary, and for the public estimation of this work. We congratulate DR. MURRAY most heartily. But it is a crying evil, and a great discouragement to a doctor who is working so hard and so successfully, to find that the very important department of home-visitation has to be given up for lack of funds. Surely, as the editor of the *Folkestone Herald* says, a determined effort should be made to rectify this decision. If the matter were put clearly before the subscribers, backed up so strongly as it is by the *Folkestone Herald*, the necessary addition to the funds could be obtained. We trust the committee of management will put forth a strenuous effort to raise the necessary funds, and so enable this valuable department to be resumed. If it is not, it will be little short of a public calamity for Folkestone, and must directly injure the Dispensary and homœopathy. We feel deeply grateful to the editor of the *Herald* for thus so nobly pleading the cause of the Dispensary before the public of Folkestone, not as a homœopathic institution, but as a charitable medical institution of such importance to the town. The decision must be rescinded, and that at once, and the funds will be sure to come in if action is taken in faith and with confidence in the result.

## BRITISH HOMŒOPATHIC ASSOCIATION.

### COMMENCEMENT OF ACADEMIC WORK.

#### PRELIMINARY NOTICE.

THE Executive Committee of the British Homœopathic Association have decided to commence forthwith that part of their programme which concerns itself with professional education. A well-known benefactor has kindly placed certain funds at the disposal of the Committee on the condition that educational work be commenced during the present year.

The Medical Staff of the London Homœopathic Hospital have instructed their Educational Sub-committee to act in concert with the Association's Sub-committee, and have further contributed £50 to the special expenses for the current year.

It has been decided :—

(1). To offer a prize of twenty guineas for the best essay on the Establishment and Development of Homœopathic Professional Education in Great Britain. Further particulars will be found in our next issue.

(2). That three short courses of Lectures treating of practical detail in the homœopathic treatment of disease be delivered during the months of May, June, and July, by Dr. John Clarke, Dr. Dyce Brown, and Dr. Byres Moir respectively. A syllabus of these lectures will be prepared and circulated shortly.

(3). To prepare and issue under the auspices of the Association an entirely new and "up-to-date" Handbook, setting forth the homœopathic basis and tendencies of modern medical science. This Handbook is being prepared by Byres Moir, M.D., and James Johnstone, F.R.C.S., and is intended for circulation mainly among the younger members of the profession.

(4). A Tutorship for the personal preparation of professional students in homœopathy, and for the thorough clinical grounding of such in homœopathic practice, is being arranged by the Association.

(5). A travelling Scholarship for the further and complete training of professional students of homœopathy is now under the consideration of the Sub-committee, and a final statement regarding its plan will be communicated as early as possible.

It is well to remind our readers and all who are interested

in the advancement of homœopathy, and in the furtherance of the great scheme which has been set on foot by the British Homœopathic Association, that the munificent contribution of £2,000 by Lord Dysart to the funds of the Association is offered conditionally on the whole sum of £10,000 being raised *during the present year*. Already it will be seen from the list of contributions given on another page how comparatively near we are to this point. WE MUST HAVE THE REMAINDER IN ORDER TO OBTAIN LORD DYSART'S GIFT, and we urgently appeal for a renewed effort to raise it. It would be deplorable if we lost this handsome contribution from a failure to complete the required sum. We cannot think that such a result is even possible. Every effort must be made by every one, and we urgently appeal to those who have not yet contributed to the funds to do so as early as possible, and to those who have already done so, to use all their influence with their friends and patients to accomplish the end in view. *Bis dat qui cito dat* is always true, and it would much relieve the minds of the Association to feel that, though it is early in the year, the result was assured once and for all. We would fain hope that if this should meet the eye of a wealthy homœopath who has received benefit from the system in his own case or in that of his family, he will feel a call on his generosity for the sake of others, and by a handsome donation to the funds of the Association make up the whole or a large part of what is needed to complete, with Lord Dysart's munificent gift, the necessary minimum of £10,000, namely, about £2,000.

#### A CASE OF CHLORO-ANÆMIA TREATED WITH SODIUM CACODYLATE.

By J. GALLEY BLACKLEY, M.B.,

(Senior Physician, London Homœopathic Hospital.)

As a large majority of the cases of chlorosis and chloro-anæmia which present themselves in hospital practice have previously been treated with various preparations of iron (literally) *usque ad nauseam*, the further use of the drug, even in its least objectionable forms, is practically barred, although the case may furnish all the symptoms calling for its use. We must therefore, perforce, at least commence the treatment with some other drug. In very severe cases

of chloro-anæmia of long-standing, arsenic has long held a place second only to that of iron, and its most brilliant results have usually been obtained from the use of somewhat massive doses. With a view of avoiding the well-known toxic effects of large doses of the older preparations, the cacodylate of sodium has latterly been substituted for them, as it appears to be well tolerated in doses impossible with the older forms (Fowler's solution, etc.).

Gilbert and Lereboullet<sup>1</sup> were amongst the first to experiment with cacodylates in the treatment of anæmia, and obtained excellent results from the use of a 3 per cent solution, preferably administered by the hypodermic method.

Billet<sup>2</sup> administered quantities of 0·05 to 0·1 gramme per diem hypodermically to a large series of cases of anæmia. Many of these were symptomatic cases, usually malarial, but all were of the chlorotic type. The results were that he found after each injection an average increase as follows :—

Hæmocytcs 443,218	Hæmoglobin 0·53%	Body-weight 0·843 kilog.
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The most striking results were in the malarial cases, which had long been known to be characterized particularly by their resistance to ferruginous treatment.

The following case of chloro-anæmia was sent to the author by Dr. Netherclift, of Canterbury, who had treated the patient for some months; and, like most similar cases, she had, before she came under Dr. Netherclift's beneficent rule, been treated *secundum artem*, but without success, by large doses of iron in various forms. The notes<sup>3</sup> of the case are as follows :—

Mrs. K—, aged 28, married, was admitted on Oct. 14th, 1901, obviously in a condition of profound anæmia, and gave the following account of herself: Had never had any serious illness. Menses began at fifteen and were always quite regular. Her present illness came on suddenly in 1891 (she attributed it to shock caused by the sudden death of a sister), and was characterized by loss of colour, headaches, breathlessness, etc., and she had been under treatment, off and on, for anæmia ever since. Married at 22, but had never been pregnant; the catamenia since marriage had been regular, but scanty and pale, and, until she commenced homœopathic treatment, she suffered much pain at each

<sup>1</sup>Transactions of 13th International Congress of Medical Sciences, 1900.

<sup>2</sup>Des cacodylates dans le traitement des anémies—Bull. Gen. de Thérap. Tome cxliv p. 72.

<sup>3</sup>Taken by Dr. Clifton Harris, House-physician.

period; had yellowish, offensive leucorrhœa during intervals. Had suffered much from periodical attacks of vomiting after food, coming on about once a fortnight, the vomit usually resembling dirty water; on one occasion, about three weeks before admission, it resembled coffee-grounds, but there had never been bright blood, nor any epigastric pain or tenderness. Had usually pain in the vertex, thumping in character, increased on movement; palpitation on slightest movement, and dyspnœa on exertion. Urine had latterly been copious and clear; there was pain across loins, which was aggravated when she wished to pass water, and she had to get up three or four times in the night; bowels constipated; stools dark, hard, and nodular. Has been losing her hair. Puffiness of ankles and below the eyes. Condition on admission:—Skin and mucous surfaces very exsanguine, with a patch of yellowish-brown pigmentation on either cheek and a small patch above the umbilicus. Pulse 90, regular and fairly strong. Lungs normal. Cardiac dulness extends upwards to upper border of fourth rib, outwards to nipple-line. Apex-beat is seen in the fifth interspace just internal to the nipple; there is a soft systolic bruit over both mitral and pulmonary areas (in the latter case accompanied with a sharp second sound) and up the carotids on both sides. Tongue clean, very pale; liver and spleen both within usual limits; abdomen otherwise normal. Knee-jerks brisk, no ankle-clonus; no œdema of legs. Urine, sp. gr. 1014, pale, no albumin; deposits some mucus on standing.

Blood examination showed:—Red corpuscles, 3,016,666 per c.mm.; white corpuscles, 4,375 per c.mm.; hæmoglobin, 30 per cent. Under the microscope the red cells showed every variety of size and shape, microcytes predominating. — Arsen. 3x,  $\text{mij}$  ter die. Diet—milk and farinaceous.

*Oct. 28th.*—Red corpuscles, 3,100,000; white corpuscles, 9,376.

*Nov. 1st.*—Sickness which had recurred at intervals since admission has now ceased, and patient says she feels much better than when admitted.

*Nov. 2nd.*—Hæmoglobin, 25 per cent. R Liq. Arsen.,  $\text{mij}$  ter die post cibum. To have some raw meat sandwiches.

*Nov. 11th.*—Red corpuscles, 2,500,000; white corpuscles, 2,800; hæmoglobin, 30 per cent.

*Nov. 14th.*—No change in general condition. R Liq. Arsen.,  $\text{mij}$  ter die post cibum.

*Nov. 19th.*—Red corpuscles, 4,000,000; hæmoglobin, 35 per cent.

*Dec. 1st.*—Red corpuscles, 4,700,000; white corpuscles, 6,600; hæmoglobin, 35 per cent.

*Dec. 6th.*—Arsenic was stopped, and phosph. 4x,  $\text{mij}$  ter die, given instead.

*Dec. 15th.*—The diet had been gradually raised by means of minced meat, fish, chicken, and boiled mutton, and to-day she was given the ordinary hospital "first diet," but in half the usual quantities.

*Dec. 19th.*—Red corpuscles, 4,500,000; hæmoglobin, 35 per cent.

*Dec. 28th.*—Red corpuscles, 4,250,000; hæmoglobin, 30 per cent. Patient's general condition much the same.  $\text{R}$  Phosph. 4x,  $\text{mv}$  ter die.

*Dec. 31st.*—Discontinue phosph.  $\text{R}$  Sod. Cacodyl. gr.  $\frac{1}{4}$  ter die post cibum.

*Jan. 9th, 1902.*—Red corpuscles, 4,200,000; hæmoglobin 30 per cent.

As there had been no substantial improvement in her general condition for many weeks, the patient expressed a wish to return to her home in Dover. This she was allowed to do, and was provided with a supply of the cacodylate in tablets of gr.  $\frac{1}{4}$  in each and advised to continue their use. This she accordingly did. The drug was taken steadily, with occasional intermissions, until April 5th, when she came up to town for examination. The hæmoglobin was then found to stand at 50 per cent and there had been steady increase of strength. The mucous membranes were regaining colour. *Pergat.*

*July 8th.*—Again presented herself at the hospital and appeared to be in perfect health; the mucous membranes had quite regained their colour, and there was considerable colour in the cheeks. Hæmoglobin stood at 85 per cent. Said she had taken the tablets steadily until a few weeks previous to this visit. She was now advised to drop all medicine and to resume her usual habits and occupations (domestic).

*Oct. 13th.*—Came up to show herself. Hæmoglobin stood at 100 per cent. The shapes of the red corpuscles in film preparations were found absolutely normal. Her weight was 8st. 2lbs. (height barely 5ft.); her cheeks were ruddy, as she says they always used to be before her illness. She was doing all her own house-work, washing included, without fatigue.

*Resumé.*—Arsenic in the shape of arsenicum album and Fowler's solution administered steadily over a period of eleven weeks without result: substitution of cacodylate of sodium in substantial doses, and the patient immediately turns the corner; steady use of the same for six months, and the patient makes one straight course towards recovery.

As to the diagnosis of chloro-anæmia, this was based firstly upon the presence of the characteristic *bruit de souffle* over the valves and great vessels, and secondly upon the results of the earlier blood examinations, for whereas the number of red corpuscles averaged as much as 63 per cent of normal, the amount of hæmoglobin available for these same corpuscles averaged only 30 per cent.

## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

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Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 83.)

In 1870 a paper by Dr. J. G. Thorowgood appeared in the *Practitioner* for July, "On the use of Arsenic in Irritative Dyspepsia." In it he says: "Our knowledge of the action of arsenic and its compounds, when given in considerable doses, upon the mucous surfaces of the body, would hardly lead us to expect much good from its administration as a remedy in irritative dyspepsia." Of course not on any but homœopathic principles, and he therefore quotes Dr. Ringer and Dr. Wilson Fox as his authorities for adopting such treatment, and says, "The small, irritable tongue, with projecting papillæ and yellow or grey fur, indicates arsenic; vomiting and burning pain after food also point to the use of this drug," the very symptoms that would contra-indicate its use to the mind of the "rational" physician.

54. *Nitrite of amyl*.—In the *Practitioner* of January, 1871, Mr. Goodhart, after stating that this drug quickens the pulse of a healthy person in a few seconds, from 70 to 140 beats per minute, adds that "in published cases of the action of the nitrite in *disease*, a diminution in the frequency of the pulse, has generally been noticed. . . . In the case of a healthy person the opposite seems to hold good."

In the *Lancet* of January 7th, 1871, Dr. Handfield Jones relates a case of acute tonsillitis successfully treated with belladonna in St. Mary's Hospital. The case is introduced as follows: "Although many of the standard works on medicine and therapeutics omit to make any

<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.



mention of the value of full doses of belladonna as a remedy in severe tonsillitis, its employment in this affection is not by any means novel." Of course not. Its use dates from the days of Hahnemann, and its power to produce inflamed throat is known to everyone.

55. *Chloral hydrate*.—In 1871, when the "boom" in chloral was at its height, a considerable number of cases were recorded showing the power of chloral to paralyse the heart, leading to fatal results, and when not going this length, the pulse became feeble and intermittent, with faintness, vomiting, shortness of breathing, and other alarming symptoms. Dr. (now Sir J.) Crichton Browne, in the *Lancet*, April 8th, 1871, says: "Cases already made public prove incontestably that it (chloral) has the power of weakening the action of the heart, and even of arresting it altogether. My experience of its use has included several cases in which syncope, or intense pallor with failure of the pulse and vomiting, have followed single or repeated doses; and in the following case it seems highly probable that chloral was directly responsible for the fatal termination." He then gives the case. Similar cases are recorded by Dr. Fuller, of St. George's Hospital (*Lancet*, March 25, 1871). Dr. Russell Reynolds (*Practitioner*, March, 1870), by "Chemicus" (*Practitioner*, April, 1870). M. Noir (*Gazette des Hôpitaux*, Dec., 1869). Dr. Habershon (*Lancet*, Sept. 17, 1870), Mr. Herbert Morgan (*Brit. Med. Jour.*, June 18, 1870,) and experiments by Dr. Ernest Labbé (*Archives Generales de Médecine*, Sept., 1870) on the frog, proving the same thing. Dr. Hughes Bennett (*Edinburgh Med. Jour.*, June, 1870). M. Ferrand and M. Gubler (*Bull. Gen. de Therap.*, Jan. 30), Dr. B. W. Richardson (*Med. Times and Gaz.*, Sept. 4 and Nov. 6, 1869) all testify to the same effect. Conversely, we have records of the markedly beneficial action of chloral in various forms of heart disease. Dr. Strange, Physician to the General Hospital, Worcester, records a case of a man, 76 years of age (*Med. Times and Gaz.*, Sept. 24, 1870), to whom he was called, and whom he found with such symptoms of collapse of the heart that he was, "in fact, apparently in a dying state. The arteries are extensively diseased, the pulse having that hard and inelastic feel which accompanies atheroma, whilst the heart's action is feeble and unrhythmical. About four months ago he became subject to severe attacks

of angina, which always seized him at night after he had been asleep from one to three hours." He, "with fear and trembling," gave him chloral, and the patient soon fell asleep, "the surface regained its warmth, the breathing became tranquil and regular. The pulse also improved under its operation." This man continued to take chloral every night, and he kept well. One would have thought chloral directly contra-indicated here on any but homœopathic principles, and Dr. Strange tells us that he gave it "with fear and trembling." I cannot resist quoting his remarks on this case: "Now, what are we to infer from the undoubted effect of the chloral in this case, in warding off attacks of cardiac syncope, as to its physiological effect on the nerves of the heart? I imagine this: that chloral, *like several other drugs of the sedative class* (the italics are mine), operates very differently, according to the amount of the dose exhibited—like digitalis, for instance, which, while in large doses it paralyzes, in smaller only calms and strengthens the heart's action. Certainly, however poisonous to rabbits and small animals in full doses, the chloral did operate as a calmative, and therefore as a tonic, to the nerves of this old man's heart, as evinced by the improved pulse, the tranquil breathing, and the warm surface whilst under its influence. Clearly, too, there was no after-depressing action, for, if so, we should have expected to find the running down of the heart's mainspring to be hastened, in place of retarded, under its use. In fact, there was clearly a conservation of force rather than an expenditure of it; and this, I take it, is a valuable fact." Dr. Strange then records a second similar case successfully treated by chloral. In a leading article on Chloral in the *Med. Times and Gaz.*, Aug. 13, 1870, the editor states that Dr. J. W. Ogle reports that "he derived most satisfaction from its employment in cases in which, by their nature, preparations of opium and morphia were contra-indicated, as certain cases of cardiac disease. . . . In some cases of heart disease he had observed peculiarly happy effects from the combination of chloral and digitalis." In a paper entitled "Clinical Notes on the Relief of Nocturnal Dyspnœa arising from Disease of the Heart," by Dr. Habershon, in the *Lancet*, May 11, 1871, he names chloral as one of the remedies of service in cases of "failing power of the heart's action from loss of blood and from sudden shocks to the

nervous system, and in cases of nocturnal dyspnœa produced by failing muscular power of the heart, from degeneration of the muscular fibre, from an atheromatous condition of the vessels, from idiopathic anæmia, from disease of the aortic valves and dilatation." In the *Brit. Med. Jour.*, April 2, 1870, Dr. Stephen Monckton, Physician to the West Kent Hospital, records a similar case, when the chloral (in a man of 72) had a most successful result, and when he reported it he says, "he is in a greatly better condition."

In 1872 (I am now taking each year's records in succession) Dr. Waters, of Liverpool, in a clinical lecture on "The uses of Chloral Hydrate in certain diseases of the Chest," records two similar cases of heart-disease, where chloral was of much service. In the first the patient was suffering from very frequent attacks of dyspnœa and impending suffocation. He was unable to sleep, or even to lie down, "and passed his nights sitting up in bed. On examination, I found all the characteristics of aortic disease, with regurgitation, together with hypertrophy of the heart. It was clear, therefore, that this patient was suffering from cardiac asthma." He was ordered chloral at night on Jan. 9, 1870. He was free from attacks till July, when, after an attack of diarrhœa, there was a slight return of his enemy on the 18th, and a bad attack on the 20th (the chloral having been discontinued for a week). It was then resumed, and from then till August 13th, when he was discharged, he had only one attack. The second case was similarly successful in results.

In the *British Medical Journal* of June 15, 1872, a paper appears by Dr. Kent Spender, of Bath, entitled "Notes on the Action of Medicines, New and Old," from which I must quote a longish passage, which is too good to pass by with a mere reference. He says: "Elsewhere I have tried to show that a drug may fulfil various purposes, according to the doses in which it is given, and according to the times in which it is administered. A small quantity may do one sort of good, and a larger quantity another sort of good; and these two results may be not only quite different, but even of a contrary kind. Thus *ipecacuanha* is a typical emetic when administered in the quantity of (say)  $\frac{1}{4}$  fluid drachms of the wine; but 1- or 2-drop doses of the same preparation given every hour have a growing

reputation for the power of arresting sickness. Small quantities of the sulphate of magnesia have an astringent effect, and were recommended by Dr. Billing in the first stage of cholera. And of most of the vegetable narcotics it may be said that comparatively large doses produce results to which no clue is afforded by the administration of small doses. Thus do we make different tools out of the same material according as we have more or less of it, and by combining relative quantities of drugs in various ways we may obtain effects which are often of high therapeutic interest. Hence it is clear that a serious injury is done to the therapeutic merits of any medicine, and to our therapeutic skill as practitioners, if that medicine be administered in inadequate doses, or in wrong doses. A small and a large quantity of medicine produce respectively a particular effect: each within a certain range has a distinct and different value. Now, when we aim to produce the specific effect belonging to the large dose, what is the use of administering the small one? The large and the small dose ought respectively, for all therapeutic purposes, to be considered as different medicines, and not more interchangeable than medicines of diverse properties. No fact in the history of medicine is more easily established than this: and it is easy to see how it multiplies our resources, and how it enables us to fight against disease with increased precision and power. Passing from generals to particulars, I spoke just now about the medicinal history of ipecacuanha. . . . I have succeeded best with ipec. in the so-called hysterical sickness of young women, in the early sympathetic vomiting of other diseases, and in some forms of infantile sickness accompanied by diarrhœa. . . . Ipec. shows itself to most advantage when the element of spasm is mixed up with over-secretion, as in bronchorrhœa with asthma, and in diarrhœa with tenesmus. Hence the value of ipec., not merely as a classical remedy for dysentery, but in many varieties of flux from the bowel; it soothes reflex irritation, and so indirectly acts as an astringent to mucous surfaces." This is excellent homœopathy.

In the *Brit. Med. Jour.* of May 25, 1872, in a lecture on "Dropsy" by Dr Murchison, he says: "Minute but frequent doses of *turpentine* or *cantharides* are believed by many to be efficacious diuretics in renal dropsy."

Who are the "many"? In the same journal Dr. Eustace Smith, in a paper on "Lienteric diarrhœa in children," recommends the use of arsenic.

In the *Med. Times*, Sept. 7th, 1872, there is an editorial article on "Physiology and Medicine," in which the following passage occurs: "Physiological theory, observing the effects of *mercury* on animals in health, has led to the partial abandonment of mercury in the cure of syphilis, *because the drug in a healthy animal will produce disease in the bones* (the italics are mine). Whereas the experience of Lee, Langston Parker, to say nothing of Ricord and older writers, would recount numberless cases where syphilitic nodes have disappeared as if by charm under the use of the calomel vapour-bath, or of mercury introduced in some other way."

In the *Brit. Med. Jour.* of Sept. 21, 1872, Dr. Page, of Kirkby Lonsdale, records a case of pruritus of the whole cutaneous surface, and of the mucous surfaces of the upper outlets of the body, occurring during pregnancy, and keeping her from sleep for nights on end, when *chloral* entirely cured it. It is well known that chloral, among its other pathogenetic effects, produces various forms of skin eruption, one of the commonest being urticaria with intolerable itching. An excellent bit of homœopathy.

In the same number of that journal Mr. Alfred Freer, of Stourbridge, has a paper on the use of *ergot* in abortion in the early months of pregnancy. He had given ergot in about 200 cases of profuse hæmorrhage, with threatened abortion, and with the happiest results. He says: "Indeed, I can call to mind several instances where ergot being given to check uterine hæmorrhage, it has acted well by causing not the expulsion of the ovum, but its gradual retrocession into the uterus. From what I have seen of the use of the remedy I am prepared to maintain that it is a most valuable help; but that not infrequently it does good, not by forcing the contracting uterus to expel its contents, but often, contrary to our expectations, by helping the organ to retain its precious charge to its ultimate preservation." This piece of homœopathy, you will remember, I alluded to before as advised and practised by Dr. Meadows.

In the *Practitioner* for Dec., 1872, is a paper by Dr. Herries Madden, of Torquay, on "*Nitrite of Amyl* in Angina Pectoris." The patient was himself. Knowing

that the drug produced flushing of the face, and full headache, in dilating the vessels, he avoided taking it (as his face was always flushed in the paroxysm) on antipathic principles. He says: "From the accounts I had read of the action of the drug I had formed the opinion that it was only suited to those cases in which the face was pallid during the paroxysm, and as mine was flushed I dismissed from my mind all thoughts of trying it, and paid the penalty of hasty conclusions in the shape of a large amount of acute suffering." Other means having quite failed to relieve his attacks of angina pectoris, on the advice of a friend he resolved to try it, with the most complete success. He describes the effect as that the spasm was, as it were, *strangled*. Here we have the homœopathic action of the drug illustrated, and its value in these flushed conditions is well known in our school.

In the *Lancet* of Nov. 23, 1872, Dr. Anstie has a paper on "Lead and Mercurial Poisoning," in which he says: "The sensory nerves may be engaged; and we shall speak first of the fifth cranial. For this nerve, indeed, *mercury* has evidently a selective affinity. This is seen both in the pathological changes in eyes, mouth, and nose which may be produced by its poisonous effects, and not less strikingly by its therapeutical efficacy in diseases of the same territory."

56. *Aloes*.—1873. In this year there is little to record. The only noteworthy piece of homœopathy is stated in the *Medical Record* of August 27, quoting from the *American Practitioner* a paper by Dr. Fordyce Barker on "The treatment of Hæmorrhoids in Pregnancy." Dr. Barker says: "When hæmorrhoids are developed during the latter period of pregnancy, the indications are obviously to counteract the constipation or the diarrhœa, and to stimulate and restore the tonicity of the hæmorrhoidal veins. The enquiry will then naturally suggest itself, have we any agent, or combination of agents, in the *Materia Medica* capable of effecting these results? I know of no article which so clearly and positively produces these two results as *aloes*, and on this I have mainly relied. I am well aware that the general voice of the profession is against the use of *aloes* when there is any tendency to hæmorrhoids." The *Atalanta Medical and Surgical Journal* adds: We are enabled to

add our testimony to that of Professor Barker on the use of aloes in the condition referred to. We would also, in this connection, call attention to the use of *aloes* in hæmorrhoids, from whatever cause, occurring in the male or female. Given in small doses we get its mild stimulant action upon the dilated and distended vessels, and hence a restoration of tonicity." As Dr. Fordyce Barker says, the general voice of the profession is against such practice. In fact, if there is one thing that is believed in the old school, it is that aloes in hæmorrhoids, or in pregnancy, and still more in both combined, is contra-indicated, and to be avoided on account of its well-known pathogenetic action. In fact, this is an excellent illustration of homœopathic practice on the part of Dr. Barker and the writer in the *Atalanta* journal.

(*To be continued.*)

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## REVIEWS.

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*Historic Sketch of the Monument Erected in Washington City under the auspices of the American Institute of Homœopathy to the honour of Samuel Hahnemann.* Compiled for the Monument Committee by the Rev. B. F. BITTINGER, D.D. 1903.

WE are much gratified by the reception of a copy of the above memorial volume, which will be full of interest to all homœopaths in every part of the world, as well as specially in the United States. The occasion was a great one—the erection of a magnificent monument in Washington to our great and revered master, Samuel Hahnemann. One of the best sites in Washington was given for the purpose by the Government, the monument is an uncommonly fine and handsome one, and the statue of Hahnemann in its centre is admirable in every respect. Many of our readers have seen a model of it, which stands in the Board Room of the London Homœopathic Hospital, and it gives one an excellent idea of the structure. It speaks volumes for the progress of Homœopathy in the United States, for the great position it occupies, and for the energy and determination of the disciples of Hahnemann, that this splendid monument should have been erected in the capital of the United States, in one of the finest sites in the city, and that the dedication of it on June 21st, 1900, as a gift to the nation, should have been supported

by the presence of the President of the United States, and many of the Government officials. And the whole history of its erection, with all the names of those who took part in the undertaking, is well worthy of commemoration by such a beautiful volume as this one is, which perpetuates the memory of those who have passed to the majority. Of the original monument committee only one now remains, Dr. J. H. McClelland, of Pittsburgh, although the "Foreword" or introduction is signed by "J. H. McClelland, J. B. Grigg Custis, William Tod Helmuth." The materials for the book were collected by the Hon. Secretary, Dr. Henry M. Smith, who passed away before they could be arranged, but these materials have been compiled for the work by the Rev. Dr. Bittinger.

After the "Foreword" we have a short but interesting sketch of Hahnemann's life and work, which is followed by a detailed account of the origin, progress and completion of this great national monument. The account of the ceremony of dedication in the presence of President McKinley is fully given, and is most interesting and inspiring reading. The book concludes with a list of the subscribers to the monument. It is full of admirable illustrations, of the bust of Hahnemann by David, of the statue of Hahnemann in the centre of the monument, of the monument in various aspects and its surroundings, of the scene on the dedication day, of portraits of all the homœopathic physicians who had any active connection with the origin and development of the scheme, of the President of the United States, and the Government officials who took part in the ceremony. In these portraits we recognize many of our brethren across the water whom we have had the pleasure of seeing in London from time to time, some of whom, alas! we shall see no more.

In fact, the book is quite a monumental work, and well worthy of the great occasion. It is beautifully got up, and we are proud to possess a copy of it. It would be an ornament to any table, and for our own part, we shall put it on the table of our waiting-room, where patients who are waiting may see what America has done in honour of Hahnemann, put before them in such a charming manner that they will find the waiting-time a pleasure instead of a weariness.

We strongly advise all our readers to get a copy, and we think that every homœopathic practitioner in the British Empire should make a point of having one to lay on his waiting-room table, after having himself perused it.

It is to be had from the medical department of G. P. Putnam's Sons, 27 and 29, West Twenty-third Street, New York. The price is one dollar, and is cheap at that price.



*Reflections on the Treatment of Pneumonia.* By W. H. HEWITT, M.D. Toronto: The Homœopathic Publishing Co., 1902.

THIS paper is a reprint from the *Homœopathic World*. It is well-written and interesting, and we commend its perusal to our readers.

*Primary Colloid Cancer of the Omentum complicated with Pulmonary Tuberculosis, Cirrhosis of the Liver, and Nephritis.* By E. GUERNSEY RANKIN, A.M., M.D., Physician to the Metropolitan Hospital and Tuberculosis Department of Public Charities, New York; Professor of Theory and Practice, New York Homœopathic Medical College. 1903.

THIS paper was read before the Homœopathic Medical Society of the State of New York, and is reprinted from the *North American Journal of Homœopathy*. It is a report of a very interesting and rare case occurring in a man of thirty-five years of age, with introductory remarks and comments. The details of the autopsy are interesting.

*Neurasthenia Cordis—Weak Heart—Irritable Heart.* By the same author as the foregoing, Dr. E. GUERNSEY RANKIN,

THIS is a reprint from the *Medical Times* of New York, and describes well the symptoms, causes, and general treatment of the above named affections of the heart.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session 1902-03 was held at the London Homœopathic Hospital on Thursday, February 5th, at 8 o'clock, Dr. Roberson Day, President, in the chair.

#### SPECIMENS.

The following specimens were shown: (1) The brain of a child from a fatal case of traumatic meningitis (by the President). (2) A uterine fibroid removed by hysterectomy for hæmorrhage, showing multiple submucous nodules; (3) A uterine fibroid removed for commencing cardiac changes; (4) A

uterine fibroid removed by pan-hysterectomy for malignant disease of the endometrium; (5) A uterine fibroid undergoing cystic degeneration removed for hæmorrhage; (6) A uterine fibroid showing hard and soft portions removed for hæmorrhage, with recovery in each case (by Dr. E. A. Neatby).

#### THE LATE DR. McKECHNIE.

Feeling references were made by the President, Drs. Dudgeon and Blackley to the late Dr. McKechnie's long connection with the Society and homœopathy, and a vote of condolence with the surviving relative of the deceased was passed.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

A paper entitled "Some of the Constitutional Conditions associated with Uterine Fibroids: A Clinical Study," the joint production of Drs. Neatby and Stonham, was read by Dr. Neatby. The conditions were divided into three sections: (1) Pertaining to the circulatory system; (2) The urinary system; and (3) The eyes. The clinical study extended over a series of ninety cases which had been under the authors' observation, in fifty of which the urine had been quantitatively analysed as to amount per diem, and the ratio given of urea and uric acid. The most important result of the study in relation to the circulatory system was that an exalted pulse tension was necessary if health were to be maintained in the subject of a uterine fibroid, and that the size of the tumour, condition of the heart, and the occurrence of hæmorrhage, were all most important factors in prognosis, especially in consideration of the advisability of operation. The relation of the condition of the urine to the condition of the heart was also referred to.

The discussion which followed the reading of this extremely interesting and original paper was taken part in by Drs. Blackley, Madden, Nankivell, Burford, Moir, and the President. Drs. Neatby and Stonham replied.

#### AN AUDIOMETER.

Dr. Percy Wilde exhibited an instrument constructed by himself for testing the acuteness of hearing. It consists of a silent induction coil attached to a visible scale-board marked by 0 to 240 as units of sound, and connected with a telephone. The telephone is held to the ear of the person whose hearing is to be tested, and a fine wire passed up the scale, beginning at 0 and ascending. If the passing of the wire can be heard at 240 the hearing is perfect, and relatively so at any less number of units of sound.

A paper was afterwards read by Dr. A. Speirs Alexander, of London, entitled "Ozæna, or Atrophic Rhinitis; with remarks on some Allied Conditions." Dr. Alexander dealt with the etiology of this disease under age, sex, social considerations, anatomical considerations, and heredity. Two interesting points in symptomatology are the character of the fœtor and the external configuration of the nose. The condition of the Schneiderian membrane and the source and character of the discharge, points on which divergent views were held, were discussed by Dr. Alexander. Also the treatment, surgical and medical, with the citation of cases.

The subject was discussed by Mr. Dudley Wright, who welcomed Dr. Alexander as a new recruit to his specialty in London, Dr. Vincent Green and the President, and Dr. Alexander replied.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE following is a list of Subscriptions, Donations, and promises, up to January 31st, 1903.

	£	s.	d.
DONATIONS.			
The Earl of Dysart .. .. .	2000	0	0
Mrs. Rylands .. .. .	500	0	0
Capt. James Cundy .. .. .	250	0	0
Col. James Clifton Brown .. .. .	100	0	0
Mrs. Clifton Brown .. .. .	100	0	0
E. R. N., per Dr. E. J. Hawkes, Ramsgate .. .. .	100	0	0
Dr. Peter Stuart .. .. .	100	0	0
Dr. Dyce Brown .. .. .	50	0	0
Miss J. Houldsworth (per Dr. Dyce Brown)	30	0	0
Mrs. H. R. Alder .. .. .	26	5	0
W. Willett, Esq. .. .. .	26	5	0
C. Knox Shaw, Esq. .. .. .	25	0	0
Dr. J. W. Hayward .. .. .	25	0	0
Dr. J. Roberson Day .. .. .	25	0	0
J. Beddow, Esq. .. .. .	25	0	0
Rev. R. and Mrs. Dawson .. .. .	25	0	0
Dr. J. H. Clarke .. .. .	25	0	0
Mrs. Compton Burnett .. .. .	25	0	0
H. Manfield, Esq., J.P. .. .. .	25	0	0
Dr. Byres Moir .. .. .	25	0	0

	£	s.	d.
Mrs. Mason .. ..	25	0	0
Dr. Burford .. ..	25	0	0
Dr. Burwood .. ..	25	0	0
Dudley Wright, Esq. .. ..	25	0	0
Dr. E. A. Neatby .. ..	25	0	0
Miss Green .. ..	21	0	0
Dr. Percy R. Wilde .. ..	20	0	0
Miss Flora Smith .. ..	15	0	0
A. J. Woodhouse, Esq. .. ..	10	10	0
Dr. Eugene Cronin .. ..	10	10	0
Dr. A. C. Clifton .. ..	10	10	0
James Johnstone, Esq., F.R.C.S. .. ..	10	10	0
J. P. Stilwell, Esq., J.P. .. ..	10	10	0
W. R. Arbuthnot, Esq. .. ..	10	10	0
A. Marshall Jay, Esq. .. ..	10	10	0
F. P. Bugg, Esq. .. ..	10	10	0
Fredk. Ames, Esq. .. ..	10	0	0
Mr. and Mrs. Kelly .. ..	10	0	0
Dr. H. Nankivell .. ..	10	0	0
B. C. Wates, Esq. .. ..	10	0	0
W. B. Liddiard, Esq. .. ..	10	0	0
Dr. E. B. Roche .. ..	10	0	0
F. G. A. Roberts, Esq. .. ..	10	0	0
Dr. E. M. Madden .. ..	10	0	0
The Countess of Morley .. ..	10	0	0
Mrs. Mawson .. ..	10	0	0
A. Backhouse, Esq. .. ..	10	0	0
Dr. W. Spencer Cox .. ..	6	6	0
F. H. Shaw, Esq. .. ..	5	5	0
Dr. W. Cash Reed .. ..	5	5	0
Miss Cruikshank .. ..	5	5	0
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Allen Stoneham, Esq. .. ..	5	5	0
C. A. Russell, Esq., K.C. .. ..	5	5	0
Peregrine Purvis, Esq. .. ..	5	5	0
Mrs. Charles Bader .. ..	5	5	0
Joseph Howard, Esq., J.P., M.P. .. ..	5	5	0
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Isaac Thompson, Esq. .. ..	5	0	0
Miss Paget .. ..	5	0	0
Miss Annie Paget .. ..	5	0	0
J. Potter Rudhall, Esq. .. ..	5	0	0
Mrs. Coxeter .. ..	5	0	0
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	£	s.	d.
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Daniel Hack, Esq., J.P. .. .. .	5	0	0
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Major H. E. Deane, M.R.C.S. .. .. .	3	3	0
Mrs. Mills .. .. .	2	10	0
E. H. Lawrie, Esq. .. .. .	2	2	0
Dr. H. Bennett .. .. .	2	2	0
Dr. Rowland S. Wilde .. .. .	2	2	0
Austin E. Reynolds, Esq., M.R.C.S. .. .. .	2	2	0
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Mrs. Swain .. .. .	2	2	0
R. F. Horton, M.A., D.D. .. .. .	2	2	0
Mrs. Kimber .. .. .	2	2	0
J. M. Saunders, Esq. .. .. .	2	2	0
Dr. J. Wingfield .. .. .	2	2	0
Dr. T. E. Purdom .. .. .	2	2	0
W. G. Freeman, Esq. .. .. .	2	2	0
C. W. Arnott Stewart, Esq. .. .. .	2	0	0
W. Mather, Esq., M.P. .. .. .	2	0	0
Dr. J. M. Storar .. .. .	1	5	0
Dr. W. B. Scriven .. .. .	1	1	0
Dr. C. Wilkinson .. .. .	1	1	0
Miss S. Berney .. .. .	1	1	0
Miss J. Berney .. .. .	1	1	0
Mrs. White .. .. .	1	1	0
C. Sugden, Esq. .. .. .	1	1	0
H. E. Sugden, Esq. .. .. .	1	1	0
Miss Sugden .. .. .	1	1	0
F. Bigge, Esq. .. .. .	1	1	0
Mrs. Bigge .. .. .	1	1	0
Samuel Robinson, Esq. .. .. .	1	1	0
Mrs. Stephenson .. .. .	1	1	0
E. Rowse, Esq. .. .. .	1	1	0
Dr. S. B. Brooks .. .. .	1	1	0
Dr. H. Munster .. .. .	1	1	0
Mrs. Copeman .. .. .	1	1	0
F. Neck, Esq. .. .. .	1	1	0
E. Singleton, Esq. .. .. .	1	1	0
Mrs. Steere .. .. .	1	1	0
G. Osborne, Esq. .. .. .	1	1	0
Mrs. Butler .. .. .	1	1	0
D. M., per Dr. James Watson, Liverpool .. .. .	1	1	0
Miss Sayer .. .. .	1	1	0
Samuel Brierley, Esq. .. .. .	1	1	0
A. C. White, Esq. .. .. .	1	1	0

	£	s.	d.
The Misses Grieve, per Dr. H. Sanders ..	1	1	0
Miss Drysdale .. .. .	1	0	0
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Miss Gray .. .. .	0	10	0
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Mrs. Young .. .. .	0	10	0
Mrs. Milner .. .. .	0	10	0
E. L. Vinder, Esq. .. .. .	0	10	0
Friend of Dr. S. B. Brooks .. .. .	0	10	0

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Dr. Jas. Johnstone (1902) .. .. .	2	2	0
"          "          (1903) .. .. .	2	2	0
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A. J. Pearce, Esq. .. .. .	1	1	0
Miss Elkington .. .. .	1	1	0
Capt. James Cundy .. .. .	1	1	0
J. J. Bowley, Esq. .. .. .	1	1	0
Dr. Dyce Brown .. .. .	1	1	0
Dr. W. Cash Reed .. .. .	1	1	0
Dr. P. R. Wilde .. .. .	1	1	0
W. Willett, Esq. .. .. .	1	1	0
Dr. Byres Moir .. .. .	1	1	0
Dr. Geo. Burford .. .. .	1	1	0
Thomas Letchworth, Esq. .. .. .	1	1	0
A. V. Jagielski, Esq., M.D. .. .. .	1	1	0
Mrs. Jagielski .. .. .	1	1	0
Rev. C. Hardy Little .. .. .	1	1	0
Miss Gregson .. .. .	1	1	0
Dr. F. H. Bodman .. .. .	1	1	0
Major H. E. Deane, R.A.M.C. .. .. .	1	1	0
Dr. G. F. Goldsbrough .. .. .	1	1	0
Dr. E. A. Neatby .. .. .	1	1	0
J. P. Stilwell, Esq., J.P. .. .. .	1	1	0
Mrs. Butler .. .. .	1	1	0
Dudley Wright, Esq., F.R.C.S. .. .. .	1	1	0
E. Hodgson, Esq. .. .. .	1	1	0
Mrs. Taylor .. .. .	1	1	0
C. A. Russell, Esq., K.C. .. .. .	1	1	0
Joseph Howard, Esq., M.P., J.P.: .. .. .	1	1	0
W. B. Liddiard, Esq. .. .. .	1	1	0
Miss Garstang .. .. .	1	1	0



Professorship, in memory of this eminent physician. The sum required by the founder is £2,000.

Material progress is being made by the responsible workers in the provision of these endowments.

### BURNETT MEMORIAL FUND.

THE following have been received or promised since our last announcement in January :—

John Grover, Esq.	..	..	..	21	0	0
A. E. K.	..	..	..	5	0	0
J. H. Maunder, Esq.	..	..	..	1	1	0
Miss Thomas	..	..	..	1	1	0
Mrs. Rose	..	..	..	1	1	0
Mrs. Rouse	..	..	..	1	1	0
				-----		
				£30 4 0		

### ON THE BILBERRY (*VACCINIUM MYRTILLUS*) AS A REMEDY IN TYPHOID FEVER AND OTHER INFECTIOUS DISEASES OF THE INTESTINE.\*

By MAX M. BERNSTEIN, M.B., M.R.C.S., L.R.C.P.

ALTHOUGH scarcely another subject in medicine is so fiercely beaten upon by the light of publicity and general interest as that of enteric fever, it is rather discouraging to admit that whatever there is of brilliant achievement in it does not belong to the medical man. The disease has of late years become pre-eminently the domain and almost the exhibition ground of trained nursing, and the more the latter excels, the less resolute and significant apparently is the part taken by medicine.

This is far from satisfactory in the interests of public health, for as often as the highly-complicated machinery of trained nursing is unobtainable, or as soon as for some reason it breaks down, the mortality from typhoid in hospital and camp rises. Still less satisfactory has this state of things been from the standpoint of scientific therapeutics, as the latter has seemed wholly powerless to draw any practical advantage from the great pathogenetic demonstrations of bacteriology. The only direction in which an effort in the latter sense has been made is that of prophylaxis, but the

\* Read before the Hunterian Society.



outcome of preventive inoculation is as yet an unknown quantity.

As in tuberculosis, the specific bacillus, the primary cause, has been left to develop, thrive, and work havoc in the human body, whilst the fight was being carried on solely against the secondary causes of the malady, the toxins. It has seemed to me, however, that the chances for the more direct method of combat, for the fight against the bacillus itself and during the acute stage of the illness, would not be as unfavourable as one has hitherto thought if a reliable drug could be provided to effectively act on the infectious material in the whole of the intestinal canal. My reasoning was as follows:—

Although the typhoid bacilli multiply in the walls of the intestine, in the mesenteric glands, in the spleen, etc., and are in exceptional cases not found in the stools until the end of the second week,<sup>1</sup> it is an indisputable fact that the bowel is the place of entrance and one of the channels of exit of the bacilli. Is it not probable, then, that this place is also the seat of the continuation of the infection? At the present moment scarcely anybody will assert that the illness of four and more weeks' duration is the sum and outcome of the poisonous effects of one dose only of the virus; on the contrary nothing is clearer than that it is the expression of a continuous cycle of growth of the bacillus, which cycle goes on even after the end of the illness, that is, even after the body has become immune to the toxins. In this connection the extraordinary case recorded by Dr. Gwynn and mentioned by Dr. A. C. Houston<sup>2</sup> at the annual meeting of the Association in Cheltenham, of dissemination of typhoid bacilli by a man in his urine five years after an attack of typhoid, is not easily forgotten. For all we know, may not similar discharges take place from the bowel after the disease has clinically ceased?

At any rate, their continuous evacuation from the bowel during the disease is a certain proof that they are present there in great numbers. What is therefore to prevent their re-absorption during the acute stage of the disease? Proofs are not wanting of this; as in ulcers in various stages of development, and disseminated infarcts of various age. And I am inclined to reason that this constant reinfection is the source of prolongation of the acute stage of the disease, right up to the moment of full immunization of the body, and if measures were taken to keep the intestine in the most unfavourable state for the bacilli and in the most favourable condition for healing of the ulcers, the duration and the severity of attack might be diminished, complications lessened, and consequently many lethal issues avoided.

As it happens, a splendid drug has already been found

for typhoid bacilluria in urotropin, and the excellent results obtained with it in chronic cases<sup>3</sup> point to the greater urgency of, and also possibility of equally good results by, another specific disinfectant for the intestinal canal.

I believe I am justified in saying and able to prove that such a specific remedy, capable of meeting all the indications of typhoid in the intestine during the disease, will be found in the fruit of the bilberry shrub (*vaccinium myrtillus*, Cl. *Ericaceae*).

The small, almost black, and sweet berries of this well-known shrub (bilberry, blaeberry, or whortleberry) growing all over the Continent, Great Britain, and Ireland—preferably in heathy woods, bogs, moors, and mountains—have in this country never had any medicinal application,<sup>4</sup> and have been only used in jams and tarts.<sup>5</sup>

In France (*airelle*, *myrtille*, *brembelle* or *brinbelle*, etc.), and especially in the northern provinces, the berries are very popular for eating, and are sometimes used as a light astringent.<sup>6</sup>

In Germany (*Heidelbeeren*, *Bickbeeren*) they are a favourite popular remedy for diarrhœas, and are used either in the form of dry berries, tinctures, extracts, or fruit wines (*Obstwein*), or syrups.<sup>7</sup> During the last ten years they have claimed greater attention on the part of the medical profession, and have been recommended by Winternitz for skin affections and burns,<sup>8</sup> and by others for superficial chronic glossitis,<sup>9</sup> and as injections and suppositories in colitic conditions,<sup>10</sup> etc. In other countries the bilberries have likewise been known only as a popular remedy, and are mentioned in the older editions of the pharmacopœias of Finland, Belgium, Sweden, and Spain,<sup>11</sup> but have nowhere at any time attained to the position of a recognized drug.

When I started prescribing bilberries fourteen years ago it was in their capacity as astringent only. In combination with the tincture of opium I gave the jam of bilberries in fermentative diarrhœas with flatulence, and cases of cholera nostras. Their promptness as an antifermentative was striking, and the first stools laden with the dark pigment and the *d-bris* of the berries, were free from putridity and flatulence, and often formed. In 1892, in London, I employed a concentrated decoction in a severe case of chronic ulceration of the bowels subsequent on acute dysentery. The patient, a young man, aged 20, was extremely emaciated, and had to spend most part of the day and night on the commode. The number of motions, as far as they could be counted by the nurse, amounted to thirty-six, and their character was mucous and putrid, and they were accompanied by great suffering. Although the decoction was used in conjunction

with other measures (enemata, ointments, and sedatives), I think I was justified in ascribing the favourable result mainly to the berries, when in the course of five weeks the number was reduced to two or even to one in twenty-four hours; as the sedatives had been freely used already before the myrtillus treatment.

In 1897 for the first time I tried a weak infusion in a case of typhoid in a child, and it seemed to me that the disease took a milder course, and that convalescence started earlier than I had anticipated. The second case was also a child of 8 or 9 years; the main symptoms for the first ten days had been severe headache, and the disease had remained not diagnosed. At the end of this time it came under my observation, when I put it on decoction of *V. myrtillus* and a proper diet, and although prognosis had been dubious on account of the preceding injudicious feeding, the patient's temperature went down, and the disease was over in a fortnight. Two more cases of typhoid in adults were treated with *V. myrtillus* with similar good results, but unfortunately I am not in possession of the records.

I was convinced for myself that the favourable action of the drug could not be solely due to its slightly astringent properties, but must be based on some other quality.

The analysis of the slightly acid, yet sweet and aromatic juice of the bilberry, as hitherto recorded, did not afford me much to go upon. Herman Hager, the well-known German pharmacist, the only authority that mentions the subject,<sup>12</sup> gives as the constituents "sugar, malic acid, limonic acid, a pigment containing tannin, pectins, etc.," and I do not think that there is another or a more recent investigation available, as the berries never gained attention otherwise than as an occasional article of food.

Convinced as I was of their antifermentative action, I decided to test whether they had any specific effect on the typhoid bacillus and other pathogenic bacteria of the intestine, and Dr. F. A. Andrewes, of the Pathological Laboratory of St. Bartholomew's Hospital, kindly consented to guide and assist me in the matter.

I prepared a decoction of the dried berries in the ordinary way, making the weight of the liquid equal to that of the material employed, filled some tubes with it, and sterilized them. A pipetteful of cultures of *B. coli communis* and *B. typhosus* was then added each to a tube of sterilized bilberry juice, and sub-cultures in broth made after five minutes, one hour, twenty-four hours, forty-eight hours, and seventy-two hours. The subcultures were examined after twenty-four hours, and, where necessary, tested on gelatine. The result is shown in the following table:—

*Growth of Bacteria under the action of Bilberry Juice (Acid).*

	After 5 mins.	1 hour.	24 hours.	48 hours.	72 hours.
Typhoid bacillus ..	+	+	+	--	--
B. coli communis	+	+	--	--	--

Thus the typhoid bacillus was killed by the action of bilberry juice at some point of time exceeding twenty-four hours but not later than forty-eight hours after commencement, whilst the bacillus coli communis showed less resistance, failing to grow even after twenty-four hours.

Reassuring as this experiment was, it was necessary to eliminate the action of the acids contained in the bilberry (malic, limonic) before forming a definite opinion. I therefore repeated the test in 1901 in the same laboratory, with the kind assistance of Dr. J. H. Drysdale. This time the decoction, prepared as in the first case, was carefully neutralized with a solution of sodium carbonate and sterilized. At the same time the range of the experiment was widened, including, besides the *B. typhosus*, the *B. Gaertner* and three different kinds of *B. coli*. Among the latter, one type was derived from a case of cystitis (Ryder), a second from a case of endocarditis (Dulieu), and the third was from the old laboratory stock (lab. type). Subcultures on broth were made after six, twenty-four, and forty-eight hours, on agar after twenty-four and forty-eight hours. All subcultures were examined twenty-four hours after their preparation. Besides these, Dr. Drysdale also tested the effect of bilberry on cholera vibrio.

The results of this second experiment can be tabulated as follows:—

*Growth of Bacteria under the Action of Bilberry Juice (Neutralized).*

Medium ..	Typhoid Bacillus.	B. Gaertner.	Cholera Vibrio.	B. Coli Comm. (Ryder).	B. Coli Comm. (Dulieu).	B. Coli Comm. (lab.) type.	
	Broth.	Broth.	Broth.	Broth.	Broth.	Agar.	Broth Agar
After 6 hrs.	+	+	+	+	+	--	+
After 24 hrs.	--	--	--	--	--	one colony	+
After 48 hrs.	--	--	--	--	+	more colonies.	+

The results of this test are quite striking, and speak for themselves. The typhoid bacillus, Gaertner's bacillus, the cholera vibrio, and one kind of the pathogenic species of the *B. coli communis*, were killed by the neutralized decoction of bilberry within twenty-four hours, whilst another kind of pathogenic *B. coli* was inhibited in its growth for twenty-four hours, and only the laboratory type (probably non-pathogenic) retained its vitality unimpaired. It is quite reasonable to assume that if the standard infusion prepared by me for these tests gives these positive results in twenty-four hours, a stronger preparation will have a prompter action still, and there is no reason why its strength should be limited in therapeutical use, as the berries are not poisonous.

Having by these tests established the bactericidal action of the myrtillus, and bearing in mind my experience with it in ulcerative processes in the bowels, and also the chemical analysis as quoted above, the special considerations that recommend it very strongly in the treatment of typhoid and other diseases of the intestine (infectious and ulcerative) can be conveniently preceded here by a few remarks on those qualities of the drug that apply to all cases.

The berries are first of all non-poisonous, a very important feature which enables the free administration of frequent and large doses if desirable, and allows a wide range in its concentration. Secondly, the infusion or the jam has a pleasant, fragrant, and refreshing taste, can be sweetened to the patient's liking, can be taken hot or cold, and easily mixed with mineral waters, lemon water, tea, milk, custards, cream, barley water, and fine porridge. Thirdly, as my tests establish, neither the acid juice of the stomach nor the alkaline contents of the bowels will interfere with the action of the drug; and, fourthly, this action reaches down to the lowest portion of bowel, and therefore I am justified in looking on the drug as a suitable means for local treatment within the intestine.

Coming now to the special indications in

#### *Enteric Fever,*

*V. myrtillus* can claim to keep the intestine aseptic (as far as *B. typh.* is concerned), to prevent reabsorption and reinfection, and thus prevent and cut short the duration of the infection; secondly, its astringent and antibacillary effects combined cannot act otherwise on the ulcers already formed than in a soothing, cleansing, and healing manner; in other words, it supplies the drug for local action on the sores so desired to check their spread in width and chiefly in depth. But in this connection another consideration will perhaps be found

of great importance. The immediate causes of perforation of the ulcerated walls of the intestine are by no means very easy to determine, and occur independently of the strictest diet, etc. Whether due to muscular action or any other cause, the final moment must evidently be one of an intra-intestinal pressure too great for the weakened wall. Now I am inclined to think that in the cases of dietary mistakes so frequently leading to perforation, it is not the food *per se*, but the flatulence generated by it, that raises the pressure within to the point of bursting through the weak spot, and I believe that the anti-fermentative action of myrtillus will certainly be of great use in avoiding these sad complications.

Among other infectious diseases,

#### *Dysentery*

is that in which I expected very favourable results from *V. myrtillus*, being led to think so by my practical experience with it in the chronic variety of the disease.

It was therefore a matter of great regret to me that a laboratory test was, for obvious reasons, impossible; but nevertheless my tests with the various types of *B. coli* are very encouraging, if one considers the direction which the developments of the knowledge of acute dysentery have taken of late. The amœba as a recognized primary cause of dysentery is fast losing its position in favour of bacterial organisms.

Roger, who has devoted to this subject his special attention,<sup>13</sup> after subdividing the disease into amœboid dysentery, a coli-bacillary dysentery, and forms of enteritis resembling dysentery, among whom one form seems to be caused by a special bacillus described by him, goes on to say: "The *B. coli* dysentery seems to me to be very frequent. On investigating the stools of the patients the microscope reveals many varieties of bacteria. But inoculations on animals demonstrate the existence of but a single species which is pathogenic. This is a bacillus which has all the features of the ordinary *B. coli*. In favour of its pathogenic character speaks the virulence, which is very great, and varies in proportion to the gravity of symptoms observed in the patients."

But whilst Roger still admits the existence of amœboid dysentery, though only as one of the types of that disease, others go already further, and Scheube<sup>14</sup> says: "One has probably to look on the amœbæ now not as the causal agents of dysentery, but as concomitants which enter into the mucous membrane only subsequently to its having been softened and ulcerated by the primary pathological process."

"Arnaud, Celli and Fiocca, Galli-Valerio, and others

consider as the cause of dysentery the bacterium coli communis, which under the influence of circumstances yet unknown, or perhaps of other bacteria present at the same time in the intestine, change into a virulent variety. Celli considers that the toxin he prepared from that bacterium produces the dysenteric infection, whilst the deep lesions of the tissues are caused by the pyogenic bacteria which, being present in the bowel, settle in the affected mucous membrane, etc.”

It is evident then that these views bear very favourably on the potentialities of *V. myrtillus* as a remedy in dysentery. as my tests with *B. coli communis* seem to point to the fact that it inhibits or kills all pathogenic species of that bacillus.

It is therefore certainly very advisable to employ it in acute dysentery, and its effects are likely to entirely supersede the other fruit, once strongly recommended, for example, the bael-fruit,<sup>15</sup> because of its bactericidal action. In chronic dysentery the excellent opinion I formed of it is borne out by Fisch<sup>10</sup> who also recommends it for the chronic variety.

#### *Other Diseases of the Intestine.*

As far as these are concerned it should be given a serious and extensive trial in true cholera, the vibrio of which is killed by it, and, with due regard to its astringent properties, it should be employed in all diseases of which ulceration of the mucous membrane is the main symptom, in those with an excessive secretion, and in all cases of abnormal fermentation.

In conclusion, may I be permitted to express my gratitude to Dr. F. W. Andrewes and Dr. J. H. Drysdale for the ready kindness with which they have assisted me in this investigation, and likewise the hope that those in control of special fever hospitals in this country, and medical men in the Colonies and India, who have frequently to deal with typhoid, acute dysentery, and cholera, will not fail to avail themselves of this new remedial means in the direct fight against the infectious virus, and give it a wide clinical application and test than it has been possible for me to do ?

#### NOTES AND REFERENCES.

<sup>1</sup>W. Osler, *Principles and Practice of Medicine*, 3rd ed., pp. 46 and 47 ; <sup>2</sup>A discussion on Enteric Fever in its Public Health Aspects, *British Medical Journal*, 1901, p. 389 ; <sup>3</sup>See Dr. P. Horton-Smith's photographs illustrating its action, *British Medical Journal*, 1900-1, p. 833 ; <sup>4</sup>Bentley and Trimen, *Medicinal Plants*, London, 1880, do not mention the shrub ; <sup>5</sup>(a) *English Botany*, Syme, Lankester and Sowerby, 3rd ed., vol. vi, pp. 24 and 25 ; (b) Contribution towards a *Cybele Hibernica*, More, Colgan and Scull, Dublin,

1898, p. 219, plate 879; (c) Cybele Britannica, by H. C. Watson, 1870; <sup>6</sup>Dorvault, *L'Officine de Pharmacie Pratique*, 11ieme ed., Paris, 1886, p. 228; <sup>7</sup>G. A. Buchheister, *Handbuch der Droguistenpraxis*, 4th ed., 1895, vol. i, p. 180; <sup>8</sup>Winternitz, *Blätter f. klin. Hydrotherapie*, 1891, No. 3; 1892, No. 2; and 1895, No. 4; <sup>9</sup>Preuss, *Centralbl. f. Chir.*, 1893, p. 204; <sup>10</sup>H. Strauss, *Therapeutische Monatshefte*, March, 1900, p. 143; <sup>11</sup>Hirsch, *Universal Pharmacopœia*, quoted by Fr. P. Foster, illustrated *Encyclop. Med. Dictionary*, 1892 and 1894, vol. iv, art. Myrtillus; <sup>12</sup>*Handbuch der pharmaceutischen Praxis*, Berlin, 1878, vol. ii, pp. 491-493; <sup>13</sup>Les Toxines du Coli-bacille de la Dysentérie, Paris, 1900, quoted by Dieulafoye, *Manuel de Pathologie Interne*, vol. ii, p. 554, Paris, 1901; <sup>14</sup>Dr. B. Scheube, *Die Krankheiten der warmen Lander*, 2nd ed., 1900, p. 517 et seq; <sup>15</sup>J. Fayrer, On Tropical Dysentery and Diarrhœa, *British Medical Journal*, January 15th, 1881; <sup>16</sup>Fisch, *Tropische Krankheiten*, 1894, p. 107.—*British Medical Journal*, Feb. 7th.

## THE BRIGHTON HOMŒOPATHIC DISPENSARY.

### ANNUAL MEETING.

THE annual meeting of the friends and subscribers of the Brighton Homœopathic Dispensary was held at the Royal Pavilion, Brighton, February 2nd. The Mayor (Alderman J. C. Buckwell) presided, and among those present were the Rev. W. N. P. Beebe, the Rev. F. H. M. Blaydes, LL.D., the Rev. Seymour Penzer, the Rev. W. W. Youard, Dr. Giles F. Goldsbrough (physician to the London Homœopathic Hospital and editor of the journal of the British Homœopathic Society), Dr. and Mrs. Searson, Mr. Wilde, M.R.C.S., Mrs. and Miss Egerton, Miss Friend, Miss E. C. Harvey (Hon. Secretary), Mrs. M. C. Minter, Mr. H. A. Costerton, Mr. C. Armstrong Dash, Mr. Norris, Mr. W. Clarkson Wallis, and Mr. W. Willett (Chairman of the Committee).

The Committee, in presenting their 58th Annual Report, again recorded an increase in the number of patients relieved during the year, the number of new cases treated at the Dispensary during 1902 being 1,050, and the number of consultations at the institution 5,189. With regard to the visits paid during the year the number was 251, and the number of visits 1,218. The corresponding figures for 1901 under these respective heads were 875, 5,059, 239, and 1,072. The Committee expressed their thanks to the members of the medical staff for their kind services to the patients of the Dispensary. They deplored the loss during the year of two



of the oldest friends of the Dispensary in Dr. Richard Hughes (for many years hon. medical officer and a member of the Committee), and Mr. Daniel Friend (who was for some years Chairman of the Committee).

#### THE HOVE BRANCH.

The attention of the Committee had been directed throughout the year to the possibility of opening a Hove branch, and in the autumn an opportunity presented itself of starting in a quiet way by hiring some rooms at 25, Wordsworth Street, Hove. Owing to the state of the finances the Committee did not feel justified in incurring fresh liabilities, though it hoped when the branch was once started and the need for it practically demonstrated that sufficient financial support might be secured. But thanks to a most generous offer of Mr. Willett to be responsible for any deficit on the first year's working, the Committee were able to engage the rooms and open the Dispensary on the first Tuesday in December. Unfortunately, the financial statement showed a deficit of £19 17s. 4d., and the Committee earnestly appealed for help to enable them to wipe off this amount, and to obviate any charge being made in the continuance of the work at present carried on in Brighton and Hove.

The Mayor, in moving the adoption of the Report, urged the claims of the institution, which he said was undoubtedly doing a very good work in Brighton. He was very sorry to see that there was a debit balance, but otherwise the accounts were in a very satisfactory condition.

#### DR. GOLDSBROUGH ON HOMŒOPATHY.

The motion was seconded by Mr. W. Willett, and was supported by Dr. Goldsbrough, who gave a most interesting exposition of the broad principles of homœopathy. They did not, he remarked, dissent from the old school of medicine, but simply said: "We know a better way." He found that in the old school of medicine homœopaths got the credit of having done much to bring about improvements, such as the abolition of the old barbarous methods of bleeding, etc. But this was only a negative virtue. The leading positive virtue of homœopathy was that it had introduced a wide and comprehensive principle of order into the treatment of disease. After showing how this was the case with regard to the use of drugs, Dr. Goldsbrough went on to point out that first and foremost a homœopathist said he must respect the individuality of his patient. The popular idea was that a particular disease must have a particular treatment, but the homœopathist contended that this was not truly

scientific. There was, in every organ of the body, a natural recuperative power; it was their aim to nurse that power as a means towards complete recovery. People might ask: "How is it the general body of medical men do not adopt homœopathy?" The answer was that homœopaths could not give it any physiologically rational basis at present: they could not square it with their present knowledge of physiology. They had only to wait a certain number of years until science had advanced further than it had at present, and they would obtain all the recognition they wanted. He felt sure that in time homœopathy would become the leading principle of medicine; for it was nature's own law of cure.

The Report and balance-sheet were unanimously adopted; the officers and Committee were re-elected, and hearty thanks were accorded them for their services on the motion of the Rev. H. M. Livens, seconded by Mr. Clarkson Wallis; and on the proposition of Mr. Armstrong Dash, seconded by the Rev. W. N. P. Beebe, a warm vote of thanks was tendered to the Mayor for presiding and to Dr. Goldsbrough for his address.—*Sussex Daily News*, February 3rd.

## LEAF HOMŒOPATHIC COTTAGE HOSPITAL. EAST-BOURNE.

### FIFTEENTH ANNUAL REPORT, DECEMER 31st, 1902.

THE Committee of the Leaf Homœopathic Cottage Hospital in presenting their 15th Annual Report to the subscribers and donors who have so kindly supported them, are glad to be able to send a satisfactory account of the last year's work. The number admitted into the hospital was 94. The subscriptions and donations amounted to £459 3s. 7d; The subscriptions showing a decrease of 16s., and the donations an increase of £9 3s. 3d., as compared with last year. The committee are enabled to carry forward a balance of £113 0s. 4d. as compared with £102 17s. 1d. at the close of the preceding year. 1,957 cases have been treated at the hospital since its opening in 1888.

The total number of patients treated at the hospital during the year has been 307, of whom 94 occupied beds in the wards and 213 were out-patients; against 241 cases in 1901, of whom 89 occupied beds in the wards, and 152 were out-patients.

The committee again confidently appeal for further help, as at least an additional £200 per annum is urgently needed

to meet the increased expenses of maintaining the hospital, consequent upon the proposed enlargement thereof. The hospital still has only a small share in the large official Hospital Sunday and Saturday collections made in the town, but the Committee wish to express their best thanks to those incumbents who have set apart a portion of their offertories on their behalf, the amount being £76 19s. 3d. against £62 18s. 5d. last year. The donations received for Hospital Sunday and Saturday amount to £68 10s. 2d.; this includes proceeds of collection by the Friendly Societies, £38 5s., against £36 13s. 4d. for 1901, and the amount collected by cards, £37 9s. 5d., shows a decrease of £19 3s. 3d. upon the year 1901. The committee desire to thank all those who have so kindly contributed in this way. The hospital boxes have produced £11 10s., against £13 0s. 3d. last year.

There are four wards in the hospital, containing eight beds and one cot. No charge of any kind is made to patients, the supply of necessaries, medicine, and advice being entirely gratuitous.

The committee wish to again return their best thanks to Dr. Croucher, Mr. Swanseger, Mr. Turner, and Mr. Dudley Wright, F.R.C.S., Eng., consulting surgeon, for their kind and skilful treatment of the patients, gratuitously bestowed; and to Miss Bevis, the matron, and nurse J. B. Forster for their devoted attention, whilst at the same time exercising due economy in the regulation of the house expenditure. They also desire to express their best thanks to Miss Weston, Mrs. Joyes, Mrs. Beddow-Perry, and Miss G. Forster for gratuitous help in nursing; also to Mr. Cole for tuning their piano for some years free of expense; and to the kind donors of various articles throughout the year, which have afforded additional comfort to the patients. They are also indebted to the ladies in card collections in aid of the Leaf Homœopathic Hospital Building Enlargement Fund to the amount of £292 7s. 1d.

The Misses Leaf have kindly given the premises situate at Nos. 1 and 2, Marine Road, to the committee, in trust for the furtherance of homœopathy, and it is therefore proposed to adapt those premises for hospital purposes, and so enlarge the present hospital.

The subscribers to the above fund have kindly consented to their subscriptions being used for that purpose instead of for the building of a new hospital, as was at first proposed.

The hospital will be closed on and after the 1st February next for about six weeks, for the purpose of carrying out the necessary alterations.

## BATH HOMŒOPATHIC HOSPITAL.

## ANNUAL MEETING OF SUBSCRIBERS.

THE annual meeting of the subscribers to the Bath Homœopathic Hospital was held at the Guildhall, Feb. 18th, the Mayor (Alderman J. E. Henshaw) presiding. Others present were the Hon. Mrs. Curtis, Sir John Innes, bart., and Miss Innes, Miss Vernon, Mrs. Allright, Miss Bell, Miss Collier, Mrs. Lyndon Darling, Miss Miriam Bell, Mr. and Mrs. Castellain, Mr. and Miss Barclay Harvey, Mr. Underwood, Mr. Neave, Dr. Percy Wilde, Dr. Graham Wills, Mr. Sheldon, Mr. A. T. Blakiston, and Mr. Pierson.

Mr. Castellain (hon. secretary) read the committee's report, which was as follows :—

The appeal of the committee for greater support for the hospital has resulted in a slight increase, £35, in the amount of subscriptions, and a large one, £137, in that of donations, which has enabled full use to be made of the hospital, though it may be remarked that through the increasing use of tickets, whereby patients obtain the benefit of treatment at a cost inadequate to compensate that of their maintenance, the funds of the hospital suffer severely, and it is difficult to meet current liabilities. While thanking those who have hitherto kindly supported the hospital, the committee feel that its work is not sufficiently recognized by many who might contribute, and they will be grateful to any who have derived benefit from their treatment at the hospital, if they will endeavour to procure further subscribers to enable the work to be carried on. Owing to the increased accommodation mentioned in our last report, the receipts from private patients are greater by about £430, and for the same reason the nursing fees have increased by £107. The thanks of the committee are due to the Rev. Thomas Tyers, M.A., for conducting services at the hospital on Sundays. The Corporation having undertaken the making of Lansdown Grove Road, the cost to be defrayed by the adjoining occupiers, donations are earnestly requested to enable the committee to meet the heavy extra expense of this, which it is estimated will amount to about £90.

The balance sheet showed that the amount received from private patients amounted to £2,005 16s. 1d. ; from hospital patients, £92 2s. ; from out-patients, £107 12s. 6d. ; from nursing fees, £137 14s. ; from donations (including a legacy of £100) £360 9s. 8d. The expenditure amounted in all to £3,020 15s. 9d. ; of which the principal items were : house-keeping, £1,594 15s. ; and salaries and wages, £451 4s. 4d. There was a deficit at the end of the year of £172 12s. 11d.

Dr. Wilde presented the medical report, which showed that at the Duke Street out-patient department, 1,092 patients were entered on the books for the first time. The total attendance of patients was 9,208, including 821 visits paid to patients at their own homes. At the Lansdown hospital, 166 patients were admitted for treatment. Of that number 70 were treated in the hospital wards, and 96 in the paying or part-paying wards. These patients entailed a residence of 7,798 days, 2,885 days representing the residence of the charitable patients, and 4,913 days that of the private patients. The figures represented a steady increase in the work of the hospital. At the dental department there was an attendance of 107 patients, about 230 operations of various kinds being performed. The nursing department had been able to resume the work of nursing patients at their own homes and many of the subscribers had had an opportunity of judging of the value of their services. The medical staff were glad to be able to report that expressions of approval and satisfaction had been received from every patient that had been nursed. They had, as usual, to express thanks to Mr. L. B. Eskell, the hon. dental surgeon, for the kindness and generosity he had shown, not only to patients, but to many members of the staff. The valuable department which was under his charge, was worked at no expense to the funds of the hospital. Thanks were also accorded to the lady superintendent, Miss Blanche Sellers, for the care she had taken to provide for the comfort of the patients, as well as for their efficient nursing. The nursing staff had loyally discharged their duties. The report concluded with the following paragraph:—"We regret the delay which occurs in admitting patients to the public wards, but our limited number of beds and the many cases of chronic infirmity sent to us cause our wards to be always full, and there are always patients waiting for vacancies.

The Mayor, in moving the adoption of the reports and balance sheet, remarked that one could not but be struck by the great amount of work which the Homœopathic Hospital was doing in the city. The report which had been presented by their indefatigable superintendent (Dr. Wilde) sufficiently indicated, he thought, the work which was being done by the institution. The figures contained in that report must be very gratifying to those of them who were especially interested in the hospital. He was very strongly impressed with the last paragraph, "patients waiting for vacancies." That fact seemed to him an indication of the benefits received at the institution, and he did think that the committee and those who spent their time and gave their support to the work, must be gratified with the fact that their efforts were appreciated.

by the citizens and those who were able to take advantage of them. The balance sheet, however, did not disclose a financial position which was altogether satisfactory. Such a deficit, he thought, justified the paragraph in the committee's report, which said that the work was not sufficiently recognized by many who might contribute. He was of the opinion that when they had, as they had in the present case, ladies and gentlemen and professional men who were giving the best of their time, ability and energy to the carrying on of public work of that kind, that the least that could be expected from the public was that their efforts could not be supported too nobly, and he sincerely hoped that the appeal would be accorded a response which would suffice to provide a satisfactory balance. Those of them who were sometimes associated with local institutions were becoming used to the constant deficits in the funds of charitable institutions. All such institutions seemed to be a little bit in difficulty in that connection. It might be that in recent years claims in other directions affected those institutions. At the same time the citizens of Bath always had the desire to assist towards the efficiency of charitable institutions, because they recognized that they were thoroughly well conducted. He hoped that the deficit would be cleared away, and that the institution would be able to continue its good work without the burden of a deficiency in their accounts. (Applause.)

Mr. Blakiston seconded and the motion was carried unanimously.

Mr. Pierson proposed the re-election of the officers, and Mr. Underwood having seconded, the motion was carried.

Dr. Wilde proposed a vote of thanks to the Ladies' Work Society. He remarked that the hospital did not stand in the position of ordinary hospitals. They had not sufficient supporters to keep more than the dispensaries going, and they owed their success to the adoption of the principal of self-help. Their hospital was the only one in the kingdom where medical men could send their patients and continue to attend them while they were there. The speaker appealed for more assistance, saying that if they only had more funds they would be able to do a great deal more for poor people at less proportionate cost and trouble than at present. The motion was seconded and carried unanimously.

The Mayor proposed a hearty vote of thanks to the committee, officers and medical staff. They knew they all took a keen interest in the institution.

Sir John Innes seconded, and the motion was carried with applause.

Dr. Wills returned thanks, and the meeting closed with a vote of thanks to the Mayor, who privately handed a cheque to the hon. secretary.—*The Bath Herald*, Feb. 19th.

### ANTIPYRIN EXANTHEMATA.

IN certain subjects antipyrin causes a rash, occurring chiefly in two forms, either as a general or as a more or less localized eruption. When the latter, it is the neighbourhood of the various natural openings of the body, mouth, anus, eyelids and genitals, the dorsum and palms of the hands, fingers and toes which are affected; and when the drug is used subsequently the resulting rash affects by preference the spot previously attacked. When the rash is localized upon the lips, tongue, gums, or anus, and the cause is unknown, it may very easily be mistaken for a syphilide. It forms sharp, round, or oval, red, elevated spots, feeling hot to the touch, and upon which, sooner or later, vesicles or bullæ appear; healing is accompanied with scaling or scabbing, and sometimes leaves behind lasting pigmentation. In the generalized form, which in appearance closely resembles measles, the above-mentioned spots are the first to appear. The diagnosis is often rendered difficult from the fact that the patient, who has obtained the antipyrin in an ordinary shop, looks upon it as an innocent domestic remedy, and not as a drug. In this way it often happens that the rash is first noticed after the use of the drug has been repeated, after which it re-appears with each repetition of the drug and always upon the same part of the body; a few seconds or minutes after the drug is swallowed burning and itching set in, to which, after a few hours, sometimes accompanied by fever, the rash succeeds. The patient, however, and, usually, also the doctor, think of everything but the "harmless" antipyrin. The following is a case in point related by Prof. Köbner, of Berlin:—

A young man of 29 had already had four attacks of an eczematous rash upon the scrotum and between the nates; upon the first occasion it occurred after a warm bath upon the scrotum, between the nates, and upon the thighs, with itching of the palms of the hands. Six months later it recurred in the same situations, and accompanied with red spots on the volar side of several of the finger joints. One medical man diagnosed syphilis, another (specialist) eczema. Three months later another outbreak upon the same spots. On May, 1st 1893, the patient took some antipyrin as a remedy for headache; within a few minutes there was burning between the nates, *in perineo et scroto*, and early on the following day red itching and burning spots *on the volar side of the first joints of the second, third, and fourth fingers of the left hand*, and the basal joint of the left thumb; succeeded on the third day by two similar spots on the flexor aspect above the left wrist. There was also burning, but

no visible spots upon the second and fourth fingers of the right hand; on the basal joint of the right thumb two circular patches about the size of a threepenny piece, likewise upon the back, the nates, the back of the thighs, between the nates, and between the first two toes of the right foot, whilst between the second and third there was a *bullæ*. It was only after much questioning that it occurred to the intelligent patient that he had taken antipyrin after his baths for headache. On leaving off the drug recovery without pigmentation took place.—(*Deutsch Med. Woch.*, 1898, No. 21).

Dr. Strebel, of Munich, relates another case:—

A young lady complained of intolerable itching of the genitals, and at the same time of a very unpleasant tickling sensation in the palate. The *labia minora* were considerably swollen and covered with minute vivid red papules, and afforded a copious secretion; the *ostium vaginae* was prominent and puffy, inflamed and swollen, so that neither finger nor speculum could be used. The hard palate appeared thickened and of a vivid red colour, as did also the whole of the membranous lining of the buccal cavity. With the exception of one red papule about the size of a pea upon the nape of the neck, nothing abnormal was found elsewhere. This and a subsequent attack of a precisely similar nature were traced to the use of 1 gramme doses of antipyrin taken for *migraine*, but the patient had previously used the remedy on several occasions without any unpleasant effect. Experiencing no relief from other remedies, the patient continued the use of the drug at long intervals and always with the same effect.—(*Aerzt. Rundschau*, 1898, No. 28); *Translated by Dr. Blackley*.

#### “ PLUMBO-SOLVENCY.”

AN elaborate and interesting report has recently been issued by the Medical Department of the Local Government Board on lead-poisoning through the medium of drinking water. In the *Times* of February 17th, we find one of those able and comprehensive analyses which appear from time to time, compressed into short compass, of such reports, and which render the leading articles so valuable as well as interesting. We therefore give our readers the pleasure of reading it entire by reprinting it in our columns.

“An elaborate report issued yesterday by the Medical Department of the Local Government Board contains the



details and results of an investigation with regard to lead-poisoning through water which has been for several years in progress, and has required for its completion no ordinary amount of circumspection and care. As long ago as in 1885 the attention of the Department was directed to a considerable number of scattered cases of lead poisoning, which had occurred in Sheffield and some other northern towns, and which appeared to be traceable to the presence of lead in the water supplied to consumers. Dr. Sinclair White, the Medical Officer of Health for Sheffield, instituted inquiries into the probable sources of the power to dissolve lead which was thus so alarmingly displayed. The Sheffield water supply was obtained from two reservoirs, situate several miles from the town, and fed from separate moorland gathering grounds; one reservoir furnishing the supply of the high district of Sheffield, the other the low service district; and, although there was some occasional overflow from the high to the low service reservoir, the two services were in all essential respects distinct. The lead-poisoning was not uncommon among consumers from the high service, but those supplied from the low service suffered little; and, while samples of water taken from the lead house-pipes of the high service invariably contained a considerable amount of lead in solution, samples from similar pipes on the low service, whether these were old or new, either contained no lead or only a minute trace, such as might be accounted for by an occasional overflow from the high service reservoir. It followed from the conditions governing solubility in general that more lead was found in hot water than in cold, and more in water which had been standing in the pipes all night than in that which had merely flowed through them; but these conditions threw no light upon the difference in the behaviour of the waters respectively contained in the two reservoirs. Dr. White therefore proceeded to examine them chemically, and he found that the high-level water was distinctly acid, while that of the low-level reservoir was either faintly acid or neutral. Pursuing the inquiry by the light of this discovery, it was further found that, whereas very few of the streams tributary to the low-level reservoir were acid in their reaction, many of those feeding the high-level reservoir were distinctly so; and that certain of these high-level tributary streams became more and more acid as they were traced upward toward their sources, until a *maximum* degree of acidity was found in the water collected in depressions of the surface of the peat in the upper regions of the gathering ground of the high-level supply. Dr. White next proceeded to demonstrate that lead already dissolved by the water could be removed by different kinds

of filtration; and that by the same means the high-level water, before it had actually taken lead into solution, could be deprived of its solvent quality. He went further, and showed that the high-level water, dealt with on a large scale at or near its chief storage reservoir, could be deprived of its solvent action on lead by keeping it for a few hours in contact with fragments of freshly-broken Derbyshire limestone.

“Valuable as these investigations were, and effectual in affording means of protecting the Sheffield consumers, they left untouched the cause of the acidity on which the power to dissolve lead appeared to depend; and at this point the inquiry was taken up by the Local Government Board, and was made the subject of an interim report by Mr. Power, F.R.S., the present Chief Medical Officer, in 1887. A further interim report by Mr. Power appeared in 1895, and contained an account of the state of the inquiry up to that time. Very complete arrangements had been made for the collection of samples of water from several moorland gathering grounds, and for inquiry over a wide area within which public water supplies were largely derived from such grounds, respecting the physical circumstances and conditions of delivery of each service, and as to whether lead poisoning had been observed in connection therewith. Differential examination was also made, week by week, throughout more than a year, of water samples freshly collected from each of several distinct and previously determined sources on one and the same moorland gathering ground, which was selected because comprising a region known to afford waters which, from time to time, and, in their aggregate, manifested pronounced ability to dissolve lead. The examination included the directions and the limits of diversity of the chemical and bacterial constituents of the samples, as well as variations in the amount of their ability to dissolve lead, with observation how far this property was associated with variations in their chemical or bacterial characteristics, or with changes in their environment of seasonable or of meteorological sort. Areas in the West Riding of Yorkshire, in Cumberland, and in Westmoreland were chosen for the purposes of the inquiry; and the principal laboratory was established at Settle, where the necessary procedures were undertaken, in the first instance by Mr. and Mrs. Atkinson, of Settle, and afterwards by Dr. A. C. Houston, of the Local Government Board, by whom the investigation has now been brought to a close. As carried down to 1895, the practical conclusion reached, and then set forth provisionally by Mr. Power, was that the acidity of moorland water was produced by the life processes of bacteria which were found in moist peat, and of which Dr. Houston

identified two varieties. It was clearly established that most moorland waters were acid in reaction, and possessed "plumbo-solvent" qualities. These waters are mainly derived from rain falling on peaty gathering ground. Part sinks through the soil, and comes to the surface as spring water; but the greater portion saturates the peat, and is eventually washed out of its substance by successive rainfalls, after more or less prolonged contact with the soil, in which the acid-forming bacteria referred to are abundantly contained.

"The longer and more finished report by Dr. Houston which is now issued, and to which Mr. Power has prefixed an introduction, differs from its predecessors chiefly in its full descriptions of all the details of procedure, of chemical testing, and so forth, and in a completeness which justifies the belief that the subject has been practically exhausted. It confirms, in all essential respects, the provisional conclusions which had previously been announced. It directs attention to the difference which exists between the power of dissolving lead, which seems to be peculiar to waters containing the acid products of bacterial life, and the power of eroding bright lead, which is comparatively harmless to the consumer, and is possessed by nearly all waters which hold free oxygen in solution. It announces that the property of "plumbo-solvency" will generally be destroyed when the water possessing it is mingled with a large volume of neutral or acid-neutralizing water derived from other sources. In other instances the process of filtration through sand or of neutralization by lime or whiting is adopted; and in one of these ways the water supplies which once were dangerous are now habitually deprived of their power to act upon lead. Still, the authorities controlling waterworks are warned of the necessity of bearing in mind the risks incidental to a supply consisting wholly or partly of water possessing "plumbo-solvent" properties; and it is pointed out that, the liability to lead-poisoning having now been greatly reduced, there is always a possibility that scattered cases may escape notice, or may not be traced to the source from which they proceed. It is declared to be undesirable to rely wholly on any system of neutralizing a water, however well such a system may be designed to guard against accident or negligence. It should first be ascertained whether acid water can be altogether rejected from the supply, as by eliminating the drainage of special peaty areas, or by providing "leaping weirs," which ensure that the first washings from the peat after a period of drought are automatically cast aside. Given a water supply habitually acid, or liable to become acid, the neutralization

may be effected in various ways which Dr. Houston points out. Perhaps the most satisfactory method is ordinary sand filtration with the addition of some neutralizing material to the filter, and the subsequent addition of a trace of sodium carbonate to the neutral filtered water. But, whatever methods of this kind are adopted, it is essential that they should be checked from time to time by suitable observations on the gathering areas, at the reservoirs, and at the filters, as well as by examinations of the water actually delivered to consumers, so as to ensure that the precautions afford adequate safeguard, not merely against average or normal conditions, but also against those which are exceptional. The methods of testing devised and described by Dr. Houston should be brought into ordinary practice by all purveyors of water who derive their supplies from districts in which there is any liability to an admixture of drainage from the peat."

#### DR. T. F. ALLEN, OF NEW YORK.

IN our issue of February we inserted an obituary notice of the late Dr. Allen, by Dr. Charles Deady—an excellent sketch of his career. But it gives much more interest to one's estimate of a great man when we know, from an intimate associate, his personal characteristics, his home life—in fact, his inner life. Such a graphic and sympathetic sketch we have from the pen of Dr. St. Clair Smith, of New York, in the columns of the February number of the *Hahnemannian Monthly*, and we cannot resist the pleasure of reproducing most of it.

"It is not my purpose to write of Dr. Allen's various attainments and achievements. As author, writer, botanist, and all-round scientist, all these are too well known to need any elucidation from me. I shall touch here only on some of his personal characteristics, observed through long years of intimate association and daily intercourse.

"I was a member of his household for eight years consecutively, and I had abundant opportunity for observing his character and knowing his innermost nature, his thoughts, his impulses, his hopes, his fears, his ambitions, his joys and his sorrows; for I was not only his companion, but his confidant in everything. So close were our relation and friendship, that during all those years no unkind word passed between us, no unfriendly thought.

"He was indeed so kind, so gentle in his disposition, that during my long association I never saw him angry. He was

often provoked when things went wrong, but he never gave way to anger or to undignified expression.

"He was brusque at times (and perhaps to those who knew him least this was his most notable characteristic); he was impulsive and outspoken; but he never was dogmatic nor overbearing, and never disputatious.

"He had the reputation of being unapproachable and unsympathetic, and his manner, of which he was wholly unconscious, at times was such as to create that impression with one who did not know him well. But, as a matter of fact, he was one of the most approachable and most sympathetic of men. His pre-occupied manner (and he was always pre-occupied) sometimes gave the impression of inattention or indifference; but he was never indifferent nor inattentive, and could re-word all that had been said to him.

"He possessed to a remarkable degree the faculty of doing two things at the same time—and doing them well, too; but this very accomplishment often got him into trouble, and subjected him to very unpleasant and unkind criticism. For instance, the son of one of his best patients and closest friends consulted him one day at his office, and when he returned home was bitter in his reproaches of Dr. Allen for not giving him the attention he felt his case deserved; charged him with treating him curtly, going to his cabinet, taking out a few powders at haphazard, and hurrying him out of his office without carefully examining into his condition. His story impressed his family, and another physician was summoned, who found the boy very ill with what subsequently proved to be typhoid fever.

"To show how false was the young man's impression, I came in soon after he had gone, and found Dr. Allen sitting at his desk with a troubled expression, and inquired what had happened to give him such evident anxiety? He started at my question, looked at me a moment, and said: 'I am greatly distressed about young ——. He was in here a few moments ago, and I am sure he is coming down with typhoid fever; and if he is, he will have it badly, for he is a very sick boy now. Of course I could not tell him what I fear, but I must call this evening, when his father is at home, and tell him of my fears, and at the same time see the boy again.'

"He was unable to call that evening, and next morning learned that the boy was very ill and that another physician had been summoned. But he did not learn until some weeks later—after the boy's death—why he had been superseded; and I have never seen more poignant distress than he manifested then.

"He was the most industrious person I ever knew—the

most prodigious worker. He was never idle. He always felt that waste of time was an unpardonable sin. Often he would discourse to me upon the subject, and as often abruptly end the conversation with the remark: 'And here I am wasting my time on you! Go to work! Go to work!'

"If he was ever beguiled from his work by an occasional caller, the dropping-in of a friend or an acquaintance—and no man ever valued or enjoyed such attention and the chats that ensued more than he—he would apparently drop everything for the moment and give himself up wholly to his friend, chatting pleasantly and jovially, and to all appearances oblivious to everything but the subject in hand. But any one who knew him well could see that the never-ceasing current of thought of his work was running in his mind all the time; and when he was at liberty he would impetuously return to it, as if he must make up for lost time.

"He was not only a worker, but he worked with strong purpose. Like his speech, his work was consecutive, logical, and, so far as was in his power, conclusive. He accomplished more than most men equally zealous, and perhaps equally industrious. This was in a great measure due to system; but still more was it due to economy of time and the ability to take up his work where he left off, and without a moment's reflection recall the train of thought that had been interrupted. For instance, I have known him to be interrupted while preparing a paper for some journal or society. He would put it aside immediately, without comment, and perhaps would not have an opportunity to return to it for several days. When he resumed it, without stopping to consider what he had already written, he would immediately complete the sentence left unfinished: and thence would go on with his article as easily as if he had never left it.

"This faculty of commencing where he had left off, without effort, enabled him, without loss of time, to accomplish a great deal that under other conditions must have been left undone. It shows a remarkable mental equipment which few men possess.

"During the period of writing the *Cyclopædia*, when he was at the zenith of his practice—a practice that would have filled the time of any ordinary man to the exclusion of any other work—he not only attended to its every detail, punctiliously keeping every appointment, but carried on the work on the *Cyclopædia* as well: supervising all the work of his helpers, dictating translations to his stenographer, revising the translations of others, adding notes and comments, correcting errors in spelling and grammatical construction, personally examining and completing, in short, every detail

of the work. There is not a line or a symptom in all those ten volumes that was not read by him, or read to him, before it went to press. No one who was not on the spot can form any idea of the magnitude of the labour or the immensity of detail involved in the development and preparation of such a work.

“Nor was the *Cyclopædia* the only demand upon his time. There were his lectures at the college three times each week—and such lectures! Lectures such as Allen only could give—thoughtful, logical, forceful, entirely devoid of fancy or speculation, direct and to the point; a clear statement of facts which had been established by observation and experience.

“He was never satisfied with his lectures, and was always careful to avoid any statement he could not defend. He never went into the lecture-room unprepared, and I have known him to spend hours in preparation.

“Then there were the duties of the Deanship, which he conducted without assistance: carrying on the correspondence, directing the affairs of the college, formulating its policy, managing its finances, settling disputes, preparing his reports, in fact giving personal attention to every detail incident to the affairs of such an office.

“His botanical studies also came in for a share of his time; and another share was taken in the preparation of his frequent articles for medical and botanical publications. Along with all this work he was a voluminous reader of professional journals. Not a medical or scientific journal came to his office, and the number that came was legion, that was not thoroughly scanned, and every article of interest recorded in his *index rerum* for future reference. ‘The mind, the purpose, and the endurance that were responsible for these stupendous accomplishments are among the rarest of human attributes.’

“Dr. Allen would have excelled in anything he had undertaken, but perhaps his most brilliant achievement would have been in music—had he adopted it as his profession—for he possessed a real musical genius. What he accomplished in his profession and in other branches of science, and particularly in botany, was through the most patient industry and his love of work; but he would have been a *great* musician because he could not have helped it. He constantly suppressed his talent, and kept it in the background, that it might not interfere with his other work. Yet it often would come to the front, and demand attention so insistently that he would drop everything and spend a half hour or so at his organ—always improvising vehemently at first, but

gradually becoming more and more moderate and subdued, and finally ending with the softest, sweetest and most peaceful strains. It is to be regretted that most of these impromptu productions could not have been recorded. They were the outpourings of a nature rare in this world. It always impressed me that some theme would take possession of him so strongly that, resist it as he might, it would take precedence of everything in his mind, and could only be dispelled by his giving it expression—and when the storm had passed he could quietly return to his work again.

“He was most generous in everything. I never knew him to be guilty of a selfish act or to give utterance to a selfish thought. He would give away his last dollar, and his charities were manifold, but his giving was never ostentatious. It was not only in charitable giving that his unselfishness was conspicuous, but in his treatment of those about him. Many a young practitioner in New York, placed by him in positions which his energy and his influence had provided, can testify to his unfailingly generous goodness.

“In all the great institutions which he gave to the homœopaths in New York—the Laura Franklin, the Ophthalmic, the Flower, Medical and Surgical—he was not more than the least of those who held positions therein. They were never *Allen's* institutions! and he carefully avoided any act which could by any possibility be so construed. He was always genial with his associates, and none of them stood in awe of him. They all recognized his ability and strength, but none of them feared him, nor hesitated to oppose him in any matter of policy.

“In his family he was most gentle, kind, and indulgent; always cheerful and often mirthful, particularly at table, where he often introduced conversation of a lively character, and entered into it with the keenest enjoyment and relish. He was of a gay disposition and a great lover of fun and jokes—even of a practical kind, which he sometimes indulged in with the keenest enjoyment. He had the merriest laugh I ever heard, and when anything particularly funny was brought to his notice his laughter was immoderate.

“To those who did not know him well he gave the impression of austerity. But he was never austere, and could not have been if he had tried. Austerity was as foreign to his nature as dishonesty, and a more honest and upright man never lived.

“Apart from the seriousness with which he regarded the duties of his life, he was the most light-hearted man and the simplest man I ever knew—the most gullible and the most open to imposition. Simplicity and greatness are often combined; and he, assuredly, possessed simplicity to a superlative degree.



“He was a most generous critic. I never heard him speak harshly of others, until his health began to break and he was no longer himself. Nor did he like to hear unfriendly criticism. It always hurt him beyond expression to hear unfriendly criticisms of himself, and he never could understand why they had been uttered. He would canvass and analyze his words and acts to see what he had said or done to justify them. He was so honest in his intentions and in all that he said and did, that it was a grief to him when his motives or words were misconstrued.

“He was fearless and outspoken towards those whose motives he distrusted, and he sometimes was premature in his conclusions; but he was quick to make amends when he was at fault. Like many prominent men, he had enemies; but he could never understand why. Often he talked with me about it. ‘Such and such a man hates me,’ he would say, ‘and I wish I knew why. I never harmed him in any way; I never have offended him that I know of; still, he says ugly things about me.’ I would reply: ‘Doubtless he is asking himself the same questions about you. Why don’t you go to him and have an understanding? It is not right that two good men like yourselves should go on hating each other all your lives when a word could make you friends. Doubtless his ears are filled with gossip about you, as yours are with gossip about him; and, being more irascible, he gives utterance to his feelings.’ In one instance, at least, to my knowledge, this advice was taken, with the result I had predicted.

“As a physician, he was devoted, conscientious, and solicitous. He had an intuitive mind, and nothing about his patient escaped him. He was most painstaking in examining carefully into every little detail, and most accurate in his diagnosis and judgment. He was equally as painstaking in the selection of his remedy, and seldom made a haphazard prescription. The sufferings of his patients distressed him, and he spared no labour nor pains to assure their speedy relief—and he always sought it in the homœopathic provings. He seldom resorted to palliatives, because his knowledge of homœopathic materia medica was so extensive and so accurate that it was very, very seldom that he failed to give quick relief. It was always a source of great satisfaction to him to succeed where others had failed; but it was never a selfish satisfaction. His delight was in the triumph of homœopathy. No little child with a new toy could experience more pleasure or delight than I have seen him exhibit over a successful prescription.

“I have indicated here a few only of Dr. Allen’s more salient

characteristics. I shall not even attempt more, though I could go on indefinitely. He was a man of the broadest mind, and he was phenomenally broad in the range of his activities; and all that he did was done well, because into everything that he did went his whole energy and his whole heart. Each piece of work for the time that he was engaged upon it was the only piece of work in all the world. That force of concentration, with the power to pick up anew his work where he had dropped it, was the simple secret of his life of great accomplishment. What we owe to him—and think how much we owe to him!—he was able to give us because he pressed each single purpose of his life singly to its successful conclusion with all the strength of his soul.

“It has been said in the world more than once that no man is indispensable; that always another may be found to fill a place made vacant. Of Dr. Allen this is conspicuously untrue. No one will or can be found to do the work that he accomplished. With what infinite skill and patience he wrought, none but those who can appreciate his genius will ever know.

ST. CLAIR SMITH, M.D.”

#### HYDRASTIS CANADENSIS IN GOITRE.

WILLIAM CUTHBERTSON read a paper on Goitre before the Chicago Medical Society on March 19th (*Med. News*, April 5; *Brit. Med. Jour.*). He said that goitre was a non-inflammatory enlargement of the thyroid body, either general or partial. He divided goitre clinically into (1) vascular; (2) hypertrophic or parenchymatous (*a*) simple, (*b*) miasmatic, (*c*) exophthalmic; (3) adenomatous cystic; (4) pneumatic; (5) malignant. The goitre of puberty and pregnancy belongs to the vascular and simple hypertrophic types, and formed the principal subject for consideration in the author's paper. The different forms of treatment of the various tumours of the thyroid gland were about as numerous as the writers on the subject. With the exception of the surgical cases, the treatment of goitre seemed to have been purely empirical. In each of the twenty-five cases of goitre of puberty and pregnancy which came under his care, a cure was effected in from six weeks to three months by the administration of *hydrastis canadensis*, three times daily, after eating. He was well aware that some of these cases might have got well without treatment, but he made no selection of them, taking them as they presented themselves. One of the cases which was cured by this means, had been treated with iodine and

the iodides, and with thyroid extract, becoming much worse under both forms of treatment. Immediately on instituting the hydrastis treatment the patient began to improve, and was cured in six weeks. He presented hydrastis canadensis as a new and successful remedy in the goitre of pregnancy and puberty.—*Med. Times* (New York), Jan.

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OBITUARY.

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JOHN HAMILTON MACKECHNIE, M.D. St. And.

WE much regret to have to record the death of Dr. MACKECHNIE, which took place on January 28th. Occurring thus at the end of the month, we were unable to record it in our February issue. We are indebted to his intimate friend Dr. BLACKLEY, for the following very interesting and sympathetic sketch of his career.

JOHN HAMILTON MACKECHNIE, of Scotch parentage on both sides, was born in London in 1828. He was left an orphan at a tender age, and received his early education at the hands of his mother, a woman of great ability and strength of character. He passed on when old enough to the Philological School in Marylebone (now the Marylebone Grammar School), but his progress was seriously interfered with by repeated attacks of acute rheumatism, resulting in serious valvular lesions. During his spells of enforced idleness he began to study chemistry, and this coming to the knowledge of his medical attendants, the latter persuaded him to enter the medical profession, and were instrumental in procuring for him the post of dispenser at an allopathic dispensary in the neighbourhood where he lived, together with a present of his "indentures." He then entered various classes at King's College, coming into contact with Partridge, Bowman, Wood, and Hyde Salter. It was at this period that he made the acquaintance of the late Dr. Partridge, of York Place, who relieved him of his rheumatic troubles in a way that fairly astonished young Mackechnie, and led him to read all he could lay his hands upon concerning homœopathy. A fresh attack of acute rheumatism caused him to lose his position of dispenser, and it was when he had recovered from this that Dr. Partridge persuaded Mackechnie to apply for a similar post at the new Homœopathic Hospital just started in Golden Square. This he was fortunate enough to obtain, but held only for a few weeks, as it was soon found that his abilities could be turned to much better account. Though

still unqualified, he was appointed resident medical officer to the hospital on April 10th, 1850, and held the post for upwards of five years, until in fact he had scraped together enough to pay the remainder of his class and examination fees. He took his degree at St. Andrew's in 1856, along with Waugh, of Brisbane, and Morgan, of Bath (now of Clifton).

It was during Mackechnie's tenure of office at Golden Square, that the second epidemic of cholera broke out in London, and the homœopathic hospital was for the time being converted into a cholera hospital, with results which were as brilliant as they were unexpected by the medical world of that day; and we have it on the authority of Dr. Edward Hamilton, the sole remaining member of the hospital staff of that time, that it was in great measure owing to young Mackechnie's unsparing devotion to his duties at all hours of the day and night, and his determination never to admit that a patient was dying until he was actually dead, that the list of successes mounted up so satisfactorily. Mackechnie having commenced practice in the West End, was appointed assistant-physician to the London Homœopathic Hospital in 1857, and was made full physician in 1866, resigning the appointment in 1885, when failing health led him to exchange the strenuous life of the metropolis for the more peaceful existence of Bath.

Dr. Mackechnie was secretary of the British Homœopathic Society from 1867 to 1869; vice-president in 1872, and president in 1885. Dr. Mackechnie's contributions to our literature, though neither numerous nor pretentious, bore the stamp of being the result of conscientious and pains-taking work at the bedside, and were chiefly in the shape of clinical records contributed to the *British Journal of Homœopathy*, and the *Annals of the British Homœopathic Society*. In the wards of the hospital he was seen at his best, when at a consultation some obscure group of symptoms called for a remedy; his knowledge of the materia medica being of the good old-fashioned sort (in fact it was almost unequalled) on such occasions rarely failed him. Successive generations of house-surgeons at the London Homœopathic Hospital, during a period of a quarter of a century, owe much to Dr. Mackechnie for his luminous remarks at the bedside upon the choice of remedies. Dr. Mackechnie, always somewhat shy and diffident to strangers, had a singularly sweet and winning disposition, which made him an immense favourite with those who knew him well. During a long illness which terminated fatally on Jan. 28th last, Dr. Mackechnie was tended with almost filial care and love by his close friend and colleague, Mr. Norman, of Bath.

TULLIO S. VERDI, M.D.

WE regret to hear that Dr. Verdi, of Washington, U. S. A., has passed away. The following notice is from the *Hahnemannian Monthly*, of January :—

Dr. Tullio S. Verdi, for many years a resident and prominent practitioner of this city, died in Milan, Italy, on Nov. 26th. Dr. Verdi was for many years closely identified with homœopathy in this city, and one of the founders of the Washington Homœopathic Society, of which he was repeatedly elected president. Dr. Verdi was prominent both professionally and socially, and enjoyed a wide acquaintance and international reputation. He was at one time president of the District Board of Health, and appointed by President Grant as commissioner to study the hygiene laws of Europe. The doctor was seventy-four at the time of his death, and is survived by a son and daughter.

BUSHROD WASHINGTON JAMES, M.D., Philadelphia.

WE much regret to have to announce another loss from death among our *confrères* in the United States. Dr. Bushrod James was well-known to many of us on this side, and was Vice-president of the International Homœopathic Convention which met in London in 1896. We offer our sympathies to our colleagues on the other side. The following notice we extract from the *Hahnemannian Monthly* of January :—

“ Bushrod Washington James, M.D., died at his residence in Green Street, Philadelphia, on Tuesday, January 6th, after a long illness. Dr. James was stricken with pneumonia while at York Harbour last August, and was taken to Boston, where for six weeks he hovered between life and death. Though ultimately he recovered sufficiently to be brought to his home in this city, he did not regain his strength, and finally passed away after weeks of progressive enfeeblement.

“ Bushrod Washington James, A.M., M.D., LL.D., was born in Somerton, a suburb of Philadelphia, on August 25th, 1836. His family was of Welsh extraction, an ancestor, David James, having come to Philadelphia in the time of William Penn : from the latter he purchased a tract of land called by him Radnor, on which are now situated the famous suburban towns of Bryn Mawr and Rosemont. Dr. Bushrod W. James was a son of Dr. David James, a graduate of the University of Pennsylvania, who attained prominence as an advocate of homœopathy in the early days of that school. He was graduated from the Central High School of Philadelphia, securing the degree of Master of Arts, and received from

Hahnemann Medical College the degrees of M.D. and H.M.D. He early took a prominent part in the activities of his profession, being one of the committee which aided in the organization of the International Convention of Homœopathic Physicians held in Philadelphia during the Centennial in 1876, and he attended most of the subsequent conventions, being elected Vice-president at the session held in London in 1896. He also took an active part in the deliberations of the American Institute of Homœopathy, serving as Vice-president and Provisional Secretary, and in 1883 he was elected president. He was a trustee and a member of the staff of the Children's Homœopathic Hospital, and consulting physician to the Hahnemann Hospital. In addition, he was a member of the Union League, and of the Arch Street Methodist Church, and was active in Masonic circles.

"In addition to his prominence in medicine, Dr. James was widely known as an author, his works including *American Health Resorts and Climates*; *Alaskana*; *Echoes of Battle*; *Alaska, its Neglected Past, its Brilliant Future*; *Alaska's Great Future*; *Dawn of a New Era*; *The Political Freshman*; and *Rise and Progress of the Masonic Veteran Associations*.

"Dr. James was never married. He is survived by a sister, Mrs. Henrietta Moore, and by a brother, Dr. John E. James, and three nephews, Dr. Landreth W. Thompson, Dr. David Bushrod James, and Dr. John E. James, junr., all homœopathic physicians in Philadelphia."

We are much interested to note from the same journal that Dr. Bushrod James has bequeathed practically the whole of his property to medical, literary, and charitable institutions. He makes the city of Philadelphia his trustee, and bequeaths the present premises where the Eye and Ear Institute is carried on, to be formed into a permanent institution to be called the "Bushrod Washington James Eye and Ear Institute," with an endowment of \$55,000 (£11,000) for carrying it on in perpetuity. Regular clinics, courses of instruction, and lectures are to be carried on, and for the maintenance of suitable modern apparatus, etc., \$5,000 (£1,000) of the above are to be set apart.

He also leaves suitable buildings and \$40,000 (£8,000) and many valuables, to found a free public library. To the city of Oakland, California, he bequeaths the "Bushrod Park"; to the city of Caronado, Cal., a lot of ground on which "a school of instruction for young people" to be called the "Bushrod Washington James Institute" is to be erected, with other property to be employed for its maintenance. He had already in his life given the American Temperance University of Harriman, Tenn., a property for establishing a school

of domestic science, and gives the said institution \$5,000 for establishing an educational fund.

Such munificent and large-minded legacies from a doctor are quite refreshing and stimulating to hear of. It is grand to find a colleague who, like Dr. Bushrod James, having a large practice, and having made a fortune by it, devotes his savings to the furtherance of the objects and the great cause of homœopathy, to which his life was devoted. It is an object lesson to all of us.

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## CORRESPONDENCE.

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### VIVISECTION IN HOSPITALS.

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

MY DEAR EDITORS,—In the *Animal's Guardian* for this month there appears a letter from the pen of Alex. Bowie, M.D., &c., of Hertford Street, Mayfair, under the heading "The Poor and the Hospitals," in which he deals with the case of the poor girl who was experimented upon with fatal results at St. Bartholomew's Hospital. The case was received into the hospital in August, 1899; the facts which also appear in the *Animal's Guardian* were originally published in the *Journal of Pathology*, edited by Dr. Sims Woodhead. In Dr. Bowie's letter he states, when referring to hospitals in which vivisection is recognized and countenanced, "I believe there is only one absolutely above suspicion at the present moment, the National Anti-vivisection Hospital at Battersea." I hope this assertion is not true, and that at least it may be said that vivisection is not even indirectly countenanced at the Homœopathic Hospital; further that you as editors of the *Monthly Homœopathic Review*, will feel it your duty to give the lie to such a calumnious statement.

I am, dear editors,

Yours faithfully,

J. SUTCLIFFE HURNDALL.

KENSINGTON, Feb. 19th, 1903.

Many of our old-school friends in the profession seem to think it is the correct thing to ignore the existence of the London Homœopathic Hospital, or at all events to take no trouble to ascertain its methods and working. Had Dr. Bowie taken the trouble to enquire, he would have found that not only is vivisection not practised there, but it is in no way, not even indirectly, countenanced at the London Homœopathic Hospital.—[Eds. *M. H. R.*]

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from—**Drs. BLACKLEY, CLARKE, BYRES MOIR, BURFORD, GOLDSBROUGH, Mr. HURNDALL** (London); **Dr. J. W. HAYWARD** (Liverpool); **Dr. PERCY WILDE** (Bath); **Mr. GEORGE NORMAN** (Bath); **Mr. F. KING** (London); **Dr. A. H. CROUCHER** (Eastbourne); **Mr. FREDERICK HILTON** (Brighton); **Mr. WILLIAMS** (Oxford); **Dr. NEILD** (Tunbridge Wells).

The Report of the Sussex County Homœopathic Dispensary, which the Secretary states he sent, has not been received. We regret that, for want of space, Dr. Byres Moir's Paper and other items must be postponed till April.

## BOOKS RECEIVED.

*Uracidæmia: Its Causes, Effects, and Treatment.* By Perry Dickie, M.D. Philadelphia: Boericke & Tafel, 1903. *Neurasthenia Cordis.* By E. G. Rankin, M.D. *Colloid Cancer of Omentum.* By E. G. Rankin, M.D. *The Homœopathic World*, Feb. *The Medical Times and Hospital Gazette*, Jan. 24. *The Folkestone Herald*, Jan. 24. *The Sussex Daily News*, Feb. 3. *The Annual Report of the Leaf Cottage Hospital, Eastbourne*, for 1902. *The Salcombe Times*, Feb. 14. *The Bath Herald*, Feb. 19. *The Tunbridge Wells Advertiser*, Feb. 20. *The Vaccination Enquirer*, Feb. *The Medical Era*, Jan. *The Doctor*, Jan. *The Homœopathic Recorder*, Jan. *The Hahnemannian Monthly*, Jan. and Feb. *The Minneapolis Homœopathic Magazine*, Dec. *The Cleveland Medical and Surgical Reporter*, Jan. *The Pacific Coast Journal of Homœopathy*, Jan. *The Medical Brief*, Feb. *The Medical Century*, Feb. *The American Medical Monthly*, Dec. *The Clinique*, Jan. *The Calcutta Journal of Medicine*, Dec. *The Indian Homœopathic Review*, Jan. *Révue Homœopathique Française*, Jan. *Homœopathisch Maandblad*, Jan. *Allgemeine Homœopathische Zeitung*, Jan. and Feb. *La Propaganda Homœopatica*, Jan.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL.

IN our last issue we noticed with pleasure the testimony of the EDITOR of the *Folkestone Herald* to the valuable work that the Folkestone Homœopathic Dispensary had been doing, and now we again have the pleasure of recording the public and general appreciation of the work done at the Tunbridge Wells Homœopathic Hospital, as evinced by the editorial remarks of the *Tunbridge Wells Advertiser* of February 20th. The EDITOR writes as follows:—

“The annual report of the Homœopathic Hospital, presented at the meeting last Friday, is a highly satisfactory document, proving, as it does, that the institution increases in popularity and usefulness every year, and showing, also, that the work of the past twelve months has, in some respects, constituted a record. Among the working classes there is a very pronounced predilection for the Homœopathic Hospital, and a vacant bed at the institution in Upper Grosvenor Road is a very rare occurrence. This may, or may not, be due to an increasing belief in homœopathy; but a better explanation of the growing popularity of the hospital is the home-like method and altogether admirable system adopted by the

management. Like the Eye and Ear Hospital, the Homœopathic does its good work in an unostentatious manner, the governors are all of one mind, and there is not even a suspicion of discord among those who work for the hospital.

“The authorities have now found it necessary to seek new and more commodious quarters, and in a short time the Homœopathic Hospital will be installed in Church Road, a splendid position for such an institution. There is to be no tinkering with the old building, which is no longer adequate for the increasing work. The governors have wisely decided to remove to a better locality, and to premises that will permit of an extension of the hospital’s usefulness. A modest £4,000 is appealed for to purchase the freehold of ‘Silwood House,’ and to adapt it to the purposes of a hospital, and of this sum the esteemed president, Dr. F. G. Smart, and Mrs. Smart, of Mount Ephraim, have subscribed £1,000. This is a magnificent beginning, and the Committee need experience little fear about the successful consummation of their admirable scheme. In another column the appeal of the Committee is reprinted.”

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It is very gratifying to find the local press so appreciative and sympathetic, as, however good the official report is, public recognition of the importance of the work done shows more than anything else the general estimation in which the institution is held, and the place it occupies among the charities of this important watering-place. Were we hypercritical we might take objection to the suggestion of the EDITOR that the cause of the “growing popularity” of the Hospital is more due to the “home-like methods and altogether admirable system adopted by the management” rather than to “increasing belief in homœopathy.” But we all know that editors of general newspapers have to be cautious in expressing opinions too favourable to homœopathy in case of giving offence to their allopathic *dientèle*, and the personal sentiments of the EDITOR are quite sufficiently clear from his sympathetic remarks. It is a great thing to have this open testimony to the “home-like methods and altogether admirable” management. These are great points, and in fact no hospital would be so popular as this one evidently is, were it otherwise. But the EDITOR’s statement that the

“institution increases in popularity and usefulness every year” and that “among the working classes there is a very pronounced predilection for the Homœopathic Hospital,” and that “a vacant bed at the institution in Upper Grosvenor Road is a very rare occurrence,” while elsewhere we are told that there are always patients waiting for a vacancy, all this will not be accounted for by mere home-like comfort and good management. There is no class of people more acute in judging of results of treatment than the working class. With them time is money in a more special sense than even with the upper classes, and a long illness is often productive of much distress in the means of living, while such gentle, and withal successful treatment of illness as the beneficent system of homœopathy affords, appeals to the working class as forcibly as to others in a higher rank of life. There can, therefore, be no doubt that the growing popularity of the hospital, and its evident appreciation by the working classes, are due to the homœopathic system of treatment, and the care and skill of the medical officers, and we warmly congratulate them on this testimony to their excellent work, which must be very gratifying and encouraging to them. Such a healthy and flourishing state of matters is of immense value indirectly in spreading the knowledge of, and the belief in homœopathy among the public of the better classes, and so the cause is steadily advanced. And at this time, when the forward movement of the British Homœopathic Association is active and full of life, nothing helps it on so much as such a report of progress of the Tunbridge Wells Homœopathic Hospital evinces. It reacts surely on the cause of homœopathy in general, on the private practice of the medical officers, on the working classes of the town, and on the public, who are always open to see when real and beneficent work is done by such an institution, whatever their private views of treatment may be.

We have not space in this column to engross the report and the special appeal, but we draw the special attention of our readers to these documents in our *Notabilia*. The history of the gradual progress of the Hospital, from being at first only a dispensary, then a hospital on a small scale, as described in the appeal, is very excellent reading. And now it is found that the premises in Upper Grosvenor

Road are quite inadequate to the needs of the Hospital. Instead of patching up the present premises, the Committee of Management have resolved to take a bolder move, and acting on the faith that the necessary money will be forthcoming, and that "nothing venture, nothing win," they have bought a suitable house in Church Road, one of the very best positions in the town, and sufficient, with additional building and alterations, for the present requirements of the Hospital. This is the true way to advance, instead of being content with inadequate accommodation, for fear of the risk. It is reckoned that the modest sum of £5,000 will be sufficient to set the new Hospital in complete working order. The Committee have a reserve of £1,200 which they propose to use to start the fund on a sound basis, and it is already well on in its successful career owing to the munificent donation of £1,000 given by Dr. F. G. SMART and Mrs. SMART. Our former *confrere*, though retired from practice, evinces, we know, the keenest interest in the Hospital, of which he is the President, an interest which is shared by Mrs. SMART, and which is evinced in the very tangible form of this munificent gift. We congratulate the Hospital and Tunbridge Wells on having such a President. Only about £3,000 more is therefore required, and as the EDITOR of the *Tunbridge Wells Advertiser* says, "the Committee need experience little fear about the successful consummation of their admirable scheme." We think so too. The funds will be forthcoming, and Tunbridge Wells will have one of the best equipped Homœopathic Hospitals in the kingdom.

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We have seldom had so much pleasure in noticing the practical progress of homœopathy as we now have in recording this event, an event which will be stimulating, not only to Tunbridge Wells, but to all other provincial towns, as showing what can be done with energy, determination, and self-sacrifice on the part of the medical officers, and of the Committee of Management. It is an object-lesson, and we commend our friends in Brighton, to whom we recently took the liberty of giving advice, to ponder it, and resolve not to allow an important town like Brighton to take a back-seat, while Tunbridge Wells occupies the front.

Tunbridge Wells may also well congratulate itself on having such an efficient and admirable staff on the Homœopathic Hospital. They are all well-known to us, Dr. NEILD, Dr. PINCOTT, Dr. CAPPER, Dr. GRACE, and last, but not least, Dr. EDITH NEILD, who was formerly Resident Assistant in the women's wards of the London Homœopathic Hospital, where she gained golden opinions from all from her knowledge, skill, care, and gentleness. In fact we consider Miss EDITH NEILD as the *beau-ideal* of a lady doctor. And while congratulating Tunbridge Wells, we cannot conclude without congratulating this excellent staff on the grand results of their assiduous care and skill, and wish them every success in the opening future of the Hospital.

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Our readers cannot but notice with gratification the excellent reports we published in our March issue of the Bath Homœopathic Hospital, of the Brighton Homœopathic Dispensary, and of the Leaf Homœopathic Cottage Hospital, Eastbourne, and in our present number, of the Croydon Homœopathic Dispensary, and of the Phillips Memorial Hospital at Bromley. This is an all-round record of success, of healthy growth and increase in the number of patients, and of evident vigour and hard work on the part of their respective medical staffs, all auguring well for the steady and increasing appreciation of the blessings of homœopathy on the part of "the masses."

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We specially draw the attention of our readers to the syllabus of Educational work which is to be commenced at once under the auspices of the British Homœopathic Association, and which will be found in our *Notabilia*. We therefore need not here repeat the details there given, but the scheme is a thorough one, and one that has been most carefully thought out and considered by the Executive Committee. Perhaps it may cause wonder to some of our readers that the courses of lectures in May, June, and July are to be held at the Marlborough Room of the Polytechnic, 309, Regent Street, W., and not at the Hospital. The reason of this is that it is known that when lectures have been given at the Hospital on previous occasions young doctors of the old school

who would have come for instruction in homœopathy, fought shy of being seen at the Hospital for fear of possible consequences. And as it is these whom we specially wish to reach and teach, the Committee resolved to obviate this difficulty, and to have the lectures delivered outside, at least in the summer session, by way of experiment. Of course the cost of the hall is an expensive item in the expenditure, but it has been deemed necessary under the circumstances for the present.

## DIPHTHERIA AND ITS TREATMENT.

By BYRES MOIR, M.D.,

Physician to the London Homœopathic Hospital;

And H. A. CLIFTON HARRIS, M.R.C.S., L.R.C.P.,

Lately Resident Medical Officer at the London Homœopathic Hospital.

AT present no cases of diphtheria are being admitted into the London Homœopathic Hospital, so it appears a good opportunity for reviewing the results of treatment during the last few years, as well as for coming to a conclusion with regard to the value of antitoxin serum.

Before the introduction of antitoxin, there seemed to be a considerable drop in the percentage mortality of diphtheria, but since its introduction the decline has been much greater. Thus in the report of the Metropolitan Asylums Board the percentage of deaths from diphtheria in 1889 was 40·74, and in 1894 was 29·29. In 1895, when the antitoxin was first adopted, it fell to 22·85, and since then there has been a steady fall, and in the last report of the Board for 1901 it had fallen to 11·15.

Among homœopathic remedies cyanide of mercury holds the first place, introduced by Dr. Alphonse Beck, who, in 1868, published a pamphlet in Paris entitled "On the use of Cyanide of Mercury in Diphtheria." It was afterwards recommended by several allopaths. By Dr. Erichsen, of St. Petersburg, in 1880. Prof. Schulze, of Greifswald, in a Congress at Stralsund in 1883 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." He used a solution of  $\frac{1}{4}$  grain in 4 ounces of water, of which he gave from 1 to 4 drachms every

hour. The *Lancet* of the 24th April, 1888, records the success of Dr. Sellden, a provincial medical officer in Sweden, in using the cyanide in diphtheria. He and his colleagues had in five years treated 1,400 cases with this medicine, with a mortality of only 4.9 per cent.

Though no routine treatment has been followed in the hospital, the cyanide of mercury has been used largely in excess of any other drug, and the local application which has generally been used has been insufflation with sublimed sulphur. In taking the ten years' work, the first table includes all cases from 1893 to the end of 1896. (In 1896 in only two cases was antitoxin used, both of which recovered.)

TABLE I.

	Cases.	Cured.	Died.	Mortality.
1892.	9	5	4	44 %
1893.	11	8	3	27 %
1894.	7	5	2	28 %
1895.	11	10	1	9 %
1896.	20	15	5	25 %
	58	43	15	25 %

The ages of these cases were as follows :—

2 years and under.	5 cases.	5 deaths.
4 " "	9 "	4 "
8 " "	19 "	5 "
12 " "	8 "	0 "
16 " "	3 "	0 "
Over 16 years.	14 "	1 "
	58 cases.	15 deaths.

Tracheotomy was performed in 12 cases. There were 8 deaths, 3 cases being moribund on admission, and all 8 of them were under five years of age, 4 being two years and under.

The first time antitoxin was used in the hospital was in a patient sent in by Dr. Roberson Day in 1896, who injected the serum before admission, and the case did well; since then its use has steadily increased, and latterly it has been used in all severe cases. The diphtheria cases are distributed in alternation to the different physicians, and all seem now to resort equally to it—thus carrying out the opinion which Dr. James Johnstone expressed in his paper on Serum Therapeutics read at the Congress

at Bath, viz.: "That the use of the anti-diphtheritic serum was a step in advance of treatment by the homœopathic remedy." Meaning that while the similarly acting remedy, say mercuric cyanide, acted as a stimulus to the production of antitoxin in the system of the patient, it was better to have the antitoxin artificially prepared and introduced direct into the circulation.

In Table II is given an analysis of 148 cases treated, when the use of the serum became more general, and with a marked lowering of the mortality.

TABLE II.

	Cases.	Cured.	Died.	Mortality.
1897.	15	13	2	13 %
1898.	52	47	5	10 %
1899.	24	20	4	16 %
1900.	20	20	0	0 %
1901.	17	16	1	5½ %
1902.	20	19	1	5 %
	148	135	13	8¾ %

During this time all but mild cases were treated with antitoxin, the figures being 89 cases with antitoxin, with mortality of 12 per cent, and 59 cases without antitoxin, with mortality of 3¼ per cent.

The ages of these cases were as follows. Cases treated with antitoxin :—

2 years and under.	24 cases.	3 deaths.
4 " "	15 "	3 "
8 " "	34 "	5 "
12 " "	8 "	0 "
16 " "	2 "	0 "
20 years and over.	6 "	0 "
	89 cases.	11 deaths.

Fifteen tracheotomies were done with 6 deaths, the ages being :—

- 2 below one year.
- 1 at one year.
- 2 at three years.
- 1 at six years.

Fifty-nine cases were treated without antitoxin. Of these two died.



3 years and under.	11 cases.	1 death.
4     "     "	3     "	0     "
8     "     "	12   "	1     "
12   "     "	23   "	0     "
16   "     "	4     "	0     "
20 years and over.	6     "	0     "
	59 cases.	2 deaths.

It is seen therefore that the mortality, which up to the end of 1896 had been 25 per cent, has in the last six years fallen to 8½ per cent, while in the last three years in 57 cases there were only two deaths—one a child of ten months, and the other of one year and ten months, both requiring tracheotomy immediately after admission, and both might be put under the class of moribund on admission.

A great improvement is to be noticed in infants under two years old; thus in the first table before antitoxin was used there were 5 cases under two years, all of whom died; while in Table II there were 35 cases under two years of age, with four deaths.

In severe cases the antitoxin serum is injected directly after admission, in a dose of 2000 units, and it is seldom that a second dose is required. The sooner in the course of the disease that it is employed, the better the result, but benefit has been seen to follow even when administered a week after the onset of the disease. The most marked results are seen to follow in laryngeal and nasal cases. In a few cases rashes of the type of urticaria have been noticed, but no bad results of any kind have followed, and the cases of secondary heart failure which follow from the toxæmia have been less.

*Causes of Deaths.*—In 58 cases before antitoxin was used: Toxæmia, 5; heart failure, 3; pneumonia, 4; nephritis, 1; asphyxia, 1; moribund, 1; total 15. In 148 cases since the introduction of antitoxin: Toxæmia, 3; heart failure, 1; pneumonia, 6; asphyxia, 1; nephritis, 1; moribund, 1; total 13.

In most cases where antitoxin has been used the homœopathic remedies and local treatment have been continued; and unless the cases are seen at the beginning, which is very rare in hospital work, the complications which arise give plenty of scope for the use of suitable remedies, and by this our death-rate should be lower

than if antitoxin alone is relied upon. The writers of the paper, from their observation, are convinced of the undoubted efficacy of the antitoxin serum, and consider that every severe case should at once have the benefit of it. In this they are supported by Drs. Blackley, Washington Epps, and Roberson Day, whose remarks are added.

#### REMARKS BY DR. BLACKLEY.

In all cases where the characteristic bacillus is found to be present, or where the clinical stigmata are unmistakable, I would give the patient the benefit of the antitoxin injections.

#### REMARKS BY DR. WASHINGTON EPPS.

Of the beneficial action of antitoxin serum in diphtheria there can be very little doubt in the minds of all medical men who have many cases of this rapidly fatal disease to treat.

Whether it is advisable to use the serum as a routine treatment in all cases of diphtheria, mild and severe, is, I think, open to discussion. When the serum treatment was first started I was much opposed to its use, but when I saw the rapid improvement that followed its use in very severe putrid cases treated by one of my colleagues—a stinking septic nasal case, nearly moribund, in forty-eight hours almost out of danger—I felt it my duty to give my patients the same advantage. From that time I have used the serum in all severe cases.

When, however, I get mild cases—true diphtheria as shown by the culture test—I then rely on *merc. cyan.*, *bell.*, *phytol.*, etc., and local treatment by sulphur insufflation or permanganate of potash gargle, etc.

#### REMARKS BY DR. ROBERSON DAY.

In the year 1896 I first employed the antitoxin diphtheritic serum, and in the *Monthly Homœopathic Review* for July and December, 1896, and January 1897, I recorded a series of cases I had at that time treated with the serum. I then spoke enthusiastically of its use, and I have since seen no reason to alter my opinion of its great value in all cases of true diphtheria. To obtain its full benefits it should be used *early*, when it will abort the attack. The case of T. B. quoted in the *Monthly Homœopathic Review*, Dec. 1, 1896, illustrates this point. He was attacked with sore throat,

and next day his mother asked me to see him. I found two patches of membrane, one on each tonsil, and at once injected the serum; and next day the patches were *disappearing*, and by 8.30 p.m. had *entirely gone!* I had a swabbing from the throat examined, and the Klebs-Löffler bacillus was isolated, so that no doubt whatever could be entertained as to the true nature of the case. Here, then, was a case of diphtheria aborted in thirty-six hours.

The *first* case in which I employed the serum was a very severe one in which the naso-pharynx was involved, in a little girl of 6½ years. As soon as the injection was made symptoms began to ameliorate. Unfortunately, I did not use the serum in this case till the fourth day of the disease, when the poison had had time to thoroughly infect the system; hence, although the effects of the serum were marked, convalescence was slow and attended with various forms of paralysis.

A girl, aged 21, was suffering from laryngeal diphtheria with no nose or pharyngeal complication. *She was the first patient treated in the London Homœopathic Hospital with antitoxin serum.* I injected the serum as soon as I was able, and at once admitted her to the hospital. She was in the hospital from Nov. 22 to Dec. 18, 1896—a short stay for such a grave condition, and I consider her recovery was due to the serum.

I always employ this serum in true diphtheria, at the same time giving the well-indicated homœopathic remedies as may be required from time to time; but my views upon the antitoxin serum have been requested, and not my methods of treating diphtheria.

I regard the use of the serum as now prepared, quite harmless, even supposing it has been used in a case which is not diphtheria.

This winter there has been an epidemic of diphtheria at the Westminster School, and two boys, patients of mine, from two different families, have been subjected to the prophylactic treatment for diphtheria—that is to say, they each received an injection of the serum. They suffered no inconvenience afterwards, nor did they develop diphtheria.

Of all the many serums which have been lately employed in the treatment of disease, the anti-diphtheritic serum is by far the most perfect.

### THREE CASES OF PERITONEAL SECTION IN LATER LIFE.

By GEORGE BURFORD, M.B.,

Physician for Diseases of Women to the London Homœopathic Hospital.

THE cases here related, occurring within a period of six months, are fairly typical of the character of pelvic growths in mature years. They also show certain of the complications sometimes attending pelvic ill-health in later life. They have been selected from a series of abdominal operations, in order to bring into prominence the age factor ; all were post-menopausal cases.

#### I.—VAGINAL HYSTERECTOMY FOR CARCINOMA CORPORIS UTERI.

By Edgar A. Hall, M.B., and George Burford, M.B.

A lady, æt. about 64, of highly nervous and apprehensive disposition, had complained for some years past of occasional bloody and leucorrhœal discharge from the uterus. The menopause had been instituted at about fifty, and since the bleeding was first noticed the longest period with no hæmorrhage had been six months.

A year before operation the patient had passed through a prolonged period of great anxiety. Later, recurrence of uterine hæmorrhage, never excessive, but in the end practically continuous day by day, led to insistence on vaginal examination, to which the patient was greatly averse.

The physical finding was that of an enlarged uterus, with posterior displacement, but with no obvious cervical affection. But post-menopausal hæmorrhage, and at 64 years, is absolutely one of the things that should not be ; and it was decided to dilate the uterus and explore the cavity for the cause of bleeding. This was done, the mucosa freely curetted, and the fragments submitted to microscopical examination. The report was, as already suspected, that malignant disease was present in the material examined.

Examination had already shown that the uterus was freely moveable, that the peri-uterine tissues were free from infiltration, and that the malignant area existed in the body of the uterus. The cardiac condition, the lungs, and the renal secretion were again separately and carefully examined, and as nothing was found to militate against bodily fitness for major operation, the total removal of the uterus was decided on.

Accordingly, assisted by Dr. Hall and Dr. Johnstone, Dr. Burford performed vaginal hysterectomy. The uterus was completely and satisfactorily removed; lateral incisions, afterwards closed, were made to facilitate operation. The patient suffered but little from shock; there was no undue loss of blood. The vagina was plugged with gauze, which was removed on the sixth day. The recovery was without incident of moment, though somewhat tardy; the temperature was as a rule below 100°; the pulse rate, in the main, corresponded. The incidents of convalescence were mainly due to the highly nervous disposition of the patient, who, by the time she left her room, had increased in body-weight, and showed a healthy colour unknown to her for a long time.<sup>1</sup>

II.—OVARIAN CYSTIC TUMOUR COMPLICATED BY PLEURISY  
IN A PATIENT AFTER THE MENOPAUSE; OVIOTOMY;  
RECOVERY.

By N. Grace, M.D., and George Burford, M.B.

This patient, an elderly woman, was first seen by Dr. Grace on June 14th, when a peritonitic crisis was present, the local symptoms being most marked on the right side. The temperature registered 101°, the pulse 120 per minute. Under treatment the acute symptoms soon subsided, and there came into clearer outline a previously detected mass, cystic and fluctuating, with its bulk to the right side, the site of the previous pain.

Under observation the growth increased rapidly in size, and early in July the condition was further complicated by an attack of pleurisy with effusion on the same side as the cyst. The pleural fluid was ultimately aspirated, with material relief, in particular to symptoms of dyspnœa. The evening temperature now averaged 99-100°; the pulse was extremely weak; there was no cardiac murmur.

A consultation, at which were present Dr. Neild, Dr. Grace, and Dr. Burford, was now held, and it was decided to improve as far as possible the cardiac condition, with a view to the successful conduct of operation.

In the course of a month the pulse showed some, but

<sup>1</sup>This patient has recently developed primary malignant disease of the liver. Another case has come under my notice of late, wherein the removal of a non-malignant (dermoid) ovarian growth was followed within a few months by malignant disease of the liver also.

not considerable improvement, but as the cyst was steadily increasing, it was then decided to wait no longer, but to proceed to operation, in spite of the asthenic state.

On August 26th ovariectomy was performed, Dr. Neild and Dr. Grace personally assisting, Dr. Pincott administering anæsthetic. A large ovarian cyst, springing from the right side, was tapped and much fluid withdrawn; the cyst wall was then carefully separated from a mass of general and dense adhesions, the solid elements of the tumour with the cyst cavity delivered from the abdomen, and the pedicle ligatured and returned.

The patient bore the operation well; the convalescence thus happily begun was continued without break, and in October she left the hospital for a convalescent home, from whence, at the end of three weeks, she returned ready for work. Up to the present date she has continued to feel well. Much credit is due to the assiduous and skilful nursing she received while in the hospital, whose nursing department has had considerable experience in the successful management of abdominal operations in that institution.

### III.—OVARIAN TUMOUR IN A PATIENT ÆT. 74; OVARIOCTOMY.

By J. Black Noble, M.D., and George Burford, M.B.

A lady, æt. 74, was discovered by Dr. Black Noble to have a large ovarian cyst, noticed first by the patient some six months earlier. There had been no abdominal crisis during this time, and no pain was experienced, though the growth, according to the patient, was steadily proceeding. The abdominal bulk was huge; locomotion was almost impossible.

Examination showed the cardiac sounds to be clear, though the pulse tracing showed marked diastolic murmurs; the renal secretion was normal in volume and character; the respiratory organs were but little affected. The bulk of the cyst, its continuous enlargement, and the freedom of the vital organs from disease determined for operation, which was accordingly carried out in January.

Abdominal section showed a bulky ovarian cyst, from which several gallons of fluid were removed by the trocar; numerous and dense adhesions of the cyst wall to the omentum and intestine separated, and the mass removed after ligature of the pedicle.

The patient rapidly recovered from the shock of operation, and during the first week made excellent progress. Some considerable trouble was then occasioned by obstinate constipation, dealt with by therapeutic measures, and an injection of olive oil at night, supplemented by simple enema in the morning. So convalescence proceeded until the commencement of the fourth week, when, as arrangements were being made for her return home, a sudden invasion of influenza, concurrent with a spell of raw weather, brought on an attack of bronchopneumonia, to which the patient succumbed.

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## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 151.)

1874. In the early part of this year a book entitled "The Specific Action of Drugs on the Healthy System: An index to their Therapeutic Value, as deduced from experiments on Man and Animals" appeared, by Dr. A. G. Burness and Mr. F. J. Mavor, which in its views and practice was a great advance on that of Dr. Ringer. The whole work is by Dr. Burness, except the experiments on animals, which are recorded by Mr. Mavor, and it is as full of homœopathy as it well can be. In advertising the work in the medical papers Dr. Burness states that "the object of this work is threefold: (1) To point out that each drug when introduced into the system acts upon some *special* parts or tracts in virtue of its physical, chemical, or dynamical properties; (2) That the therapeutic action of each drug is to be determined by ascertaining the symptoms produced, and the parts influenced by it, when introduced into the healthy animal system; (3) That while a toxic dose will effect such changes in a part as to unfit it for any vital action, a lesser dose applied to a diseased part will, by removing that state of combination of the elements which excited diseased action, enable the normal process of nutrition to restore the healthy constitution." How such an advertisement

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

should have been allowed to appear in the allopathic journals we cannot understand, as it is so obvious in its views and tendency. He states that the pathogenetic action of each drug is the *key* to its therapeutic value. The therapeutic uses of drugs he divides into two: (1) The physiological, when the full dose action is aimed at—that is, the antipathic action; and (2) The “restorative” or homœopathic action, the dose for which is to be “such as will not produce physiological effects, and thus aggravate the disease.” As examples of what he means by the latter form of treatment, he gives arsenic in diarrhœa, cholera, gastro-enteritis, etc.; ipecac. in vomiting; nux vomica in dyspepsia and constipation; bichloride of mercury in dysentery, etc. He tells us in the book of the value of cantharides in “restorative doses” in “acute nephritis and cystitis, in strangury, suppression of urine, and hæmaturia from acute congestion, and in dropsy after scarlet fever”; of croton oil in “choleraic” and watery diarrhœa, and also “internally and externally in some pustular skin diseases”; of colocynth in watery diarrhœa and dysentery, also in “colic”; of podophyllum in “the diarrhœa of typhoid, in idiopathic enteritis, dysenteric diarrhœa, prolapsus ani, in excessive secretion of bile with headache, etc., chronic diarrhœa with griping pain in children with distension of belly, colicky pain, and irregular bowels.” Of course, we have aconite, belladonna, arsenic, and ipecac. and nux vomica all *a la* Ringer. That Dr. Burness prefers the homœopathic use of a remedy to the allopathic is evident from the following sentences: “That a knowledge of the specific action of any substance is a key to its therapeutic value, and that various substances possess both a physiological and a restorative action, as indicated by theory, and proved by experience, has now been clearly demonstrated. At the same time it will be seen that experience and theory indicate the advantage of giving a remedy in the restorative doses in cases of functional derangements over which it has specific influence, when possible, in preference to giving a physiological dose and running a risk of inducing a state of affairs worse than the original disease. As, for instance, such specific remedies as ipecacuanha, bichloride of mercury, arsenic, etc., are preferable and more successful in the treatment of various forms of diarrhœa and dysentery than are the various astringents



that are so often used, and so frequently fail in giving more than temporary relief." All this is pretty strong, and yet Dr. Burness never once in his book allows the word "homœopathy" to occur. His homœopathic doses are "restorative doses." Although the remarkable advertisement which we have quoted appeared in the old-school medical journals, they maintained a discreet silence as to the book itself, as no notice of it was taken by any of them, Dr. Burness not being a Professor in a College, or even a Physician to a Hospital. But not so the "Chemist and Druggist." In a review of the book entitled "Homœopathy Disguised" the reviewer says: "We quote these passages, not with the object of disputing them, but simply that our readers may discover, if they can, wherein the authors have enunciated anything novel. For ourselves we acknowledge that we are fairly puzzled. 'Our theory' is paraded with much display in the introductory pages of this book, and when it is at last exhibited we find it to be purely and simply the framework of the homœopathic system of medicine. Surely the authors know this; reserve has not been one of the faults of our homœopathic friends, and yet from beginning to end of this book there does not occur the slightest trace of an acknowledgment of Hahnemannian inspiration; but the authors write with an apparently honest unconscionousness that they have ever been forestalled in their theories. The quotations we have given must surely indicate to anyone who knows anything of homœopathic literature that Messrs. Burness and Mavor are publishing the principles summed up in the maxim *similia similibus curantur*. . . . We see no reason why these gentlemen should not become the apostles of any dogma they believe to be true; but it is rather late in the day to profess any originality in a notion which has been hammered at with excessive vigour by a considerable host of medical writers from now back to Hahnemann, and which, opponents say, can even be traced to the writings of Galen, Celsus, and Hippocrates."

In the early part of this paper I quoted under the heading of *sulphur* the testimony of Trousseau and Pidoux to the double action—pathogenetic and curative—of natural sulphur waters, showing that they benefited the very conditions they produced. In the *Medical Record*, Nov. 20, 1873 (this I ought to have noticed in

the 1873 record), is a paper by Dr. Bouyer (extracted from the *Gazette des Hôpitaux* of Nov. 8, 1873) on "Sulphur Inhalations in the winter season at Amelie-les-Bains" which is fully corroborative of Trousseau and Pidoux's observations. The passage, though long, is worth recording. Dr. Bouyer says: "The actions of the inhalations are primitive (primary) and secondary. The primitive effects are seen after a few minutes have been spent in the inhaling-room. The patients experience a sense of comfort, which is accompanied by a greater facility in respiration, and in a diminution of the frequency and the dryness of the cough. At the same time the skin becomes slightly moist, and a notable diminution of the frequency and intensity of the pulse is observed. If the visit be prolonged beyond a certain time the sedative phenomena are replaced by those of excitation, which become evident through acceleration of the respiration and the circulation, heaviness in the head, turgescence of the face, cephalalgia, fits of dry coughing, and sometimes thoracic pains. The succession of these phenomena is especially observed in asthmatic people, and with them it is better to curtail the duration of the inhalation. The secondary effects of the inhalations are as follows: After several visits the cough diminishes in frequency, and is no longer accompanied by a feeling of dryness and inconvenient pricking in the pharynx or the upper part of the trachea. The expectoration becomes easier and more abundant; the sputa become more fluid and changed in character; at first mucopurulent, they become mucous, then sero-mucous, and then progressively less in quantity; the thoracic pains diminish in intensity, and respiration tends to assume its normal rhythm. This double action of the inhalations must be attributed partly to the sulphuretted hydrogen and partly to the steam. On commencing to use inhalations some patients experience the symptoms of excitation in a very marked degree, and such people should commence with the weak inhalations in the Roman gallery. There are a few cases in which these troublesome symptoms persist, and in which inhalations are altogether contra-indicated." Thus the double or homœopathic action of these sulphur waters in chest disease is again clearly stated.

In the *Lancet* (Feb. 21, 1874) is a paper by Dr. Ringer

on "Sulphide of Potassium, Sulphide of Sodium, and Sulphide of Calcium." Practically, however, his paper is on *Sulphide of Calcium*, or *Hepar Sulphuris*. In this he enters fully into the points we referred to before when extracting from his work on therapeutics. It is therefore not necessary to quote largely from this paper. He reiterates the power of dispersing threatened abscesses before pus is formed, and of hastening the maturation of the pus and its evacuation when once it is formed; a double fact enunciated by Hahnemann, and often laughed at as absurd. He says: "It may be urged that it is difficult to imagine how these remedies can produce effects so different and apparently opposite as the dispersion of inflammation in one case and the expulsion of pus in another; but poultices and hot fomentations certainly possess the property both of subduing inflammation and of preventing suppuration, and in other cases of hastening considerably the evacuation of pus." He gives the sulphide in doses of  $\frac{1}{10}$  th of a grain, and for the very same conditions as homœopaths ever since Hahnemann have prescribed *hepar sulphuris*.

In the number of the *Lancet* following this (Feb. 28) a letter appears from Dr. Thorowgood corroborating Dr. Ringer's advice and success in these cases; and also one from Dr. Burness, in the same way, but a little stronger. He refers to his book which I have just spoken of, pointing out that we ought to know *why* such effects are produced by the sulphide of calcium, and "we will then have a scientific basis on which to found our treatment. . . . Now these facts indicate that the specific action of these agents (the sulphides) is upon the skin and mucous membranes. . . . We naturally infer that the therapeutic action of these agents will be on the same tracts, and hence we are led to use them in such affections as chronic catarrh, follicular sore throat, chronic bronchitis, abscesses, scrofulous glands, and many skin diseases; also to improve the condition of scrofulous children suffering from indolent abscesses, but in these cases we give a less dose than the physiological one, *viz.*, a *restorative* dose." For "restorative" here read "homœopathic."

In the *Brit. Med. Jour.* of Feb. 7, 1874, occurs a paper by Dr. Farquharson, M.P., on "The use of *Ipecacuanha* in Infantile Diarrhœa." We do not, of course, know

whether he was aware that his remedy was a homœopathic one, but he quotes Ringer as his authority. His remarks in contrasting the usual old school treatment with that of ipecacuanha are too good to omit. He says: "As a rule I have found that the diarrhœa of children does not bear astringents well. Temporary benefit may seem to be derived from one or other drug of this class, but after a few days the purging returns as badly as before, and the patients suffer, as they often do under the ill-considered use of strong tonics, with headache, dryness of the tongue, and slight feverish symptoms. We are, therefore, compelled to change our treatment from time to time; and, even after a careful trial of various and widely contrasted pharmacopœial preparations, we may find that we are making no progress, and that the patient is being gradually exhausted by a number of dark, loose, and offensive evacuations. Ipecacuanha will here do us good service, and a very few doses will usually not only greatly improve the character and consistence of the alvine discharges, but greatly diminish, or quite check, their abnormal frequency without causing subsequent torpor of the bowels. Dr. Ringer has well shown that in those few cases in which the drug does not absolutely stop diarrhœa, it causes the motions to become more solid and of natural colour, and that no matter whether they be originally brown, green, or yellow, this beneficial result is produced. But my experience leads me to add that ipecacuanha is not only quite useless, but may even do harm in those cases where the evacuations are whitish and watery. It is not uncommon, however, during cold or damp seasons of the year to meet with diarrhœa in which dysenteric symptoms prevail, and where a previously healthy child is suddenly seized with purging of blood and slime, attended by great abdominal pain, tenderness, and tenesmus. We will here find that ipecacuanha exerts almost a specific action, and I have even found that a single dose of one grain has been sufficient to bring about most marked improvement in these troublesome symptoms." The pathogenetic or reverse action of ipecac. has been referred to already more than once, so I need not repeat it.

In the *Lancet* of Jan. 17 and 31, 1874, a very interesting and important paper occurs by Mr. Jonathan Hutchinson

on "The use of *Mercury* in Syphilis." I allude to it here as bearing out the views of Hahnemann and of homœopaths in general as to its homœopathicity and its consequent correct mode of administration, *viz.*, that mercury is *par excellence* the remedy in syphilis from the earliest stage of the illness, but that being homœopathic to the disease in all its manifestations and stages, it should be given in doses less than will produce its pathogenetic (or physiological) symptoms, such as salivation; "touching of the gums," etc. The marked homœopathic relationship of mercury to syphilis I went into in the earlier part of this paper when treating of mercury, and of Trousseau and Pidoux's account of the similarity of the effects of the drug and the disease, to which I refer you. Mr. Hutchinson ends his paper by giving a summary of his beliefs on this question—the most of which I must extract. He says "that mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure. . . . That in order to secure the antidotal efficacy of mercury against syphilis it is desirable to introduce a considerable quantity into the system and to protract its use over a very long time. That pytalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy. That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than to omit the drug. That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate. That many cases of indurated chancre treated early by mercury never show any of the characteristic symptoms of the secondary stage. That in other cases of mercurial cure of the chancre, in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment. That when mercury does not wholly abrogate the secondary stage, it exhibits a remarkable power in delaying it. . . . That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others. That mercury, cautiously given, does not, in a

great majority of instances, do any injury to the general health, and that the local inconveniences may usually be prevented. . . . That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others. That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis. That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium. That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, whichever method be selected, care be taken to avoid salivation, purging, etc. That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate a premature discontinuance of the remedy." Such a pronouncement from such an authority as Mr. Jonathan Hutchinson is in the profession is a veritable triumph for Hahnemann and homœopathy.

In the *Medical Press & Circular*, April 22nd, 1874, appears an abstract of a paper on the action of *aconite*, read by Dr. (now Sir) T. Lauder Brunton at the Medical Society of London on the 30th of March. At the termination of the discussion, Dr. Brunton said that his observations were made quite independently of others! His confidence in the ignorance of his audience of the writings of Hahnemann, and of homœopathic physicians generally, must have been wonderful, to allow of his making such a statement. Had Dr. Brunton not had some considerable knowledge of homœopathic literature and practice, we doubt whether his "independent" observations would ever have been made at all. Although *aconite* is at the present time quite largely used in fever, and acute inflammations, as quite correct and "orthodox" practice, yet in 1874, the drug was hardly known as an "antiphlogistic," except through Ringer's book, and was even laughed at as being homœopathic. I should have liked to extract this abstract from the *Medical Press & Circular* entire, but it really is so much of a repetition of Dr. Ringer's statements, that we refrain from doing so. But it says that "He read cases of acute disease where *aconite* was used, such as pulmonary congestion, catarrhal fever,

pneumonia in its early stage, laryngitis, bronchial catarrh, acute nephritis, acute general eczema, and the like; he also detailed his observations on the temperature of the body during the action of aconite, and showed how rapidly and steadily it was lowered. Details were given of local inflammation, such as orchitis and inflammation of the knee-joint, treated by aconite. Its use in the early stage of eruptive fevers was mentioned, and he found it cut short attacks of parotitis, and was decidedly most beneficial in acute ophthalmia." He says "It is our best antiphlogistic drug," that "it is diaphoretic and diuretic"; that "if it does not remove the products of inflammation, where these are found, by its control it prevents their formation, and so saves the tissue from further injury, and prevents tissue change."

This is pretty well for observations made quite independently of others! The Shade of Hahnemann might well exclaim "*Et tu, Brute.*"

In the *British Medical Journal* of April 25th, 1874, are recorded two cases entitled "On *Perchloride of Mercury* in the Diarrhœa of Typhoid Fever," by Mr. Walford, of Reading. They are amusing cases, exhibiting the very best allopathic treatment, followed, when that failed to do good, by a rough form of homœopathy; the latter consisting of the administration of the solution of perchloride of mercury (or *mercurius corrosivus*), in drachm doses ( $\frac{1}{16}$  of a grain) every twelve hours, with successful results. He proceeds to remark, "I see nothing unreasonable in the reasoning which led to the adoption of the practice. We all admit the special properties of different drugs and chemicals, whether we be solidists or humoralists, and this surely involves the capability of the different structures of the body being acted upon by the special properties of drugs." The "reasoning" above referred to he gives as follows: "The quantity passed from the bowels being so large, it appeared to us to be desirable to find some means of acting on the mucous membrane of the intestines, and calling to mind the ulcerated condition of the lower end of the ileum and colon, I resolved on trying one drachm of the *liquor hydrargyri perchloridi* every twelve hours." It is a pity that Mr. Walford did not think of carrying out the same reasoning in all his treatment.

In the *Lancet* of May 2nd, 1874, Dr. Ogle records an

interesting case of epilepsy, treated by *belladonna*, after the failure of bromide of potassium. The homœopathicity of belladonna to epilepsy has been pointed out in the earlier part of this paper, and need not be repeated. Dr. Ogle gave such large doses of it that the physiological effect, such as "sore-throat, and inflammation of the palate and mouth, with dysphagia" was produced, and thus it had to be given up after twelve days' use. But he adds, "It appeared, however, that decidedly good results had followed the use of the belladonna, as the fits became fewer in the night, and often absent during the day; and on the eighteenth day after it was first begun, the patient's account was that he could bear the left arm to be struck without any fit occurring. He was still suffering from some slight irritation, with redness of the throat and some dysphagia. Of late the patient has resumed the belladonna in more moderate doses, and altogether is much freer from the pains and sensations about the left arm, axilla, and side of the body, and also from the convulsive attacks. As a rule, he notices that one occurs just before going to bed at night. Latterly he has been much troubled by the sensations on the surface of his left arm and side, which rush up to the head, and cause what he calls an 'all-overishness,' but do not result in any fit. He often compares the sensations to those produced by galvanizing the surface. There is no redness or any notable alteration of appearance of the skin at any part. The surface of the left side and shoulder, etc., was galvanized, but no attack was thereby produced." I quote this as showing that though the dose was unnecessarily large, and had to be stopped, to be resumed afterwards in smaller doses, yet the result was excellent. It shows that if the medicine is homœopathic to the case, even an unnecessarily large dose may be curative, and though large is still a homœopathic dose. Our opponents are fond of saying that such a case is not homœopathically treated because the dose was large. But it must be kept clearly in view that its being a homœopathic cure consists in the first place in the selection of the homœopathic remedy, and secondly, in giving a less dose than will aggravate the condition to be treated. How much less is a question of experience, and varies with varying susceptibility on the part of the patient.

In this year (1874) appeared a volume on "Materia



Medica and Therapeutics," by Dr. Charles D. F. Phillips. Where his inspiration came from we all know, as for many years he practised as a homœopath in Manchester, but in 1871 he intimated in the *Lancet* that he had withdrawn from fellowship with homœopaths. His book is, however, full of homœopathy, in spite of this intimation, though its sources of information, as far as regards homœopathic writings, are studiously kept dark. Among the drugs he treats of, and others, we may safely say, unknown to, or unemployable by any but homœopathic practitioners, we find pulsatilla, helleborus, dulcamara, crocotalus, chelidonium, thuja, bryonia, spigelia, ruta, rhus, anacardium, cicuta, mezereum, and of course, aconite. Of bryonia, he says it is "an exceedingly valuable drug" in "pleurisy and other serous inflammations," and that it is "especially effective in pericarditis and pleurisy." Pleuro-pneumonia and rheumatism, with "liver affections of various kinds" are also named in which bryonia is "worthy of consideration." Pulsatilla is recommended in cases of "inflammation of the conjunctiva and of the auditory and nasal passages"; in "dyspepsia and sub-acute gastritis met with in phlegmatic temperaments"; in "functional amenorrhœa," and in "leucorrhœal discharges." Staphysagria is useful in "obstinate neuralgias affecting the facial and superficial spinal nerves of the neck." Coccus he speaks of in vomiting, dyspepsia, menstrual colic, leucorrhœa, chlorosis, and various nervous affections. Of sabina he says that "in menorrhagia, leucorrhœa, and uterine hæmorrhage, *singularly enough* (the italics are mine), sabina has proved useful in many hands." So of thuja in warts and condylomata, and of colocynth in colic, etc., etc. It is astonishing that such wonderful discoveries are made by a single man of genius, especially when these same discoveries were made, ages before he wrote, by a certain physician of the name of Hahnemann, and which are to be found in any of the numerous homœopathic text-books, if anyone takes the trouble to read them. Such is life, and the medical profession!

(To be continued.)

## THE LADIES' GUILD OF THE LONDON HOMŒOPATHIC HOSPITAL.

By LILLIAN CUNARD CUMMINS, L.R.C.P. & S.I.

Honorary Secretary "West End Branch."

"Do you belong to the Ladies' Guild?" "No, I have never heard of it. What does one have to do?" This oft-repeated question and reply has led me to write a short account of this rapidly increasing organization.

In 1901 Dr. Edwin Neatby, seeing the pressing need of our Hospital for monetary aid, sat up one night with a wet towel round his head *thinking*, at least report says so. The net result of his night's meditation is the Ladies' Guild.

In July, 1901, the Countess Cawdor, our President, held a drawing-room meeting, from which we were all sent forth, as the disciples were of old, to gather in the flock.

The Guild up to the present time consists of five organised centres and four in course of formation.

Hampstead, instead of Birmingham with its motto "Ever Forward," was the first in the field, starting in August, 1901, at a garden party given by its President, Mrs. Fellowes Pearson. Owing to the energy of its indefatigable secretary, Mrs. Kimber, this centre already numbers over eighty members, and is able to support a bed in the Hospital with subscriptions received. This bed is established in Durning ward, with the inscription "Ladies' Guild, Hampstead Bed" at its head.

May all other branches take this as an example until we have one or more beds in each ward of the Hospital supported solely by our Guild.

Second in the field was the Highgate, Finchley and Muswell Hill branch, starting in May, 1902, having for President Lady Tyler, and for Secretary Mrs. Holman. The membership in December was sixty-six.

The Tulse Hill, Streatham and Denmark Hill branch then followed in the month of roses. President, Mrs. Hahnemann Epps; honorary secretary and treasurer, Mrs. Hardy. Membership in December, twenty-four.

In July, 1902, the Kensington branch was started. President, Mrs. Perks; honorary secretary, Mrs. Spencer Cox. Membership in December, forty-six.

Last, but I hope not least, is the "baby" branch, so called in this paper as, having only burst into this

naughty world a week ago, it has not yet been christened. Various names of grandeur are being gravely discussed, but "West End Branch" seems to have gained the day, as the initial letters W.E.B. remind one of the nursery rhyme of the "Spider and the Fly," which to some extent is as it should be.

Owing to the unavoidable absence abroad of its President, Mrs. Whately Willis, Mrs. Stillwell held a drawing-room meeting at her house in Gordon Square on March 5th, 1903. Speeches were made by Sir Henry Tyler, Captain Cundy, Mr. Stillwell, Drs. Burford, Neatby, Lambert, and Goldsbrough, stating the objects of the Guild, of which more anon, and the great advantages of our Hospital. Apart from the objects of the Guild, one of the most important points in the speeches was made by Dr. Goldsbrough, when he said that although, whenever anything was wanted, it was generally obtained through the medium of the gentler sex, yet he was sorry there was no lady on the Hospital Board. Let us hope that the day is not far distant when this will be changed, with, I am sure, great benefit to the patients and nursing staff. How can men understand household management? And what is a hospital but a large household? At the end of the meeting several names of new members and subscriptions were received, making a total of fifty workers and a sum of over £16.

We hoped that during the course of last winter four new branches would have been organized, at Crouch End, South Kensington, Ealing, and Wimbledon respectively. We are still hoping!

The Guild consists of a Central Association and Branch Associations, each with its own officers and managing its own business. Working parties are arranged by the secretaries of each branch, and stitch, stitch, stitch is the order of the day, with tea and muffins to follow! To avoid unsuitable articles being made, the Hospital sisters supply patterns of clothing, and state the number of each required.

The objects of the Guild are :—

To increase the annual subscriptions to the Hospital.

To support one or more beds in the Hospital.

To provide clothes for destitute patients on their discharge.

To arrange for ladies to visit the patients in the wards.

To take up any other work in connection with the Hospital which may commend itself to a general meeting of the Guild.

The membership is of two classes :—

(a) Honorary members, who shall pay a minimum annual subscription of one guinea.

(b) Working members, who shall pay a minimum annual subscription of five shillings to the funds of the Guild, and who will be expected to take an active part in the work of the Guild, either by visiting in the wards, attending the working parties, or undertaking to contribute at least two garments a year.

Names of members and subscriptions to the Guild will be gladly received by any of the secretaries. Hampstead Branch: Mrs. Kimber, 14, Belsize Grove, Hampstead, N.W.; Highgate Branch: Mrs. Holman, 55, Talbot Road, Highgate, N.; Tulse Hill Branch: Mrs. Hardy, Denmark Hill, S.E.; Kensington Branch: Mrs. Spencer Cox, 12, Sheffield Gardens, Kensington, W.; West End Branch: Dr. Lillian Cunard-Cummins, 89, Great Russell Street, W.C.

## CLINICAL EXPERIENCES WITH THE SUPRA-RENAL GLAND AND ITS VARIOUS PREPARATIONS.

By C. GURNEE FELLOWS, M.D.<sup>1</sup>

Senior Professor Diseases Eye and Ear, Hahnemann Medical College, Chicago.

NEXT to the discovery of cocaine, I believe that the suprarenal extract and its various preparations have been of more benefit to those practising the specialty of eye, ear, nose, and throat, than any other of the many recent drugs.

In the early use of this preparation the dried suprarenal glands were macerated in water and then filtered. The strength was immaterial, as it was harmless when used as a local application, although the stronger solutions acted a little more rapidly than the weaker ones. The objection to this extemporaneous mode of preparation was its instability. It not only deteriorated in a few hours, but had a bad odour, and was apt to be followed by

<sup>1</sup> Reprinted from the *Clinique*, (Chicago), December, 1902.

more smarting in the eye, and sneezing when applied to the nose.

The next step in perfecting its use was the addition of carbolic acid, resorcin, cinnamon water, boracic acid, chloretone and other similar drugs, which helped to preserve it, and yet did not detract from its value.

Within a short time the active principle of the supra-renal gland was separated by Dr. Jokichi Takamine, and the preparation is now put on the market in a crystallized form which can be made up in any strength of solution, and when prepared in the proportion of 1 to 1000 is as strong as a 10 or 15 per cent solution of the dried extract.

I have not seen a great deal of difference in the practical results obtained from the various preparations with any of the above mentioned preservatives, and as to which form we use is settled simply by the question of convenience or length of time that we wish it to keep.

One of its great uses is as a means of diagnosis. It constricts the blood vessels, producing an immediate ischæmia, and so helps very materially in the diagnosis of eye, ear, nose, and throat troubles, for when swellings can be reduced and blood can be thus simply abstracted, the tissues assume a very different condition, and we know whether we are dealing with growths, foreign bodies, hypertrophies, or what not.

Another use of suprarenal extract is to augment and prolong the anæsthetic effect of cocaine.

In ophthalmology it is a very decided help in examining and treating acute cases, for I believe that the continued abstraction of blood will remove congestion and help to abort certain forms of inflammation, and in operations upon the eyeball it is particularly advantageous, as we can use it for the absolute prevention of hæmorrhage.

In a cataract extraction the other day I had, fortunately, used the suprarenal extract with my cocaine. There was not a drop of blood during the whole time, and a lens which stuck to its capsule required manipulation and removal with the scoop, which could not have been safely done if there had been even so much as the part of a drop of blood in the anterior chamber. My operation was absolutely successful, and we know how many times we have had blood in the anterior chamber to bother us in similar cases. In operation upon the muscles the same thing is true.

For use in the eye we depend mostly upon its value in congestive conditions, which involve the conjunctiva of the eyeball or eyelid, and the lachrymal apparatus, and its temporary effect even is not to be despised. Many of our patients wish immediate relief from a condition which may not be annoying except from its appearance, and patients who must be seen in public appreciate the ability to change a red and staring eye into a normal-looking one, even for a few hours. Its action upon the deeper structures of the eye is not so noticeable when applied locally, but I have noticed that atropine, or any other midriatic, seems to act more profoundly when applied in conjunction with a preparation of the suprarenal gland.

Its use in the ear is decidedly less advantageous than in the eye, and yet I have had excellent results in congestive conditions of the drum membrane before the secretion has formed within the tympanic cavity, and in lessening the tension when applied with cocaine in the relief of pain. When an incision in the drum membrane becomes necessary, the abstraction of blood is of importance in leading us to decide where to make our incision, and very often as to whether it is necessary so to do.

In nose and throat operations, it probably has its most useful field. It not only reduces the turgescence and swelling of the turbinated bodies, and therefore, gives us more room to work, but many of the nasal operations are so bloody that it is a great boon to be enabled to operate as we now can, in a more or less bloodless manner. I have frequently removed septal spurs, hypertrophies, etc., with a saw, scissors, or knife, and had almost no appreciable amount of blood.

It has been suggested that there is more secondary hæmorrhage following nasal operations when the suprarenal extract has been used, and there are plenty of cases on record to prove this point. On the other hand, there is as much testimony proving that there is no more hæmorrhage following its use than there would be in such individuals under the simple use of cocaine. When my patients are not under immediate observation, I pack the nose with sterile or iodoform gauze immediately after the operation, to prevent a secondary hæmorrhage, and to save the patient, as well as myself, the consequent annoyance, and I find plenty of agreement on the part of other rhinologists.

As to its use in hay fever, I am not yet ready to report, but all that have used it know that it will produce temporary relief from that terribly stuffy condition of the nose, and allow the patient some hours of comfort, and that it is harmless in its application.

I will not recite at length many clinical cases, which I should like to do, but I want to report one which was especially happy.

A little boy was brought to me by the family physician, having bitten his under lip, and the hæmorrhage had been not only great at the time, but had continued until the boy was anæmic, and grave fears were entertained for his life. He undoubtedly belonged to the family of "bleeders."

Compression, cold, heat, styptics, and nitrate of silver, and even the galvano-cautery, were faithfully tried, and the hæmorrhage still continued. A pledget of cotton, soaked in adrenalin 1 to 1000, was applied to the wound frequently; the hæmorrhage ceased and did not recur.

Another child in the same family suffered with a similar accident within a few days, and the hæmorrhage was controlled in the same manner.

Another case, a Mrs. G., had suffered for a week or two with persistent nasal hæmorrhage, with cause unknown, and in the hands of her physician had not been relieved. Upon examining the case I found no distinct point of hæmorrhage, but found that, coming at the climacteric, the cause was undoubtedly general in character and the symptoms localized, resulting in a general oozing from her turbinates and septum. The use of the suprarenal extract several times a day, and internally the same medicines that had been given previously without result, such as ipecac., ergot, and nitrate of silver, were followed by a total cessation of the symptoms, which did not recur.

Its use is rapidly increasing. It is as applicable in many varieties of surgical operations, although not coming under my own immediate observation. I have seen a number of reports of the use of this drug internally for reducing blood pressure and so regulating local congestions, such as tinnitus aurium, for instance, in which the results have been good, but under what circumstances its use is advisable has not been accurately determined. The more experience the profession have, the more will we definitely settle its sphere; but that it has added greatly

to our armamentarium in the field represented by the eye, ear, nose, and throat, is giving but small credit to a newly introduced drug of great value. I have never seen any results other than good from its local use, and should have no hesitancy in recommending it wherever it may seem indicated.

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## REVIEWS.

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*A Text-Book of Clinical Medicine: Principles of Diagnosis.*  
By CLARENCE BARTLETT, M.D., Professor of Clinical Medicine, and Associate Professor of Medicine in the Hahnemann Medical College of Philadelphia; Senior Neurologist to the Hahnemann Hospital, &c. Philadelphia: Boericke & Tafel. 1903.

As in the case of most works, we can generally get a correct view of the aim of a book by looking to the preface, and so are able to judge fairly of its merits, so in this handsome volume. Dr. Bartlett, in his preface, states his aim clearly and fully. He says "In presenting a review of practical medicine, one may proceed in one of two ways. He may adopt the method in vogue for many years, that of describing clinical pictures of the various diseases, presenting details as to their etiology, symptomatology, diagnosis, prognosis, and treatment; or, he may approach the subject from the opposite standpoint, describing the various symptoms which go to demonstrate that a person is ill, and give details as to their clinical relation and diagnostic significance. Inasmuch as the latter plan follows the line of argument one employs when examining the case, it may be called the clinical method. The old or established system of teaching medicine has its advantages; otherwise it would not have preserved its popularity even unto the present time. But it has its disadvantages, which become more and more obvious as we have forced upon us the truth of the axiom 'We must treat the patient, not his disease.' To label a grave case of illness with the name of one or the other disease described in the standard works on medicine is not making a diagnosis, because the standard clinical types as described in such works are the exception, and not the rule. We must, therefore, be able to proceed still further in our conclusions, and obtain an adequate conception of all the pathological changes taking place in the patient in whose case we happen to be interested, even though we are unable to present our conclusions in the shape of some set title. All



of these associated changes cannot be studied practically according to the old system of expounding the principles of medical practice. Approaching the subject from the reverse side—the clinical—the study of cases becomes interesting and easier. The problem is solved, not by matching the case in hand with the type as described in a standard text-book, but by a process of reasoning. This method of study is, in reality, the only one possible in unravelling the mysteries of the majority of cases of chronic disease. The present work has been in mind a number of years, and was prompted by the above thoughts. Another advantage in presenting a study of medicine according to the clinical method is that one finds greater opportunities for describing methods of treatment. Everyone is well aware that the treatment of some one disease *per se* takes but a few words to describe—and even those few words are unsatisfactory—and yet it is possible to say much concerning the treatment and management of patients who are suffering with that disease. So, when the present work was planned, the author decided to include chapters on therapeutics, based upon those devoted to diagnosis. It was quite a problem with him, at first, to decide how the subject-matter should be arranged—*i.e.*, whether he should follow each diagnostic chapter with appropriate therapeutic remarks, or have one volume devoted entirely to diagnosis, the other to treatment. The latter course was finally decided to be the better, as it makes the work easier for reference and consecutive reading, and each volume becomes complete in itself.” This is a long excerpt, but it describes the book and its aims more clearly, and in the author’s own words, than any description of ours. It will be observed that the aim of the book is unique, and the accomplishment of it perfect. The amount of detail is enormous, and yet it is put so clearly and fully that it is easily read, and it will be found an immense help in studying cases of disease, and elucidating the meaning of the symptoms, both objective and subjective. It would be almost impossible to quote a sample of the work without enlarging this notice to an unwarranted length. All is so good that we must refer our readers to the work itself. The chapters on the examination of the blood, the urine, sputum, and all secretions are admirably full and lucid. There are about 250 excellent illustrations, which elucidate the letterpress.

Dr. Bartlett’s work cannot fail to become the standard text-book on diagnosis in both America and Great Britain, and we advise every one of our readers to add it to his library, as an invaluable source of reference.

We shall look with interest to the promised second volume

on therapeutics, and if it is as good as the present volume, it will be indeed an inestimable addition to our standard medical works on homœopathy.

We congratulate the author on his work, and wish for it a very wide circulation. We need only add that the book is most handsomely got up in every way, as all Messrs. Boericke and Tafel's publications are.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session 1902-1903 was held at the London Homœopathic Hospital on Thursday, March 5th, 1903, at 8 o'clock. Dr. Roberson Day, President, in the chair.

#### SECTION OF MEDICINE AND PATHOLOGY.

Lt.-Col. H. E. Deane, R.A.M.C., read a paper on "The Mode of Entry of Plague Infection into the Human Body." In this paper Lt.-Col. Deane gave an exhaustive analysis of the subject of plague infection as a result of his own observations in India, and by comparison with the observations of others and previous conclusions drawn from them. The following is a summary of Lt.-Col. Deane's views. Careful examination shows that a very small proportion of natives display cuts and abrasions, not more than would probably be found in any large community, and when they are found in a patient suffering from plague, there is an entire absence of any sign to render it probable that they were the points of inoculation. In a comparatively small proportion of plague cases skin lesions are observed which, when appearing early in the course of the disease, are assumed to be points of entry of the virus, but the evidence of such a mode of infection is unsatisfactory, and the skin manifestations can be more satisfactorily accounted for by considering them as evidence of general blood infection. Plague is contracted by inhalation of the virus, and the different symptoms presented by different patients depend on the individual constitutions mostly, but may partly be due to the quantity of virus absorbed. Infection through the respiratory organs is borne out by the course taken by the disease, and its virulence in damp, dark places void of ventilation.

Drs. Dudgeon, Dyce Brown, Watkins, Johnstone, Madden,

and Roberson Day took part in a discussion on this paper, and Lt.-Col. Deane replied.

Mr. H. A. Clifton Harris then read a paper on "The Treatment of Diphtheria by Antitoxin Serum." The paper was compiled from recent reports of cases and statistics from the Metropolitan Asylums Board, and compared with the results of treatment in the London Homœopathic Hospital. Mr. Harris showed that treatment by antitoxin had reduced the general mortality from diphtheria down to 11.31 per cent, as witnessed by the Metropolitan Asylums Board report. In the case of the London Homœopathic Hospital, where antitoxin and homœopathic treatment had been adopted, the mortality was 8.75 per cent. A final conclusion on the subject is that the best treatment of diphtheria consists of a combination of antitoxin and homœopathic treatment.

In a discussion which followed the reading of this paper Drs. Roche (Norwich), Searson, Goldsbrough, Stonham, Lt.-Col. Deane, Drs. Roche (London), Blackley, Thomas, Watkins, and Roberson Day took part, and Mr. Harris replied.

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## NOTABILIA.

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### OUR MARCH NUMBER.

WE much regret that the March issue of the *Monthly Homœopathic Review* was not posted to our subscribers till the 4th of the month. This was owing to no fault of the Editors, of the Printer, or of the Publishers, but solely to the carelessness of the Great Western Railway. The parcel was sent off by the printers on Saturday the 28th of February, and should have been received by Messrs. Gould & Son on Monday morning the 2nd of March. On enquiry at the railway, Messrs. Gould & Son were informed that the parcel had gone amissing, and it was not till the 4th, after much trouble, that it was forthcoming. We understand that energetic remonstrances have been sent to the Railway Company, and we trust that this carelessness will be for the last time.

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### THE LONDON HOMŒOPATHIC HOSPITAL.

WE omitted in our last issue to note that His Majesty the King had graciously sent a gift of game for the in-patients of the Hospital.

## BRITISH HOMŒOPATHIC ASSOCIATION.

SYLLABUS OF EDUCATIONAL WORK UNDER THE  
AUSPICES OF THE BRITISH HOMŒOPATHIC  
ASSOCIATION DURING THE CURRENT YEAR (1903).

## PART I.—LECTURES.

A SERIES of Lectures will be delivered at the Marlborough Room at the Polytechnic, 309, Regent Street, W., on Fridays during the months of May, June, and July, at 5 o'clock p.m., excepting the last Fridays in May and July.

May Lectures by J. H. CLARKE, M.D., Consulting Physician to the London Homœopathic Hospital:—

- (1). May 1.—Homœopathy a Practical Science and Art.
- (2). „ 8.—The Tools of the Homœopath.
- (3). „ 15.—Homœopathy in acute disease.
- (4). „ 22.—Chronic Disease as understood by Hahnemann.

June Lectures by D. DYCE BROWN, M.A. M.D., Consulting Physician to the London Homœopathic Hospital.

- (1). June 5.—Diseases of the Digestive System.
- (2). „ 12.— do. do.
- (3). „ 19.— do. do.
- (4). „ 26.— do. do.

July Lectures by BYRES MOIR, M.D., Physician to the London Homœopathic Hospital.

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| <ol style="list-style-type: none"> <li>(1). July 3</li> <li>(2). „ 10</li> <li>(3). „ 17</li> <li>(4). „ 24</li> </ol> | } | Diseases of the Respiratory Organs and Heart. |
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Members of the medical profession and medical students are invited to these Lectures.

## PART II.—PRIZE ESSAY.

Subject: “On the best means for the Organization and Development of Homœopathic Professional Education in Great Britain.”

The Executive Committee of the British Homœopathic Association hereby offer a prize of twenty guineas for the best essay on the above subject. The following are the instructions given by the Executive Committee for the information of intending essayists:—

- (1). The object of the prize is to obtain a clear account
  - (a) Of the most desirable and practical methods of utilizing the Homœopathic Clinical Institutions in Great Britain for instruction in homœopathy;
  - (b) Of the most desirable and practical methods whereby efficient systematic teaching in Homœopathic Materia Medica and Therapeutics can be conducted in Great Britain;
  - (c) The most desirable methods

for the effective testing of the acquirements of Professional Students in Homœopathic theory and practice.

(2). The plan and detail of the essay must be so constructed as to include both a commencement of educational organization at this time, as well as desirable developments in the future.

(3). All essays sent in to be the property of the British Homœopathic Association.

(4). Essayists must be residents in the British Empire.

(5). Essays must be delivered to the Secretary of the British Homœopathic Association not later than October 31st, 1903, and must be designated by a motto, and *not* the name of the essayist. The name and address of the essayist to be contained in a sealed envelope, on the outside of which the motto must be inscribed.

(6). All essays must be type-written.

#### PART III.—TRAVELLING SCHOLARSHIP.

The British Homœopathic Association is prepared to set aside a sum of one hundred guineas for the endowment of a "Travelling Scholarship," available in 1903, for a duly qualified British practitioner for the attainment of further professional knowledge in the theory and practice of homœopathy.

It is prescribed that the Scholarship shall be available for travel in the United States, and that a period of not less than three months be occupied in such professional travel.

It is also prescribed that a statement of the intended professional course be submitted by the candidate for approval by the Executive Committee, and that a general report of the work of the travelling scholar be presented to the Association immediately on his return.

It is suggested that the most profitable time for travel will be the months of October, November, and December in the current year. For this year an additional subsidy of five guineas will be granted to the travelling scholar for a special report on the educational methods of teaching homœopathy coming under notice in America, in as far as they can be made available in England. The report to be submitted to the Executive Committee immediately on return.

Applications for election will be received by the Secretary of the Association, from whom any further details may be obtained. Preference will be given to former residents in Homœopathic Hospitals.

#### PART IV.—MEDICAL TUTOR.

One of the Assistant Physicians to the Homœopathic

Hospital will undertake the duties of Medical Tutor during the summer and winter sessions in the in-patient wards, and among the out-patients, for the thorough instruction of medical students and practitioners in the practice of Homœopathy. The summer session commences in May. Applications to be made to the Secretary, 21, Regent House, Regent Street, W.

#### PART V.

There will be prepared and issued, under the auspices of the Association, an entirely new and "up to date" handbook, setting forth the homœopathic basis and tendencies of modern medical science. This handbook is being prepared by Byres Moir, M.D., and James Johnstone, F.R.C.S., and is intended for circulation mainly among the younger members of the profession.

#### DR. JOHN WILDE OF WESTON-SUPER-MARE.

WE much regret to learn that our colleague Dr. Wilde is in very feeble health, and has been so for some months. He is quite unable for any work, and is confined to bed by a painful and trying ailment. Our sincere sympathies go to him and to his family.

#### LABORATORY OF CLINICAL PATHOLOGY.

WE are glad to find that a laboratory for the microscopic and other examinations of sputum, blood, pus, urine, bacilli, &c., &c., has been opened by our colleague, Dr. F. A. Watkins, at Merton Lodge, 115, Denmark Hill, S.E. Dr. Watkins is Pathologist to the London Homœopathic Hospital, and those who know him, and his perfect acquaintance with pathology and the microscope, and with kindred studies, are very sure that work of pathological investigation and analysis sent to him will be exhaustively done. We have hitherto had to send to the Clinical Research Society for work of this kind, but now that, with the development of other special departments in our ranks, we can have such investigations carried out by one of ourselves, we trust that all our *confrères* will support Dr. Watkins for his energy in initiating a pathological laboratory, by sending all their work to him, and dispensing with extraneous aid.

**BURNETT PROFESSORSHIP FUND.**

THE following sums have been received since last announcement :—

	£	s.	d.
Miss Garstang .. ..	20	0	0
Miss Quincey .. ..	5	0	0
C. Stewart, Esq., (1st. donation)	5	0	0
Rowland Holt Wilson, Esq., ..	1	1	0
Mrs. Sadler .. ..	1	1	0
Miss Buss .. ..	0	3	0
	<hr/>		
	32	5	0
Amount previously acknowledged	352	4	0
	<hr/>		
Total to March 17th	£384	9	0

**THE TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL.**

WE take the following report of the Annual Meeting of the above institution from the *Tunbridge Wells Advertiser* of February 20th, also the appeal issued by the committee, to which we referred our readers in our leading article :—

“ THE HOMŒOPATHIC HOSPITAL.  
INSTITUTION’S INCREASING USEFULNESS.  
NEW PREMISES TAKEN.  
PRESIDENT’S LIBERAL GIFT.

“ The annual meeting of the Tunbridge Wells Homœopathic Hospital was held at the Town Hall on Friday afternoon. Mr. W. Langton, J.P., presided, and there was a good attendance of subscribers and supporters, including Lady Coote, Mr. Councillor Marsh, Mr. H. Edmonds, Rev. Agg Large, Mr. W. Brackett, Dr. Pincott, Dr. Neild, Dr. Grace, Dr. Edith Neild, Mr. Alfred Ashton, Mr. Shapcott, Mr. Scrace, and others ; with the Secretary, Mr. Cecil Vinall.

THE ANNUAL REPORT.

The Secretary read the annual report as follows :—

“ The Committee of the Tunbridge Wells Homœopathic Hospital have much pleasure in presenting their report for the past year, and recording an unprecedented amount of work done among the sick poor. As will be seen from the medical officers’ report, the numbers in the out-patients’

department have been 2,346, against 2,131 last year, and there has been a large increase in the numbers attended at their own homes, nearly 4,000 visits having been paid by the medical officers to patients too ill to attend personally, a feature of the work which is deeply and gratefully appreciated. The in-patients have numbered 96, and a considerable number of these have been cases requiring long periods of treatment, and probably never before has there been such an average of occupied beds nor such demands for admission; not infrequently there have been several patients at once waiting for vacant beds. Many of the medical cases under care during the year have been of markedly grave nature, amongst which may be mentioned three cases of enteric fever, which gave our staff much anxiety, though all made good recoveries. As indicating the serious type of the disease, it is sufficient to say that three other members of the same family died of the complaint in other institutions. As will be seen from the medical officers' report, a considerable number of serious operations were undertaken, and all did well. In two cases these were done by members of our consulting staff, who very kindly came down from London for the purpose, the rest by our medical officers.

“The donations for the past year, other than two legacies, were the lowest received for some years. The £100 taken from deposit account in 1901 has been replaced, and £200 of the money received in legacies has also been placed to deposit account. The remainder of the legacies has been used to supplement our ordinary income. The two legacies before referred to were of £500 and £42 6s. 3d. respectively, and were bequeathed by the late Miss Clarissa Cooke and the late Mrs. Frank Williams. The late Lady Siemens bequeathed the sum of £80 to the hospital, but this sum was received after the financial year was closed. Again we have to mourn for the death of several of our friends and supporters, and we would especially notice the deaths of Mrs. Coulson James and General Lamb, who were constant friends and benefactors to the hospital, and Mr. S. Allen, who had been a member of the Committee for many years, and took a true interest in our work, although he was unable to be present with us of late years. Our warmest thanks should be given to our honorary medical staff, and to Miss Harris and the nurses for their skilful, unselfish devotion, and for their untiring kindness to all under their care, and to the hon. secretary for his assiduous attention to the work of the hospital. The thanks of the Committee are again presented to the various congregations in the town and neighbourhood who have rendered assistance during the year; to the



organisers of the Hospital Saturday Fund ; to the Friendly Societies and the Amateur Dramatic Society ; to the members of the Ladies' Visiting Committee and others who have visited the hospital. They also desire to thank the Committee of the Charity Football Association and others for their kind help. The Committee believe that the request made to subscribers and donors last year, that care should be exercised not to give letters of recommendation to those in a position to obtain medical advice privately, has had a good effect, but they would still ask that this point should be kept in mind. The Committee have had anxiously to consider the effect with regard to light and air that would be produced by the new buildings in connection with the enlargement of the General Hospital, and they felt that this would be a most serious detriment to the value of the hospital ; and as in December an opportunity occurred of obtaining freehold property in an unusually good and central position, negotiations were privately begun, and a Sub-committee was appointed to consider the question and to visit the premises. They reported so favourably that the Committee were satisfied that it would be right to proceed in the matter, but, feeling their great responsibility, an adjournment was made, in order that Mr. Caley might make a report on the condition of the house. Your Committee expect that they will be in a position to bring the successful conclusion of the purchase before the annual meeting.

"In acknowledging the support of the subscribers and donors during the year, the Committee feel that they have shown that their generous confidence has been more than justified, and they appeal with full trust for renewed and much increased pecuniary help in the present year. The Committee desire that the divine blessing may continue to rest upon the institution, as they thankfully believe it has done in the past.

#### MEDICAL WORK.

"The medical report read by Dr. Pincott stated that there had been 79 patients admitted to the hospital (including 4 admitted to the private ward), which, with 9 patients re-admitted, and 8 under care at the beginning of the year, makes a total of 96. There was one death in the hospital. There were 2,346 admissions and re-admissions to the dispensary, and 3,959 visits paid to patients in their own homes. In the in-patient department there were under care January 1st, 1902, 8 ; admissions and re-admissions, 88 ; total, 96. Under care January 1st, 1903, 7. Major operations performed during 1902, 10, in addition to many minor

operations. Out-patients' department: under care January 1st, 1902, 188; admissions and re-admissions, 2,158; total, 2,346. These may be classified as follows: Cured or relieved, 1,766; not relieved, 216; no report, 144; died, 15; under care January 1st, 1903, 205; total, 2,346. Home visits, 3,959.

#### DENTAL CASES.

"Dr. Tester, the dental surgeon, reported that there were extractions from children under fourteen, 135; adults, 430; under gas, 6; under ether, 44; stoppings, 8; temporary fillings, 19; regulating teeth (children)—attentions, 42; advice and consultation, 100; surgical cases, 7; miscellaneous, 30; total, 821.

#### FINANCE.

"Mr. W. Brackett, the treasurer, reported that among the receipts were: Subscriptions, £270; donations, £312; legacies, £542 6s. 3d.; the total amounting to £1,347 2s. 8d. The disbursements were less by £42 9s. 8d. £300 had been placed to the reserve fund, which now totalled £1,017 12s. 3d. Mr. Brackett said it was a highly satisfactory report, and one which everybody would be gratified with. The institution was in a thoroughly sound condition, and the annual report showed that there was an increasing belief in homœopathy among the people of the town. They were now going to purchase a building of their own, and he felt sure that the hospital would flourish even more greatly in the future.

"The Chairman read a letter from Mr. Smart, regretting his inability to be present. Proceeding, Mr. Langton said they much regretted the absence of Mr. Smart, who was a warm supporter of the hospital, and always evinced the liveliest interest in the institution. He was sure they all regretted the absence of Mr. Smart, and especially at the cause of such absence. Commenting upon the report, the Chairman said it was perhaps the most satisfactory that had ever been presented, and showed that the hospital was thoroughly appreciated by the poor people of the borough. He noticed, however, that although there had been an increase in the number of patients, the contributions were the lowest on record. Apparently people thought that the hospital could be kept up without assistance. He urged subscribers to be very careful to whom they gave the letters. In a short time it would be necessary to remove to new premises, and it was surely the intervention of God Himself that they had been able to obtain such very convenient buildings so centrally situated. Alluding to the removal scheme, the Chairman said they must strike while the iron

was hot. The General Hospital was making a big effort for itself, and he thought they should make an effort for themselves. Mr. Smart, their President, had written as follows: 'We shall be glad to give £1,000 towards the purchase, which please enter as from Mr. and Mrs. F. G. Smart.' (Applause.)

"Mr. Henry Edmonds proposed a vote of thanks to the honorary physicians, surgeons, dental surgeon, treasurer, auditor, and hon. secretary for their valuable services, and to the matron and hospital staff. They were deeply grateful to their medical and surgical staff for the immense interest they took in the institution, and the enormous amount of work they did so willingly and generously for the good of the poor in the district. With regard to their hon. secretary, he gave up a great deal of his time for the benefit of the hospital, and they were especially thankful to him. (Applause.)

"Mr. Edmonds also expressed cordial appreciation of the services of the excellent matron and her staff.

"The Rev. Agg Large, of Southborough, seconded, and spoke in high terms of the continued success of the hospital, and said he was much impressed by the increasing regard the poor people felt for the hospital. This in itself was an eloquent tribute to the admirable manner in which it was conducted, and to the kindness and consideration shown to the patients, who were mostly drawn from the working classes. On all hands he heard the Homœopathic Hospital spoken of in a most appreciative way.

Dr. Neild, in moving the re-election of the President, Mr. Smart, and the Vice-president, Mr. Morland, said they deeply regretted the circumstances that compelled their much esteemed President to be absent from that meeting. They all knew the great interest he took in the hospital, and he had again manifested it by a munificent gift. (Applause.) But it was not merely a question of money with Mr. Smart; it was the kind thought and genuine interest which accompanied the gift, which he (the speaker) could fully testify to, that demonstrated Mr. Smart's real concern for the Homœopathic Hospital. In all the good works which he and Mrs. Smart assisted up and down the country, there was always displayed that kindly interest and wise thought which made those gifts doubly valuable.

"Mr. Councillor Marsh seconded, and said it was a matter of great satisfaction to them to have Mr. Smart for their president and Mr. Morland for a vice-president.

"The motion was unanimously carried.

"Mr. Clapham moved a vote of thanks to and the election of the General Committee and the Ladies' Committee.

“Mr. Shapcott seconded, and remarked that he always had a big demand for the Homœopathic Hospital letters, and applicants were very disappointed when he had no more to distribute. They were not very eager to take the letters for the General Hospital. He soon disposed of the Homœopathic Hospital letters, but the few he had for the General Hospital were generally sufficient to last him for the year.

“Dr. Pincott, in proposing a vote of thanks to the Chaplain and other friends who administered to the spiritual needs of the patients, referred to the fact that the Parish Church of Holy Trinity did not give the Homœopathic Hospital a part of the collections taken for hospital purposes. He did not think the Vicar was responsible for this, but thought there must be an undercurrent in connection with the church organisation which prevented that hospital from receiving any part of the collections, unless the members of the congregation marked their contributions as being intended for the Homœopathic Hospital. (Applause.)

“Dr. Grace, in seconding the motion, said the hospital had plenty of friends in the congregation of Holy Trinity Church, and there was no reason why the Homœopathic Hospital should not receive part of the contributions intended for the hospitals.

#### MISCELLANEOUS.

“Mr. Murton Neale moved an alteration to two of the rules, which was agreed to.

“Mr. R. A. Dallas Beeching was appointed a life governor, as the executor under the will of the late Miss Cooke, who bequeathed £500 to the hospital.

“Dr. Neild moved a resolution approving of the purchase of the new premises in Church road, and the utilising of the reserve fund for that purpose.

“The Chairman seconded, and it was carried.

“A vote of thanks to Mr. Langton for presiding concluded the proceedings.”

### THE APPEAL FROM THE COMMITTEE OF THE TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL.

#### “A NEW HOSPITAL.

#### DR. SMART'S MAGNIFICENT DONATION.

“The Homœopathic Hospital will shortly be removed from Upper Grosvenor-road to new premises in Church-road, which it is proposed to purchase, and in respect of which the following appeal has just been issued:—

“ ‘ Since the year 1863 provision has been made in Tunbridge Wells for the homœopathic treatment of those too poor to afford private advice, and in the early days this class showed their appreciation of its benefit, and of the skill of the then medical officer, by attending on the one day in the week on which advice was given in such large numbers that in 1884 the strain compelled the temporary giving up of this privilege.

“ ‘ In 1886 a small house was taken in Hanover-road, and, with Drs. Pope, Neild, and Seelenmeyer as medical officers, the dispensary was re-established, and from then to the present time there has been a steady growth in the work for which the institution was founded.

“ ‘ About the year 1887 the late Mr. Thomas Oetzmann became the hon. secretary, and it was, no doubt, due to his energy and devotion to the cause that the buildings now occupied, Nos. 2 and 4, Upper Grosvenor-road, were taken as a hospital. No. 2 was prepared at a considerable cost, every possible care being taken to render the house sanitary. Patients were admitted in 1890, and our hospital established. The one house soon proved to be too small for our requirements, and, on No. 4 becoming vacant, that was added, and a further outlay was incurred to render it also suitable for hospital purposes, and to make the two houses into one.

“ ‘ Almost uninterrupted progress has been maintained up to the present time, both in the equipment of the hospital and in the work done. The medical staff has changed, Dr. Pincott succeeding Dr. Seelenmeyer, and Dr. Capper succeeding Dr. Pope, and recently Dr. Grace succeeding Dr. Capper, and two years ago Dr. Edith Neild joined the staff, and we gladly recognize the good work done by each and all. We have now, therefore, four physicians and surgeons resident in Tunbridge Wells upon our staff, besides our two London consultants.

“ ‘ In the same way the nursing and domestic staff have increased from a matron and one servant, who were the sole representatives of those departments in 1890, to our present excellent matron, assisted by an efficient staff of nurses and servants.

“ ‘ The extension of the General Hospital which is now in progress will, by the time their proposed new buildings are finished, prove of great detriment to the value of the Homœopathic Hospital in its present position, in consequence of the interference with air and light at the back, and the Committee have come to the conclusion that they must remove from the buildings now occupied. Fortunately, they are able to determine the leases at Christmas next.

“ ‘ The Committee have anxiously considered the

advisability of various sites, and, after obtaining the opinion of Mr. Herbert M. Caley, they have agreed to purchase Silwood House, in Church-road, Tunbridge Wells, for £3,000. The property, which is freehold, and by its situation and extent peculiarly adapted to the requirements of a hospital, consists of a dwelling house surrounded by a large garden, allowing ample space for erecting the additional buildings which will be required, to provide sufficient accommodation for the out-patients and the staff, as well as for those under treatment in the hospital.

“ We now appeal for funds (to enable us to carry out our engagements), not only to those who have experienced the benefit of homœopathic treatment for themselves and their families, but to the inhabitants of our town and neighbourhood, who must surely realize the advantages which the institution has conferred upon the poor of our town and the surrounding district.

“ Beyond the £3,000 (which has to be paid for the property as it stands), it is calculated that another £2,000 will be required for the additional buildings that will be necessary, and for preparing those now existing for the requirements of a hospital. Towards this sum the Committee have a reserve fund of nearly £1,100, which from time to time has been set apart and carefully husbanded with the very object they have in view, namely, of erecting more suitable premises. This leaves £4,000 to be raised, and we now most earnestly solicit your help. Contributions or promises of contributions (of larger or smaller amounts) towards this sum will be thankfully received by the Hon. Treasurer (whose address is 27, High Street, Tunbridge Wells), by the Hon. Secretary, at the hospital, or by any of the local banks.’

“ The President (Dr. Francis G. Smart) and Mrs. Smart have given a joint donation of £1,000.”

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#### THE PHILLIPS MEMORIAL HOSPITAL, BROMLEY, KENT.

“ THE Annual General Meeting of the governors, donors, and subscribers to the Phillips Memorial Homœopathic Hospital and Dispensary took place at the hospital on Feb. 28th, the President, Alderman and Sheriff Sir G. Wyatt Truscott, occupying the chair. Amongst those present were: Lady Truscott, Mrs. Madden, Mrs. H. Wynne Thomas, Miss Wedekind, Mrs. J. Stoneham, Miss Hyde (Matron), Dr. E. M. Madden, Dr. H. Wynne Thomas, Messrs. J. A. Stoneham, J. Churchill (Chairman of Committee), W. R. G. Hay, John G.

Charles (Treasurer), A. Lindsay Bell, W. Willett (Chairman of the Building Committee), J. M. Wyborn (the valued Secretary), &c.

The report, which is most satisfactory, states, "that during the year which ended December 31st, 1902, the patients treated in the wards and at the dispensary have exceeded in number those of any previous year since the foundation of the hospital, and the visits at the homes of the patients have been well maintained. The in-patients numbered 145, of whom 139 were new admissions and 6 were admitted during the preceding year. Of these 119 were discharged cured, and 10 in a greater or less degree improved. Sixty operations, many of a more or less serious kind, were performed, and in nearly all cases with successful results. The services of the Honorary Consultants, Dr. D. Dyce Brown, Mr. C. T. Knox Shaw, and Dr. G. H. Burford, were severally rendered during the year under review. The number of visits to patients at their homes amounted to 1,005, while the attendance at the dispensary reached a total of 1,901. The latter included 428 individual patients. In the same period the daily average number of beds occupied amounted to 7.6. The average duration of the patients' stay was eighteen days. The cost per week of each in-patient, deduced from the estimated total ordinary expenditure incurred by the in-patients' department, including ground rent, rates, repairs, renewal of furniture, fuel and lighting, salaries, printing (with annual report), stationery and maintenance of general staff has been £2 3s. 2d.

"The President, who was cordially received, said it was with great pleasure that he rose to move that the 14th annual report of that hospital and the accounts be adopted, printed, and circulated. He could wish that a greater number of the subscribers had been present that evening, but his regret was somewhat mitigated by the presence of the local press representatives, through whose courtesy their proceedings would no doubt reach a very much larger audience than that building could possibly accommodate. It was very pleasing, looking at the report generally, to be able to say that it was a very satisfactory one. (Applause.) He remembered that this time last year he himself was a little pessimistic as to the future, and he also remembered that Dr. Madden, in the course of a few remarks, took quite an opposite view, and was optimistic. Dr. Madden was quite certain that the needs of the hospital would be met by their friends, and this was the case. They had done more work through the wards and dispensary than in its whole history before, and the expenses had been well met. (Applause.) He was pleased to notice

that one feature of the great usefulness of the hospital was its use as a centre for grave operations. There were many ladies and gentlemen even, who were only too glad to avail themselves of the opportunities of an operation there, and the necessary time for convalescence. And from these sources the income had been somewhat considerable. Then they must be struck at the splendid results achieved at a very low cost indeed, and he particularly referred to the small account debited to provisions. One reason of this was that they received so many gifts from kind friends, which were given in kind, for which they were exceedingly grateful. This no doubt was also greatly due to the careful circumspection with which the Ladies' Committee looked into everything. (Hear, hear.) There was no one like a woman who could look into the small details of buying provisions. Certainly, they brought their knowledge to bear on such an important institution as that with most excellent results. However, as he had already said, they must not be too satisfied with the result of the year. They had managed to get through remarkably well, but he used the words "get through" advisedly, because it had been a pull through. The income they had received was from sources that could only be regarded as precarious. There was the same tale. It suffered from the want of regular annual subscribers. It was very difficult to impress upon the public the value of small subscriptions. On looking through the list of subscribers he noticed that the number of subscribers was something like 200. From that source they received just over £300, an improvement on last year. But he was going to suggest that evening that each subscriber and each friend of the hospital might during the current year collect from twenty-one friends 1s. each, representing £1 1s. extra from each subscriber, not out of his own pocket, but made up of 21s. from twenty-one friends. If that could be achieved they would have another £200 to the credit of subscribers next year, and it seemed to him that this could be done without much difficulty. At any rate he should be pleased to collect his 21s. (Applause.) Proceeding, Sir George observed that a great incubus at the present moment was the old building. It was not, however, such a great incubus as it used to be. Acting upon the judicious advice of their honorary architect, they had during the past year thoroughly repaired and renovated the two villa residences upon the old site. He must say it was somewhat of a disappointment to him that the freehold of that site was not sought after by certain people in the neighbourhood, and even created some competition. He thought it would have done so, and that they would have obtained a good figure for it, but in the absence of that result



the Committee, as he had said, had renovated the buildings, and to show that the expense which had been incurred was judicious, he might remind them that the buildings had been let, and from that source in future there would be an annual income. In order to carry out the work, however, the Committee had had to run into debt to the extent of about £480, and added to the debt, which still remained upon that building, a special appeal would have to be made this year for a sum of something like £600. If they could obtain £600 he believed they would then be able to say that they were perfectly free from debt, and any further appeal would only be to enable them to do increased good. Since the commencement of the year, a donation of £100 had been received from Mrs. Wain—a donation which he on behalf of the Committee most gratefully acknowledged. Continuing, the President said he regretted to notice that the Committee was losing three of its valued members, Mr. A. S. Hose, Mr. S. G. Thomas, and Mr. J. W. Medwin, which was a matter of great regret. He supposed that they would a little later on be thanking those gentlemen for their past services, and he would like to voice the keen regret with which they should part with these gentlemen. He also noticed that there had been one acquisition in the person of Mr. A. W. Henly, who, by virtue of his election on the medical staff, became a member of the Committee. Mr. Henly had entered their ranks as dental surgeon to the hospital. In speaking of the work of that institution it would be entirely wrong to forget the excellent work done by Miss Hyde, a most excellent Matron, and one who devoted the greatest possible care and attention to the work of the hospital, and who was most thoughtful and kind to all the patients requiring administration there. (Applause.) As that was a hospital of homœopathy, it seemed only proper to remind them that during the past twelve months a great move had been made with homœopathy. He referred to the establishment of the British Homœopathic Association—an association which had been formed for the extension and development of homœopathy. It was pleasing to notice that the head of the movement was Earl Cawdor. (Applause.) Homœopathy was making a push forward, and had adopted what they had been advised to do in connection with trade and other things of this country—it was waking up, and those who had become subscribers to that hospital might rest assured that they had not been subscribing to the propagation of a moribund faith. There was a great future for a hospital in connection with homœopathy, and recently it had formed the subject of a lecture—a very fair lecture—by young students at Guy's Hospital. (Applause.)

“ Mr. A. R. Barwick had great pleasure in seconding the adoption of the report and the accounts, which had been so ably spoken of and dwelt upon by their worthy President.

“ The motion was unanimously carried.

“ The Chairman next moved that the best thanks of the meeting be given to the committee, the ladies' committee, the hon. medical officers, the hon. solicitor, the hon. architect, and the hon. auditors for their respective services during the past year. They owed a great debt of gratitude to Dr. Madden and Dr. Thomas, and also to their hon. solicitor, Mr. E. T. Martin Dennes, who had been extremely useful to the committee in connection with the negotiations concerning the old buildings. Then their architect had come into prominence, because it was on his advice that the old buildings were renovated. They now presented quite a different appearance from what they had done for a long time past, and were excellent villa residences. As regards the hon. auditors he was sure they could compliment them upon the clearness with which they presented the reports. It was quite a pleasure to look at the reports.

“ Mr. D. Avis seconded the motion of thanks, and it was carried with great cordiality.

“ Mr. J. Churchill responded with great pleasure on behalf of the committee, but did not think there remained very much for him to say after the able way in which the President had dealt with the report. The President's remarks showed what the work of the committee had been, and by adopting the report they showed that they approved of it. He wished to say a few words, however, with regard to the old premises. He must say that the whole of the committee felt that they had been relieved of a very great burden by the letting of those premises, and their utilisation to the support of the hospital. (Hear, hear.) It was with a very great amount of anxiety that they approached the subject, and it was only after a long discussion that they decided to take the very serious step of expending a large sum of money in putting them in order. Mr. Churchill then proceeded to give a short and interesting account of the history of the old premises, and in so doing observed that the work of renovation had been amply justified by the success of the experiment. (Hear, hear.) Sir George had called their attention to the increased work this year. Since they had been in the new premises their sphere of action had greatly increased, and he hoped now that the old premises were bringing in a certain amount of money that they might soon be in a position, if the President's suggestion that each subscriber should collect from twenty-one friends 1s. each took effect, to fill the ward in

which they were sitting, so as to provide for the children. It would be a matter of great satisfaction to see that ward filled.

“Dr. E. M. Madden, on behalf of the medical officers, thanked the chairman for the extremely handsome way in which he had referred to their services, and the company for the kind way in which they had accepted his proposal. It was always a matter of pleasure and gratitude to his colleague and himself, that the committee always met their demands in such an exceedingly kind way. He had great pleasure in announcing that an old friend outside had promised to give them a full electrical installation for the use of the Röntgen rays and electrical treatment generally. This gift was worth at least £100, and it would add very considerably to the usefulness of the institution. As long as they made the hospital worth supporting he felt sure that it would be supported. He looked forward to seeing it full and all the wards in use, and then, probably, they would have to enlarge the staff, and possibly have a house surgeon. This year they had had the good fortune to add to their staff an honorary dentist, who already had been called upon some half dozen times, and proved himself to be a very able man. Thus the poor of the neighbourhood had the advantages of a dental hospital so far as regards extraction.

“Mrs. Madden thanked the President for the kind words he had said on behalf of the ladies’ committee, for which she tendered their most earnest thanks. They had tried to keep the expenses low, and no doubt would be glad that their work was considered satisfactory. She would have pleasure in communicating the Chairman’s appreciation to the ladies’ committee.

“Mr. G. W. F. Brock said the resolution he had to propose was one that needed no words of his to enlist their full sympathy. It was that the President, medical staff, and other officers be re-elected for the ensuing year, with the proposed alterations in the report.

“Mr. W. G. Thomas seconded. They could not do better than re-elect their officers, with their heartiest good wishes.

“The resolution was carried with unanimity.

“Dr. H. Wynne Thomas suitably replied on behalf of his colleague and himself. They felt proud to belong to such an institution as that, for he was quite sure that it would have something to do with the stimulus that their President had mentioned that homœopathy was receiving in England. When homœopaths came and saw their hospital, they would go back home resolved to do their best to start one like it. It was quite time for this stimulus to be given to homœopathy in the home counties, as it was very backward. Fifty years

ago the United States appeared to be very much in the position they were at the present time. Then there were less than 300 practitioners; now there were over 15,000. There were no hospitals or colleges; now the colleges numbered 20, and the hospitals and dispensaries 340. Fifty years ago, for an allopath to consult with a homœopath meant ostracism and disgrace; now consultations were of daily occurrence, and were even advocated by leading men in the profession. (Applause.) Why was it that America was going ahead at this rate, while they were standing still? Here the same spirit seemed to prevail as in the olden time. Practitioners said that homœopathy was absurd. They would not try it, and that was why they were so slow in making progress.

“The Chairman said it was his privilege to propose that a hearty vote of thanks be accorded those who had aided the funds by special efforts and collections, or who had contributed in various ways to the comfort and consolation and entertainment of the patients. At the head of the special efforts they had to place again, as they had for many years past, the excellent concert provided by Mr. Lindsay Bell. (Hear, hear.) Then there had been special collections—not from the Church he regretted to say, or only very small ones—but from the Congregational Church. That hospital, as they were aware, was perfectly undenominational, and it was a matter of surprise that the Church had not supported it in some degree. He hoped that the ministers of the Church would not forget them next year. As usual, two or three entertainments had been given in the hospital for the patients—entertainments for which the committee were exceedingly grateful, as they had formed a source of amusement, which was not only entertaining, but also useful to the patients, as it promoted their recovery. This year they had a special donation to refer to, which the Coronation Committee had been good enough to give that hospital. He thought it only right to say, being connected with the homœopathic faith as that institution was, that they more appreciated the fact that it was recognized by the Coronation Committee, as it only showed that they did not consider whether the hospital to which they were giving their contributions was of one section of medicine or another, but that they recognized the fact that the special institution they desired to support was doing work in their midst. (Applause.)

“Mr. W. R. G. Hay explained that one collection had been made by one church on behalf of that hospital.

“The Chairman said he was sorry he had not noticed it.

“Mr. Lindsay Bell said he felt he was the mouthpiece of rather a large company to respond to the vote of thanks so kindly proposed by the Chairman. However, he was sure

he should be voicing their sentiments when he stated that whatever had been done to benefit the hospital had been performed with a great amount of pleasure. It had also been an absolute pleasure to him to promote the concert the Chairman had so kindly mentioned, and he should like to take that opportunity of offering thanks to all who had in any way furthered the success of the concert. Everyone who had taken part had been most willing to assist. (Applause.) He wished to particularly mention the Bromley press, because the local papers had done so much free of cost towards rendering their musical festival, if he might so call it, one of the greatest musical successes of the year in Bromley. This, of course, was an irregular income, and therefore he hoped they would adopt the good advice of the Chairman, and endeavour to promote a certain and regular income. (Applause.)

“Dr. Madden, in proposing a vote of thanks to the President for presiding, observed with pleasure that many of their friends had taken an important part in starting the British Homeopathic Association, prominent amongst whom was Sir George Truscott, who was not only a member of the committee, but had provided the room for inaugurating the Society, subscribed handsomely towards the fund, and had also presided at a large gathering to start a branch in Brighton. (Applause.) The founder of the Association was a member of their honorary staff, Dr. G. H. Burford, who in his speech had referred to Bromley as to the ideal which other places were to try and aim at.

“Mr. J. G. Charles, in apt terms, seconded the vote of thanks, and it was carried.

“The President suitably replied, and the meeting then dispersed.”—*Bromley and District Times* and *The Bromley Chronicle*.

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### CROYDON HOMŒOPATHIC DISPENSARY.

THE following interesting and encouraging report of the above institution, we extract from the *Croydon Guardian* of Feb. 21st. We congratulate our colleagues, Drs. Purdom and Munster, on their energy and success.

“That the good work carried on in the borough by this charitable institution is appreciated was denoted by the committee’s report and balance-sheet, which was presented at the annual meeting held in the Old School of Art Room, Public-hall, on Saturday evening.

“The committee congratulated the subscribers upon the

continued and even increased success of the institution, and pointed out that their reputation had spread in all the surrounding districts, for that year they noted patients from Penge, Anerley, Beckenham, Bandon-hill, Wallington, Wimbledon, Purley, Kenley, and other places. This seemed a very cheering prospect for the future of homœopathy.

“Up till recently there had been rather a deficiency of comfort in the scanty accommodation at their disposal for patients in waiting. By a re-arrangement, however, the accommodation was much improved. The number of subscribers to the Dispensary still grew satisfactorily. The books showed an increase of nine in numbers and of over £7 in subscriptions. The committee, nevertheless, again pressed upon the subscribers to use every effort amongst their circle of friends, still further to increase both the numbers and the amount of subscriptions, their opportunities of usefulness being limited, of course, by the funds entrusted to them. The pressure upon the medical staff was still much more severe, and the debt of the Dispensary to them was greater by consequence, than the committee could regard as right, if there were any means of diminishing them; but, to their regret, they could not at present see any way towards this desirable result.

“The medical officers reported that the work of the Dispensary, for the year just closed, compared very favourably with the work done during 1901. The total number of attendances by patients at the Dispensary had been 4,482 during 1902, as against 4,246 in the preceding year. Dispensary tickets were issued during 1902 as follows: Weekly tickets at 1s. each, 1,022; monthly tickets at 2s. 6d. each, 618 (as against 440 last year); whilst the number of monthly tickets supplied by subscribers has now grown to over 275. The general increase of work was gratifying, inasmuch as it showed a growing appreciation of homœopathic treatment on the part of the poorer public, in spite of the fact that payments at the Dispensary had been as high throughout the year as they were for the last nine months of 1901. A slight falling off in numbers would not have been surprising, and this substantial increase is consequently the more remarkable and gratifying. During 1902, 124 home visiting tickets were issued (as against 86 last year). Of these 85 were supplied by subscribers, and 23 were purchased by patients for 10s. 6d. each. These home visiting tickets entitled patients to a month's medical attendance at their own homes. In addition to these 108 monthly tickets, 4 tickets providing a week's attendance were purchased by patients for 5s. each, and 12 providing only one or two visits

at the homes for 2s. 6d. each. 703 home visits were paid in all on these various forms of tickets, as against 506 home visits last year.

"The committee felt that the subscribers must share with them their gratification at this most satisfactory medical report, and they asked the subscribers to join with them in heartily thanking the medical officers for their arduous and self-sacrificing labours during the year, and in congratulating them upon their great success.

"The balance-sheet showed receipts for year amounting to £251 16s. 2d. and payments of £242 19s. 6d. The balance at the bank was £29 16s. 7d. and in the hands of the secretary £7 19s. 8d. After allowing for unpaid accounts there remained a sum in favour of the Dispensary of £8 16s. 8d.

"In moving the adoption of the report the Chairman (Mr. Samuel Taylor) thought they would all agree with him that it was most satisfactory, and certainly showed a very great advance on that of last year. They were grateful to find an increase in the subscriptions, but at the same time they must not abate their efforts, but endeavour to make their subscribers still more numerous. Of course the more subscriptions they received the more tickets they would be able to issue. There had also been a considerable increase in the attendances, and that entailed very hard work on the part of the doctors. He hoped the time would soon come when they would be able to give them more assistance.

"The Rev. J. Alden Davies, seconded, and the motion was carried unanimously.

"The committee were re-elected, with the addition of Mr. C. J. Hinchliff and Mr. Woolcott.

"Mr. A. J. Parnell moved a vote of thanks to Mr. G. A. G. Robertson and Mr. Henry T. Bird for auditing the accounts for the years 1901 and 1902, and the re-election of Mr. H. T. Bird, chartered accountant, as hon. auditor.

"Mr. W. A. Smith seconded, and the propositions were adopted.

"Votes of thanks were also accorded to the medical officers, committee, treasurer, secretary, and chairman.

"A subscriber suggested that Saturday was a very inconvenient day for a meeting, and the Chairman recommended the matter to the committee."

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## THE LEEDS HOMŒOPATHIC DISPENSARY.

### TENTH ANNUAL REPORT.

"In presenting this report your Committee have to announce the resignation of Mr. J. B. G. Tottie, J.P., who since the

re-opening of the Dispensary has been its President. After his prolonged absence in South Africa, Mr. Tottie found he was unable to give the time for the discharge of the duties of the office, and therefore the resignation was accepted with very great regret. Your Committee have much pleasure in stating that Sir Charles B. Lowther, of Swillington House, has consented to be nominated for election to the position.

"The number of attendances of patients has not been maintained during the past year. During the earlier part of the year patients often experience difficulty and sometimes fail in getting cards of recommendation, and subscribers are again urged to return such of their cards as they can spare, as soon as possible.

"It will be noticed that considerable sums have been received during the year in donations. Amongst them the Treasurer received £100 from Mrs. Broadhead, who desired to carry out the wish expressed by her husband, the late Mr. W. H. Broadhead—a member of the Committee to the time of his death, and an ardent worker in behalf of this institution—to aid the fund that has been accumulating for the purpose of opening a Hospital. This gift and the others were gratefully acknowledged by your Committee. It is again a matter of regret that a portion of the income from this fund has had to be used for ordinary expenditure. Your Committee think this ought not to be, seeing that the valued services of the Medical Officers are honorary, to whom again your Committee, on your behalf, tender most sincere thanks.

"Drs. Ramsbotham and Stacey are the medical officers."  
*February 9th, 1903.* Z. YEW DALL, *Hon. Sec.*

### THE SUSSEX COUNTY HOMŒOPATHIC DISPENSARY, BRIGHTON.

THE Annual Meeting of the above excellent institution was held in the Board Room on February 4th. The chairman, in moving the adoption of the report for the year 1902, mentioned that each figure in the statistics showed excess over the previous year, except that of deaths, which remained exactly the same, though 190 more than in 1901 had been dealt with. The confidence of the patients and their friends in the Dispensary had not only been manifested by the large number of tickets purchased, but also by the receipt of contributions from no less than six departments of the London, Brighton, and South Coast Railway.

We extract the following from the Nineteenth Annual Report for the year ended 31st December, 1902 :—



“The work of the institution is well demonstrated by the figures given below :—

<i>Dispensary :</i>		1899	1900	1901	1902
New Cases	..	1689	1579	1741	1810
Consultations	..	11074	9555	10983	12266
<i>Visiting Department :</i>					
New Cases	..	669	703	846	967
Visits	..	3726	4134	4636	4709
Deaths	..	22	24	33	33
<i>Tickets Sold</i>	..	1818	1625	1958	2241

“The expenditure has been about the same as in 1901, but owing to increases in the receipts from the Hospital Sunday Fund and the Friendly Societies’ Parade, supplemented by a further substantial rise in the number of tickets sold, the year closed with a balance deficit of £10 4s. 11d. only. This, in view of the fact that no Legacy nor extraordinary contribution was received, is satisfactory, but an increase of regular subscribers would be much appreciated.

“The records of the year partake much of the ‘blessedness of the country that has no history.’ There are many causes for gratitude, and those to whom most thanks are due are those most probably who least wish their patient assiduity to be chronicled here.”

January, 1903.

W. A. HOUNSOM, *Chairman.*

### LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of the Governors and Subscribers to the Hospital was held in the Board Room on Thursday, the 19th of March. We have received the report of the meeting too late for insertion in our present issue, but it will appear with the report for 1902 in our May number.

### ADRENALIN IN HÆMORRHAGE.

*Apropos* of Dr. Gurnee Fellows’ paper on Adrenalin in Hæmorrhage, which we print on another page, the following case is reported by Mr. J. Gray Duncanson, of Woolwich, in the *British Medical Journal* of Feb. 21st.

“H., male, 5 years. In May, 1901, falling on a sharp stick held in his hand, the right tonsil was penetrated, making a ragged wound, which would admit the end of a black lead pencil, but was of no great depth. Bleeding was profuse,

and the blood, pale brown in colour, did not coagulate. The child an hour after the accident was pallid and inclined to faint. Tr. ferri perchlor. 2 parts and liq. hamamelis 1 part on wool was applied freely and held in position; plugging was impossible, the bleeding being a rapid oozing, it was not possible to ligature any vessels. With local and general treatment, the boy made a good recovery in eight weeks; at first his condition was very critical, with profound anæmia and constitutional disturbance. Latterly he took Hommel's hæmatogen with marked advantage. Some months later he had a severe attack of epistaxis which was easily controlled by plugs of gauze soaked in adrenalin solution 1 in 1,000.

"On September 13th, 1902, he collided with a perambulator, and the pointed end of a brass rod struck him at the middle of the upper orbital ridge on the left side. The mother thought the wound insignificant, and having some adrenalin solution, applied it on linen, and as the bleeding almost at once ceased, did nothing further.

"On September 16th, alarming bleeding occurred, and the child was seen by me on September 17th at 1 a.m. The upper and lower left eyelids were swollen and deeply ecchymosed; there was a small irregularly-shaped punctured wound, with edges showing no signs of healing, in the middle of the left eyebrow; from this blood was pouring out in a steady stream. There was little or no coagulative power in the blood. A plug of gauze packed into the wound passed in a downward direction for  $\frac{3}{4}$ -in., and in no way controlled the hæmorrhage; to pack tightly was impossible owing to the situation. I then soaked a piece of double cyanide gauze in adrenalin solution 1 in 1,000, and passed it round the wound, packed in a fresh portion treated in the same manner, and bandaged tightly with a pad over all. In sixteen hours I renewed the plug, and again in another twenty-four. No further bleeding took place, and the wound granulated up in ten days. The boy is a hæmophilic, and the history of the two accidents treated by the old and the newer methods is striking."

#### VACCINATION ANTAGONIZING WHOOPING-COUGH.

DR. DIETRICH, of Algeria, and also several leading Italian physicians, after extended observations with results enumerated, have reached the conclusion that vaccination not only has a marked curative effect on whooping-cough, but also confers a degree of immunity against that disease.—*Med. Times* (New York), Jan.

### HOMŒOPATHIC CURES.

By J. B. S. KING, M.D., Chicago, Ill.

THE great power of sulphur in curing appropriate chronic diseases and the great variety of cases to which it is applicable are facts well known to practitioners of the homœopathic art; not so well known is the fact that a single impression upon the system—a single dose—may be and often is, sufficient to effect a complete cure in a chronic disease, unaided by any extraneous hygienic means whatsoever.

Michael Seuffert, aged 68. Varicose ulcer on shin of right leg; has existed for many years, with frequent exacerbations; has spent a good many months, at different times, in public hospitals; all kinds of applications, bandaging, and treatments have been tried, sometimes with temporary relief, but the then present condition was worse than ever.

The ulcer was circular, about  $3\frac{1}{2}$  inches in diameter, sensitive, looking as if it had been smeared over with dirty lard; very offensive to the nostrils, hard raised edges, with an extensive angry-looking areola from knee to ankle.

The pains were severe, burning in character, worse at night, water applications and bathing always aggravated, restless, sleepless nights, relief from continuous gentle motion. Face flushed, nose red. Habits not good. Tobacco, beer, and coffee seemed the mainstays of his diet. Neither the diet nor the surroundings of this patient were favourable to a cure, and owing to poverty and ignorance, not much could be done to improve them.

Sulphur, a single dose on the tongue, and a bottle of placebo were given. The old man was advised to wash up if he could, but no local treatment was ordered. In spite of filth and poor food, improvement was almost immediate, gradual, and continuous. The burning ceased, the tenderness diminished, sleep improved, the sore turned from gray to pink and began to heal around the edges. All was going well.

In about two weeks I was requested to call. He was in bed, suffering with difficult breathing, so severe as to preclude any exertion or even the erect attitude. The pulse was nearly normal (85 per minute) while lying in bed, but a walk across the room made it alarmingly rapid and weak and produced gasping breath. Taking all things into consideration, I concluded that these symptoms were a part of the curative process, and did nothing to ameliorate them, except to freshen up the placebo and advise strict recumbency in bed. In another week it had subsided. He is now at work again, driving a wagon, lifting heavy loads, and says he feels like a boy.

Does not such a case show in strong light the relative value of internal or homœopathic treatment, and external or local treatment? Does it not show that in this case, and by inference in all chronic cases, the essential thing in curing disease is to cure from the inside out, and that external applications, soothing, stimulating or absorptive, are comparatively valueless, extraneous, not to the point?

Mrs. E. S., aged 29, presumably in the early months of pregnancy, after a brief residence in the south, returned with chills and fever. Chills began in late afternoon, before supper time. Nose became cold first, then face, then whole body, with rigors. Fever high, lasting well into the night, with thirst; prefers hot tea. Delirious, complains that her face is dry or shrunken like parchment. Profuse sweat towards morning. During apyrexia appetite variable, eyes burn with unnatural lachrymation.

Sabadilla every two hours. The result was entirely satisfactory. The paroxysm that followed the administration of this remedy was a mere phantom of the former ones; its energy was gone. The patient remained pale and sallow for a long time, but felt well. The chill beginning in the nose is unique, and should be noted for future observation. Sabadilla has chill beginning in the face, but so far as known no remedy has this nose symptom.

Sabadilla is a remedy of great usefulness and not infrequently indicated, that is neglected by all except by those who make a systematic use of repertories in practice. The polychrests, nux vomica, pulsatilla, bryonia, and belladonna, are undoubtedly too frequently used, both by the profession and the laity, in cases to which they are not appropriate, while the remedy (like sabadilla or bovista) not of such wide scope, nor so well known, but indisputable to the case in question, escapes notice. The claims of sabadilla should always be investigated in every case of coryza, hay fever, and influenza, and particularly in every case of sore throat (diphtheria, quinsy, or pharyngitis) when lachesis seems to be the obvious remedy.—*Cleveland Medical and Surgical Reporter*, Dec., 1902.

#### PANSY TEA IN ACNE.

BEHRMANN has found that a tea or decoction of the *viola tricolor* has a remarkable curative action in cases of common acne. Mandel has announced that this herb contains salicylic acid and magnesium tartrate. The action of the heat and of the salicylic acid causes sweating, and excretion through

the sebaceous glands is also increased and softened. The acid has also a dissolving effect on the horny plugs in the sebaceous glands of the acne patches. The magnesium tartrate loosens the bowels at the same time, while the anti-zymotic action of the salicylic acid checks absorption from the intestines. The pansy tea has cured in his experience cases rebellious to all other measures, and its simplicity, cheapness, and agreeable taste have rendered it very popular in his practice. It is necessary, however, to have patients return often to be inspected, as impetigo may develop under a tight collar, as occurred in one of his cases, if the patient is not supervised and the spot disinfected as soon as a pimple appears.—*Medical Times* (New York), Jan.

#### MEAT DIET IN RENAL DISEASES.

It is customary to recommend the consumption of white meat in preference to red in cases of chronic nephritis, on the ground that the ingestion of red meat exerts a prejudicial effect on the albuminuria. Dr. Kaufmann, of Frankfort, has just published a series of observations which he has carried out in order to determine whether or not this rule of practice has any scientific foundation. As a matter of fact, he found that the particular kind of meat ingested had no obvious effect on the nitrogenous excretion or on the urinary albumin. In the same patient the variations in the quantity of albumin in the urine took place quite independently of the nature of the diet, the maximum albuminuria sometimes coinciding with a milk diet, at others with the administration of white or red meat, indeed in some observations the substitution of red for white meat was followed by a reduction in the amount of urinary albumin, so that, on the whole, he is inclined to attribute these oscillations to causes other than dietetic. It follows that if the condition of the patient be such as to allow of his taking meat at all, the kind of meat is not a matter of any particular importance.—*Med. Press and Circular* ; quoted from *The Medical Brief*, Jan.

#### ICHTHYOSIS.

I HAVE a case of congenital ichthyosis in a girl of 12 years. After exhausting everything else, I applied pure glycerine three times a week, at night, with brisk rubbing.

All the scales fell off, and a fine peachy down made its appearance. The patient is really a wonder compared with her former appearance: The glycerine is now used once or twice a week, oftener in cold weather.—F. P. GATES, M.D., Manteo, N. C., in *Alkaloidal Clinic*; quoted from *The Medical Brief*, Jan.

## CORRESPONDENCE.

NEW OUT-PATIENT DEPARTMENT OF THE LONDON  
HOMŒOPATHIC HOSPITAL.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The idea of opening a new Out-patient Department in connection with the London Homœopathic Hospital has been received with favour, and at a recent meeting of the Committee of the British Homœopathic Association, a deputation explained the objects of the undertaking. This Committee welcomed the scheme as being in harmony with the aggressive work of the Association, and by a unanimous resolution guaranteed *financial* support on condition that the Board of Management of the Hospital would incorporate the new branch as part of the Hospital and give it their *moral* support. Already promises of help towards this undertaking have been received, and further sums will be required. The neighbourhood of Walthamstow has been suggested, as so many patients come to the Hospital in Gt. Ormond St. from there. It is a growing district, populated by a class who have already learned the benefits of Homœopathy. The names of any ladies or gentlemen, who are interested in this effort to extend the benefits of Homœopathy in our Metropolis, will be gladly received by

Yours faithfully,

J. ROBERSON DAY.

P.S.—Also the names of any who would be willing to act on a local committee.

35, QUEEN ANNE ST., CAVENDISH SQ., W.,  
March 6th, 1903.

## VACCINIUM MYRTILLUS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—Dr. Bernstein's paper on the bilberry is interesting, but not conclusive as to the value of this berry in

typhoid fever. It is true that his experiments show that cultures of bacillus typhosus introduced into a tube of bilberry juice were "killed"—which would mean either that their lively movements stopped, or that their growth was arrested, we are not told which—after more than twenty-four and less than forty-eight hours sojourn in the juice, and he infers that the fruit juice or jam may have the same lethal effect on the bacillus in the intestine; but it has not been proved that the slaughter or arrest of growth of the bacillus typhosus will arrest, abort, or cure typhoid fever. The famous experiments with that potent microbicide, carbolic acid, in the Paris hospitals a few years ago, would seem to show that the cure of typhoid cannot be effected in this way. Dr. Bernstein's cases are not convincing.

The bilberry, or blaeberry, as it is called in Scotland, is only known in this country as a nice fruit, and is eaten mostly in the form of jam. It is more commonly so used in Scotland, and is to be had in many confectioner's shops, but it is also a favourite article of domestic manufacture. I have often gathered and eaten it in its native habitat in Scotland. That it is considered rather a delicacy in the "Land o' Cakes" may be inferred from the invitation of the amorous swain to his lady-love in the old song:—

"Will ye go, lassie, go  
To the braes o' Balquidder,  
Where the blaeberries grow?"

Doubtless he thought his lassie would not resist the delights of a feast of blaeberries.

In Germany blaeberries (called *bickbeeren* or *blaubeeren*) are much eaten, both as jam and as a raw fruit with cream, as we eat strawberries, only without sugar, which their extreme sweetness renders unnecessary. But blaeberries are also used medicinally in Germany. Hahnemann in his *Apothekerlexicon* says: "The dried berries are kept in the apothecaries' shops and principally used as a domestic remedy for diarrhœas, especially such as accompany scurvy and putrid diseases."

The cranberry (*vaccinium macrocarpon*) is much better known in this country as an edible fruit, though it is not a native, like its near relative the bilberry, but was introduced into England by Sir Joseph Banks from Canada, whence we get most of our supplies. But Sweden and Norway used to furnish us with a great deal of the delicious fruit, which has a kind of composite flavour, made up of sweet, sour, bitter and astringent, more grateful to the palate than the insipid sweetness of the bilberry.

Yours, &c. R. E. DUDGEON.

## 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 2 P.M. and Saturdays, 9 A.M.; 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; Di-eases 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. E. R. JONES (Manchester); Drs. ROBERSON DAY, DUDGEON, SKINNER, CUNARD-CUMMINS, Mr. DUDLEY WRIGHT (London); Mr. F. E. BOWDEN (Plymouth); Mr. FREDK. HILTON (Brighton); Dr. PURDOM (Croydon).

We regret that want of space obliges us to postpone a paper by Mr. Dudley Wright, and by Dr. Dudgeon, also the report of the Devon and Cornwall Homœopathic Hospital, Plymouth.

## BOOKS RECEIVED.

*The Non-Operative Treatment of Mastoiditis.* By Percy Dickie, M.D., Brooklyn, New York. *The International Homœopathic Directory for 1903*; London: Homœopathic Publishing Co. *The Medical Annual*; J. Wright & Co., Bristol. *Homœopathy and Gynecology.* By Thomas Skinner, M.D. 4th edition. London: Homœopathic Publishing Co., 1903. *The Homœopathic World*, March. *The Medical Guild Quarterly*, Jan. *The Vaccination Enquirer*, March. *Croydon Guardian*, Feb. 21. *The Annual Report of the Leeds Homœopathic Dispensary*, 1903. *The Annual Report of the Sussex County Homœopathic Dispensary for 1902.* *The Annual Report of the Devon and Cornwall Homœopathic Dispensary, Plymouth.* *The Annual Report of the Phillips Memorial Homœopathic Hospital.* *The Bromley Chronicle*, March 5. *The Bromley District Times*, March 6. *The Indian Homœopathic Review*, Feb. *The Medical Era*, Feb. and March. *The Homœopathic Recorder*, Feb. *The Homœopathic Envoy*, March. *The Medical Century*, March. *The Medical Times*, March, New York. *The Clinique*, Feb. *The Pacific Coast Journal of Homœopathy*, Feb. *The Hahnemannian Monthly*, March. *The Medical Brief*, March. *Wjestwuk Homœopaticheskoy Mediciny*, Odessa. *Homœopathisch Maandblad*, Feb. and March. *Le Mois Medico Chirurgical*, Feb. *Annae. de Medicina Homœopathica*, Dec.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent, to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON HOMŒOPATHIC HOSPITAL.

HOSPITALS are popularly supposed, and not without very good reason, to be always in debt, and that this is their normal condition. In fact, some people have suggested that it would be unfortunate for the hospitals if it were otherwise, as the public might consider that they were absolved from aiding a hospital which was well enough off to pay its way regularly, and thus valuable donations and subscriptions might find their way elsewhere.

A small annual deficit may not give much anxiety to a Board of Management, but it is quite otherwise when a hospital expenditure so greatly exceeds the income as to necessitate an accumulation of debt which has to be met by the withholding or withdrawal from reserve funds of very large sums annually, a process which must come to an end automatically, unless great and determined efforts are made to raise a sum sufficient to meet the deficit, and restore the reserve funds to their normal state.

Such is, we regret to say, the present condition of the London Homœopathic Hospital. During the last seven years the excess of expenditure over income has been close on £20,000. This excess of expenditure is due to no want of economy or of want of watchfulness on the

part of the Board of Management. On the contrary, the Board and the House-Committee are exceedingly careful to allow no expenditure in any department which is not absolutely necessary for the well-being of the Hospital. It arises solely from the necessary development of the new Hospital, its increased number of beds and its consequent increased number of patients, its increased requirements in nursing, and the increased expenditure involved in the development of the surgical side of the Hospital. The Hospital is in the highest state of efficiency on both the medical and surgical sides, but its present "up-to-date" condition is impossible to maintain on the present income. In 1899 a great effort was made to place the funds on a stronger basis, and at a Festival Dinner at the Hotel Cecil, presided over by Mr. STILWELL in the unavoidable absence of the EARL CAWDOR, between £7,000 and £8,000 were subscribed, and the Board of Management were relieved from anxiety for the time. But the regular income did not increase *pari passu* with this grand effort, as it was hoped it might do in order to avert a repetition of the same difficulty.

Accordingly, at the Annual Meeting of the Hospital in 1900 the Governors, Donors, and Subscribers authorized the Board of Management and the Trustees to withhold or withdraw from the reserve fund a sum not exceeding £3,000 for four years, commencing with 1899, in order to meet the current deficit in the income. This sum has been fully required and used for the three years, and a loan has had to be obtained from the bankers of £3,000 more to meet the expenditure up to the end of 1902. This leaves a deficit of £12,000, a very serious one indeed, and with the prospect of a similar sum being required for the current year, the reserve fund will be reduced to a perilously low figure. In fact, we understand that if much further reduction has to be made in the reserve fund, the fund will come practically to an end. One of two things must take place. The requisite sum of £12,000 must be obtained somehow, *or*—we hardly like to contemplate the other alternative—the Board must reduce the expenditure to such a point as will cripple the whole standing of the Hospital; beds must be shut up, cases refused, and the healthy development by the staff of the medical and surgical work stopped or held back, to the detriment of all interests connected

with the advance of homœopathy. Such a result would not only be disappointing—that is not the word for it—but it would be disastrous. This alternative must not be permitted. The money must be found, and we are sure it will be found. It only requires to be brought before the homœopathic public and before the profession at large, in clear naked terms with no minimizing varnish, to show them the urgent need of another determined effort to place the Hospital on a safe and sound financial basis.

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We include the medical profession throughout the Kingdom as a most important element in the question of success, and they have, as no one else has, the strongest influence, if they will use it, in placing the matter before their patients. For, not only is the power for good to the poor patients who come to the Hospital in such large numbers too important to be set back in this twentieth century, but larger interests are involved. Were it only to keep up the general usefulness of the Hospital, our colleagues and the public outside of London might with justice say that London ought to take care of its own hospital, and that their efforts to maintain their own local hospitals and dispensaries are quite enough, without coming to the aid of the Metropolis. But on a moment's consideration this will be seen to be a very narrow, parochial view of the matter. The London Homœopathic Hospital, even on this narrow view, deserves the active and liberal support of the whole country, as patients are constantly being sent up from all parts of the Kingdom for consultation, and treatment of obscure diseases, and for surgical operations of a capital order. The whole country therefore gets the benefit of the skill of the medical and surgical staff, to say nothing of the cost involved in such cases remaining in the Hospital till sufficiently well to be sent home. But besides this important consideration, our colleagues and the public outside of London must know that the London Homœopathic Hospital is, as it were, the figure-head of homœopathy. It is essentially representative of it from its metropolitan position, its size and equipment, and its skilled medical and surgical staff. It is looked upon as such by the profession and the public all over the country, as well as in

the United States and on the Continent, where it is now so well known and admired; and any blow struck at it, crippling its usefulness and its position, is a blow to the vital interests and progress of the great truth in medicine which we all devote our lives and our energies to propagate. Then, again, it is the great centre for the teaching of homœopathy. No other hospital has the same power nor the same opportunities of teaching the doctrines and practices of homœopathy to enquirers. All the material for teaching, and the men who can teach, are there on a scale that provincial hospitals, however excellent, cannot attain to as yet. With the recent establishment of the British Homœopathic Association, and the active propaganda which it is initiating for the advancement and diffusion of homœopathy, the Hospital is, and must be, closely associated—one might almost say bound up with it.

It is therefore no mere parochial question of the more or less capacity for usefulness of a hospital, that is involved at the present juncture, and to aid which we should hesitate to ask the help and support of those resident outside London, but we ask this aid and support for the sake of the well-being and advancement of homœopathy in Great Britain, which is, as we have pointed out, essentially bound up with the London Homœopathic Hospital and its prosperity.

In our *Notabilia* will be found the full report of the Hospital for 1902, presented to the annual meeting on the 19th of March. Some of the tables and figures may seem dry, and taking up unnecessary space in our pages, but in view of the circumstances we have recorded they are important, and worth careful perusal. We also give a report of the proceedings at the annual meeting, of which the reading of the annual report formed a part.

It will be there seen that the Board of Management are going to make a very strenuous effort to raise the necessary £12,000. It seems a very large sum, but they and the friends of homœopathy are confident of success, and we feel sure that their confidence will not be misplaced. The money must be raised, and it will be.

A Festival Dinner is to be held, probably in June, though the date is not yet fixed, and it will be presided over by the EARL CAWDOR, who has for so many years

been the zealous and energetic treasurer of the Hospital, always ready to show his active interest in the cause whenever an opportunity presents itself. His Lordship is an eloquent speaker, who goes straight to the point with convincing power, and in his hands the advocacy of the claims of the Hospital for this urgent help is safe.

Further particulars are, while we write, being prepared, and will very probably be in the hands of all interested when our *Review* appears. Ladies as well as gentlemen will be invited as a matter of course, since ladies' motive power of persuasion in a grand cause is universally known. We feel assured that the Dinner will be a striking success in its results.

Donations, we believe, can be paid any time in the course of the year, or in three yearly instalments if preferred

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But while we plead the absolute necessity of this effort to raise the necessary money at once, it will be felt by all who have the interests of the Hospital at heart, that these appeals for such large sums should rarely have to be repeated. The future must become a matter for the serious consideration of the Board, and it seems to us that some scheme should be developed in order to insure a larger annual income sufficient to meet the increased necessary expenditure. If every subscriber who gives an annual guinea or two guineas would double their donation—not a very serious thing to ask—it would go a great way towards accomplishing this object. We might even suggest that all who give less than £5 annually might at least increase the amount, if doubling it were considered too much. But coming only once a year, even this increase would not be much felt out of an annual expenditure, and it would be well-spent money. A frank and open statement to this effect, sent by the Board to each subscriber would have, we feel sure, the desired effect.

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We know very well that many of the subscribers to our Hospital give donations also to other hospitals, and they say, as a reason for this, that other hospitals do good and ought to be assisted. This is very generous and liberal, and we do not for a moment deny the fact. But the old saying that "Charity begins at home" comes in

here most forcibly. It is the first duty of homœopaths, of those who believe that the homœopathic treatment is infinitely superior to the dominant practice, and who adopt it for their families and themselves in illness, to see that the only Homœopathic Hospital in London is not starved for want of funds, by subdividing a yearly hospital gift into several portions, one of which only goes to the Homœopathic Hospital. A good sum divided into several parts does little for each hospital, whereas if the whole, or at all events a large part, were given to one—that is our own Hospital—there would be no fear of a deficit in our annual expenditure. The importance to homœopathy in general, as we have pointed out, of keeping the Hospital in sufficient annual income to enable it to maintain the position it has won for itself, is so enormous, that it seems a sad pity that those who *can* prevent any failure should allow themselves to be accessory to it, by dividing their annual donations instead of “plumping” for the Homœopathic Hospital. It should be kept steadily in view by such subscribers, that every other hospital sets its face against homœopathy, and will have nothing to do with it. And why should homœopaths support such hospitals when their own one, the only one in which the poor can have homœopathic treatment, is crippled for want of sufficient income? We would suggest that such generous people should seriously consider whether, in acting as they do, they are following the call of duty, and are not allowing sentiment to weigh too much with them. “Charity begins at home,” as we have said, and those who wish to help other hospitals should first of all make sure that their own first-class Hospital is safe, in having a sufficient income to meet necessary expenditure. After that is accomplished, it will be open to anyone to help other hospitals, and we should be the last to hint otherwise. Perhaps if the Board should see fit to adopt our suggestion as to the doubling of the annual donation, they might also press the last part of it in their circular. Our subscribers have only to have these points brought clearly and frankly before them to see where their obvious duty lies.

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#### BRITISH HOMŒOPATHIC ASSOCIATION.

WE wish to remind our readers that, in accordance with the syllabus of educational programme printed in our

last issue, Dr. J. H. CLARKE will deliver his first lecture in the Marlborough Room of the Polytechnic Institute, 309, Regent Street, W., on Friday, the 1st of May, at 5 o'clock, to be followed by three more on the three following Fridays, the 8th, 15th, and 22nd of May. The subject of the first is "Homœopathy a Practical Science and Art." The lecture is sure to be an able and interesting one, and we hope there will be a large attendance. The subjects of the other three lectures are as follows:—

- May 8—"The tools of the Homœopath."  
,, 15—"Homœopathy in Acute Disease."  
,, 22—"Chronic Disease as understood by Hahnemann."

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### THE BRITISH HOMŒOPATHIC CONGRESS.

As already announced, the meeting of Congress this year will be held in Oxford on Thursday, the 23rd of July. The usual circular with full details will be issued in June, but we desire to keep it in the view of our colleagues thus early, in order that they make their arrangements in good time. Dr. PERCY WILDE is the President for the year.

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### CASES ILLUSTRATING THE VALUE OF HOMŒOPATHIC REMEDIES IN SURGICAL DISEASES.

By DUDLEY WRIGHT, F.R.C.S.

Surgeon, and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital.

CASE I.—Senile prostate; some loss of control of bladder; residual urine; rapid improvement under remedies.—Mr. T., æt. 47 years, seen January 29th, 1902, complains of some difficulty and increased frequency of micturition coming on slowly the last two years. First noticed he could not pass water very freely, the act taking much longer than usual. On lying down at night it also came away involuntarily. Has to get up two or three times at night to pass water. Sexual power diminished past twelve months, and now has no desire at all. Urine occasionally thick with urates. Bowels regular. General health good. No alcohol taken. No arterio-sclerosis nor arcus senilis; knee jerks normal; no signs of tabes. Gets more easily

fatigued than he used to. Has been told that he is gouty, but no joint indications, no reeding of nails, and no other signs.

Prostate per rectum not much enlarged; not tender. Some phimosis and balanitis owing to accumulation of smegma. Small meatus urinarius. *After passing all the urine he was able, 5 oz. residual were drawn off.* No albumin present in urine. Ordered: causticum 2x,  $\eta$ v ter ante cibos; acid phosph. 1x,  $\eta$ v ter post cibos.

*Feb. 4th.*—Passes water more freely and not so much incontinence at night, and only gets up once in the night; only 3 oz. residual urine. Continue medicines.

*Feb. 13th.*—Much better; 2 oz. residual. Continue medicines.

*Feb. 27th.*—Still improving. Only twice passed a few drops unconsciously. Has gone two nights without being disturbed by having to pass urine after getting into bed, and on the other nights he has only passed his water because he was awake. Slight return of sexual desire. *Only 6½ drachms of residual urine drawn off.* Continue acid phosph. after meals and nux vomica 3x,  $\eta$ v three times before meals.

*March 20th.*—Progressing well. *Residual urine 6 drachms.*

After this I saw the patient three more times, during which he steadily improved as regards general strength and comfort, but the residual urine never got below 6 drachms. This quantity, however, one could afford to neglect, so that treatment was discontinued at the end of April.

I think this case shows the value of causticum in weakened and paralytic conditions of the bladder neck. In this patient it is probable that the sphincter of the bladder was chiefly at fault, though there may have been a corresponding weakness of the detrusor urinæ muscle. Be this as it may, weakness of the muscular structures of the bladder should always suggest causticum, and where we have no central nerve lesion to account for the trouble, it is likely to be of service. As regards bladder troubles due to spinal degeneration, the prospect of affording relief by remedies is not very brilliant, but I can recall one case of acute myelitis with paraplegia and bladder paralysis, where conium  $\phi$  was followed by immediate and slowly progressing improvement.



Another remedy which might possibly have suggested itself in the above case is picric acid or ferrum picricatum. Needless to say this drug is not suited to every case of senile prostate, and from experience I would be inclined to leave it out of consideration when there is an absence of symptoms pointing to congestion and irritation of the organ, and especially if there is loss of sexual power. Indeed, the more the congestion and sexual irritation, the more would picric acid appear to be indicated.

**CASE II.**—Prostatic congestion mainly produced by injudicious diet, and relieved by attention to this and indicated remedies.—Mr. J. C., 46 years, strong, healthy aspect, complaining of pain in back, and gnawing pain in rectum and across loins, worse on right side.

*History.*—Two and a half years ago on going to stool had to strain a great deal. This seemed to bring on a urethral discharge. Received treatment for this, taking alkalies ordered by a medical man, but no relief followed. The discharge was increased by drinking port wine. He then saw three genito-urinary specialists in succession, who gave varying opinions and treatment. Finally he went to Carlsbad, after which he lost the discharge, but the grinding pain in the rectum and across the loins persisted. Sexual desire increased. Is a very free liver; drinks champagne and port for dinner.

He finds riding on horseback relieves the pain a great deal, especially after the first week or so. Just at first it rather increases the pain. Much trouble with flatulence. This is never passed upwards, but always in the downward direction. Pulse, high tension.

**Examination:** prostate slightly enlarged and markedly tender per rectum; genitalia appear normal; stomach much dilated. Patient very well nourished, but dilated venules in many parts of body and face. Cannot lie on left side, as it brings on palpitation.

*Aug. 8th.*—Ordered lycopodium 3x, t.d.s., anacardium 1x, m/v, nocte maneque; put on a diet free from potatoes and bread; toast allowed. Alcohol in strict moderation, likewise tobacco. Testicles to be suspended.

*Aug. 19th.*—Better in every way. No pain in rectum or back now, and prostate much less tender. Taking the diet easily and digesting his food well, and flatulence much decreased. Continue.

*Aug. 28th.*—Improvement maintained. To make the

history of this case short, I may say that I have since seen this patient on an average every four or six months, and that each time he returns because of a relapse owing to some indiscretions in diet. *Lycopodium* continues to be his sheet anchor, with occasional doses of *podophyllin* 6 and *ferrum picratum* 3x.

I have always looked upon his case as one of auto-intoxication from the gastro-intestinal tract, the stress of the poison falling upon the genito-urinary apparatus. I think it is to this that we may attribute the improvement in the prostatic condition brought about by horse riding, for it is not usual for patients with congested prostate to find this form of exercise benefits them. It is possible that the riding improved the action of the stomach and liver, and better enabled the latter organ to carry on its toxin-destroying function. The presence of the dilated vessels in his case is also interesting, for I have come to associate this condition with autotoxis, when not obviously due to excessive alcohol ingestion.

The flatulent distension is to some extent an index of the autotoxis, being due to the fermentation of the food taken; and the products of these fermentations have a paralyzing action on the venous coats, and lead eventually to permanent dilatation of the venules. This is shown particularly on the *alæ nasi* and at their insertion in the cheeks. In such cases fermentable foods should be avoided, and potatoes, bread, and pastry are the most important articles of diet to forbid.

Of drugs, *lycopodium* and *berberis* are the first two I thought of in the above case, and I chose *lycopodium* because of the marked flatulence, and I had no reason to be dissatisfied with the result of its use. At the same time *berberis* is a very useful remedy in all cases where there is much pain in the back, and there are liver and rectal symptoms as well as the prostatic.

CASE III.—Seminal versiculitis with pain, requiring constant use of morphia; gradual cure with *ferrum picratum*, massage and heat applied locally.—Mr. C. F., 38 years, seen June, 1902, complaining of constant pain in the region of the prostate.

*History:* In January, 1901, was shooting in Ireland, and contracted a chill; had inflammation of neck of bladder. This passed off, but left pain in the region of the prostate. Had been under two allopathic specialists,

and had various forms of treatment, including light baths and electric current; also suppositories of ichthyol and iodoform, likewise change of climate, but all to no purpose. The last surgeon he saw prescribed quarter grain morphia suppository, once daily, and this he finds is the only way he gets relief, and so has continued using them.

The pain is most marked in the centre of the perinæum, and is also present in the right groin. It is usually absent on waking in the morning, and it starts after the post-matutinal action of the bowels; but should this action be prevented from any cause the pain comes on, only later in day, when he has been up and about for a time. It is much aggravated by standing, cycling, or horse riding.

He describes the pain as a dull ache. It sometimes goes down the back of the leg. It is aggravated by passing water. He rather frequently wakes up with erections. Coitus usually aggravates the pain. He has had on three occasions a gleet discharge from the urethra since marriage, owing probably to infection from leucorrhœal discharge. Previous to this no venereal trouble. No blood or pus in the urine, and no bleeding from the bowel.

On examining per rectum the right lobe of the prostate was tender, but there was no enlargement. Beyond the prostate on the right side could be felt a hard and tender swelling in the position of the seminal vesicle. The left side appeared free from trouble. Examination of the abdomen revealed a tender enlarged gland on the right pelvic brim.

The first thing to do in this case was to wean the patient from the morphia, for he had come to depend on it for relief of the pain. In the place of the suppository I ordered him one containing gr. ii ichthyol, gr.  $\frac{1}{4}$  extract of belladonna, and gr. ij of eucaïne. Internally phosphoric acid x was given. I also told him to inject into the bowel night and morning 2 oz. of water at 100° F., and increasing it to the greatest heat he could bear.

In a week he returned but had not improved. He had kept away from the morphia, but had suffered great pain. At this visit I commenced massage of the vesicles per rectum. This was painful, and was only carried out for two minutes. Ferrum picratum x was ordered, and as an injection into the rectum, if the pain was not bearable, a mixture containing gr. x of antipyrin and m̄x of laudanum to the ounce of water was prescribed.

On June 18th he returned, reporting some improvement, and having used the injection only two or three times. I repeated the massage, which caused less pain. This was continued once every week, and on July 9th he was so much better that he had discontinued the injection of laudanum for over two weeks. He was now ordered Turkish baths twice weekly; the ferrum picratum was continued, and the massage of the vesicle per rectum once a week. In addition to the above he was to take a hot sitz bath once daily, the temperature from  $100^{\circ}$  increased to  $110^{\circ}$ , to remain in the bath at least a quarter of an hour.

By August 13th he had practically lost all the spontaneous pain, and massage of the vesicle was nearly painless, though the organ was still easily felt. I saw him again in October and December; on both occasions he had had a slight relapse owing to indiscretions in diet and getting wet. On the last visit in January of this year he reported himself feeling very well, and by rectal examination it was with difficulty that I was able to feel any increase in size of the formerly much distended vesicle, and the iliac gland was not discernible.

The above case is a very typical one of the disease in question, and as I have in a previous communication to this journal given some account of the malady, I will here only draw attention to one point, *viz.*, the great value of local application of heat in affections of the vesicles and prostate. I have not found that it is necessary to inject hot water into the rectum in order that the beneficial effects of this agent may be produced; a hot sitz bath is equally efficient, only it is absolutely necessary that it be hot, *i.e.*, from  $100^{\circ}$  to  $110^{\circ}$  F., and that the patient stay in it for at least fifteen minutes, and better, twenty minutes. They are best taken night and morning, but if only one of these can be taken the night bath is the better, as the patient is more likely to have a good night's rest following its use, a matter of no slight importance, as the nervous system, worried all day by the constant sense of pain, is enabled to recover somewhat if a quiet sleep is obtained.

It may be noticed that I ordered this patient acid phosph. at his first visit, and that it did no good. Ferrum picratum ordered later appeared to benefit him, and though I made a few changes in the subsequent treatment, giving both nux, sulphur, and berberis, he always asked to be put back on the picrate, as it seemed to do him good.

He was a spare, dark-haired man of bilious temperament, having suffered from biliary colic at about twenty-five years of age. It is these dark-haired individuals to whom, as Dr. Cooper first pointed out, this drug is most suited. The relationship between iron salts and dark hair is interesting, those possessing dark hair having much iron in their constitution; as would indeed be expected since the hair pigment is derived from hæmoglobin. Fair people are said to have more of sulphur in their composition.

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IV. Note on the local use of hydrastis in ulceration of the colon and rectum.

In this note I wish to draw attention to the great value of hydrastis in chronic rectal and colonic ulceration.

I am aware that in recommending this drug for these conditions I am not bringing forward anything original, but I should like to point out what I have found to be the most satisfactory way of using it.

In the first place, as regards the drug itself. Local applications of the tincture, either pure or diluted with water, are far too irritating for the bowel. It is necessary in order to get the full benefit of the medicament to use an extract which has been prepared *without* spirit. It is probable that there is no more than one preparation of this nature in the market, though I know of only one, *viz.*, Parke Davis's "Fluid Hydrastis." I believe that this is a form of glycerine extract.

It is best to clear out the bowel previously with a copious injection, given with the patient in the "knee elbow" position. If a quart is slowly injected the greater part of the sigmoid will be flushed. After this has been returned, and the bowel well emptied, a long, soft rubber tube should be passed into the rectum as high as possible. It will probably be stopped at the promontory of the sacrum. If sustained pressure does not enable the tube to be passed higher up it will be wiser to desist from further effort, but it will often happen that this, and the obstruction caused by a fold of mucous membrane, may be overcome by the injection through the tube of a small quantity ( $\frac{1}{2}$  oz.) of water.

The lotion, made of varying strength, from a drachm to the pint to a drachm to the ounce, may now be injected, one to two ounces being sent in at a time. The injections

can be made as often as necessary, once daily at first, and as matters improve they can be used only every other day.

In this way I have had the good fortune to cure more than one case of obstinate rectal ulceration, and benefited some cases of colitis. In one case of cancerous ulcer of the rectum, this method of treatment was of the greatest service, it not only caused great diminution of the discharge, but appeared to give much relief to the irritation and pain which were sapping the patient's strength. In this instance it was used in the strength of a drachm to two ounces.

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### HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 217.)

On the whole the record of "Homœopathy among the Allopaths" is rather good for the year 1874. We come now to 1875, but there is not much to record in this year. There is an editorial article in the *British Medical Journal* of March 27th on "Pyrexia and Antipyretics," in which the following occurs: "It is in pyretic states, with a dry, burning skin, that those apyretic agents which induce perspiration are indicated. . . . Of old this end was secured by the administration of antimony in full doses, and, in the case of the dry, burning skin, by the combination of antimony with opium; indeed, Hufeland regarded tartar emetic and opium, with bleeding, as the basis of all therapeutics. More recently the use of aconite has been upon the increase; and the observations of Stoerck, in 1763, have been corroborated by those of Fleming and Ringer, until the use of aconite in pyretic conditions may fairly be regarded as the treatment of the future in conditions of simple pyrexia." This is really delicious. To ignore Hahnemann and the homœopaths, and to quote Fleming and Ringer as the authorities on which this "new treatment" is adopted is, in my opinion, simply dishonest. So much for medical "ethics" of the period.

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

In the *Monthly Homœopathic Review* of Jan., 1876, Dr. Bayes sends a communication on "The Modern (Allopathic) Treatment of Cholera," founded on the yearly Sanitary Reports issued by the India Office. In the reports for the year 1875 it is stated that "The Civil Surgeon of Shahabad (Dr. Thornton) adopted, with very gratifying results, a method of treatment recommended by Dr. Billing, a London physician, who practised it successfully in the cholera epidemic of 1831-32. This author considers cholera an essentially febrile disease, and treats it with antimony and salines, followed by quinine. Dr. Thornton adopted this plan, using the mixture noted in the margin (tartar emetic, 2 grs.; sulphate of magnesia,  $\frac{1}{2}$  oz.; water, 8 ozs.; a tablespoonful every half hour, or according to circumstances), and the quinine mixture when the urgent symptoms were abating. Out of 37 cases thus treated there were 28 recoveries and 9 deaths—a mortality of only 24 per cent. This result is rendered still more favourable by the fact that three of the patients who died were feeble, sickly old men, quite unable to rally, and that a fourth was brought to hospital in a hopeless state, in which no treatment could be of any avail. During the stay of the prisoners in camp several men of the police guard, some members of their families, and a considerable number of people from the neighbouring villages were treated in this way for cholera in different stages, and nearly all of them recovered." Dr. Bayes remarks on this statement: "Physicians practising homœopathy will at once recognize the homœopathicity of tartar emetic to the vomitings, and of the sulphate of magnesia to the serious purgings, and it is difficult to see in what other way  $\frac{1}{8}$  of a grain of tartar emetic and 15 grains of sulphate of magnesia could act. In our younger days a dose of salts (sulphate of magnesia) contained from half an ounce to an ounce (i.e., from 240 to 480 grains), and we all can remember the watery purgings and gripings which were wont to follow such a dose. By this rough kind of homœopathy Dr. Thornton will be seen to have had a degree of success far exceeding that reported under other methods."

In the *British Medical Journal* of Jan. 8th, 1876, we have the double action of drugs in large and small quantities plainly recognized. In an editorial article entitled "Action and Inaction" we have the following concluding

sentences: "Max Schuler found that the first effect of large sinapisms was to dilate the cerebral vessels, while their continued application produced the opposite condition of abnormal contraction. To secure the first action alone the dermal irritant must cover a large surface, and be applied for a brief period. The difference of the primary and secondary effects of such measures is in accordance with the action of the well-known neurotics, alcohol and opium, which also first dilate the cerebral vessels and then induce contraction. (This is incorrect, it is the opposite way; but this makes no difference in the principle involved.—D.D.B.) *According to the end desired is the method of using these agents. By small, repeated doses the stimulant action is secured, while depression ultimately follows one powerful dose or a sustained application.*" The italics are mine.

In the *Lancet* of Nov. 6, 1875, Dr. Spencer Thomson, of Torquay, has a paper on "The rapid relief of Neuralgic Pain" by gelsemium. He says the usual expression of the patient is that "it acted like a charm." Dr. Thomson adds: "That gelsemium has not yet received the attention it merits is evident from the difficulty of procuring it. During the meeting of the British Medical Association in Edinburgh, in August, I enquired for it in vain at most of the principal chemists." The *British Medical Journal* of Sept. 18, 1875, quotes from a German periodical the experience of Dr. A. Jarasz, of Heidelberg, to the same effect, and in the same journal of Oct. 16, Dr. Roberts Thomson, of Bournemouth, speaks in the highest terms, giving cases, of the value of gelsemium in 5-drop doses of the tincture in relieving the cough of phthisis. Nowadays the use of gelsemium in the old school is fairly well known and made use of.

Another of the illustrations of the double action of drugs in large and small doses is given in the *Medical Times and Gazette* of Oct. 2, 1875. M.M. Lepine and Bochefontaine, in experimenting with induced galvanic currents on the brains of dogs, "found that if *very weak currents* were applied to the anterior part of the hemispheres, the heart's action was *accelerated*; whereas *stronger currents*, even though the pneumogastric nerves were undivided, rendered it *much slower*." The italics are mine.

56. *Apocynum cannabinum*.—In the *London Medical Record* of Sept. 15, 1875, is a full report of a paper on the



use of this drug in dropsy. Its use and value in such cases had been long known to homœopaths.

In the *British Medical Journal* of Oct., Nov., and Dec., 1875, are to be found reports of a series of experiments made by a committee of the British Medical Association on "the biliary secretion of the drug," and conducted by Dr. Rutherford, of the University of Edinburgh, and M. Vignal, which are corroborative of similar experiments previously made by Dr. Hughes Bennett. I cannot go into the details of these experiments for want of time, but they are to be found analysed in the *Monthly Homœopathic Review* for April, 1876. The experiments showed conclusively the double action of drugs in the case of *calomel* and *podophyllin*, viz., that small doses of each caused a marked increase in the flow of bile, while large doses caused marked diminution or entire cessation in the flow. And that when purgative action by either of these drugs was induced by full doses, the bile invariably diminished or ceased to flow. That is, that small doses of mercury or podophyllin, such as are given by homœopaths, short of producing the physiological effect of purgatives, do promote the flow of bile, while the purgative doses given by most allopaths have the reverse effect, and are quite wrong in principle, as shown by the practical result.

The same double action of *mercury* in syphilis is brought out clearly in a paper by Dr. E. L. Keyes, of New York, published in the *New York Medical Record* of Jan. 8, 1876, of which a full summary is given in the *London Medical Record* of Feb. 15. The paper is on "The effects of Mercury on the blood of Syphilitic Patients." The *resumé* is too long to quote, but "the following conclusions were arrived at: (1) Mercury decreases the number of red corpuscles when given in excess, especially in hospital patients; (2) Syphilis diminishes the number of red corpuscles below the healthy standard; (3) Mercury in small doses, continued for a long or short time in syphilis, alone, or with iodide of potassium, increases the number of red corpuscles and maintains a high standard of the same; (4) Mercury in small doses acts as a tonic upon healthy animals, increasing their weight; in larger doses it is debilitating or fatal; (5) Mercury in small doses is tonic (for a time at least) for individuals in fair health,

not syphilitic. In such individuals it increases the number of the red corpuscles."

In the same number of the *London Medical Record* is a report of some "Notes of Practice and Peculiarities of Treatment" at the Bellevue Hospital, New York. In this we find *bichloride of mercury* recommended in the treatment of chronic Bright's disease. The homœopathicity of this drug to Bright's disease is well known in our school, while on allopathic principles it is strongly contra-indicated, and in their works we are told that mercury is inadmissible and to be strictly avoided.

In the *Lancet* of March 18, 1876, Dr. W. Cook Weir, of the County Asylum, Nottingham, writes in reply to a letter from Mr. Bond, who in a previous number writes to ask if *chloral* is known to produce insanity, and gives a case where it did so as the result of its excessive use. Dr. Weir says: "If chloral hydrate *per se* gives rise to insanity in any given case, and again exercises a curative influence in similar cases (which he maintains it does—D.D.B.), there is afforded a plain indication of its homœopathic tendency. But this is delicate ground, and I can only say, in conclusion, that the two questions herein involved may be worth further inquiry." I almost wonder at the *Lancet* publishing this.

In several numbers of the *British Medical Journal*, ending with that of April 21, 1877, are a series of able and exhaustive articles by Dr. (now Sir William) Gowers on the "Diagnosis and treatment of auditory nerve vertigo," or Menière's disease. When he comes to the treatment of this affection he precedes its consideration by the following paragraph on the "Production of Auditory Nerve Vertigo." This I must quote, as necessary to my subject, and as a valuable proving of

58. *Salicylate of soda*. He says: "Before speaking of the treatment of this affection, it is worth remark that auditory nerve vertigo can be produced artificially. Quinine produces a sense of confusion with tinnitus, but very definite symptoms may be caused by salicylate of soda. This was shown very strikingly in the case of a patient lately under treatment for acute rheumatism in University College Hospital (under the care of Sir William Jenner). The patient was a woman, aged 40, whose hearing was supposed to be impaired. She was not subject to giddiness. It was her first attack of acute

rheumatism, and there was no cardiac affection. On January 26 salicylate of soda was commenced in doses of 25 grains every three hours. On the 28th she complained of noises in the ears, deafness, and giddiness, which the next day had increased so much that the salicylate was omitted. The following day the giddiness was much less, and on the 31st had almost gone. On February 6th the same dose was resumed; on the 7th the same symptoms were complained of. The noises in the ears were constant; a watch was heard at only two inches distant from each ear, and was not heard at all on either side when in firm contact with either the zygoma or mastoid process. A tuning-fork on the vertex was heard fairly well, but the sound was not increased by closing the ears. The giddiness was slight and indeterminate as long as she lay still, but was considerable and definite when she raised her head or sat up. Objects before her all seemed moving to the right. On the 8th these symptoms continued, and the salicylate was discontinued. On the 10th the giddiness was gone, and she could hear the watch at the distance of six inches from each ear, and could hear it, although faintly, in contact with the zygoma or mastoid process, but not when in contact with the parietal eminence. On the 23rd the salicylate was resumed, and eighteen hours after its resumption deafness and giddiness had returned, which again ceased a day or two after the discontinuance of the drug. When the patient was convalescent a careful examination of the state of hearing revealed very little abnormality, the only difference being that the watch in contact with the skull was not quite so distinct on the right side as on the left. In another case I have seen similar symptoms of deafness and definite vertigo produced by salicylic acid." Here we have as beautiful and perfect an example of artificial Menière's disease as could be wished—a most valuable proving. Then, after some remarks on the occasional connection of gout and syphilis with this disease, Sir William goes on to say: "It has been remarked that certain drugs have a marked influence on the organ or nerve of hearing. The effect of quinine induced Charcot to employ it in full doses in a case of auditory nerve vertigo, with some beneficial result. I have tried it, but have not found any marked effect was produced on the vertigo. The influence of salicylate of

soda upon the equilibrium, which I have described, suggested its use in this disease. Equilibrium is maintained by the balance of opposing impressions; its overthrow is the result of the loss of that balance. In our ignorance of the way in which the salicylate produces the disturbance, it is conceivable that it may in some cases have such an influence as to counteract the morbid action and lessen the disturbance of equilibrium. This it has seemed to do in one or two cases in which I have tried it. It does not remove the giddiness, but in some cases lessens its intensity. It has been given in from doses of 5 to 10 grains three times a day. The patient with gastric ulcer, whose case has been narrated above, thought that she was better while taking the salicylate than when taking any other medicine. Its effect, unfortunately, seems after a time to become less." The use of this drug in Menière's disease is purely homœopathic, and on what principle, except on the homœopathic one, Sir W. Gowers could prescribe a drug which so disturbed the equilibrium as he shows it does, to cure the similar disease, we are at a loss to comprehend. If it was not a conscious use of the law of similars on his part, it was a unique example of unconscious homœopathy. Sir William gave too large a dose—only one-fifth to one-third less than the disease-producing dose—and so, although he found definite improvement from such doses, it is no wonder that he also found that "its effect, unfortunately, seems after a time to become less." Still, the choice of such a medicine in exactly the similar disease by him is, to say the least, remarkable. I may add that, in my own experience, there is no medicine so valuable and certain in its effects in auditory nerve vertigo as salicylate of soda in doses of the 3x or 2x dilution, the vertigo, etc., disappearing for weeks or months at a time.

In the *Edinburgh Medical Journal* of Dec., 1876, Mr. Cochrane writes to contest the reputed value of muriated tincture of iron in erysipelas, advocated warmly by Dr. Charles Bell. After denying that, except during convalescence, the drug has any of the virtues ascribed to it by Dr. Bell, Mr. Cochrane says: "In *aconite* we have most certainly a much more reliable drug for the treatment of erysipelas, and it fulfils the indications for treatment of the disease, controlling in a marked manner the inflammation, and decreasing in a wonderful way the high

temperature. The clinical thermometer shows how decidedly we depend upon aconite. If Dr. Bell has not tried this latter drug I would urgently advise him to do so in his next case of erysipelas or even scarlatina, and he will be surprised at the results. Professor Sydney Ringer, in his *Handbook of Therapeutics*, strongly advises the administration of aconite in erysipelas and other forms of inflammatory disease; and from my own observation of the effect of this drug I can most heartily coincide with his recommendation. Professor Garrod, on the other hand, does not appear to be favourable to the employment of the drug, on account of its dangerous properties. He also avers that its effects are merely temporary—a statement which is utterly opposed to truth. With *small* doses, which are as fully effective as large ones, and with careful watching of the pulse, there need be little fear of its proving hurtful, whilst it has a decided action in lowering the excessive temperature.”

The *Medical Record* of Aug. 15, 1877, states that at a meeting of the New York Medical Association Dr. Henry Dessau read a paper on “The value of small and often-repeated doses,” which is reported in the *Philadelphia Medical Times* of July 21st. In this paper Dr. Dessau states that “he has been guided partly by the recommendation of Dr. Ringer and other recent authorities, and partly by ideas occurring to himself. The following are some of the results obtained: In the vomiting of infants and young children, due to various causes, he found the wine of ipecacuanha, in 1-drop doses every hour, of great efficacy, and it was also very useful when diarrhoea was present. Fowler’s solution, in the same doses, proved equally serviceable in the vomiting after a debauch, and in the morning vomiting of chronic alcoholism, either alone or combined with 3 to 5 grains of capsicum. In the vomiting incident to some forms of phthisis and chronic bronchitis, he found alum, in 2 to 5 grain doses repeated every one, two, or three hours, to act most happily. . . . In a form of bronchitis occurring in children, alluded to by Ringer, which was characterized by loud wheezing and asthma-like respirations, and which was chiefly troublesome at night, tartar emetic proved the most efficient remedy. The strength of the solution used was from 1 to 3 grains to a pint of water, and of this a teaspoonful might be given every hour or so. (This is

equal to  $\frac{1}{100}$ th to  $\frac{1}{32}$ nd of a grain.) In continued bronchial catarrhs, *especially if accompanied by diarrhœa*, it was also of great service. In syphilis, when there was such severe cephalalgia as to render the patient perfectly miserable,  $\frac{1}{80}$  of a grain of calomel given every hour acted like magic. In gastro-intestinal catarrhs of children he had used calomel in  $\frac{1}{80}$  of a grain doses successfully, but better still was the hydrargyrum cum creta in  $\frac{1}{4}$ -grain doses. When the stools were of a mucous character, whether containing blood or not, corrosive sublimate was indicated. It was given in a solution of the strength of 1 grain to 16 ounces of water, a teaspoonful being ordered every hour. (This is equal to  $\frac{1}{128}$  of a grain for a dose.) Dr. Dessau said he believed he had been the first to use copaiba in urticaria, and he had been induced to try it in 1-drop doses every hour, on the ground of *similia similibus curantur (!)*. In dysmenorrhœa he had used 5-drop doses of fluid extract of hamamelis with success; while in uncomfortable flushes at the time of the menopause  $\frac{1}{10}$  of a drop of nitrite of amyl had been of service. The tincture of aconite in 1-drop doses was exceedingly useful in scarlatina; and tincture of cantharides, in the same doses, in subacute vesical catarrh. Though much of what he had said, Dr. Dessau remarked, might seem to favour the doctrine of homœopathy, he had seen too many cases of intermittent fever cured by large doses of quinine, too many cases of dysentery cut short by drachm or half-drachm doses of ipecacuanha, and too many cases of delirium tremens at once relieved by a tablespoonful of tincture of digitalis, to commit himself to any such dogma as that. If asked upon what principle he gave these remedies, he would reply, on that of actual experience. (Is experience principle?—D.D.B.) Many drugs undoubtedly had a primary stimulating effect if given in small doses, while in larger doses they were powerfully sedative." Comment on the above is needless.

(To be continued.)

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## HOMŒOPATHY IN THE NEW EDITION OF THE ENCYCLOPÆDIA BRITANNICA.\*

THE Compilers, Editors, or Proprietors as the case may be, of Encyclopædias have a grave responsibility which

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\* Reprinted from the *Calcutta Journal of Medicine*, January, 1903.

they owe to their generation. An encyclopædia is looked upon as an embodiment of the fullest and the latest knowledge of all the subjects which have come within the domain of the human intellect. And therefore it is incumbent upon the compiler, editor, or proprietor of an encyclopædia that he should entrust the treatment of each subject or article to one or more authors who have not only a theoretical or book knowledge of the subject, but where possible a practical acquaintance with its details. The fact must be recognized, that owing to the finite nature and consequent imperfections of the human mind, only those subjects have attained to the positive stage which admit of direct observation, experimentation, and verification. These may be said to have passed the controversial stage, and thus have become emancipated from the darkening and retarding influence of the passions which exercise such a control over human progress.

But there are many subjects still on which opinions may legitimately differ, and about which fierce controversy may rage, owing to one view or another of each subject affecting the conceit or interest of the parties concerned. These subjects belong pre-eminently to religion, and almost in the same degree to medicine. How are writers to be selected on these subjects for an encyclopædia? This will depend upon the views entertained by the editor or proprietor himself on these subjects. If he selects writers of his own views his encyclopædia will lose its truly encyclopædic character. It will fail to present to the reader the fullest and latest knowledge of many subjects. It will be of a one-sided character which, unless avowedly so, no encyclopædia ought to be. To be fair to all parties he ought to have such subjects treated by their representative men. Selection of contributors on this principle would produce an ideal encyclopædia.

With reference to subjects about which difference of opinion prevails, but which have a practical side and admit of practical demonstration, the principal of selection would be easy of application. The editor would be perfectly justified in selecting only those who have a practical acquaintance with the subjects. He would be wrong and guilty of unfairness if he were to act otherwise, if he were to select men whose opposition to particular views proceeds from prejudice or pre-conceived ideas, and not from actual knowledge of the subjects.

If what we have advanced regarding the principle of selection of his contributors by an editor of an encyclopædia be correct, then it will be seen how far the editors of the 8th and 9th editions of the Encyclopædia Britannica were right in having the articles on Homœopathy written by determined opponents of the system, who had never tried it at the bedside. In these articles we have caricatures and not true representations of the system.

The article on Homœopathy in the 8th edition (1856), by Dr. Gairdner, was the most extraordinary piece of misrepresentation that could be imagined. He must have thought that he had given a death blow to homœopathy when he confidently wrote: "It must be apparent to any intelligent reader, that the system is that of a fanatic, not of a severe inquirer into nature; that it begins and ends in assumptions, of which it is difficult to say whether the first or the last be the most extravagant." "To the mind which regards all systems as subject to the rigid criticisms of facts, homœopathy must ever appear one of the most unfounded and monstrous of delusions." Now the unbiassed reader of Hahnemann's works could not but be impressed by his earnest appeal to facts and his warning against his own explanations and theories. To disregard his facts and pick up his theories for ridicule, is not criticism, but a gross perversion of it.

The competency of Dr. Gairdner for sound reasoning may be judged from the following specimen, in which he ridicules and exposes the impracticability of the homœopathic formula. "In saying that 'like cures like,' Hahnemann uses a form of expression which (especially in Latin) bears a very respectable resemblance to the enunciation of a great natural law. But examine that expression, and, still better, try it by instances. What is 'like,' and what unlike? Polonius thought that Hamlet's cloud was like a camel, a weasel, and a whale, in turn; it was probably as like the one as the other. One man sees a likeness between certain members of a family; another cannot see it; a third sees it at one time, and fails at another. In one sense all men are more or less alike; in another infinitely varied and dissimilar. In the region of ideas, the poet and the wit equally see resemblances which duller minds fail to appreciate. The naturalist discovers likeness in those objects which to the ordinary sense are the most dissimilar; while flowers and minerals,



birds and fishes—so like that the common eye cannot distinguish them from each other, or can distinguish them only with effort and by dint of instruction—are found to be placed far apart among the genera and species of the careful and analytic observer. In short, no feature of object is more likely to be differently appreciated from different points of view, and by different minds, than precisely this one of external resemblance.”

This exquisite piece of reasoning is incoherent and self-condemning. Pursued to its legitimate consequences it ought to lead to the conclusion that there can be no science; for science is built up by a due arrangement and systematization of resemblances and differences between objects and phenomena. And why? simply because of the difficulty of appreciating or interpreting them! Polonius did not himself think Hamlet's cloud was like a camel, a weasel, and a whale, in turn; but, a consummate and born courtier that he was, he gave ditto to the prince's suggestions simply to please him. Immortal Shakespeare, how hast thou been mangled by this son of Æsculapius to serve his miserable purpose of maligning the most beneficent truth that has ever been discovered! The whole article is of a piece with the specimen above given, and we need take no more notice of it.

Twenty-five years later, in the 9th edition (1881) of the same encyclopædia, homœopathy was again consigned to the tender mercies of an opponent of the system. It is true that Dr. Glover's article is a shade better in point of spirit and violence of language, but as regards the appreciation of the system it is no less one-sided and unfair. He makes capital of Hahnemann's looking upon diseases as “spiritual dynamic derangements of our spiritual vital principle,” and of his belief that because “the greatest number of diseases are of dynamic (spiritual) origin and of dynamic (spiritual) nature, their cause is therefore not perceptible to our senses,” and triumphantly says that “Hahnemann's fine but fundamental theories about the spiritual and dynamic origin of diseases are all exploded by the revelations of modern pathology, and their demolition only completes that of his therapeutical theories which rested on them.” And yet Dr. Glover tells us that “it would be unjust to him (Hahnemann) not to bear in mind that he claimed to base his views and practice on experience and sound experiment.” If so, why dwell

upon his theories, and not examine his experience and experiments by the light of further experience and experiments ?

If "it may be admitted," as Dr. Glover was forced to say, "that homœopathy has done some service in directing more special attention to various powerful drugs, such as aconite, nux vomica, belladonna, and to the advantage of giving them in simpler forms than were common before the days of Hahnemann," was it not incumbent upon those who made the admission to inquire on what principle were these powerful drugs recommended as remedial agents in disease, and if on that principle they really act as such, was it not their duty to adopt the principle in their practice, instead of endeavouring to stifle it by specious reasonings ? Instead of this, all that Dr. Glover could see in Hahnemann and his work was "that he had the great merit of disturbing and discrediting indefensible modes of practice." But what sort of a disturbance was it ? Did it not create quite a revolution in the practice of the old school, compelling it to abandon methods and procedures and drugs as worse than useless, whereas formerly they were looked upon as constituting the only rational practice ?

It is refreshing to see that in the new, the 10th, or supplementary edition of the encyclopædia, under the auspices of the widest circulated and most influential newspaper of the world, *The Times*, of London, the writer selected for homœopathy was one practically acquainted with the system, no less a person than the late Dr. William Tod Helmuth, the greatest surgeon of our school, and one of the greatest of the world. We have no fault to find with the selection on the score of ability and competency to deal with the subject, but we cannot help remarking that an equally good if not a better selection could have been made in England. There could not be a better authority to write on homœopathy than Dr. R. E. Dudgeon, of London, who has done more than anybody else in diffusing a knowledge of the system throughout the English-speaking countries of the world, and who is respected by the dominant branch of the profession for his profound scholarship and high general attainments in literature and science. We would certainly have got a more scholarly, comprehensive, and convincing article from the pen of Dr. Dudgeon than we have from that of Dr. Helmuth.

Dr. Helmuth's article, while generally accurate, must be said to be very meagre as regards the statement and exposition of the principles of the system. Perhaps he was hampered by an assigned space-limit for both the exposition and the history of homœopathy. While more than six and a half columns of small type have been devoted to the history, there are given only two and a half columns of larger type for the exposition. The history, extending to all countries where the system is recognized and practised, must occupy a larger space than an exposition of the principles, but still we think two and a half columns too small a space for the latter.

Dr. Helmuth defines homœopathy as a system of therapeutics based upon the law *similia similibus curentur*. He then refers to the interesting controversy that has been carried on between members of the homœopathic school as to the proper construction of the Latin motto which constitutes its acknowledged basis. "For many years," says he, "the verb at the conclusion of the sentence was used in the indicative mood, thus making the sentence a positive one. After extended research it has been discovered that Hahnemann himself never employed *curantur* as descriptive of his law of cure, but always wrote *curentur*, which greatly modifies the meaning of the phrase. If the subjunctive mood be used, the motto reads, 'Let similars be treated by similars,' or 'similars should be treated by similars.'" It has been shown that the verb *curentur* makes the motto a rule of practice, and cannot cause it to signify a law of nature. We have shown that though Hahnemann originally used in the full sentence the verb in the subjunctive mood, *curentur*, he acquiesced in the sentence which contains the verb *curantur*, and makes it indicative or positive and truly declarative of the law of nature on which his doctrine is based. If it had not been for this basis on a *law of nature*, which he himself perpetually speaks of, his *rule of practice* could not have been justified. We have dwelt at this length on the point only to show that Dr. Helmuth was not quite correct in his definition of homœopathy. It matters little whether the reading *similia similibus curentur* was officially adopted by the American Institute of Homœopathy, and so inscribed on the monument at Washington, and on the tomb at Pere-la-Chaise at Paris. Such official adoption cannot convert a rule of practice into a law of nature.

With reference to Hahnemann's theory of chronic diseases, as derived either directly or indirectly from psora (the itch), syphilis (venereal disease), or sycosis (fig wort disease), Dr. Helmuth says, "In the light of advancing science such theories are entirely untenable, and it was unfortunate for the system which he founded that Hahnemann should have promulgated such a hypothesis." If we are not mistaken, advancing science has not only not exploded Hahnemann's theory of chronic diseases, but shows the necessity of its further development. It demands that the psora should have a wider meaning than the itch. If anything is established firmly as regards the etiology of disease it is the truly chronic nature of many diseases, their evolution from previous diseases either in the patient himself or in his ancestors, and who knows for how many generations? Certainly more than three or four. It is a tendency with many modern theorists to deny the heredity of even such diseases as tuberculosis and leprosy. There may be and often are counteracting circumstances which prevent the appearance of these as hereditary diseases, but the law of heredity remains all the same. Without the law of heredity living nature would cease to continue.

Dr. Helmuth then refers to the posology or theory of dose as another peculiar feature of homœopathy. He justly says: "The dose is the corollary, not the principle. Yet in the minds of many, infinitesimal doses of medicine stand for homœopathy itself, the real law of cure being completely put in the back ground. The question of dose," he goes on, "has also divided the members of the homœopathic school into bitter factions, and is therefore a matter for careful consideration." Dr. Helmuth should not have contented himself with this bare statement. He should have shown the way for careful consideration.

He next refers approvingly to the resolution of the American Institute of Homœopathy, ordered to be published conspicuously in each number of its *Transactions*, according to which, "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right."

Among the salutary effects produced both upon the laity and the general profession of medicine by the

introduction of homœopathy, Dr. Helmuth instances the diminution of the quantity of medicine that was formerly considered necessary for the eradication of disease, and the consequent revelation of the sufficiency of the *vis medicatrix naturæ* in many cases, and the gradually increasing adoption of the serum therapeutics by the old school. How far this last, which is nothing but a rough imitation of homœopathy untempered by its posology, is salutary, is a disputable point. Indeed, the trend of opinion seems to be that it is rather a dangerous method of treatment, and not unoften leads to disastrous consequences, as in the recent case in the Panjab with Haffkine's Serum.

Dr. Helmuth concludes with the following broad, catholic view of homœopathy and of medicine in general: "Homœopathy as it exists to-day can, in the opinion of its adherents, stand by itself, and its steady progress for a century in face of prolonged and determined opposition appears to its upholders to be evidence of its truth. There are still, indeed, in both schools of medical thought, men who stand by their old principles. There are homœopaths who can see nothing but evil in the practice of their brothers of the orthodox school, as there are allopathists who still regard homœopathy as a humbug and a sham. There are, however, liberal-minded men in both schools, who look upon the adoption of any safe and efficient method of curing disease as the birthright of the true physician, and who allow every man to prescribe for his patients as his conscience may dictate, and, provided he be educated in all the collateral branches of medical science, are ready to exchange views for the good of suffering humanity."

We earnestly believe and fervently hope that such views, liberal and truly scientific, will gain ground and prevail, and then the two schools of medicine starting with the same object in view—the restoration of disordered health—but proceeding in what appear to be opposite directions in quest of the means for such restoration, will, like voyagers starting from the same point but sailing in opposite directions, meet and embrace each other if they will only keep their eyes steadfastly on the polestar of truth, and not allow themselves to be tossed about by billows of prejudice, conceit, and bigotry.

## REVIEWS.

*International Homœopathic Medical Directory*, 1903. London : Homœopathic Publishing Company.

WE received a copy of the above too late for notice in our last issue. This is the ninth year of the publication of the *Directory*, and as we last year noticed a considerable number of new names, so this year we find the list still further amplified. There still, however, remain a good many of our *confrères* not yet in the list. Of course the *Directory* cannot be complete while this is the case, owing to no fault on the part of the compiler, but solely from what we consider a mistaken policy on the part of those who refuse to have their names inserted. In view of the new advance movement in British homœopathy, and the formation of the British Homœopathic Association with its energetic and militant programme, it seems out of harmony with "the fitness of things" that any of our colleagues should still adhere to the idea that it is unethical to insert their names in the *Directory*. The more pronounced and independent our attitude in professional matters the better for ourselves, and the more shall we be respected by the old school. There are comparatively few inaccuracies this year, though we notice the name of one M.D. who has passed to the majority.

Full information is given of all homœopathic institutions in the Kingdom, and also a list of the homœopathic chemists. The Continental list is fairly full and believed to be accurate, while the Colonial and Indian lists are, as far as we see, carefully done. The number of our United States colleagues, who were invited to send their names, is still very meagre, and it would be useful to have a more complete list, but the compiler can, of course, only insert those who respond to the invitation. In South America there is a goodly array of names.

The *Directory*, even as it is, is a valuable publication, and meets, as well as is possible under the circumstances, an undoubted necessity.

*Homœopathy : specially in its relation to the Diseases of Women, or Gynæcology.* By THOMAS SKINNER, M.D. Fourth ed., greatly enlarged. London : The Homœopathic Publishing Company, 1903.

THE first edition of this *brochure* was published in 1875, and we noticed it in our *Review* of 1876. We have not much to

add to, or to alter, in that notice. It would have been better, we think, had Dr. Skinner re-written his book instead of re-issuing it as originally published, though "greatly enlarged." Uterine therapeutics and pathology have greatly advanced in the last twenty-five years, and a good deal of what Dr. Skinner wrote in 1875 is a little out of date. Dr. Skinner's main point is the power of homœopathy to cure "all the diseases to which women are subject," "without local medicinal treatment of any kind," and this he now stands to and reiterates. He says, "Local treatment is not only unnecessary, but very frequently hurtful and not devoid of danger, to say nothing of its revolting character," and that constitutional treatment is all that is required. In the all-importance of treating diseases of women by constitutional remedies we fully agree with our author. But we think he goes too far in abusing the use of pessaries, for example, in certain cases. No doubt there is too much now-a-days of surgery in the treatment of uterine disease. Still surgery has its important place in this sphere, and should not, we consider, be tabooed in the way Dr. Skinner writes. The use of pessaries in suitable cases is as scientific and correct, as the use of a splint for a broken arm. They do not cure, but they assist in maintaining the organ in its place, while the internal treatment is carried on simultaneously, and so they help the cure. We have seen a case of prolapsus uteri in which serious nervous dishealth of a marked type was relieved almost directly after a suitable pessary had been used to keep the uterus in its place. Consequently, we cannot go with Dr. Skinner in his abhorrence of pessaries, and other local aids to the cure. Still it is interesting and instructive to hear the experience of a physician advanced in years, who is able to record that since he became a homœopath nearly thirty years ago, he has never once used any local treatment of any kind, medicinal or surgical. We live to learn, and experience is always worth hearing and listening to. And certainly some of Dr. Skinner's cases are remarkable, and well worth reading and thinking over. Although he uses chiefly, or almost entirely, high dilutions—very high ones—yet he is exceedingly fair towards those who use lower potencies. He very properly looks upon homœopathy, whether practised by high or low dilutions, as one, and deprecates the idea of two schools of thought on this question, freely admitting that low dilutions do cure, though he personally prefers the higher ones. The right selection of the medicine is the essential point, and experience comes in to determine the value of this or that potency. We fully agree with Dr. Skinner in these views, and there is no doubt that he is right

in saying that constitutional treatment in diseases of women is the only true mode of cure, though we may, from experience, find that local aids are helpful.

One very interesting chapter is on the "Death of the Fœtus in Utero; its prevention and cure. A Discovery." This disease of the placenta is what Sir James Simpson called "Placental Phthisis." Dr. Skinner adopts Diday's view that it is invariably syphilitic. And he has found by his experience in such cases that he never fails to carry a pregnant woman, who has been the subject of frequent miscarriages from this disease, to full term by the administration of Luesinum, one dose of a very high dilution, once a month. He records one very remarkable case, as a sample of what can be done. Dr. Skinner claims this as a great discovery, and also his own, and when such a case can be recorded as the one we have alluded to, it certainly merits this description. Any physician having the care of similar cases ought certainly to adopt his treatment, in order to give his patient the chance of being cured of the distressing liability to continuous miscarriages, and the results will be well worth recording. The earlier part of the book, giving an account of the author's allopathic career and his conversion to homœopathy, his transformation from being a bitter enemy to homœopathy to that of a staunch and enthusiastic disciple of Hahnemann, and his devotion for nearly thirty years of practice to the law of similars, is very interesting reading. The book is altogether interesting, and though we cannot, in some points, go the full length that Dr. Skinner does, a perusal of it will repay the reader.

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*Uricacidemia: Its Causes, Effects, and Treatment.* By PERRY DICKIE, M.D. Philadelphia: Boericke & Tafel, 1903.

DR. PERRY DICKIE'S ideas of literary composition seem to be, so to speak, embryonic. We would suggest that when he again writes a book he should obtain the services of a "collaborator" in the shape of a literary hack who would "reconstruct" his sentences for him. The following is the preface entire, just as it appears in print: "Knowing full well that the very complete and voluminous work by Haig on 'Uric acid' exists, and to which, by the way, the writer is largely indebted for much general information as to his interesting, ingenious, and valuable theories on this subject, in the preparation of this work, however, believing that something smaller and more compact might be acceptable to the physician, on this assumption he launches forth this



little volume upon the sea of chance, hoping that it will meet with some slight success as to proving of slight value to the medical profession in elucidating the question as to the importance of uric acid as a disease factor." This is a mild sample of the author's literary style. So much for the manner of the book, and now as to the matter of it. Dr. Dickie, as we have seen in the preface, acknowledges "by the way" his indebtedness to Dr. Haig's well-known work. If anyone shirks the reading of this interesting and elaborate book and wishes to have it "boiled down," then here we are. He gives us even Dr. Haig's treatment, which takes up about ten pages; rather unnecessary, one would think, in a homœopathic work, except that when a thing is boiled down it is expected to contain *all* the essence. When speaking of diet, Dr. Dickie names "Brussel's sprouts." We have heard of Brussels sprouts, but we were not aware that a Mr. Brussel had a "corner" in that article of diet. This might charitably be supposed to be a printer's error, but as it occurs twice this explanation will hardly hold. In the chapter on homœopathic treatment we find a list of twenty-seven medicines, with a few indications, many of which are vague in the extreme. For example, "*China* 6x claimed to prevent the tendency to formation of gall stones." "*Natrum muriaticum* 12c., neuralgia, neurasthenia, etc." We miss any indications of the author's personal experience of the result of his drug treatment, except once when he says of lycopodium, and this is all he says of it: "Pain in back. Uric acid sediment. Uricacidæmia in men. This drug for this condition is as largely over-rated in our school as is lithia by the 'old school.' However, some good results have been obtained from the use of the tincture in these conditions." We were under the impression, judging from our own experience and that of countless other homœopaths, as recorded in print, that lycopodium stood almost at the head of homœopathic remedies in the uric acid diathesis. But we live to learn.

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*The Medical Annual: A Year Book of Treatment and Practitioners' Index.* 1903. Bristol: John Wright & Co.

WE had written a review of the above excellent book, but for want of space must defer it till our June issue. We may state that it is fully up to the high standard it has maintained for so many years—this being the twenty-first year of its existence—as a *resumé* of the year's work in medicine and surgery. All practitioners, whatever be their views on therapeutics, should subscribe to the *Medical Annual* or buy it for reference.

## MEETINGS.

## BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Session 1902-03 was held at the London Homœopathic Hospital on Thursday, April 2nd, 1903, at 8 o'clock, Dr. Roberson Day, President, in the Chair.

## SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Under the auspices of this section, and partly as a result of the discussion on Dr. Octavia Lewin's paper on Constitutional Treatment read at the meeting in January, the above-mentioned evening was devoted to the *Dose* question. The subject was introduced by Dr. Madden in a paper entitled "That it is not in the best interests of Homœopathy that the extreme range of potencies at present in use should be continued, but that an endeavour should be made to agree to some limit of dilution." Dr. Madden pointed out that the limit of dilution recommended by Hahnemann was the thirtieth, but that his range was from the lower dilutions up to that. It is obvious that in giving a medicine we must be sure of giving some medicinal substance. Dr. Madden mentioned a number of researches which went to show that this limit approximated our present 12th dilution, but beyond the 15th no *proof* was possible that any such substance remained. He did not deny that higher dilutions were curative, or that there was something in the dynamisation theory, but, "it seemed to him, that the practical way to obtain its full advantage, while escaping many of the obvious disadvantages of the use of high dilutions, would be to follow Hahnemann's method of preparing the dilutions up to the point of the probable limit of divisibility of matter, and beyond that to develop its dynamic energy by succussion only."

Experiments hitherto conducted scientifically had been unfavourable to the use of high dilutions except in hypersensitive subjects. Therefore, much caution was required in the use of them, and much care in the record of cases. The question of uniformity of practice was one of very great importance.

Dr. Lambert followed with a paper entitled, "Can we limit the range of potencies? With suggestions as to the choice of dose." Dr. Lambert thought that dynamisation was proved conclusively by the action of *natrum muriaticum*, which manifests its curative dynamic powers even in the presence of the crude substance. Other instances are found in the insoluble metals and other substances such as silica. Do high potencies act? Hundreds of competent physicians

maintain that they do, and Dr. Lambert thought that, in their reports of cases, those who used them always displayed greater knowledge of *materia medica* and its homœopathic application than those who used the low, therefore, no one was in a position to express an opinion on comparative values who had not used both.

One most important consideration in relation to the choice of dose, lies in recognising a point of inertia in the case of every drug, between the pathogenetic and curative effects. This was different in different individuals, some being much more sensitive than others. If this is so, and a drug fails in a given case, if it is well indicated, the physician is bound to go to a higher dilution, and the whole effect can be only estimated by the symptoms.

A long and most interesting discussion followed the reading of the papers, which was taken part in by Drs. Dudgeon, Dyce Brown, Clarke, Goldsbrough, Hayle, E. A. Neatby, Jagielski, Stonham, Moir, Mr. Wyborn, Dr. Hervey Bodman, Mr. Wilkinson, Drs. Thomas, Spiers Alexander, Searson, and Roberson Day. Drs. Madden and Lambert replied. The most important points elicited in the discussion were that the final test was the clinical one, and that a committee should be appointed to consider how best this test could be applied from all points of view.

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## NOTABILIA.

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### THE LONDON HOMŒOPATHIC HOSPITAL. REPORT OF THE 53<sup>RD</sup> ANNUAL GENERAL MEETING OF THE GOVERNORS, DONORS, AND SUBSCRIBERS, THURSDAY, MARCH 19<sup>TH</sup>, 1903.

THE Fifty-third Annual Meeting of the Governors, Subscribers, and Donors of the Hospital was held on Thursday, March 19th. The Earl Cawdor presided, and there were also present Sir Henry Tyler, Mr. J. P. Stilwell, J.P., Mr. Ridley Bax, the Rev. E. C. Bedford, Col. Clifton Brown, Dr. Dyce Brown, Dr. Burford, Dr. Blackley, Dr. Goldsbrough, Dr. Edwin A. Neatby, Mr. Knox Shaw, Dr. Roberson Day, Mr. W. M. Crow, and a number of lady subscribers.

The meeting was opened with prayer by the Chaplain, the Rev. E. C. Bedford, and the minutes having been confirmed, the Secretary-Superintendent (Mr. G. A. Cross) then read the Fifty-third Annual Report for the year ended Dec. 31st, 1902.

## REPORT.

THE Board present to the Governors, Donors and Subscribers their Fifty-third Annual Report—for the year ended Dec. 31st, 1902.

The In-patients have numbered 1,031, and the Out-patients (including 12,678 renewals) 20,749. The Out-patients' attendances numbered 37,267. The following are the numbers for five years :—

	In-Patients.	Out-Patients.	Out-Patients No. of Consultations.
1898 .....	1,111 .....	18,551 .....	32,898
1899 .....	1,128 .....	20,678 .....	35,141
1900 .....	1,128 .....	21,517 .....	36,795
1901 .....	1,092 .....	21,822 .....	39,871
1902 .....	1,031 .....	20,749 .....	37,267

The following table, comparing the expenditure of the five years 1898-1902 inclusive, shows the variations in expenditure which have followed the development of the hospital work.

## ORDINARY EXPENDITURE.

Expenditure.	1898.	1899.	1900.	1901.	1902.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Provisions ..	2659 6 3	2592 4 5	2517 19 7	2700 14 0	2427 5 3
Surgery and Dispensary)	891 14 6	919 4 6	955 19 5	1056 16 11	1635 8 5
Domestic ..	1914 5 2	2202 11 8	2256 11 2	2411 3 3	2276 0 7
Estab'ment. Charges ..	809 12 1	801 6 11	703 15 2	974 16 1	767 16 8
Salaries and Wages ..	2529 15 4	2690 13 1	2821 17 0	2841 4 0	2947 1 7
Miscellaneous	241 9 7	163 13 11	175 18 11	168 2 7	195 12 7
Administrat'n a Managemnt.	667 15 2	703 15 11	677 16 5	709 8 0	740 16 10
b Finance ..	149 0 10	52 16 7	21 0 0	94 15 11	157 2 11
	9862 18 11	10126 7 0	10130 17 8	10957 0 9	10547 4 10

The ordinary expenditure is, on a five years' average, £10,325 per annum; on an average of the last three years, £10,545 per annum.

	£	s.	d.
The year's total expenditure has been	10,547	4	10
The income .. .. .	8,136	6	6
Deficit on ordinary income ..	2,410	18	4

The following is the total of the encroachment on capital caused by the annual deficits in the income account:—

	£	s.	d.
Total due to capital on Dec. 31, 1901	9,674	1	10
Deficit on the year 1902 ..	2,410	18	4
Amount due to capital Dec. 31, 1902	12,085	0	2

This expenditure of capital funds in the current work of the Hospital received, it will be remembered, the special sanction of the General Meeting in 1900, which empowered and directed the Board to withhold or withdraw from the Reserve Fund, so far as might be necessary, the sum of £3,000 per year for the four years ending December 31, 1902. It will thus be seen that the Board has been compelled by the exigencies caused by the activity of the Hospital to use this sanction almost to the full amount. The Board yet propose in the present year 1903, to make an urgent appeal to the friends of the Hospital to replace the large draft already made upon the reserve funds.

The income has been greater in 1902 than in any previous year, with the exception of 1900, when some unusually large donations were received. The following table shows the ordinary income for the past five years.

ORDINARY INCOME.

Income.	1898.			1899.			1900.			1901.			1902.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Annual Sub- scriptions } 1620 2 0				1558 16 0			1478 6 0			1560 16 0			1612 8 0		
Donations .. 626 2 4				310 19 0			1570 17 *6			775 9 8			757 18 2		
Hos. Sun. Fnd 375 0 0				625 0 0			622 18 4			458 6 8			527 1 8		
Hos. Sat. Fnd 142 0 0				147 3 0			144 4 0			143 15 0			135 8 0		
King Ed- ward's Fund } 200 0 0				200 0 0			200 0 0			200 0 0			200 0 0		
Invested Fnds 1795 9 5				1972 0 4			2317 17 1			2273 15 3			2464 7 11		
Nursing Institution } 1098 15 11				1282 1 7			1302 5 6			923 1 0			1029 14 9		
Out patients' Fees } 762 2 0				910 18 0			905 10 0			917 12 0			875 6 0		
Other receipts 14 9				20 0 0			250 0 0			25 0 0			534 2 0		
	6620	16	5	7023	17	11	8791	18	5	7277	15	7	8136	6	6

\* This year a special donation of £500 was received.

The following table shows the fluctuations of ordinary income during the past five years :—

Year.	Income.	Increase compared with last preceding year.	Decrease compared with last preceding year.
	£ s. d.	£ s. d.	£ s. d.
1898	6,620 16 5	—	433 11 6
1899	7,026 17 11	406 1 6	—
1900	8,791 18 5	1,765 0 6	—
1901	7,277 15 7	—	1,524 2 10
1902	8,136 6 6	858 10 11	—

The average ordinary income is, on a five years average, £7,570 14s. 11d. per annum; on an average of the last three years, £8,068 13s. 6d.; on an average of the first three years in the new Hospital (1896, 1897, 1898), £6,628, showing an average increase of £1,440 per annum.

The receipts from Private Nursing (included in the ordinary income above) have been £1,029 14s. 9d., which compares with previous years as follows :—

	£	s.	d.
1898 .. .. .	1,098	15	11
1899 .. .. .	1,282	1	7
1900 .. .. .	1,302	5	6
1901 .. .. .	923	1	0
1902 .. .. .	1,029	14	9

The Board gratefully acknowledge the following awards :—

	£	s.	d.
King Edward's Fund .. .. .	200	0	0
Metropolitan Hospital Sunday Fund ..	527	1	8
Hospital Saturday Fund .. .. .	135	8	0

The Legacies received during the year are as follows :—

	£	s.	d.
Mrs. Francis Mary Cope .. .. .	10	0	0
Mr. Benjamin Buck Greene .. .. .	100	0	0
Miss Caroline Anne Martineau .. .. .	250	0	0
Miss Eliza Robins .. .. .	443	17	11
The Countess of Mexborough .. .. .	680	11	8
Mrs. Sarah Benedict Brown .. .. .	200	0	0

The Endowed Beds have been increased in number by "The Sugden Beds," two in number, endowed by Miss Clara Sugden for such nervous and mental cases as may be treated in a general hospital ward. For this beneficent purpose Miss Sugden transferred to the Hospital £1,558 Grand Trunk

Railway of Canada 4 per cent. Perpetual Consolidated Debenture Stock, value £1,698 4s. 5d.; and sixty-one £5 shares of the St. James' and Pall Mall Electric Light Company, value £597; total value £2,295 4s. 5d.

The Board has also gratefully to acknowledge the receipt of a gift of £250 from Dr. A. C. Clifton, of Northampton, in completion of the endowment of "The Arthur Clifton Bed."

Seven years having passed since the opening of the new building, the whole of the woodwork required to be repainted, and some of the interior walls required also to be re-coloured. The Board, to avoid the frequent expense of distempering, considered it advisable to paint the exterior woodwork and the interior walls generally. As the now painted walls can be washed when necessary, the sanitary state of the wards is further improved, and the occasional need of distempering for merely cleansing purposes is avoided. For this and other purposes, the Board, following the custom of other hospitals, closed the building for six weeks, utilising the opportunity to carry out certain important repairs to the boiler and hot water system, and the hydraulic lifts, &c. The painting works were well carried out by Messrs. Vigor & Co., and the building was re-opened on the exact date named. The total cost has been £1,200, part of which was recouped by the reduction for the time of the current expenditure.

The Hospital has been inspected during the year by two members of the Medical Council of the Hospital—Dr. Nield and Dr. George Clifton; and by visitors from King Edward's Fund.

The Annual Report of the Convalescent Home at Eastbourne shows a total of 159 residents during the year 1902, viz., 132 women, 32 children, and 14 nurses of the Hospital. Annual subscriptions and donations for the support of this excellent work are much needed.

A new lavatory, much needed, has been added at a cost of £132. This cost stands as a debt.

The following members of the Board—Mr. Stilwell, Captain Cundy, the Lord Calthorpe, Sir Henry Tyler, Major-General Beynon, and Mr. Alfred Robert Pite—retire in the usual annual rotation, and, being eligible, are proposed for re-election. Dr. MacNish retires from the Board, and Dr. T. G. Stonham has been elected to fill the vacancy.

The subscribers will share the regret of the Board at the death of Mr. Alan Edward Chambre. Mr. Chambre joined the Board in 1873; was entrusted with the general management of the Hospital during 1877 to 1884; held the office of Trustee from 1877; Vice-Chairman of the Board of Management, 1892 to 1895; was Chairman of the Building Committee,

1893 to 1895, and during the whole of his association with the Hospital devoted his energies to its welfare, until declining years and absence from London prevented his rendering further active service. The Board has lost in him a most enthusiastic and capable member, and Sir Henry Tyler, having consented to accept the office of Trustee, his election will be submitted to the General Meeting.

The Board also record with extreme regret the death of Dr. Richard Hughes, whose works on *materia medica* and therapeutics are of world-wide reputation. Dr. Hughes was a physician to the Hospital in 1876-8, and a member of the Medical Council of the Hospital from 1875 till his death. In him the cause of Homœopathy has lost a learned, practical, and lucid expositor, and, though his loss will be severely felt, his writings remain a monument to his great powers as an author and physician.

Mr. James Johnstone having resigned his post of Assistant Surgeon, the Board have appointed Mr. Arthur Arnold Beale to that post.

The medical report shows great activity on the part of the Medical Staff, and the Board can hardly over-estimate their valuable services and deep interest in the progress of the Hospital.

The Ladies' Guild of the Hospital, referred to in the last Report of the Board, has succeeded beyond anticipation. Under the energetic management of its honorary secretaries, Mrs. Kimber (Hampstead branch), Mrs. Holman (Highgate, Finchley and Muswell Hill branch), Mrs. Hardy (Tulse Hill, Streatham and Denmark Hill branch), Mrs. Spencer Cox (Kensington branch), the membership has reached a total of 237, and 258 garments are already provided or being made for the use of the Hospital patients, and a total of £109 13s. 6d. has been subscribed to the Hospital funds up to December 31st last. The Hampstead branch has undertaken the maintenance of a Bed in Durning Ward to be named the "Hampstead Bed," the branch subscribing £50 a year. New branches are in course of formation, at the West End, at South Kensington, at Crouch End, at Wimbledon, and at Reading.

The Board cannot sufficiently express their indebtedness to the ladies of the Guild for their energetic and valued aid in the work of the charity, feeling as they do that no movement of later years will prove more important or beneficial in the cause than the successful establishment of the Guild and its numerous centres.

The accumulated deficit at the end of 1902 amounted, as above stated, to £11,500. That amount is made up of £3,000 borrowed from the bankers, and £8,500 withheld or



withdrawn from the Reserve Fund. This sum is below the amount sanctioned by the General Meeting in 1900, but these deficits are viewed with serious concern by the Board, preventing as they do the preservation of the Capital Funds, reducing the Annual Income, and discounting as they must, those future developments of the Hospital which are so urgently called for, and which would be so stimulating to the cause of Homœopathy.

The Board therefore are resolved to replace these deficits if possible, and in the present year they will make a special appeal to the friends of the Hospital to renew the generosity which has never yet failed the Hospital in its emergencies.

They have decided to hold a Festival Dinner in the course of the year, and to appeal for the sum of £12,000, which will be no more than sufficient to pay the present loan from the bankers, and replace the sums withdrawn or withheld during the past four years from the Capital Funds.

Many charitable appeals are before the public. Their number increases year by year. The Board therefore urge upon their supporters the vital fact that this Hospital can look to one section of the public only—that class which has experienced the value of those reforms in medicine which are associated with the name of Homœopathy. They trust that class will reserve a part of their charitable gifts in order to respond liberally, as so often before, when the appeal of the Board shall reach them. This Hospital is the bulwark of Homœopathy in the United Kingdom. To the Colonies, to the United States, and to the Continent of Europe it represents the status and progress of the cause in England. As a general hospital it is progressing rapidly in activity and influence. Its available income is not only inadequate to the further forward movements which it ought to make, but unequal to the demands of its yearly work. All who are friendly to the cause of Homœopathy and to the Hospital should take these circumstances into serious consideration, and respond generously to the appeal of the Board.

Finally, the Board thankfully acknowledge the continued evidence of Divine favour and aid in the great work which this charity is doing for the sick and suffering poor.

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The Earl Cawdor: Ladies and Gentlemen,—I will now proceed to move the adoption of the report. Our income has increased on almost all main items as compared with the previous year, the total increase being £850. In the report there is a very interesting little tabular statement showing the variations in our income for the last five years,

comparing each year with its next previous year. The first year showed a decrease of £483, the second an increase of £406, the third an increase of £1,765, the fourth a decrease of £1,524, and the fifth (*i.e.*, last year) an increase of £858. This shows that an increase is not always to be relied upon as substantial progress. Notwithstanding this fact, the progress is real and substantial; for if you look at the comparative table of income you will see that there is a progressive increase, and that the year just closed shows an increase of £1,496 above the year 1898. Now, as the treasurer, I ought to be very satisfied. But I am not. For as the income has gone up the expenditure has gone up too. In regretting this fact, we must remember that this Hospital is not singular in that respect. It is common experience in metropolitan hospitals. The great improvements in medical and surgical treatment, which we must live up to if we are to keep abreast of other hospitals, have led to a general increase in the cost of hospitals generally. Still, the House Committee have this question of expenditure constantly before them, and they spare no effort to keep the expenses down. Our financial position, then, has not improved. But it is no worse. We have spent less on maintenance in the year; but that is because we had to close for painting, and a large proportion of our outgoings stopped during that period. We show a deficit in the year of £2,410, which is less than the previous year's deficit of £3,679, partly because of increased income, and partly because of lower expenditure. But we still have to deal with an average deficit of £2,477, taken in the last three years. These deficits amount in total to nearly £12,000, so that we have unfortunately justified the forecast we presented to you in the year 1900, when we sought and obtained your sanction to withhold or withdraw from the capital funds the sum of £3,000 a year for four years. To do this we have to borrow from the bankers from time to time, and we now owe them £3,000, and we owe our capital funds £8,085. We are going to ask the Hospital friends to give us that amount this year, which I will refer to later. Before leaving these matters of finance, I must refer to an increase in our income from the gifts of the various branches of the Ladies' Guild. They have sent in and are still sending us a good many subscriptions. The Hampstead branch is maintaining "The Hampstead Bed," which costs them £50 a year, and the Highgate, Finchley and Muswell Hill branch is going to maintain a cot in Barton Ward. I have no doubt other branches will follow suit. That is not all these ladies do. They make many things for the patients, things most necessary in work among the sick poor, and which require

very special making. Lady Cawdor, as president of the Guild, has read the report of their work with much interest, and is very gratified at what they have accomplished. The Guild is going to be very valuable to the Hospital, keeping its works and its needs always before a large and increasing circle. Not only do we owe gratitude to the ladies. We ought to acknowledge our indebtedness in this connection to the medical friends who have been instrumental in forming these branches—Dr. Edwin Neatby (Hampstead), Dr. Austin Reynolds (Highgate and Crouch End), Dr. Goldsbrough (Denmark Hill), Dr. Spencer Cox (Kensington), Dr. Lambert (South Kensington), and Dr. Lillian Cunard-Cummins (Bloomsbury). These are helpers whom a treasurer naturally appreciates on the one hand, while on the other our nursing staff naturally appreciate the material help they give in providing necessary articles for the wards. The fact is we have a medical staff second to none in London. In the skill and care with which they look after our patients they are beyond all praise or acknowledgment. Not content with that, they take the most vital interest in the progress and improvement of the Hospital, and the paragraph of thanks in the report only feebly expresses the indebtedness of the Board and subscribers generally to those gentlemen. I now come to a very important matter—the replacement of our accumulated deficits, amounting nearly to £12,000. How are we to raise that large sum? Some years ago we had a festival dinner to celebrate the Diamond Jubilee of Queen Victoria by completing the Hospital Building Fund, at which I presided, and you gave me a chairman's list of £7,000. Then four years ago we had a festival dinner to celebrate our own jubilee, and you gave us a list of £8,000. We asked for £10,000 and you gave us £8,000. Well, this year I have promised to again preside at a festival dinner, and I hope you will then give me the full £12,000 which is needed to make up these deficits. We must not let this Hospital suffer for want of money; and as we can only appeal to those who know the advantages of homœopathy, I hope all our friends will reserve gifts for us, and not give all to the many other claimants for charitable help. We want to yet further develop this Hospital, and these drafts on our capital funds and borrowing from our bankers will certainly bar the way unless we can be sure that from time to time the homœopathic public will make them good. We have one of the best hospitals in the metropolis, and shall in time have a much larger one, but in order to achieve that result we must by some means support our work without trenching on our reserve funds, and that will be the wisest course for us to

take, so far as I can judge. The Board are strongly of opinion that the right course to take is to have a festival dinner, and when our good secretary is quite ready we shall try to fix a date, because a good deal of work comes upon the secretary. That is all I have to say, and I beg to move that the report be received and adopted.

Mr. Stilwell : Ladies and Gentlemen,—I wish, in seconding the adoption of the report, to urge upon all who are here, and through them to all who are interested in the subject of homœopathy, the necessity of exerting themselves at the present time to clear off this debt, if I may so call it, on our reserve fund, and the further debt to our bankers. We have been obliged to borrow and to spend capital moneys, as you were told when you did us the honour of coming here to the last general meeting. We then said we had this financial difficulty, and we asked you to assist us ; not at that moment, because if you remember we were rather desirous to aid an association which had been begun last April—the British Homœopathic Association. That meeting was a most successful meeting, not only in its origin, but in its progress, and we are now within £1,250 of the amount which we said we wanted to raise, *viz.*, £10,000, for the purpose of aiding homœopathy, not only in its work, but in its progress. We anticipated that we should be able, by inaugurating a series of lectures to past graduates, to increase the interest outside the present sphere of homœopathy, and to bring a number of new men into touch with that system of medicine which we believe in. We have this money, and we are to appropriate some of it to a travelling scholarship, so that some gentlemen of position in the medical world will be able to travel and gain an insight into the method of conducting homœopathy in other countries. I merely tell you this, because I think you will be interested to know that there is at the present moment a movement in favour of homœopathy which will be an important movement, because I apprehend that as long as homœopaths are content to fold their hands and look on at what other people are doing there will be no progress. This is essentially a layman's work. Our physicians and our surgeons are giving their time and their work and their energy to the upholding of this Hospital. They deserve this recognition at the hands of all homœopaths, and I think I am not wrong at the present moment, although we are met to support a hospital, in just saying there is an effort being made to extend homœopathy generally. I will say no more about the Homœopathic Association, than that it has my best wishes, and now I call upon you all earnestly, not only to help us yourselves, but to induce others to take an interest

in this Hospital, and contribute liberally with donations at the present time, and with annual subscriptions hereafter to wipe away this millstone around our necks. If you do not see the necessity of going to work in that way, the progress of the Hospital not only will be stopped, but there will be retrogression—we shall go back. Without the central rallying point of this Hospital there is to be no progress in England for homœopathy. Homœopathy is represented in several places in the provinces, I am thankful to say, and is doing well, but at the same time in London we have the largest homœopathic hospital in England, and it is here that the great effort must be made to advance homœopathy. You have heard that the ladies have inaugurated Guilds. I am glad to say that within the last month a new Guild has been inaugurated in this district in which the Hospital itself is situated, and I hope that will be a further help to the subscribers and to the good work which is carried on by the ladies in this city. One word with regard to the expenditure of the Hospital. Our expenditure seems high, but it must be remembered that we maintain out of it a very large and expensive out-patient department in comparison to our size. Now the Metropolitan Hospital Sunday Fund regard £100 as a not excessive rate per annum per bed occupied. Deducting from our total expenditure the estimated cost of our out-patient department and also the cost of our private nursing staff, we do not yet spend more than that allowed amount of £100 per year. It was with regret that we closed our Hospital for six weeks in the summer. It was absolutely necessary from the medical point of view that there should be a thorough cleaning of the Hospital, and it appeared to be better, all things considered; and so it was arranged by our House Committee that the Hospital should be closed for the necessary time. We were thereby enabled to paint the inside walls at a very small expense, in that what we spent in paint we saved in other ways. I hope that the time is not far distant when we may be able to extend the Hospital, but from the financial point of view I do not see at the present moment any prospect of our being able to do it. But I hope that such steps as are now being taken may end in a very much larger income and a much larger reserve fund, and in that case we shall be able to carry out what would be a most splendid work. It is entirely a question of income whether we shall be able to do that, because I have no doubt myself if we can supply an income to carry on that building that the homœopathic world will rally round us and find the money for the extension of the Hospital. (Applause.)

The report was adopted.

Dr. Dyce Brown said he had the honour of proposing the election of Sir Henry Tyler as trustee in the place of the late Mr. Alan Edward Chambre. Mr. Chambre's work was known to them all, and the reference to him in the report showed that he devoted many years with his best energy to the work of the Hospital. They would all miss him very much, but as he had been called away they must fill up the office. He was delighted to announce that Sir Henry Tyler had consented to accept the position. It was a very important office, and Sir H. Tyler was so well known for the enormous amount of work he had done for the Hospital that it required no further words from him in proposing his election.

Dr. Burford seconded the motion, and said that Sir Henry Tyler bore an honoured name amongst homœopaths for the skill and assiduity and success with which for some years past he, as chairman of the House Committee, administered the affairs of the Hospital. The many complicated points which required to be dealt with were dealt with in a manner which compelled the admiration of all. The valuable skill and supervision he had already shown would be continued in the office of trustee.

The motion was carried.

Sir H. Tyler expressed his obligation for the kind remarks which had been made regarding him, and said that his only objection to taking the office was that he would have liked the position to be held by a younger man. However, he was pressed and consented, and would do his best in any way to advance the interests of the Hospital.

Dr. G. Blackley proposed "That the thanks of the Subscribers and Donors be given to the Board of Management and House Committee, Treasurer, Vice-Treasurer, and Lady Visitors." He said that no doubt the reason why the honour was occasionally thrust upon him of proposing that resolution was that he had had the opportunity of knowing what had been going on in the Hospital for upwards of a quarter of a century. He was now the senior on the staff, and could perhaps lay some claim to know how much the subscribers owed to the Board and House Committee, and Treasurer, Vice-Treasurer, and Lady Visitors. For the Board he might say that what had just been said regarding Sir Henry Tyler applied to every member of the Board. The Chairman of the Board ever since he knew the Hospital had been doing his very utmost for the welfare of the Hospital and of homœopathy, for, after all, they must not lose sight of the fact that this Hospital stood as a living protest for homœopathy against the ostracism which had been brought to bear on it by the dominant school. Let them hope that would

soon be a thing of the past, and that they would be able to meet their adversaries on more equal terms. Unfortunately, their Vice-Treasurer, Mr. Trapmann, was not there, but he might say, personally, he had always found him a most valuable man to go to if they wanted anything done as between the medical staff and the Board, and especially if they wanted it done in a hurry. Also they much missed their great friend and earnest helper, Captain Cundy, whose absence they all regretted. For the Lady Visitors he could only say that the medical staff as a whole and the subscribers felt the debt they owed to them. They came week after week to visit the patients in their beds, and made them happy in many little and great ways, and the medical staff realised how important a factor was this sympathy with the patients. It was an enormous comfort to the poor patients, and operated towards recovery.

Mr. Knox Shaw, in seconding the resolution, suggested that it would be a good thing if they got a patient to come and propose or second such a motion as this, because, after all, it was the patients who knew best whether what was done for them was good. He might say that they on the medical staff, although they did not always see eye to eye with the Board and had their little agitations now and then, found the Board listen to their grievances if they had any, and smooth away the difficulties, and the subscribers could feel assured that the work was carried on in the very best way possible. They constantly had letters from patients and friends expressing their gratitude for the services rendered to them, and it was owing to the Board of Management that everything in the Hospital went as smoothly as it did.

Sir H. Tyler replied on behalf of the Board of Management and House Committee, and said they met as a Board regularly once a month, and the House Committee met every week, and they always had a considerable amount of work to go through, but their work was enormously benefited and made easy by all those in the Hospital with whom they had to deal. He could not speak too highly of the medical staff, who were untiring in all their work. The Secretary-Superintendent he need not say anything about—he looked after them all and kept all in order. The matron and housekeeper were so good and so bound up in the work of the Hospital that it made the work of the Board and House Committee very easy indeed. He was quite of Mr. Knox Shaw's opinion that if they only had some patients there they would hear all about what was done. The Board was very much gratified with what the patients said when they left the Hospital, and the kind letters they sent, and many of them sent contributions

or some token of their gratitude for the treatment they received.

The Rev. E. C. Bedford, who replied for the Lady Visitors, said that as rector of the parish he was glad to have that and the Hospital there. It was an immense gain for him to be able to have such a Hospital as that, where he could find a welcome for many of the poor people who were suffering in the back streets and courts. He could not tell them how much they owed to the Homœopathic Hospital, both in the out-patients' department and in the wards, but he would like to take that opportunity of acknowledging his gratitude to the Hospital for the kindness with which they always received any patients recommended by them for treatment. He was not only rector of the parish, but he had the honour of being chaplain to the Hospital. He much appreciated the work given him to do, and wished he could give more time to minister in the wards. He could say a good deal of the work done by the ladies who visited the wards, but he was not put up to give thanks to the ladies, but rather to be their spokesman in thanking the subscribers who appreciated their services, and therefore he could only conclude by saying he was very pleased, in the name of the ladies, to acknowledge the vote of thanks accorded to them.

Colonel Clifton Brown proposed a re-election of retiring members of the Board of Management: Mr. Stilwell, J.P., Captain Cundy, Lord Calthorpe, Sir Henry Tyler, Major-General Beynon, Mr. Alfred Robert Pite, and the election of Dr. T. G. Stonham to the Board, and also the re-election of the auditors, Messrs. Prideaux, Frere, Brown and Hannay, chartered accountants. He did not know that he need say much, except he thought that they could not do better than re-elect all those gentlemen. He would like to say he approved of the report which had been placed before them that day, and although he was unable to attend the Board meetings so regularly as he would like, still it was not from want of interest. To his mind the Hospital was doing a good work, and although they might be running into a certain amount of debt, still they must remember that they had an example of extravagance all round them. Their extravagance, however, was simply for the saving of life, and consequently they were justified in being a little bold in carrying out the good work which they had in hand. He believed that the best medical system for the people of the country was the homœopathic system, both for the young and the old, and the more they spread it over the world the better it would be for the rising generation.

Dr. Burford, in seconding the resolution, said it was one



of the most important submitted to the meeting that afternoon. From his experience of hospitals, which covered more years than he liked to reflect upon, his conclusion was that "as is the Board of Management, so is the Hospital." If they had reason to believe in and approve of that Hospital, it was due in great part to the assiduous labours of the Board of Management and the House Committee, and therefore it was somewhat fitting on occasions like this they should pass in appreciative review the doings of their Cabinet in times gone by, and what they proposed to do in the immediate future. In the first place the Board had presented them with a magnificent debt—(laughter)—and their thanks were due to them for having the courage to incur that, because it was very easy to keep out of debt if they left their work undone. From his knowledge of the Hospital he knew that it would have been absolutely impossible to have worked the resources of the institution in anything like a satisfactory degree without running into debt, and he, for one, believed that the homœopathic pocket of the country was deep enough to respond to the call to make that debt up. Great credit was also due to the Board for having successfully inaugurated various branches of the Ladies' Guild in the past year, for if there was one work the ladies could carry out *par excellence* it was such work as was done by the Guild. They had only to look round to see the pressing necessity for the establishment of a Guild of Gentlemen—(laughter)—to try and emulate the good work of the ladies on behalf of the Hospital. An additional reason for supporting the Board was that it largely depended on the mandate given by the public as to how they would go on in the future. Allusion had been made to the desirability of extending the Hospital, and he looked upon it as a pressing necessity. He was sure it would be a very pleasant duty for them all to bind themselves together to carry such a scheme through.

The resolution was then carried.

Mr. J. P. Stilwell, in moving the re-election of the Medical Staff, the confirmation of the appointment of an assistant surgeon, Mr. Arthur A. Beale, and a vote of thanks to the Medical Staff, said his position as Chairman of the Board was a most agreeable one, for it brought him into touch with one of the finest bodies of medical men who were to be found in London. Their work was continuous, and was most diligently carried on and faithfully performed, and the monthly returns of the medical work of the Hospital which came before him were of such a character that he was perfectly astounded at the result. There was scarcely one who did not leave the Hospital very much improved in health, and

quite 50 per cent left completely recovered. That was a proof in the first place of the excellence of the system adopted by their Medical Staff, and in the second place of their energy, judgment, and skill. (Applause.)

Mr. Ridley Bax seconded the motion, which was agreed to.

Dr. G. F. Goldsbrough, in acknowledging the vote, said he could say little that was new regarding the work, but he might refer to the peculiar position which they, as medical men representing the homœopathic side of medicine, occupied as compared with the other school. The phrases "the survival of the fittest" and "natural selection" were by-words almost in the minds of people at the present day. If they applied that to medicine, he thought it applied to the homœopathic section in this way—that the principle of homœopathy had survived as the fittest principle of medicine, and was calculated to permeate and spread throughout the whole field of medical truth. If that was so, then they, as the representatives of homœopathic medicine, occupied a very important position. If they tried to speculate as to what it was that caused the fittest to survive, or caused the selection of the favourable variations to be taken, it was a difficult matter, but he ventured to think that inside this Medical Staff there was a germinating principle which had resisted its environment, and resisted it in a very strong way. Reference had been already made to one aspect, *viz.*, the pressure of so many patients, which compelled them to develop their methods and try to spread their principles beyond the boundaries of the Hospital. They looked forward to the time when that Hospital would be quite the largest and leading amongst the hospitals in that district. The Hospital was a centre of influence which would show a better record than their neighbours, if they could once get their boundaries enlarged. At the present time the Medical Staff were in a state of unrest; they were not in the least satisfied with their position, and they felt that they would struggle to select their favourable variations and point their system out to the world as the fittest. It was a great gratification to the Medical Staff to receive the support of the subscribers and donors, for they felt they had a great responsibility upon them in keeping up their methods to the very highest possible pitch.

The Secretary-Superintendent then read the report of the Convalescent Home.

Colonel Clifton Brown moved the adoption of the report, and remarked that his wife had taken great interest in the Home. He saw there was a debt mentioned of £150, and he believed he was the lender of that money. He did not

expect to see it back again. (Laughter.) And he did not want to. (Applause.)

Mr. W. M. Crow briefly seconded the motion, and said they all felt that the Home was a most useful adjunct to the Hospital.

The report was adopted.

Sir H. Tyler proposed a hearty vote of thanks to the Chairman, and said they knew gratitude had been defined as a sense of favours to come. Well, they had a great favour to come, for Earl Cawdor had promised to preside over their festival dinner, and had undertaken to raise £12,000. (Laughter.) He hoped he might succeed, for it was necessary to keep the Hospital going.

Colonel Clifton Brown seconded the motion, which was carried.

The Earl Cawdor acknowledged the vote, and said that it always gave him pleasure to aid the Hospital in any way that he could, and that he was quite willing to do so, so far as lay in his power.

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#### THE HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

WE have received the following interesting report of the Annual Meeting of the above valuable Institution, taken from the *Bournemouth Visitors' Directory* of February 14th. It was only sent to us on April 6th. Better late than never, but, as Artemus Ward said, "Why is this thus"? The Annual Meeting was held on the 11th of February, and it will be observed with pleasure that two endowed beds were dedicated by the Dowager Countess Cairns, one in memory of her late Majesty Queen Victoria, the endowment for which was raised by subscription, and the other by the will of the late Miss de Winton, of Parkstone. And it is also very gratifying to observe that Lady Tate has given £1,000 to endow a third bed in memory of her late husband Sir Henry Tate, whose very practical interest in homœopathy, and whose munificence in founding the Liverpool Hahnemann Hospital, are so well known. We congratulate our colleagues in Bournemouth and the Committee of the Convalescent Home on this addition of three endowed beds to their resources of usefulness. The following is the report:—

"A large company of ladies and gentlemen who are sympathisers with and practical helpers of the work of the Hahnemann Convalescent Home assembled at that institution on Feb. 11th at the annual meeting of subscribers, and

afterwards they had the pleasure of witnessing the dedication of two endowed beds by the Dowager Countess Cairns.

“Dr. Herbert Nankivell (Chairman of Committee) presided, and was supported by Dr. Hardy, Dr. B. W. Nankivell, Rev. E. G. Phipps-Eyre, Mr. A. Clement Brown (the Rev. F. Young’s successor in the office of treasurer), Mr. W. Langley Taylor, Mr. T. O. Copland, Mr. J. T. Snell, Mr. W. J. Meredith (who is secretary, vice Dr. B. W. Nankivell, resigned), Mr. C. T. Knox Shaw, and Mr. A. Hillier. Among those also present were the Rev. Father Chew, Mr. and Mrs. William Fisher, Miss Fisher, Mr. George McWilliam, Mrs. Petter, Mrs. John Grey, Mrs. J. T. Snell, Mrs. Nankivell, Mrs. B. W. Nankivell, Miss Henrietta Walker, Mrs. Clement Brown, Miss Butler, Miss Meredith, Mrs. Alexander, Mrs. Row, Mrs. Hardy, Miss F. Mold. Letters of apology for unavoidable absence were received from the Rev. F. Young, Sir Matthew and Lady Dodsworth, Major K. R. Balfour, M.P. (who enclosed a donation of two guineas), Rev. F. E. Toyne, Sir William Eardley Cooper, Dr. Ord, Mr. J. E. Liddiard, Mr. Landseer Mackenzie, Rev. W. Moncrieff, Rev. C. L. and Mrs. Burrows, Rev. A. S. Bennett, Rev. Father de Lapasture, Mr. and Mrs. Berry, General and Mrs. Jennings, and others.

“The Rev. E. G. Phipps-Eyre having said prayers and read a portion of Scripture, the Secretary (Mr. Meredith) read the committee’s 24th annual report, from which we extract the following:—

“The committee, in presenting their 24th annual report to the governors and subscribers, congratulate them on the good work carried on by the institution, which they are glad to say is steadily maintained.

“The number of in-patients admitted during the year was 185, a decrease of 8 on 1901, but, as the average stay of the inmates was considerably increased, the beds were fully occupied throughout the year, and the committee are glad to know that better medical results have in consequence been obtained.

“The Lady Superintendent, Miss Hill, and her assistant nurses have devoted themselves to their several duties efficiently and well.

“An anonymous friend of the Home, who through Dr. Hardy gave £50 last year to provide a night nurse, has most generously repeated the gift. This sum, though it covers the stipend of the nurse, does not meet the other expenditure which the provision of a night nurse involves. The committee trust that new and enlarged subscriptions from the friends of the institution will be received to meet the increased

expenses of the systematic feeding of certain patients during the night hours.

“ There have been 1,081 patients at the dispensaries through the year against 1,049 in 1901. The work of the Western Dispensary involved the treatment of 631 patients, with 1,577 attendances, an increase on the previous year; that of the Eastern 450 patients, with 1,103 attendances, a slight decrease; 500 patients have been attended at their own homes and at the Cottage Home, an increase of 52 on the previous year; 2,455 visits were paid at the patients' homes, which, when it is remembered that the price of visiting tickets was raised two years ago, seems eminently satisfactory. Inclusive of the home visiting, there have been 1,581 patients and 5,135 attendances during 1902.

“ The expenses have increased during the year by £163 12s. Provisions have cost £70 more; surgery and dispensary £4 more; domestic charges £40 more (owing to an item of £71 12s. paid for painting and renovating the exterior of the Home); established charges, £11 more; salaries and wages, £38 more.

“ The annual subscriptions have increased by £13 15s. 6d. The donations are £3 1s. 1d. less. Two legacies received during the year amounting to £117 9s. 6d. have been appropriated to the income account, making a total increase in income of £129 6s. 1d.

“ The deficit on the income and expenditure account for the year amounts to £156 9s. 4d., and this added to the deficiency of £114 15s. brought forward at the commencement of the year, makes a total deficiency of £271 4s. 4d.

“ It is evident to everyone that the Home stands in need of a large increase in the number of annual subscribers. The expenditure still shows a tendency upwards in most departments, especially in that pertaining to the food and nourishment of the patients; and this expenditure is in direct relation to the good work that is done. Had it not been for the legacies which have been appropriated to revenue purposes, the deficit would have been far larger.

“ Three new Life Governorships have been formed during the past year; the committee have put into force their moderate and prudent rule for the permanent investment of two-thirds of the sums contributed.

“ Your committee are thankful to say that to the amount of subscriptions received for the Queen Victoria Memorial Bed in 1901, *viz.*, £807 9s., has to be added the sum of £215 6s. received during the year, making a total of £1,022 15s. for the endowment of this bed, and arrangements have been made for the investment of this fund in the name of the

trustees of the Home in a 4 per cent mortgage. A free bed is therefore endowed in perpetuity, and will be devoted, according to the terms of the appeal, for the reception of a poor and deserving female patient.

"The committee have decided to invest the legacy of £1,000 left to them by the late Miss de Winton, of Parkstone, and to devote the proceeds thereof to the perpetual endowment of a free bed for a poor and deserving male patient. Preference will be given to military or naval convalescents. The bed will be called the 'de Winton Bed,' and this scheme will take the place of that mentioned in the last report, *viz.*, that one of the wards should be named after her.

"An excellent report has been issued by the Presidents and Vice-presidents of the Household Linen Association. The following articles have been supplied to the Home by their exertions during the past year: 64 sheets, 20 blankets, 12 counterpanes, 37 pillow cases, 17 flannel jackets, 37 toilet covers, 12 small ditto, 8 table cloths, 6 tray cloths, 189 household cloths, 7 towels, 4 pairs bed socks, 2 pairs stockings, cretonne covers for men's and women's sitting room.

"The committee desire to express their appreciation of the work of this Association, which, by its thoughtful kindness, constantly adds in a large measure to the comfort of the patients received into the Home. A balance of £1 8s. 9d. is in hand to carry forward to the coming year.

"Dr. B. W. Nankivell read the medical report, which stated that the medical and surgical work of the Home and Dispensaries has steadily progressed during the past year:—

"In-patients' department: 97 men and 88 women have been admitted during the past twelve months, making a total of 185; including those remaining in the Home at the beginning of the year the grand total is 213. The average stay of patients was 46 days; reckoning, however, special extensions it amounted to 77 days.

"Out-patients' department: At the Dispensaries 1,081 patients have sought relief, there being 631 patients with 1,577 attendances at the Western Dispensary, and 450 with 1,103 attendances at the Eastern branch, giving a total of 2,680 attendances; 500 patients were visited at their own homes and at the Cottage Home, and 2,455 visits paid to them.

"Mr. D. Clement Brown (treasurer) presented the printed financial statement, and made some supplementary explanatory remarks.

"Dr. Herbert Nankivell, in proposing the adoption of the reports from the chair, pointed to the close connection between the medical report and the statement of income and expenditure. They had had a full year during 1902. The

number of patients had not been quite so great, but the time which patients had spent in the Home had been longer than usual in the majority of cases, the average having been seventy-seven days. He asked them to consider what this meant to a working man or working woman who was broken down in health, and earnestly urged the importance of upholding as much as possible an institution which did such a grand and noble work. Here they were with a deficit last year of £114 15s., and this year of £156 9s., and they had been obliged to eat up two legacies amounting to £117 9s. 6d. in order to get along at all to keep a little balance at the bank. He wanted each one present to feel that it was his or her duty as well as privilege to give even greater help in the ensuing year. If each one of them brought two or three new subscribers, what a difference would be made in the finances! The committee would be freed from anxiety, they would be able to do much more for the patients, and there would still be a little balance in hand. Dr. Nankivell spoke of the progress made not only in the work of the Home, but at the Dispensaries, referred to the endowed beds which he was presently going to ask the Dowager Countess Cairns to dedicate, and then made the gratifying announcement that Lady Tate had just written him to say that she was willing at the present moment to send the committee £1,000 for the endowment of a bed in memory of her late husband, Sir Henry Tate—who they all would remember as having been a wealthy man and a great philanthropist, whose name was eminently associated with the Tate Gallery. (Applause.) Dr. Nankivell, in other remarks, spoke of the changes which had taken place in the officers of the institution during the year, and enlarged in this connection on the zealous labours of the Rev. F. Young and Dr. Frost, the former of whom had resigned the treasurership, and the latter the place on the medical staff he had held for twenty years. He also referred to the death of several warm supporters of the institution, including Mr. J. R. Andrews, Mr. W. Parker, Mrs. Ince (widow of the late Chaplain of the Home), Miss McNeile, and Miss Popham.

“Mr. Copland seconded the adoption of the reports and statement of accounts, and said he wished to bear his testimony to the excellent work which the Rev. F. Young had done.

“The proposition was carried.

“On the proposition of Mr. J. T. Snell, seconded by Mr. Sutton, the Earl of Dysart was re-elected President. Mr. Sutton made some remarks touching the report, and noting the fact that only one guinea had been spent on wines and spirits, said it showed that alcohol was only used in the Home

when absolutely necessary, and then merely as a drug. If alcohol were always used in that way, what a benefit (he remarked) it would be to everybody, and what a blessing, instead of a curse as it now was in so many instances.

“On the motion of Mr. Langley Taylor, seconded by Dr. B. W. Nankivell, Messrs. Douglas V. Dent, J. T. Snell, and A. Peach were re-elected members of the committee, and to that committee were added Dr. Giles, Mr. J. Berry, and Mr. A. Clement Brown.

“Sir W. E. Cooper and Mr. Knox Shaw were added to the list of trustees, on the proposition of Mr. J. T. Snell, seconded by Dr. Hardy; and, on the motion of Mr. A. Clement Brown, seconded by Mr. Hillier, Messrs. Bicker and Pettitt were re-appointed auditors.

“Dr. Hardy (senior medical officer of the institution), asked to give an address, spoke of what was being done in the institution in regard to the treatment of consumption, and said there were many things that went to make a proper sanatorium for tuberculous patients which they must necessarily go without as long as they remained in their present financial position. He referred to certain hydropathic and electric adjuncts as among the “wants” of the institution, as well as a larger selection and variety in diet, and urged that they must look upon themselves simply as one item in the great national movement for the suppression of the dreaded disease of consumption. They believed, with a hope which they never had before, that if they could only deal with the cases in comparatively early stages, and bring to bear on them all the things they knew were available, a very large proportion—50, 60, or it was even estimated 80 per cent—of the cases might be marked off as cured. (Applause.)

“The passage of time and the enlargement of the Home have led to the necessity for alterations in the rules of the institution, and the meeting approved of certain alterations which had been drafted by the committee.

“Mr. W. Fisher, in proposing a vote of thanks to the Chairman, the Committee, Treasurer, House Committee, medical staff, and nursing staff, remarked with regard to the state of the accounts that there was no need for alarm. He had lived in Bournemouth twenty years, and had had a great deal to do with institutions of this kind, and he could tell them that it was by no means a bad thing to be in debt, although that was doubtful morality. (Laughter.) It did not do to let people think that they were making the thing pay, if they were a charitable institution.

“Mr. A. Peach seconded, and Mr. J. T. Snell, in responding, observed with regard to the Lady Superintendent (Miss Hill)



that they could not have a more devoted lady in charge of the Home.

"The meeting then closed, and the company ascended the stairs to the room which contained the Queen Victoria Memorial and the De Winton Beds, and there witnessed their formal dedication.

"The Rev. E. G. Phipps-Eyre having offered a short prayer, the Dowager Countess Cairns presented the trust deeds relating to the beds to Mr. C. T. Knox Shaw (one of the trustees), and on her behalf Dr. Herbert Nankivell read the following speech: 'I have pleasure in handing to the trustees of this Home the deed declaratory of the freedom of a bed in the "Elizabeth" Ward to be devoted in perpetuity to the use of a poor female patient. The funds for this purpose have been subscribed by friends and supporters of the Home in grateful memory of her late most beloved Majesty Queen Victoria. I have also the pleasure of handing to the trustees a similar deed respecting the De Winton bed in the "Cairns" Ward. It has been endowed in perpetuity for the use of a poor male patient out of funds bequeathed to the Home by the late Miss De Winton, of Torbay House, Parkstone. I understand that in the selection of an occupant to this bed preference shall always be granted to a military or naval patient.'

"Mr. Knox Shaw, in receiving the trust deeds, made a suitable speech, in which he pointed out the excellent work which institutions such as the Hahnemann Home did in relieving the pressure which was put upon the great hospitals in London.

"Before the company separated they were entertained to refreshments by the committee."

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## DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL. ANNUAL MEETING AT PLYMOUTH.

### URGENT APPEAL FOR FUNDS.

"THE annual meeting of the Devon and Cornwall Homœopathic Hospital and Three Towns Dispensary, Lockyer-street, Plymouth, held yesterday at the Bank-street Chambers, was presided over by the Mayor (Mr. H. Hurrell). Amongst others present were the Mayoress, Colonel Armstrong, the Rev. W. K. Burford, Dr. Newbery, Messrs. W. J. Vickery, E. Roseveare, W. Hawkes, F. E. Bowden, W. J. White, W. James, E. Watt, C. King (hon. treasurer), and W. S. Knight (hon. secretary), Mrs. E. R. Lester, Mrs. Fisher, Mrs. Blanchard, and Mrs. Wharton. The Rev. S. Vincent wrote regretting his inability to be present.

“The Mayor remarked, in opening, that any effort which had for its object the alleviation of suffering deserved to be well supported. That institution was doing its share in that work. It was well known to the public, and the large demand for dispensary tickets showed how much the benefits were appreciated amongst the sick poor. He personally knew of many cases in which persons had derived great relief from treatment in the hospital. The institution ought to receive a much larger measure of public support than it did at present. It was sad to learn that the hospital had been compelled to close its doors for a time through lack of funds. Steps should be taken to make the work it was accomplishing more widely known, and to secure an increased number of subscribers. His Worship hoped the meeting would have some effect in that direction, and that before long the institution would be placed on a sound financial basis. (Applause.)

“Mr. Knight read the annual report as follows:—

“The committee, in submitting their report for the past year, are pleased to record that the beneficent work of ministering to the needs of suffering humanity has been continued with the same earnest effort and like beneficial results as in previous years, but owing to the fact that the wards of the hospital were closed for a short period—rendered necessary by the appointment of a new staff—the statistics relative to this department have been of necessity considerably affected. The work of the dispensary, however, has suffered no interference; every case brought in has received the same careful attention that medical science and surgical skill could provide. Thus the beneficent work which it has been the privilege of this institution to carry on for so many years past has been continued with equally beneficial results, notwithstanding the difficulties which beset the committee for a few months.

“The number of hospital in-patients has been 66. In the dispensary department the out-patients’ attendances were 9,756. The visits paid by the medical officer at the homes of patients were 2,027, whilst 330 accident and emergency cases were treated.

“The general management and oversight of the hospital is continued under the able superintendence of Miss Rice. Consequent upon the changes which were found necessary in the hospital staff, the committee are pleased to report that they were fortunate in securing the services of Mr. T. G. Miles, L.S.A., of London, as resident medical officer, who took up residence early in December, and who has entered into the work of the institution with great earnestness and zeal. The nursing staff has been placed under the control of Sister

Carruthers, whose attention to duty and deep interest in her work are as gratifying as they are satisfactory, and the committee take this opportunity of recording their appreciation of the services thus rendered, as also of the nurses and probationers.

“The reception of night cases, which for a time it was found necessary to suspend, has again been resumed, so that the institution is now open night and day. The central position of the hospital has in previous years caused it to be heavily taxed in the number of night accident cases, but the committee are assured that the medical and nursing staff will, as before, cheerfully and loyally respond to all such demands as are made upon them. Consequent upon the general condition of things arising out of the temporary closing of the wards, the appeal which it was intended to make—in lieu of the Hospital Saturday collection, which was abandoned last year in deference to public sentiment—was not made; consequently the funds have suffered accordingly. It is expected that a very generous response will be made to the efforts the committee are making to hold a bazaar during this present year, in which it is hoped the contribution thus lost will be more than recouped.

“The Hospital Sunday collections amounted to £37 5s. 3d., for which the committee desire to express their gratitude to the churches for their practical sympathy in this department of Christian work.

“The treasurer’s report again renders it incumbent on the committee to make a very earnest appeal, not merely to the friends and supporters of the hospital for increased effort in securing fresh subscribers, but also to the general public for such support as would be rendered by becoming subscribers, if only for small amounts, and in this way help in a work which only needs to be more fully known to be more adequately supported.

“The committee desire to express their grateful acknowledgments to the many friends who have sent various gifts in kind to the hospital, especially so for the generous gifts of several articles of furniture, china, books, etc., made by Miss Morgan, of Liskeard. They also record their appreciation of the efficiency of the hospital staff, and tender their thanks to the hon. consulting physicians, Dr. Burford, of London; Dr. Midgley Cash, of Torquay; and Dr. A. Speirs Alexander, of London; the hon. consulting surgeon, Mr. C. Knox Shaw, of London; the hon. medical staff, Dr. W. F. H. Newbery and Dr. P. Wilmot; also to the hon. dentist, Mr. Louis E. Sexton.

“Before reading the medical report, Dr. Newbery expressed

regret that Dr. Alexander was no longer with them, but it was a satisfaction to know that he still maintained his interest in the institution, and was willing to show it in a practical manner, if necessary. Having extended a welcome to Dr. Wilmot, he said he was sure the appointment of a resident medical officer would be of great advantage to the hospital, and spoke in eulogistic terms of the energy, skill, and zeal which Mr. Miles had so far displayed in the discharge of the duties. Dr. Newbery then read the report as follows:—

“The medical report is one that affords continued proof of the great benefit which the Homœopathic Hospital and Dispensary confers upon the sick poor, not merely of the Three Towns, but of the counties of Devon and Cornwall. Owing to the fact that the committee found it necessary to close the wards for about four months during the latter part of the year, the record of patients admitted to the hospital is naturally much lower than would otherwise be the case. During the year sixty-six patients were admitted to the hospital. There were four deaths recorded, due respectively to infantile convulsions, pneumonia complicated with meningitis, peritonitis, and from accidental injuries received before admission to the hospital.

“The report for the out-patients’ department shows a slight increase in the number of patients, and a similar decrease in the number of visits paid to patients at their own homes by the medical officer. The number of accident and emergency cases shows a slight increase. There were 9,756 attendances of out-patients at the dispensary, and 2,027 visits paid to patients at their own homes by the medical officer. The accident cases treated number 330. These figures show a gratifying amount of work done amongst the sick poor, and in themselves constitute a strong claim upon the benevolent public for increased financial support.

“The efficiency of the work carried on in the hospital and dispensary is as satisfactory as it is constant. Dr. Newbery has special charge of the department for diseases of women, while Dr. Wilmot gives special attention to diseases of the ear, throat, nose, and eye. The number of patients in these departments is ample proof of the need for their existence, and also attests to their popularity. Mr. Sexton, L.D.S. continues as in previous years to attend to the dental department. Dr. Burford, of London, Dr. Midgley Cash, of Torquay, and Dr. A. Speirs Alexander, of London, continue their services as hon. consulting physicians to the hospital. Mr. C Knox Shaw, M.R.C.S., of London, also continues his service as hon. consulting surgeon. The medical staff take this opportunity of expressing their obligation to those gentlemen

for their valued services. The resident medical officer is Mr. T. G. Miles, L.S.A. Miss Rice, who continues as lady superintendent, is ably seconded by Sister Carruthers, who has charge of the nursing staff.

“Colonel Armstrong (president of the committee) said the past year had been a period of great anxiety to the committee, owing to circumstances over which they had no control. They felt the responsibility which rested upon them of doing what was best for the future welfare of the institution. With great reluctance they were compelled to close the wards during the least busy time of the year, in order to re-organize the staff and have the hospital put in thorough order. The dispensary department was in the meantime continued as usual. Owing to the central position of the hospital the admission of accident cases was frequent, and to be in a position to attend to them promptly it was felt necessary to appoint a resident medical officer, who would be available both day and night, so far as his other duties permitted. The officials were rendering most efficient service, and were deserving of the warmest thanks. The institution was urgently in need of increased subscriptions, and now that it was working on improved lines and for the greater benefit of the public, its appeal was based on stronger grounds than ever before. He was glad to announce that Mr. Blake Thomas had consented to act as hon. secretary of the proposed bazaar, and in that gentleman's hands he was confident the effort would prove a success. Mr. Knight, whose work as hon. secretary had been beyond praise, had decided, to the great regret of the committee, to relinquish the duties, and Mr. F. E. Bowden had kindly consented to fill the office. To the whole of the members of the committee he expressed his grateful thanks for the able and assiduous manner in which they had carried out their duties.

Mr. King presented the financial statement, which showed that on the dispensary account the receipts for the past year amounted to £143 13s. 5d., and the expenditure to £252 11s. leaving a deficiency of £108 17s. 5d. On the hospital account the receipts were £225 12s. 3d., and the expenditure £496 1s. 10d. leaving a deficiency of £270 9s. 7d. The net result of the year's working therefore was an adverse balance of £379 7s., in addition to which a debit balance of nearly £200 was brought forward from the previous year. A legacy of £268 19s. received during the year had been paid to current account in order to reduce the debt. The latter now stood at £310 9s. 8d. As they had deposit notes at the Devon and Cornwall Bank for £350, the institution was just in a solvent position, but that was the only invested property

they had, apart from the hospital premises, which belonged to them.

“ In proposing the adoption of the reports, the Rev. W. K. Burford said it was clearly shown that the institution was greatly in need of more liberal financial support, and it was sincerely to be hoped that the bazaar would materially relieve the strain. Above and beyond being a hospital for the propagation of homœopathic principles, it was a general philanthropic institution to which the community was very largely indebted, and which ought to receive the support not merely of a section, but of the public as a whole. It had a double claim upon the sympathy of the public. It carried on work both of a special and general character, and for that reason, instead of being left in the cold, it ought to have a double measure of support. (Applause.)

“ Mr. Bowden seconded the motion, remarking that it was not generally known what a large amount of good was accomplished by the institution for so small an expenditure of money. The resolution was adopted.

“ Mr. E. Watt proposed a vote of thanks to the hon. medical staff, the hon. dentist, hon. auditor, officers, and committee for their services during the past year, and the re-election of the committee, with Colonel Armstrong as president, Colonel Swiney as vice-president, Mr. C. King as hon. treasurer, and Mr. F. E. Bowden as hon. secretary.

“ Mr. Roseveare seconded, and the motion was heartily agreed to.

“ Thanks were tendered to the Mayor for presiding, on the proposition of Colonel Armstrong, seconded by Dr. Wilmot.

“ In acknowledging the compliment, his Worship expressed his regret that the committee were burdened with such a large deficit. Some radical measures ought to be taken to remove that debt. He did not think it was impossible of achievement. An endeavour should be made to acquaint the public of the value and needs of the institution, and with that object he suggested that the ladies of the committee should take separate districts and solicit subscriptions. He was informed by Mr. King that about £900 per annum was required to work the institution efficiently, and last year the receipts from subscriptions amounted only to £368. It would be seen there was need for special effort, and he trusted it would be made and meet with success. (Applause.)

“ Mr. King added in support of the Mayor's observations that considerable praise was due to the ladies for the work they already did in the collection of subscriptions. Without their help he did not know what would become of the institution. He hoped that the new lines on which the

hospital would be worked in future, and the appointment of a resident medical officer, would evoke a greater amount of public interest and sympathy on its behalf. (Applause.)

“Mr. Davis proposed a vote of thanks to Mr. Knight for his valuable services as hon. secretary, and this was seconded by Mr. Vickery and adopted. Replying, Mr. Knight said he found the duties made too heavy a demand on his time and strength, and he was obliged to give it up. Mr. Bowden, who had plenty of leisure, would find pleasure in the work.”

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### OUR APRIL NUMBER.

WE must apologize to our readers for the fact of Miss Cunard-Cummins' paper on the Ladies' Guild appearing contemporaneously in the *Homœopathic World*. It was written for the *Review*, at the request of the editors, and they were quite unaware that the authoress had sent a duplicate to the *World*. Nor was the editor of the *World* aware that the paper was written for the *Review*, and would appear there simultaneously. The mistake was due to Miss Cunard-Cummins not having been aware of the journalistic rule that no paper written for one journal shall be sent in duplicate to another for simultaneous publication.

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### CORRESPONDENCE.

#### RICHARD HUGHES' MEMORIAL FUND.

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

SIRS,—Since I last reported there have been two more subscriptions sent to me, *viz.*, Dr. Hawkes (Liverpool), 2nd donation £2 2s.; Dr. Douglas Moir £1 1s.; total £3 3s., to be added to the £800 1s. 10d. previously paid to the treasurer, thus bringing up the total to £803 4s. 10d., from which had to be deducted the sum of £4 11s. 1d. for expenses of printing and circulating the appeal, &c., leaving a balance of £798 13s. 9d.

Subscribers will be glad to know that Mr. Arthur A. Hughes, Dr. Hughes' eldest son, has been chosen by the family to be my co-trustee in connection with this fund, and that we have already invested the fund in the purchase of £430 Sheffield Corporation Stock at 3 per cent, and £406 New South Wales Stock at 3½ per cent.

Before finally closing all reference to this fund I should just like to say that the trustees will be willing at any time to receive donations to add to the capital of the fund, which, after the present beneficiaries no longer need it, is to be entirely devoted to the promotion of Dr. Hughes' favourite subject, *viz.*, the study and development of the *materia medica* from the homœopathic standpoint. Yours faithfully,

Bromley, Kent,

EDWD. M. MADDEN.

14th April, 1903.

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. MADDEN (Bromley); Dr. GOLDSBROUGH (London); Mr. E. A. CROSS (London); Dr. A. H. CROUCHER (Eastbourne); Dr. BERTRAM NANKIVELL (Bournemouth); Dr. SARAT GHOSE (Calcutta).

Dr. SARAT GHOSE. We regret that we cannot accede to your request.

A further notice of the Leaf Cottage Hospital, Eastbourne, has for want of space, been crowded out, with other items.

## BOOKS RECEIVED.

*Muco-Membranous Entero-Colitis.* By M. de Langenhagen, M.D. London: J. & A. Churchill, 1903. *Annual Report of the London Homœopathic Hospital*, for 1902. *The Homœopathic World*, April. *The Eastburne Gazette*, April 1. *The Charity Record*, March. *The Vaccination Enquirer*. *The Bournemouth Visitors' Directory*, Feb. 14. *The Calcutta Journal of Medicine*, Jan. *The Homœopathic Recorder*, March. *The Medical Century*, April. *The Pacific Coast Journal of Homœopathy*, March. *The Medical Brief*, April. *The American Medical Monthly*, Jan. *The Homœopathic Envoy*, April. *The Clinique*, March. *The Hahnemannian Monthly*, April. *The Medical Times*, New York, April. *Handelingen van Vereeniging van Homœopathische Geneesheren in Nederland*, March. *Allgemeine Homœopathische Zeitung*, March 20 and April 9. *Homœopathisch Maandblad*, April. *Revue Homœopathique Française*, Feb. and April. *Le Mois Médico Chirurgical*, March. *Rivista Homœopatica Catalana*, March and April. *The Medical Era*, April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE "POTENCY" OR "DILUTION" QUESTION.

THE question of the best "potency" or "dilution" of homœopathic medicines for general use has been a burning one since homœopathy has existed. It crops up in a more or less acute manner every now and then, and is followed by a lull, when it is found that divergences of opinion continue to exist in spite of all discussion on the subject. In America the dilutions of medicines are generally spoken of as "potencies," while in England the term "dilution" is usually adopted. The former term implies the theory, that medicines acquire a greater power therapeutically the more they are diluted, while the latter term simply states the fact, that the dilutions are dilutions of the crude drug, and involves no theory. Hence until the theory is established, or universally admitted, it seems to us better to adopt the term which simply states a fact. The reason why there is no *consensus* of opinion on the best dilution to employ in practice is, that there is no known law of the dose, except the wide one that the dose must be less than will aggravate the symptoms. Nor has any suggestion of a law ever been made which throws any further light on the question. The only standing ground, therefore, which we have is the practical experience of each one for himself, corrected or modified by the accumulated or

collective evidence of others. In this country the preponderance of opinion is in favour of the lower or medium dilutions, and up to the thirtieth. Comparatively few of us in England use higher ones, and then not as a rule, but occasionally. In the United States, on the other hand, a large number of physicians chiefly employ the dilutions from the thirtieth to the two-hundredth, and up to the thousandth, or even the c.m. or hundred-thousandth, claiming to obtain better results both in acute and chronic diseases from such dilutions, than from those below the thirtieth. Both sides of the question have been debated and discussed, often, we regret to say, with considerable and very unnecessary acrimony.

The low dilution school, if we may so call it, is apt to sneer at the use of such "transcendental" doses as are employed by those who habitually use the scale from the two-hundredth up to the M. and the C.M., and to be sceptical in regard to their results, while the "high-dilution men" insinuate that treatment by low dilutions is not homœopathic at all, but what they are pleased to term "mongrel" practice. It is very unfortunate that such unfairness should exist towards each other in the minds of men who are thoroughly loyal to the cardinal principle of homœopathy, and are ardently devoted to the desire to carry out the law of similars in the way they find most successful. In the present state of our knowledge, or rather absence of knowledge, of any law of the dose, save, as we have said, that the dose must be less than will aggravate the symptoms, we must judge by results, as to whether high or low dilutions or both, employed in different circumstances and in different cases, are the most desirable to employ. And in thus judging of results, it behoves us to be absolutely fair. We know that physicians of both the high and the low dilution "schools," are equally fully educated, are equally accurate observers, and are equally capable of drawing conclusions as to their success in the treatment of disease. Hence clearly and accurately described cases treated with high or low dilutions must be judged by the same fair standard, for otherwise the question will never approach a settlement so far as to point out the best practical rule. It seems to us that if the efficacy of the thirtieth dilution in the treatment and cure of disease is admitted, as it is admitted universally among homœopaths, it is difficult

to say with any logical accuracy how far higher the dilution may be carried with equal success. And if unmistakeable results of cure are obtained by dilutions much higher than the thirtieth, it will not do to put them aside as doubtful, as the effects of nature, or of imagination, or for any other reason. The old-school treat our cures with even low dilutions as doubtful, and explain them away in the same manner, and so it behoves all homœopaths to remember this, and not allow themselves to fall into the same error in regard to their high-dilution brethren. However unpalatable it may be, truth must always be faced, and not shirked. In other words, whatever our personal predilections may be as to the high or low dilutions, we must be absolutely fair in our judgments, and be open to conviction. Otherwise no progress towards the solution of the dose question can be within measurable distance.

It has always seemed to us that the truth lies between the two extremes, and that the physician who employs all dilutions from the mother tincture (in certain cases) up through the lower dilutions to at any rate the thirtieth, will have the greatest all round success. But this again is only an opinion based on experience, and here, therefore, the value of collective experience on a large scale comes in to modify individual impressions. At present, therefore, it behoves us to keep an open mind on this very important question, and gather what we can utilize from collective expressions of opinions and results.

We pen these general remarks at this time, as at the April meeting of the British Homœopathic Society, two papers were read on this subject by Dr. MADDEN and Dr. LAMBERT respectively. Dr. MADDEN suggested that some limit should be adopted in the height of the dilution for general acceptance, while Dr. LAMBERT maintained that it was not possible to adopt such a course. The papers were very able and interesting, and the discussion instructive so far, but at the end the practical result is that we are very much where we were before on the question. In the United States also, the potency or dilution question is being taken up afresh by the editor of the *Medical Century*, of Chicago. He has invited the expression of their views from a large number of physicians both in the States, and in other countries. This "Symposium" commences in the February number, and is continued in the March and April numbers, and probably will go on in

May. It all consists of individual experiences, and no one even suggests a law to guide us. When it is concluded, we may give a *resumé* of the whole, if anything definite of importance seems to have been arrived at. But meantime, we are sure our readers will enjoy the perusal of our venerable colleague, Dr. DUDGEON'S contribution to the "symposium," in the *Medical Century* of February, and they will find it in our *Notabilia*. It is racy, as everything he writes is, and gives the fruits of sixty years' homoeopathic experience, which cannot be otherwise than extremely valuable. We also, in our *Notabilia*, extract from the *Calcutta Journal of Medicine* of January, one of an able set of articles on "Drug Attenuation" by the editor, Dr. MAHENDRA LAL SIRCAR. It is a very interesting one, as it engrosses the views of the late Dr. CARROLL DUNHAM, whose opinions carry the highest weight in this country as well as in America, owing to his powers of observation, his judgment, and his diagnostic power, added to his remarkable knowledge of the *Materia Medica*. We find in Dr. SIRCAR'S article about the only example that we are aware of, of an attempt to obtain deductions as to results from a statistical mode of stating the case. If such or similar methods were adopted on an extensive scale, it might largely contribute to aid us in coming to certain definite conclusions on the question of the potency or dilution. In the case of the personal equation of individual experience, it is interesting and instructive, as to the efficacy of all dilutions, to note that some of our most trusted physicians began practice with the higher dilutions, and subsequently found greater success from the employment of the lower ones; while others have reversed this order, and having at first used the low dilutions, have come to find better results from the higher ones. These diversities of experience render the question a very difficult one, but they have to be reckoned with in forming anything like definite or trustworthy general conclusions. Our only course at present, therefore, is to keep a fair and open mind, and to decline to be bound by any trammels in the selection of the dilution for cure-work.

## BRITISH HOMŒOPATHIC ASSOCIATION.

WE have the pleasure of drawing the attention of our readers to the Annual Meeting of the Association, which is to be held on Wednesday the 10th of June, in St James' Hall, Regent Street, at 4 p.m. The meeting will be presided over by the EARL CAWDOR.

This is the first annual meeting since the Foundation meeting in Stationers' Hall last year. A report of the general progress of the Association during the past year will be presented, with a detailed account of the work that has been done, and the Treasurer's report of the financial position of the Association. We are sure that the account of progress, which will be presented, will be a most satisfactory one. A great amount of necessary detail in reference to the working and the organization of the society has been gone through. This has taken time and careful consideration, but the results will, we are sure, be all the more secure and lasting in consequence. Hasty measures in a great scheme such as the Association is undertaking are apt to fail when put in practice. We earnestly hope that the attendance at the meeting will be a large and influential one, and that both the medical members and the lay members will allow nothing to come in the way of their being present. The committee of the Association will be only too glad of help in the way of advice or suggestions in regard to important proposals which will be brought forward for the conduct of the necessary work of the ensuing year. This year will be one of visible work, the result of the deliberations of the past year, and it is earnestly to be desired that the work to be undertaken be entered into with the feeling on the part of the committee that they have the cordial and united support of all interested in the advance of homœopathy, both medical and lay. With this united and cordial support, the war-ship that has been already launched will be ready for active service.

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DR. J. H. CLARKE'S lectures during May have been able and interesting, and have been well attended. They form an excellent introduction to the study of homœopathy, its tenets, practice, and methods, and have paved the way for the more technical lectures on actual disease which are to

follow. The lecturer for June is DR. DYCE BROWN, and the subject of the four lectures on each Friday is the Homœopathic Treatment of Diseases of the Digestive Organs. A formal announcement of these lectures will be found on another page.

## CRETINISM AND THE THYROID.

By J. ROBERSON DAY, M.D. (Lond.)

Physician for Diseases of Children to the London Homœopathic Hospital.

A SHROUD of mystery appears to surround the ductless glands, although recent researches are now and again lifting it. When all the glands are working harmoniously health is undisturbed, but a change takes place of some kind or other, due to an unknown cause, and at once there is a general and profound constitutional disturbance, and health gives place to disease.

The lymphatic glands throughout the body are perverted in function and lymphadenoma results; or the adrenal glands are selected, and the patient suffers from the train of symptoms known as Addison's disease; or the pituitary gland is at fault, and acromegaly results. Cretinism and myxœdema, and possibly exophthalmic goitre, are associated with perverted function of the thyroid gland. Of all these glands we know most about this last, and the investigations which have yielded such good results are amongst the most interesting reading in medical literature. *Cretinism* is applied to a condition met with in childhood, either congenital or coming on in the early years of life. *Myxœdema* is restricted to a similar condition, which, however, only comes on in adult life. Cretinism may also be termed congenital, fœtal, or infantile myxœdema.

The cause is the same in both diseases, namely, a diseased condition of the thyroid gland, which has been attended with destruction of its secreting cells. (1) If congenital, the thyroid is atrophied or absent at birth; (2) If it comes on later in life, there is a fibrosis of the connective tissue of the gland, which has destroyed the secreting cells; or (3) More rarely some new growth in the thyroid may cause the same glandular destruction.

More than twenty years ago, Reverdin of Geneva, and Kocher of Berne, observed that after removal of the entire

thyroid a peculiar condition followed, which they called *cachexia strumipriva*. Charcot, in 1881, noted the disease and called it "cachexie pachydermique," but the name *myxœdema*, suggested by Dr. Ord, owing to the excess of mucin in the tissues, has been retained.

Cretinism may be endemic or sporadic. In certain districts where it is *endemic* it is a common disease, and those who visit the mountainous districts of Switzerland cannot fail to have noticed the many cretins there. The cause is in all probability some peculiarity of the drinking water, supposed by Kocher to be due to a micro-organism. Whatever it may be, boiling the water renders it harmless. Murray gives some striking instances of this. The cause of *sporadic* cretinism is unknown. Juvenile *myxœdema* is another term applied to the disease when it develops in a child after some severe illness.

*Geographical Distribution.*—Endemic cretinism is rare in England, though a few cases are met with in Derbyshire, Somerset, Yorkshire, and Westmoreland. It is common in the mountainous regions of Europe, also in N. and S. America, China, India, and Madagascar. Sporadic cases are comparatively rare, although they occur everywhere.

*Description.*—Even severe cases at birth show little amiss, and this is no doubt owing to the fact that so long as the maternal source of nourishment is continued, the absence of the thyroid in the foetus makes no difference; but as soon as an independent existence begins, the lack of the thyroid soon shows itself. The child is noticed to be apathetic, backward, crying and laughing very little. The bowels are habitually confined. The skin becomes puffy, dry, and harsh, the tongue is big, and in typical cases protrudes from the mouth; the hands are broad, thick, and cold, and the temperature is always subnormal. If the neck is examined no thyroid gland can be felt. The belly is prominent, and often the umbilicus is everted, or there may even be a hernia in this situation. In the endemic cases there is often a goitre. Frequently fatty masses can be felt about the shoulders. Most obvious is the dwarfed size of the child, its helplessness, and apathy. The hair is scanty, the fontanelle remains open, and the head of the brachycephalic type. The teeth are late in appearing and irregular. Speech is limited to a few words, and everything is an effort. Serious as this condition is,

these patients may attain to forty, fifty, or sixty years of age. The sexual organs are rudimentary, and the mental condition does not improve as time goes on. In making a diagnosis one must distinguish these cases from (i) achondroplasia, which is a truly congenital disease, and in which the disproportionate limbs at once attract attention at birth, and (ii) the Mongolian type of imbecility.

There is no doubt that cases of deficient or defective action of the thyroid gland are more common than is generally supposed, and slight cases pass unrecognized; often it is associated with some other malformation or deficiency.

The two following well marked cases of cretinism illustrate many of the characteristic features of the disease.

CASE I.—Nellie H., age 3<sup>s</sup><sub>12</sub>, came to see me on March 7th, 1901. The family history was good, the parents healthy, and the patient was the second in the family. Two other children were quite healthy. She had been nursed at the breast for twelve months, and had had convulsions, measles, whooping cough, and varicella. Her mother stated that until four months ago she was perfectly well, and like any other child. She used to have long curly hair.

On admission she had a nasal discharge and blepharitis, and an eczematous state of the lips; but the most conspicuous feature was the absolutely helpless state of the child; she could not stand, nor even sit upright (*Fig. 1*), but rolled over if not held. Her hair had almost entirely come out, the ribs were beaded, the chest rickety. She appeared to be a very fat, heavy child, scarcely able to turn over, unable to get into the standing position when lying down, nor could she hold her head up. The skin was always dry, the mouth kept open, and saliva constantly dribbling. She was quite unable to feed herself.

On March 28th, after the photograph was taken, she commenced to take thyroid extract, gr.  $\frac{1}{4}$  every day; and on April 4th I admitted her to the hospital, and ordered thyroid ext., gr.  $\frac{1}{2}$  ter die.

I am indebted to Dr. Grantham Hill (who was then acting as house physician) for the following notes of the case.

April 4th: Able to sit upright in bed, but not able to stand. April 9th: Able to assume the erect position from the reclining position. Can feed herself. The temperature, which had been persistently sub-normal,



reached the normal for the first time on April 10th, and on April 11th thyroid ext., gr. j ter die was ordered. April 23rd: There was now a remarkable growth of new hair on the head, and she was able to get up and stand from sitting on the floor. "Spreads her own table cloth daily."

After five months' treatment I had her photographed again (Fig. 2). She was now able to walk, and like a



*Fig. 1.*



*Fig. 2.*

normal child once more, and getting very intelligent. She had also a good crop of curly hair again.

I saw her a few weeks ago, and although she has left off taking the thyroid extract her health continues good. The last note I made March 16th, 1903: "Continues very well, can say and understand anything. Has had no thyroid extract since Dec. 2nd, 1901."

**CASE II.**—Ernest J., aged 6, was admitted on March 20th, 1902. There were four other healthy children in the family, and this patient was the fourth in order. The parents were healthy. He had been fed at the breast for eleven months, and cut his teeth easily. At a year old he had a fit, and subsequently contracted measles and whooping cough. When two years of age he was treated

for rickets at the Children's Hospital. The present condition came on very gradually; he has never been able to speak, although six years old. His appearance on admission is well shown in Fig. 3. A most odd-looking little dwarf, measuring only thirty inches, although six years old. The countenance lacked intelligence, and he was very passionate. He could only say a few words like "ma," "pa," the features were flattened, the head big and flat at the vertex. The anterior fontanelle admitted the tips of three fingers. The extremities were always cold, and the skin dry and never perspired. The scalp was covered with seborrhœic eczema. There were fatty masses over the shoulders and right hip. The abdomen was large and the umbilicus everted. The legs were bowed.



*Fig. 3.*



*Fig. 4.*

On March 27th he was ordered thryoid extract, gr.  $\frac{1}{2}$  twice a day, and by April 10th had so far improved that he was able to walk upstairs for the first time in his life. April 23rd: He perspired, which he never did before. June 5th: Observed to be getting thinner, and his hair

growing. On July 14th he had gained one inch in height. Nov. 13th: Was taking thyroid ext. gr.  $\frac{3}{4}$  every four hours, and passing much urine, with a corresponding loss of tissue. Dec. 4th: Speaking some sentences, *e.g.*, "That doesn't matter"; "It's not fair." Feb. 9th, 1903: To go to school.

March 12th: After one year's treatment (Fig. 4) he can say anything and do anything he is told to do. He is also much less passionate, and from being helpless and sitting about, unable even to feed himself, can now eat like a normal child of his age. He has also grown in height  $4\frac{1}{2}$  inches during treatment, and measures  $34\frac{1}{2}$  inches. The photograph shows extremely well the intelligent expression which has developed with his general improvement.

On March 19th I saw him last. His mother tells me he has taken two prizes at the Sunday-school, and can sing hymns in tune!

One frequently meets with mixed cases of defective development, where there is a myxœdematous state, associated with mental deficiency or some malformation.

S. C., aged 6, came to see me on Oct. 17th, 1901; was a *premature* child; there were six other healthy children in the family, and this was the only odd one. At  $1\frac{1}{2}$  there were sixteen teeth, but he did not walk till 4 years old; has a big tongue, dribbles, and stammers. He is spiteful and mentally deficient. There is solid œdema of hands and feet, which are cold.

He improved somewhat with thyroid treatment, and now (March 23rd, 1903) goes to school; he is 8 years old, but of feeble intellect.

L. B., aged  $1\frac{1}{2}$ , was admitted under my care at the hospital. He was always cold, with blue extremities. Constipation obstinate. Mentally deficient. He has been suffering since birth, and rather tends to get worse; at 12 months old he was much more advanced mentally. The thyroid treatment caused him to lose weight, but otherwise he was not improved.

Yet one more case of this type was kindly sent to me by Dr. Edmund Capper, of Leicester. The child, O. C., aged  $1\frac{1}{2}$ , had been operated on for spina bifida, and loss of power over bladder and rectum resulted. The head was large, and sutures un-united. The mental state was very feeble. The limbs were myxœdematous, and extremities

cold. In such cases as these the prognosis is very unfavourable as regards recovery.

Myxœdema, the adult form, is equally striking in the way it yields to thyroid treatment. In the journal of the *British Homœopathic Society* for July, 1895 (Vol. 3, No. ii.), there is recorded, with photographs, the case of a patient whom I successfully treated, and to which the reader is referred. Since then I have treated two other well marked cases.

Miss F., aged 27, was a governess, and able to carry on her duties, although everything was an effort. She first consulted me in Jan., 1898, and gave a history of gradual ill health since the previous July. She was complaining of the hands being painful, thick, and clumsy, so that she was unable to button her clothes; the tips of the fingers felt prickly. She was unable to sew, and awkward in writing. The legs felt heavy to drag about. The extremities were cold, and she suffered badly from chilblains on the hands and feet. The features were also puffy and characteristic of the disease. I began treatment with a  $\frac{1}{2}$ -gr. tablet of thyroid extract, increasing gradually to 6 grains a day, and by the end of June she had lost a stone in weight, taking smaller collars and waistbands; in every way she had improved, and had recovered the use of her hands for fine work. In reply to a letter she wrote me on May 2nd, 1903. "I am still taking the thyroid gland tablets. I am glad to say I am keeping very well indeed; my friends tell me that I am looking much younger than I did a year ago; they all remark upon how well I look." This remark about *looking younger* is worthy of note. It is certainly one of the most conspicuous changes that takes place in the appearance of the patient, and it is alike gratifying to the patient and her friends.

Miss K. S., age 43, is still under treatment. She came to see me for the first time on Nov. 26th, 1902. She had a long tale to tell of gradual loss of health for five or six years, until she had been reduced to a life of invalidism, everything a burden, chronic dyspepsia, anæmia, and great dyspnœa on exertion. The anæmia was the most conspicuous feature, though I detected a certain thickness of speech which is quite characteristic and unmistakable when once heard. The face was puffy, especially about the eyes. The *anæmia* was the feature which had attracted the attention of her previous medical advisers, and Sir

X. Y. Z., whom she consulted at the suggestion of her local doctor, diagnosed pernicious anæmia, but no examination of the blood appears to have been made. For this she was treated with arsenic, with disastrous consequences. It would appear that these patients are extremely intolerant of arsenic, for not only in allopathic doses, but even when taking the 5th centesimal, with which she was afterwards treated by a member of our own school, for the same disease (pernicious anæmia), similar unpleasant consequences followed, though in a milder degree. I began treatment with  $\frac{1}{16}$ -gr. thyroid extract thrice daily, increasing to 4 grs. a day.

Dr. Watkins kindly examined the blood for me, and reported as follows: "Dec. 17th.—Stained films of blood show the presence of a leucocytosis. Increase of leucocytes is mainly due to polynuclear neutrophiles; the other white cells bear the usual relationship to one another. There are present a very small number of neutrophile myelocytes. The red cells are fairly normal in size, but mis-shapen, and I found two nucleated ones (normoblasts), but no megaloblasts are present. The absence of megaloblasts and the presence of only two normoblasts, and the fact of the red cells being fairly normal in size, and no extreme alteration in shape (poikilocytosis), and also absence of urobilin in urine, would indicate that the anæmia is *not pernicious*, but due to some other cause."

Dr. Watkins' conclusion was fully justified by the progress of the case and the success of the treatment, and on March 11th, 1903, he kindly made another examination, and reported: "I have stained the two films of blood received from you this morning, and find a very great improvement in the blood condition. There is no leucocytosis present, in fact the white cells are below normal in number, and there are no myelocytes present. The red cells take the stain very much better than the former specimens did; this in itself is indicative of improvement. There are no nucleated red cells in these two films. The stained films have all the appearance of normal blood."

The fæces were also subjected to a microscopical examination, and so profound were the blood changes, that red blood discs were passing in the fæces.

At the time of writing the patient has so far recovered that she is now able to take daily drives, walking down stairs, though not up stairs. She can walk on the level

for some twenty minutes. Her colour has returned, her hair is growing, she looks ten years younger, from the loss of the puffy tissue about her face. She can read and think, and her former activity has returned. Digestion goes on without pain or flatulence; sleep is always good. The dysmenorrhœa from which she had suffered so long has been greatly helped with *caulophyllum* 3x, and *pulsatilla* 3x. In short, the prospects of her perfect recovery are assured.

*Bibliography.*—Cretinism, *Encyclopædia Medica; Atlas of Clinical Medicine*, Byrom Bramwell, 1892; *Allbutt's System of Medicine*, vol. 10, p. 484; *Diseases of the Thyroid Gland*, Murray, 1900; *Surgical Diseases of the Thyroid Gland*, Jas. Berry, 1901; also articles in the 9th edition *Encyclopædia Britannica*.

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## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

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(Continued from p. 278.)

You may expect me, and naturally so, to notice the work entitled "A Practical Treatise on *Materia Medica* and *Therapeutics*," by Dr. Roberts Bartholow, of the United States, in the same analytical mode in which I noticed Dr. Ringer's book. But to do so would almost be a second edition of my remarks on Dr. Ringer—so full is it of homœopathy, while he has the bad taste to speak of homœopaths, from whom all his information comes, as "quacks." But as I cannot pass it over without notice, I feel I can do so in the most effective, racy, and concise way by giving you entire an "Open Letter," published in the *St. Louis Clinical Review* of 1878, by Dr. Samuel Potter, of Milwaukee, U.S.A. It is headed "The Value of Allopathic Teachings in *Materia Medica*: an open letter to Professor Roberts Bartholow, M.D., author of *A Practical Treatise on Materia Medica and Therapeutics*."

"My dear Professor,—When your valuable Text-book first made its appearance (1876) I bought it, and have studied it carefully and systematically in order to ascertain

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

if modern research has found any straight or sure path through the hitherto tangled maze of therapeutical science. I had read the strictures of the most eminent men in the profession on its scientific value, and, though partially committed to the doctrines of similia, small doses, and the single remedy, I could not make up my mind to fully accept the homœopathic doctrine (or any other) as the guide of my professional career. But, out of this condition of doubt and irresolution I came forth, after a careful perusal of your book, and it would be ungrateful in me if I did not acknowledge the debt, and wrong if I neglected to point out to others one of the means whereby the darkness was dispelled, and my therapeutical gaze fixed upon the light of truth. Having heard a good deal of the abuse of homœopathy from the medical press, and individual members of the old school, I turned to the newest text-book published then in England (Ringer's), but found it so full of homœopathy and little doses that I was disgusted. Consequently, when an illustrious American teacher, like yourself, announced a new book, I eagerly possessed it, and at once turned to the articles on '*Aconite*' and '*Belladonna*,' the two remedies which homœopaths are vulgarly supposed to administer in all diseases that flesh is heir to.

"On page 412 of your first edition I found that *aconite* 'is used by these *quacks* (homœopaths) because it is a powerful agent which will produce manifest effects in small doses that may easily be disguised.' You then say that '*aconite* is, however, an antagonist to the fever process, and is not applicable in accordance with the so-called law of similars.' But in the next paragraph you 'agree with Dr. Ringer in the statement that *aconite* is a very valuable medicine in the class of cases to which it is adapted. It lessens the pulse-rate, lowers arterial tension, diminishes the abnormal heat, etc.' Here it seemed to my ignorant mind that you were giving a somewhat better and more logical reason for the 'monopoly' of this drug by homœopaths than you had stated in the preceding paragraph. However, the term '*quacks*' was encouraging after reading Ringer, who quotes many of those *quacks* approvingly; and your direct acknowledgment of the value of the drug seemed an improvement on the opinion of your German *confrère*, Binz, who says (Spark's edition, 1878, p. 22) that 'nothing definite is

known about it.' What a liar the renowned Liston, of Edinburgh University, must have been when he acknowledged our debt to Hahnemann for this drug; and what absurdities must the hundreds of symptoms obtained by the revered Samuel and twenty-three other provers be, alongside of the solitary case you mention—that unnamed medical student who 'swallowed by mistake a teaspoonful of the tincture of the root.' Great medical student! Why do you not give us his name, that we may enshrine his memory in our hearts high above Hahnemann, or Reil, or the Austrian Provers' Society!! On reading your able chapter on *Belladonna*, I was particularly struck with the beauty, pungency, and mathematical lucidity of the following (p. 284): 'This remedy is also very admirably adapted to the treatment of *ordinary sore throat*. As a constant physiological symptom of *belladonna* is redness and dryness of the fauces, its therapeutical action in sore throat with increased secretion is antipathic or substitutive; or, as it may be more scientifically expressed, the action of *belladonna* is the physiological antagonist of the diseased action;' and then, following your practical aim, you modestly insert, 'When there is much fever it is useful to combine *aconite* with *belladonna*.' Not much homœopathy in that! Oh, no! After the blaze of light which broke in upon my mind from your elucidation of that heroic medical student's proving of *aconite*, I was for a long time unable to see clearly the meaning of the above extract, though I know it must perforce be admirable in its logical consistency and *scientific* value, coming from the possessor of your superbly analytical mind. But a few pages back (282) I read that 'a full dose of *atropine* is frequently followed by a diffused redness of the skin, not unlike that of scarlatina. . . . Redness of the fauces, and some difficulty in swallowing, owing to the dryness of the mucous membrane, occur at the same time, rendering the similitude to scarlet fever very striking. . . . The *belladonna* rash is sometimes followed by desquamation.' And on page 285, 'the points of resemblance are so superficial and the differences so wide (you forgot to state the difference, however) that no more striking instance could be adduced of the uncertainty of the application of the homœopathic dogma, even admitting its truth. . . . *Belladonna* is a useful remedy to relieve some of the symptoms in scarlatina.'



Again, on p. 282, you say that '*belladonna* in large doses produces a busy delirium,' yet, on p. 286, 'according to the author's observation, *belladonna* is indicated when there is much low, muttering delirium,' and on p. 286, 'although *belladonna*, in a physiological state, induces wakefulness and busy delirium, in certain morbid states of the brain it is *hypnotic*.'

"*Arsenic* being another favourite remedy of the homœopaths, I also consulted you in regard to its action. I found, on p. 105, that in large doses it causes vomiting and nausea; yet that, in the vomiting of pregnancy and chronic gastric catarrh, 'a drop of Fowler's solution will afford astonishing relief' (p. 109), and that in small doses it checks the vomiting in chronic ulcer of the stomach; and that 'in cancer of the stomach it is very serviceable by diminishing the pain and checking the vomiting' (p. 109). You also assert that in full medicinal doses it causes 'epigastric pain and soreness, diarrhœa, tenesmus, and sometimes dysenteric stools' (p. 105) but two pages on you state that gastralgia and enteralgia 'are sometimes made to disappear in a very surprising manner by the same remedy. In the treatment of stomach disorders only small doses of *arsenic* are admissible. Large doses, by creating an irritation of the gastric mucous membrane, will only defeat the end in view' (p. 107). 'Chronic diarrhœa and dysentery . . . are often greatly benefited by the same remedy' (p. 108). You say (p. 105) that under full doses of *arsenic* 'the action of the heart becomes irritable and feeble, . . . oppressed breathing, œdema of the eyelids and general œdema occur'; yet on p. 109 you prescribe the same remedy 'when, in consequence of feebleness of the heart, there are present short breathing on the slightest exertion, and œdema. . . . It is indicated when there are . . . puffiness of the eyes.' In full doses you say its effects on the skin are to cause 'the following phenomena: Eczema, pityriasis, psoriasis, and . . . herpes zoster (p. 105). *Arsenic* produces, in the course of its medicinal administration, affections of the skin (p. 109). . . . In cases of psoriasis (p. 110) much good may be expected from it. . . . Acute eczema is rather exasperated by *arsenic*, but chronic eczema . . . is often greatly benefited by it.'

"On p. 106 you give the following 'symptoms of the

gastro-intestinal form of acute arsenical poisoning: Burning at the epigastrium, . . . violent and uncontrollable vomiting, . . . intestinal irritation, bloody and offensive stools, . . . cold breath, involuntary evacuations, collapse.' Yet on p. 108 you say, 'arsenic is one of the numerous remedies proposed for the treatment of epidemic cholera. It is a curious circumstance, *first demonstrated by Virchow*, that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera.' Reading further, I find that 'the preparations of arsenic are applicable to the treatment of the diseases of those tissues upon which it has a selective action (p. 107). That wherever applied it manifests a selective action on the mucous membrane of the respiratory and digestive tracts, is a curious fact' (p. 105).

My astonishment at such rank homœopathy ('quackery' you call it) from your pen was only further increased by finding you stating that 'an acid given before meals is the proper remedy' for acidity of the stomach (p. 139), prescribing (p. 138) a small dose of an alkali to correct alkalinity of the organ, giving *cinchona* (p. 129) for gastric catarrh; though in large doses, long administered, it 'sets up a gastric catarrh' (p. 116); calling it (p. 135) 'the most valuable remedy' in erythema, though 'a full dose of quinine will cause an erythema' (same page) prescribing cantharis for chordee in a drop-dose, though in large doses it 'causes vascular turgescence of the sexual organs' (p. 479); giving the same remedy in small doses for chronic cystitis, though (p. 478) in full doses it causes violent irritation of the bladder, with strangury and bloody urine; prescribing turpentine as curative in chronic intestinal catarrh, acute dysentery, intestinal hæmorrhage, hæmaturia, vomiting, and fevers, bronchorrhœa, and bronchitis (pp. 460, 461, 462); while stating on the same pages that in large doses it causes intestinal irritation, purging, strangury, hæmaturia, vomiting, thirst, a febrile state, and bronchial irritation, and increased secretion; recommending aloes for hæmorrhoids (p. 441), though on p. 440 you say that by this agent 'the blood supply to the pelvic organs is increased'; calling the iodides and iodine 'serviceable' in acute catarrh chronic and capillary bronchitis, in which it affords 'astonishing relief,' though it causes (p. 165) 'frontal headache, coryza, lachrymation,

. . . phenomena strikingly similar to summer catarrh'; and (p. 164) announcing that 'the vapour of iodine is very irritant to the broncho-pulmonary mucous membrane, causing cough, spasm of the glottis, and increased flow of mucus'; prescribing mercury (p. 433) for both deficiency and excess of bile; strychnine (p. 259) for tetanus, which, you say, is caused by the same remedy (p. 256); sulphate of copper (p. 198) as effective in the vomiting of pregnancy, though (same page) it is a very prompt and effective emetic; stating that the same drug 'in minute doses renders excellent service' in gastro-intestinal catarrh, and is 'most useful in acute dysentery,' though on the preceding page (197) you said it produces 'a gastro-intestinal catarrh, . . . colic, tenesmus, and dysenteric discharges'; recommending (p. 120) eucalyptus for various renal disorders of inflammatory type; though in the same paragraph you say, 'it will cause irritation and congestion of the kidneys'; stating that 'alcohol is an important remedy in the various forms of pulmonary phthisis,' yet 'it is an interesting fact that an intractable form of phthisis is induced by alcoholic excess' (p. 312).

"I could continue for a dozen pages more to quote homœopathy from your book, but forbear, in the thought that perhaps some mysterious mental action, in accordance with the law of contraria, may have prevented your recognition of the fact that you have been teaching what you call 'quackery' (p. 412) on every page of your book, and that perhaps some similar influence may have made my eyes see black when I looked for white, or, like Job, 'when I looked for good then evil came unto me, and when I waited for light there came darkness.' At present, however, I am satisfied with your proofs of the law of similia, and would earnestly recommend all weak-kneed homœopaths to take a few small doses of your teachings, which will, I am confident, prove to every impartial mind that *similia similibus curantur*, even though they may likewise create a suspicion as to the honesty of your teachings and practice. I am, truly, your debtor, Samuel Potter, M.D."

To the above I need add nothing. "Good wine needs no bush."

We all justly complain that the origin of all this homœopathy is kept studiously in the background, and no honour

done to the genius of Hahnemann and his immortal discoveries, without which this mass of homœopathic treatment would never have been known. You will, therefore, be highly amused when I tell you that Dr. Leared, whose papers on the value of arsenic in gastralgia I noticed in the earlier part of this paper, had actually the audacity to complain in the *British Medical Journal* of Dec. 28, 1878, that he is not acknowledged as the source from which this treatment was derived. After saying that Dr. Anstie, in his work on Neuralgia, referred to his papers, he adds, "Several more or less recent systematic works could be mentioned, in which the arsenical treatment of gastralgia is recommended, without acknowledgment of the source from which the practice was derived." This is too amusing, if it were not too melancholy. Probably the authors of the "more or less recent systematic works" knew well enough the real source of the inspiration, and so preferred to quote nobody. Dr. Leared gave them a lovely example of the plucking of the mote out of the eyes of others, while ignoring the beam in his own eye. This, however, by the way.

59. *Cocculus indicus and picrotoxin*.—In the *Monthly Homœopathic Review* (Feb., 1881) is an article by our esteemed colleague Dr. Jousset, of Paris, on "Cocculus Indicus and Picrotoxin in producing and curing Epilepsy," translated from *L'Art Médical*. After giving a *resumé* of its pathogenetic action, as quoted from allopathic writers, in producing very marked convulsions, &c., he quotes Dr. Ernest Labbé (an allopath), who says: "It is in convulsive neuroses above all that it should be administered; epilepsy, eclampsia, chorea, tetanus, &c. Already we know that cocculus was anciently employed in these maladies, but altogether empirically. Nowadays certain facts in experimental physiology are introduced into this application, from which the following theoretical ideas are derived. Planat admits, first of all, with Brown-Séquard, that the medulla is the nodus epilepticus, the epileptogenic focus *par excellence*; then recognizing that picrotoxin possesses an action, so to speak, on the medulla oblongata, he infers the possibility of a favourable modification of the nodus epilepticus by the active principle of cocculus indicus." This is an excellent example of homœopathy.

In the same year (1881) Dr. MacLean, of Washington,

U.S.A., writes in an American Medical Journal (I am sorry I have not the exact reference) advocating what he calls "Micropathy." He was attending on some case of vomiting which had resisted the ordinary remedies. He administered  $\frac{1}{80}$  of a grain of *tartar emetic* every fifteen minutes, and found that it acted as an irritant. He then reduced the dose to  $\frac{1}{160}$  of a grain, and soon saw that the disease was under control. "From this time," he says, "his practice was a succession of experiments to establish the truth of this theory, and he soon demonstrated that whenever a remedy irritates an organ, by reducing the dose to a certain point it will act as a tonic to that organ. This certain point, roughly stated, is about one-hundredth of the ordinary allopathic dose, i.e., if the allopathic dose of rhubarb is 10 grains, the micropathic (*sic*) dose is  $\frac{1}{100}$  to  $\frac{1}{12}$  of a grain, but if this dose causes any irritation it is a symptom that the quantity given has gone beyond the tonic action and must be reduced." This is really too delicious.

As showing how homœopathy was being absorbed by the old school from the recommendations of Dr. Phillips, whose book on *Materia Medica* we have alluded to already, Messrs. Savory and Moore, the chemists, issued a pamphlet in 1881 entitled "New Remedies and Special Preparations by Savory and Moore." Among these were "Tinctures prepared at the suggestion of Dr. Phillips, mentioned in his *Materia Medica*." This list consists of pulsatilla, hydrastis, staphysagria, actæa, cocculus, sanguinaria, thuja, kamala, colocynth, bryonia, ignatia, spigelia, and rhus; and immediately afterwards Savory and Moore "call attention" to "other important non-official tinctures," in which list are found gelsemium, hydrastis, hamamelis, phytolacca, xanthoxylum.

60. In the *Midland Medical Miscollary* of 1883 occurs an article on *bryonia*, our old and trusted remedy. As I, in this paper, only give the pathogenetic action of drugs obtained from old school sources, I forbear to describe that of *bryonia*, which is only to be found in homœopathic works. The writer in the above journal says that "bryonia possesses valuable properties there can be little doubt. The writer has repeatedly derived benefit from its use in muscular rheumatism following a cold, and in lumbago its action seems little short of marvellous. . . . In the second stage of pleurisy, in which general

pyrexia has diminished or disappeared, but exudation continues, it is, according to Dr. Phillips, an exceedingly valuable drug. It is in those cases in which aconite has been employed in the earlier feverish stage, that the best effects of bryonia are manifested. . . . In pericarditis and pleurisy it is said to fully equal any remedy that exists. It has also a good effect in pleuro-pneumonia. In rheumatism painful and stiff joints are more especially relieved by its use, but it is of no value when they are swollen." This is excellent, but Phillips is the safe authority to quote—not Hahnemann!

61. In the *British Medical Journal* of Feb. 24, 1883, there is a notice of the value of *bichromate of potash* (kali bichromicum) in syphilis, as related by Dr. Guntz, of Vienna. Again we cannot quote our (homeopathic) provings, but, if we did, its similarity to syphilis in most of its characteristic manifestations would be sufficiently clear. But the therapeutic use of the drug in this disease, which, till then was a new thing in the old school, is noteworthy as the quiet absorption of a "new remedy" without acknowledgment of the source of the information.

62. In 1883 *Convallaria majalis* (Lily of the Valley) was introduced into practice. Professor Germain Sée, of Paris, was among the first to study its physiological or pathogenetic action. He says: "It appears that the heart is first slowed, and the respirations are quickened; then the heart's action becomes irregular, and the pulsations are very weak and rapid; the blood-pressure is first increased and then lowered. . . . The excitomotor power of the nerves is unaffected, and the excitability of the pneumogastric is weakened, though not abolished." Conversely, observe what he says of its therapeutical action: "It produces on the heart, blood-vessels, and respiratory organs effects constant and constantly favourable; to wit, slowing of the beatings of the heart, with often a restoration of its natural rhythm; and, on the other hand, augmentation of the energy of the heart and of the blood-pressure. It is useful in palpitation resulting from exhaustion of the pneumogastrics; in simple cardiac arrhythmia, with or without hypertrophy, and with or without valvular lesion." Here Professor Sée shows that its therapeutic value is entirely homeopathic.

63. In the same year we have a statement from a paper in the United States on *drosera*, our leading remedy

in whooping cough, and in similar spasmodic coughs, as follows: "The fact that it is most markedly beneficial in whooping-cough, nervous or sympathetic cough, in the spasmodic cough of bronchitis, &c., would seem to indicate that the drug is a nervine. In whooping-cough it lessens the tendency to vomit during the paroxysm." Another "discovery" of a "new remedy"!

Referring to Dr. Ringer's homœopathic advice on the use of *sulphide of calcium* (hepar sulph.) in boils and carbuncles, which we have already noticed, a practitioner in Ireland writes to the *British Medical Journal*, 1883, as follows: "I have never used the knife, caustic, or anything similar in the treatment of carbuncles since the sulphide of calcium was brought into use. According to my experience, this medicine never fails to perform a cure, even in the oldest and most delicate people, in carbuncle and boils. I have made enquiries in some parts of England Ireland, and Scotland, and I have been amazed to find that the sulphide of calcium is seldom prescribed." He might have added, if he knew the fact, instead of trusting to Ringer's "original" statements, "except by homœopaths." But this would not do.

64. In the *Practitioner*, Dec., 1882, Dr. Christopher Elliott speaks strongly in favour of the value and virtues of *camomile tea* in infantile diarrhœa. The dose he gives is  $\frac{1}{2}$  a drachm to 1 drachm two or three times a day. It would not do for him to state that under the name of *chamomilla* its value was known to homœopaths since the days of Hahnemann, as perhaps the leading remedy in infantile diarrhœa, and one that acts like a charm in many infantile troubles, especially when associated with nervous reflex excitability. To the power this medicine has in subduing reflex excitability Dr. Elliott ascribes its virtue, which is quite true.

In 1883 Dr. A. A. Smith, Professor of Materia Medica at the Bellevue Hospital Medical College, of New York, delivered a lecture on the advantages of small doses of medicines given at frequent intervals, and, as one would expect under such circumstances, most of the examples he cites are those of homœopathic medicines. The lecture is published in the *Medical Times and Gazette* of Jan. 2nd. Extracts would be too long to quote entire, so I merely state that in nervous, excitable states in children he advises *chamomilla*; *ipecacuanha* in various forms of

sickness and vomiting;  $\frac{1}{60}$  of a grain of calomel in the nocturnal headache of syphilis;  $\frac{1}{120}$  grain of calomel in the vomiting or regurgitation of milk in nursing infants;  $\frac{1}{4}$  grain of hydrargyrum cum cretâ in the vomiting and non-inflammatory diarrhœa of children, "and when the diarrhœa is accompanied by the passage of mucus, indicative of inflammatory action, a teaspoonful of a solution of 1 grain of corrosive sublimate (mercurius corros.) in a quart of water, given every hour, will prove of service." This dose is equal to  $\frac{1}{320}$  of a grain! aconite, of course, in fever;  $\frac{1}{320}$  grain of tartar emetic in the wheezing and cough of bronchitis of children; nux vomica in "sick headache not of a neurotic character"; cantharides in vesical catarrh; "for the diarrhœa of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but not true dysentery, 5 drops of castor oil in water with sugar and gum is an excellent remedy"; pulsatilla in "orchitis and epididymitis, as also in dysmenorrhœa not of a membranous or neuralgic character"; hamamelis in hæmorrhages; belladonna in nasal catarrh and bronchitis; gelsemium in "neuralgia about the head and face." This is pretty good for an allopathic professor. We wonder where he heard of pulsatilla in orchitis and dysmenorrhœa, to say nothing of his other examples.

65. In the *Therapeutic Gazette*, 1883, Dr. Craig, Lecturer on Materia Medica in Edinburgh, says: "*Evo- nymus atropurpurus* has three special actions: . . . (3) Upon the kidneys, increasing blood-pressure, and, in over-doses, producing albuminuria and Bright's disease"; and a little further on, "In small doses, say of 1 or 2 drops three times a day, it is a valuable remedy in albuminuria."

66. *Pulsatilla*.—Having just noticed Dr. Smith's recommendation of pulsatilla in orchitis and epididymitis, we find another American doctor, Dr. L. E. Borcheim, of Atlanta, Georgia, writing in the *Journal of Cutaneous and Venereal Diseases* for April, 1884, as follows: "Numerous disappointments in the treatment of this disagreeable and painful affection (acute epididymitis) by the usual methods, and the perusal of a few brief articles published in the journals at various times by Piffard, Sturgis, and Fox, of New York, have led me to employ, experimentally, the tincture of pulsatilla, and, I am pleased to state, to my entire satisfaction, as in using this drug I found that



not only was the relief its administration afforded more prompt than the former methods employed by me (cathartics, poultices, rest, etc.), but that it completely did away with one of the most objectionable features of the treatment, namely, rest in bed. The cases on which I base these remarks are twenty-four in number, all of which have been treated within the last eighteen months, and they were all in the acute stage of the disease, hence I think I can safely draw conclusions. . . . I have never found, in all my cases, any necessity for complete rest in bed, the only requirements being the wearing of a suspensory bandage and taking of the medicine. The relief from pain usually takes place within three days." He uses the tincture obtained from a homœopathic pharmacy, in 2-drop doses every two hours. I need hardly add that *pulsatilla* is the leading remedy in homœopathy for orchitis and epididymitis.

*Veratrin*.—As all homœopaths know, *veratrum album* (see No. 39) was one of the remedies that Hahnemann, guided solely by the law of similars, named as one of the leading remedies in cholera, though he had then not seen a single case, and that it is one of our main remedies in certain forms of diarrhœa with vomiting and cramps, owing to its power to produce a similar state. The Berlin correspondent of the *British Medical Journal*, of Dec. 27th, 1884, writes as follows: "The *Allgemeine Medicinische Central Zeitung* published a few years ago a communication from Privy Councillor Dr. von Blödan, of Sondershausen, on the use of *veratrin* (the active principle of *veratrum album*) as a remedy against cholera nostras. He says that, having frequently administered strong doses of *veratrin* as a remedy against cramps in the calves of the legs during sleep, and always with success, he concluded that, as it possessed a stimulating influence on the spinal nervous system of the spinal cord, it might restrain the danger of threatening symptoms in cholera. He mentions six cases which he treated this summer with *veratrin*. One was that of a strong man, aged 48, suddenly attacked with diarrhœa and vomiting. He exhibited all the usual signs of cholera; his thirst was insatiable, and his stomach icy cold; the pulse scarcely perceptible. Of a solution of 5 milligrammes of *veratrin* in dilute spirits and water, of each 50 grammes, a tablespoonful was given to the patient every half hour. After vomiting once more, all

the bad symptoms rapidly disappeared; no external remedies were used. Another case was that of a woman, aged 79. Two infants he also successfully treated by using *veratrin*. A man, aged 61, who had been suffering from diarrhœa for some days in consequence of having been wet through, was successfully treated in the same way. Dr. von Blödan concludes the account of his observations by recommending the remedy for further trial. The above-mentioned paper has also published another communication from Dr. E. Weber, of Cologne, on the same subject. Dr. Weber says that *veratrin* has been known by homœopathic practitioners for over fifty years, the remedy that they were using being a tincture of *veratrum album*, which, he says, is a distinction "of no importance." This recognition of the homœopathic source of his knowledge is very rare, and does credit to Dr. Weber.

In 1885 the leading feature in the subject of my paper was the publication by Dr. (now Sir T.) Lauder Brunton of his well-known work on Pharmacology. In the body of the work there is little of homœopathy to be found, but at the end of it is a long and elaborate "Index of Diseases," with a list of the remedies recommended. In this list those who were "in the know" were astonished to find a considerable number of remedies which were in every-day use in homœopathic practice, but which were unknown to the old school, or sneered at as homœopathic by those who at least had heard of them; while, on the other hand, a good many other medicines which are common to the pharmacopœias of both schools were recommended for their homœopathic action and uses, and for which they are contra-indicated on old-school principles, or in fact on any other principle than the homœopathic law of similars. Perhaps a clear method of stating the case may be given by extracting a passage on the subject from my Presidential Address at the Annual Homœopathic Congress, held at Birmingham in 1888. The episode would be very amusing, if it were not too serious and melancholy from an honourable point of view in dealing with a vital question in therapeutics.

"Next in importance comes the Lauder Brunton episode, or rather the third volume of it. It will be remembered that Dr. Nankivell, three years ago, in his Presidential Address at the Norwich Congress, pointed

out the remarkable fact that in Dr. Lauder Brunton's newly-published work on Pharmacology, a large and elaborate book, an *Index of Diseases*, and of the remedies recommended appeared in it, and that this index was full of homœopathic remedies with their homœopathic uses. The array of these was quite formidable. A second edition subsequently appeared, and the index was then still unaltered, although Dr. Brunton, in his third edition, tells us he had seen Dr. Nankivell's address. Our quick-firing guns had, however, been set in motion, but not till a dynamite shell had been thrown in the shape of a letter from Dr. Dudgeon to the *Lancet* (which was, *mirabile dictu*, inserted in that periodical), was Dr. Lauder Brunton brought to bay. A third edition was at that time promised, and when it did appear a long preface was inserted, and in this preface Dr. Brunton displayed a remarkable cleverness in evading the real question at issue. Perhaps the most glaringly homœopathic remedy in the first two editions was *apis* for sore throat. This is, in the third edition, made the scapegoat, and we are told that 'an amanuensis whom I employed to copy out a number of the drugs from Dr. Potter's book' (his indebtedness to Dr. Potter being now for the first time acknowledged), 'has made a mistake in the column, and has taken *apis* as a remedy for tonsillitis from the homœopathic column.' He then adds, 'to the best of my knowledge this is the only remedy I have taken from a homœopathic source,' and says that if any other occurs 'I am sincerely sorry, and I can assure the homœopaths that it is perfectly unintentional.' *Apis* is thus expurgated, in disgrace. But what of the other specially homœopathic remedies, and the remedies common to both Pharmacopœias which are recommended for their homœopathic uses? What of *bryonia*, *pulsatilla*, *cantharis* (in albuminuria and cystitis), *ignatia*, *veratrum album*, *cocculus*, *staphysagria*, *rhus*, *thuja*, *viola tricolor*, *mercurius corrosivus* (in dysenteric diarrhœa), *arsenic* (in irritative dyspepsia and cholera), and many others? These are left in as before, though arranged differently, but here is the explanation: 'If any other remedies claimed as homœopathic (*sic*) have been introduced, they have, I think, been copied from the works of one or other of the authors already named' (Potter, Ringer, Phillips, Bartholow, &c.), 'and in Dr. Phillips' work there are some remedies mentioned without references.'

“ But does it not strike one as peculiar that Dr. Lauder Brunton should carelessly copy into his book remedies given by Dr. Phillips and others without any reference, a very unusual thing indeed in works on *Materia Medica* ? We are asked to believe that the Professor of *Materia Medica* and Therapeutics in one of the largest Metropolitan medical schools, and examiner in *Materia Medica* to the Royal College of Physicians, was not aware that a number of remedies, not in the *British Pharmacopœia*, which have been in daily use by the homœopaths since the time of Hahnemann, and were to be found in all homœopathic works, including the *British Homœopathic Pharmacopœia*, were not homœopathic, even though they should have been introduced within the last few years, without reference or acknowledgment, into the works just named. We are asked to believe that medicines, the very name of which used to be the signal for a jeer, were unknown to Dr. Brunton as homœopathic remedies. His reply to this is simply that they have been copied from Ringer, Phillips, Potter, Bartholow, &c., when every one knows the sources of inspiration of these authors. And in case this should not quite satisfy the candid reader, Dr. Brunton goes on to make the astounding statement that ‘ the mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homœopathic medicine.’ And why ? ‘ For this rule was known to Hippocrates, and the rule of *similia similibus curantur* was recognized by him as true in some instances.’ Comment, gentlemen, on this straightforward mode of dealing with the question is needless. I can only say that if students want to know something of homœopathic remedies and their uses, and, of the homœopathic uses of medicines which are common to the two Pharmacopœias, they will find a good deal in Dr. Lauder Brunton’s *Index*, and I would only advise them to supplement such information by a study of Dr. Hughes’ *Pharmacodynamics*, where they will not only find full detail, but will gain a knowledge of the principle on which alone the therapeutical action of these drugs is explainable. But the very fact of Dr. Brunton’s *Index* remaining as it does in the third edition, is a remarkable indication of the progress of our cause in spite of the trammels on liberty of opinion.

“ But some one may ask, before leaving the subject,

'Who is Dr. Potter, upon whom Dr. Lauder Brunton's amanuensis has laid such heavy contributions, and to whom Dr. Brunton himself acknowledges his indebtedness, for the first time, in his third edition?' He is an American doctor, who, wishing to back up his friends in England, wrote to the *Lancet*, 'I never was in practice as a homœopath. I abandoned homœopathy before entering into practice.' This looks like a safe man to quote from, especially as he adds, 'About the time when I had decided to abandon the *Hahnemannian* (*sic*) philosophy, I had the pleasure of entering into some literary correspondence with Dr. Roberts Bartholow, and yielding to his urgent advice I entered Jefferson Medical College. . . . Since my graduation from that school I have had no association or connection with homœopathy.' Would Dr. Lauder Brunton and the *Lancet* be interested to hear a portion of their friend's literary correspondence with Dr. Bartholow? It is published in the *St. Louis Clinical Review* for 1878, as an 'open letter,' and is signed with his title of *M.D.* [This letter I quote in full (p. 34) when speaking of Dr. Bartholow's work.] Dr. Potter also writes in the *Hahnemannian Monthly*, September, 1880: 'During the years from 1862 to 1878 I have been a practitioner of homœopathy more or less.' But in the *Lancet* of 1888 he says: 'I never was in practice as a homœopath.' This gentleman's work, to which Dr. Lauder Brunton expresses his indebtedness, 'which he has much pleasure in acknowledging' in his third edition, was refused insertion among the advertisements in the *British Medical Journal*, among a list of other works sent by a well-known London publisher, as being too heretical. The whole episode is most entertaining but melancholy."

In the *British Medical Journal* (July 31, 1886) Dr. Millard writes from Edinburgh praising the value of *liquor hydrargyri perchloridi* (mercurius corrosivus) in the diarrhœa of children, characterized by frequent, watery, offensive stools. In the same Journal (Aug. 21) Dr. MacDonald, of Liverpool, writes in the same vein, praising ½-grain doses of grey powder in profuse watery diarrhœa, and "when the stools are slimy, with, it may be, blood streaks, I give," he says, "*liquor hydrargyri perchloridi*." He adds that "his ideas have been inspired by the valuable observations to be found in Dr. Ringer's book." Again in the same Journal of Sept. 9th Dr. Millard again

writes: "I did not obtain my information of the uses of *hydrarg. perchlor.* from Dr. Ringer's excellent work, as Dr. MacDonald perhaps supposes, but from probably the same source that Dr. Ringer obtained his, of which, to any one that knows, the book contains many traces, viz., *from homœopathic treatises*" (the italics are mine). This is honest and straightforward—a rather rare thing when a homœopathic remedy is in question.

(To be continued.)

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## REVIEWS.

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*The Medical Annual: A Year Book of Treatment and Practitioner's Index*, 1903. Bristol: John Wright & Co.

THIS is the twenty-first year of the *Medical Annual*, and we may at once say that it is fully up to the usual high standard. It enables one to see in short compass all that has been written during the year on all subjects connected with medicine and surgery. Of course, the summaries are all from old-school journals and books, but as homœopaths pride themselves not only on their knowledge of homœopathy, but also on being *au fait* with all that is written by the old school, such a volume as the *Medical Annual* is most acceptable, as showing what others as well as ourselves are doing. The chapters on each disease or classes of disease are in most cases well done and instructive, though there is not much in the therapeutical treatment of the past year to interest homœopaths. We notice the very extensive use of the thousand and one new preparations of drugs which are largely advertised, largely "tried," and which after a time vanish even from the memory. Very few of these maintain, after some experience, the virtues they were lauded with, and so they sink down into oblivion after having well repaid the manufacturing chemists.

The first chapter, "A Record of Therapeutic Progress for 1902," is by Dr. Hare, of Philadelphia, and the net result is that there has been very little therapeutic progress to boast of. His remarks on alcohol are, we are glad to note, very practical and common-sense, in view of the numerous statements, as a reaction from the old indiscriminate prescription of alcohol, that alcohol is not even a stimulant, but is in all cases a depressant, and an actual poison. We quote this passage with approval, as moderate, just, practical,

and in accordance with the experience of so many excellent and unprejudiced observers. Practical observation and experience are worth any amount of theory. Dr. Hare says: "Without the slightest intention to disregard or discredit the accurate investigations of a very considerable number of laboratory workers, it still seems to us incredible that the world at large and generation after generation of physicians, should have been so completely misled as to the action of a remedy, as to believe that it was useful as a *stimulant*, when in reality it was not only useless, but harmful. While it may be true that the administration of alcohol in certain stages of typhoid fever does not really exercise a stimulative influence upon the circulatory apparatus itself, nor upon the nervous system, there can be no doubt that its proper administration under these circumstances does improve the condition of the circulation, digestion, and nervous apparatus. Again and again, when alcohol has been properly employed in the treatment of this malady, we have seen it produce a satisfactory condition of the circulation, which before its use had been distinctly unsatisfactory. It is a most common experience for physicians with large hospital facilities to meet with patients who at the end of ten or fourteen days of typhoid fever manifestly have a feeble pulse and distant heart-sounds, and in whom a more normal pulse and more distinct heart-sounds can soon be produced if alcohol is properly given them. In our experience no other drug does as well in the condition we have named; although we do not mean for a moment to intimate that all patients are benefited by it, since some undoubtedly manifest idiosyncrasies in regard to the effect which it exercises on them." And in the chapter on "Dietetics," by R. Hutchison, M.D., pp. 226-234, some observations on alcohol by Professor T. R. Fraser, of Edinburgh, are summarized, and are of interest to homœopaths, as corroborating views frequently enunciated by us, that alcohol is no exception to the fact of the double action of drugs, but is in fact an example of it. The summary by Dr. Hutchison says: "Enough care had not always been taken to discriminate between the effects produced by small doses as contrasted with the effects of large doses. *The effects were entirely different. In small doses alcohol stimulated the heart, while in large doses it paralysed it.* (The italics are ours.) It was a substance which either improved or destroyed digestive processes, and because of the ease with which it was burned up in the body might give energy, and so be of use in certain cases." He (Prof. Fraser) discusses in detail: "(1) *Its effects on the circulation.* In small doses, without doubt, alcohol acted directly on the heart, so as to increase the force

of its contractions and to quicken its action. This rapid stimulating action of alcohol was of value to the circulation as contrasted with the majority of other drugs. Alcohol was readily absorbed, and so its effects were speedily produced. There was no subsequent depression following on this cardiac stimulation. The heart merely returned to its normal state, and was not enfeebled. It had a direct action on the blood-vessels, as a result of which they dilated. As a result of the increase of the cardiac action, together with the muscular dilatation of the vessels, there was a widely distributed acceleration of the blood supply, and a consequent stimulation of distant tissues and cells of the body, when these might be perishing for want of nourishment; (2) *Its effects on digestion*. It had been absolutely proved that alcohol stimulated salivary secretion without deteriorating its power. It also increased the peptonizing power of the gastric secretion, as well as stimulating the peristalsis. Increase in the absorption of nitrogenous substances from the stomach wall must result. Alcohol was a very satisfactory agent in stimulating primary digestion, *but only when the dose was moderate*. (3) *Its effects on nutrition*. Alcohol was very easily oxidized. After taking alcohol the output of carbonic acid and the intake of oxygen was increased. Only an insignificant amount of alcohol was to be discovered in any of the excretions. Such facts showed that alcohol was absolutely burned up in the body, and it must therefore generate energy and force. It was not to be placed high as a food substance. Its only value lay in allowing us to tide over an emergency, as where a patient was unable to retain any food in the stomach, and where death threatened. By giving alcohol in suitable cases one could ward off this, and so surmount crises." Such statements as to the double or reverse action of alcoholic large and small doses respectively, are interesting to homœopaths as coming from one who has published papers on the treatment of chronic dyspepsia, chronic gastric catarrh, and ulceration of the stomach by kali bichromicum.

The action of cactus as a heart remedy is mentioned more than once. Dr. Hare says: "It is also very useful in nervous palpitation, and in some instances acts very much better than digitalis" (p. 17). We also notice the recommendation of calomel in fractional doses in infantile diarrhœa (p. 225), and also of podophyllin "in minute doses" in diarrhœa (p. 418). Dr. Boardman Reed, of Philadelphia, who writes the article, says: "The writer has frequently obtained gratifying results from the employment of minute doses of podophyllin (gr.  $\frac{3}{32}$  to gr.  $\frac{1}{16}$ ) in the treatment of diarrhœa,



a remedy which he reported well of in a paper contributed to the *Practitioner* in 1888." Two pure pieces of homœopathy.

The chapter on the results of the X-ray treatment of various forms of disease is interesting and well done. So also is the chapter on "Sanatorium Treatment." "The effect of Blue Light in Phthisis" (p. 521) is new. Dr. Loomis, of New York, who writes the article, says: "*Spectrally blue light* has been employed in Vienna and in a number of places in Germany. A 32-candle power incandescent lamp was used, connected with a concentrating reflector causing the light to penetrate the body and to act on the bacilli in the internal organs. The reflector raises the point of the focus to 3,000 candle power. It has been proved that within a short time cultures of tubercle bacilli were destroyed by this electric light. Cultures of the bacilli were also destroyed when placed for a short length of time at the back of a patient while the blue rays passed through the patient on to the cultures. Keyser, of Vienna, reports that after six weeks' treatment, consisting of six sittings daily, the night-sweats and the bacilli in the sputum were destroyed in the majority of patients. It is claimed that skin tuberculosis and eczema have been healed within four weeks by this blue light."

There is a full and excellent chapter on the Sanitary progress of the year, and also a full account of the recent inventions in surgical appliances.

The book is full of excellent coloured plates, and black and white illustrations. A list of the books of the year and the usual information regarding all public institutions and matters of general interest complete the work.

As a compendium of all that has passed in the year, medically and surgically, as found in old-school journals and books, it is perfect.

We advise all our readers who do not already subscribe to the *Medical Annual* to do so at once, as such a work of reference is of value to every practitioner, whatever his school of therapeutics may be. The general "get-up" of the book is excellent, the paper, printing, &c., leaving nothing to be desired, and reflecting great credit on the publishers.

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*Efficiency in Homœopathy.* Being the Presidential Address delivered before the British Homœopathic Society at the first meeting of the Session 1902-1903. By J. ROBERSON DAY, M.D. (Lond.) President of the Society. London. John Bale, Sons & Danielsson, Ltd., 1903.

THE above is a reprint from the *Journal of the British Homœopathic Society*, and it has, no doubt, been already in the hands

of most of our readers, those who were present when the address was delivered, and those who were absent. It requires, therefore, no detailed notice. Suffice it to say that it is an admirable address, and well-fitted to encourage the advance movement for the propagation of homœopathy, which has been lately set on foot, by endeavouring to promote to the utmost the fullest efficiency in all departments. Dr. Day's suggestion of the desirability of inaugurating new dispensaries in the outlying parts of the Metropolis, and affiliating them with the parent hospital, is an excellent one. These are to be set up to relieve the enormous pressure on the out-patient department of the London Homœopathic Hospital, and to prevent the necessity of long distances being undertaken by outpatients. These affiliated dispensaries would have a local management, but would be under the supreme authority of the Board of Management of the Hospital, while the local medical officers would have the title of assistant physicians or assistant surgeons to the hospital. The suggestion is extremely good, and if carried out would be a great advantage to the hospital, to the patients, and to the medical staff, while they would form nuclei for the evolution of cottage hospitals in their respective localities.

We advise those who did not hear the address, or who have not read it in print, to do so.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the session 1902-1903 was held at the London Homœopathic Hospital, on Thursday, May 7th, 1903, at 8 o'clock. Dr. Roberson Day, President, in the chair.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

A paper was read by Drs. George Burford and James Johnstone, entitled "Transfusion: with Especial Reference to its Value in the Detail of General Practice," of which the following is an abstract: The paper dealt with, first, the development of the method and idea of transfusion since first practised in 1492 on Pope Innocent the Eighth. It was originally adopted in England by Lower, in 1666 (artery to vein); improved by Harwood in 1785 (vein to vein); Blundell devised an apparatus for indirect transfusion in 1820. In 1870 saline transfusion was advised by Goltz; saline alcoholic fluid used by Jennings in 1882; and in 1889

normal saline solution recommended by William Hunter. The scientific basis of transfusion was described under the headings of: "The Restoration of Blood Pressure"; "The fate of Transfused Fluid"; "Its Action on the Hæmoglobin"; "Specific Gravity of the Blood before and after Transfusion"; and "Its Relation to the Corpuscular Remnant in the Body after severe Hæmorrhage," &c. The chief and almost uniformly successful use of transfusion is in hæmorrhage, whether accompanied or not by shock. The varieties of hæmorrhage noted were: Accidental, surgical, obstetric, gynæcologic, idiopathic (e.g., hæmatemesis, hæmophilia). In septic conditions transfusion had been used by the authors without success. Cases were cited from other authors where it had been tried in diabetic coma and eclampsia, and it was also pointedly indicated in cholera, and possibly in tetanus. The technique of transfusion was dealt with exhaustively in three varieties of procedure, viz.: Intra-venous, sub-cutaneous, per-rectal, and the relative values of the three methods discussed and estimated. As regards the quantity of fluid to be used, it might vary from  $1\frac{1}{2}$  to 7 pints. A *resumé* of some twenty cases in the authors' own experience was given, and the paper was further illustrated by lantern slides; clinical cases were shown; various instruments were exhibited, including a simple modification planned by the authors; and a demonstration of how to proceed in the actual conduct of transfusion concluded an elaborate and exhaustive treatment of this modern and most successful surgical development.

A short discussion followed, in which Drs. Granville Hey, Moir, Neatby, Stonham, Cox, Messrs. Knox Shaw and Vincent Green took part, and the authors of the paper replied.

## NOTABILIA.

### BRITISH HOMŒOPATHIC ASSOCIATION.

A COURSE of four lectures on "The Homœopathic Treatment of Diseases of the Digestive Organs" will be delivered by D. Dyce Brown, M.A., M.D., on the four Fridays in June, the 5th, 12th, 19th, and 26th, at 5 o'clock, in the Marlborough Room of the Polytechnic Institute, 309, Regent Street, W. Members of the medical profession and medical students are cordially invited to these lectures.

## BRITISH HOMŒOPATHIC ASSOCIATION.

THE Annual Meeting will be held on Wednesday, June 10th, in St. James' Hall, Regent Street, at 4 p.m. The Earl Cawdor will preside. A full attendance of all medical and lay members is earnestly requested.

## EXPERIENCES OF AN OCTOGENARIAN.

By R. E. DUDGEON, M.D.

THE following is Dr. Dudgeon's contribution to the *Medical Century*, to which we allude in our leading article.

"The *Medical Century* will have done immense service to the cause of homœopathy if it succeed in showing us the best potency of medicines for many of the diseases we have to treat. I fear, however, that in spite of your flattering estimate of my ability to assist you in your excellent endeavour to elucidate this subject, I can contribute little or nothing to the solution of the problem. When, near sixty years ago, by the study of some of his works, I became convinced of the truth of Hahnemann's therapeutic rule, and set about making a trial of his method, I procured from the homœopathic chemist a box of globules, all of the 30th dilution, as he recommends in his latest works as the most suitable potency for all medicines and all diseases. I did very well with these medicines, at least the results obtained by them compared favourably with my previous allopathic experience. Of course, I had failures as well as successes, and as I am of a very sceptical turn of mind, I began to doubt whether the medicines of the apothecary were made exactly according to Hahnemann's directions. Moreover, I read in Hahnemann (*Chr. Kr.*, 2nd ed., vol. 5, preface) that 'the maker of homœopathic medicines should always be the homœopath himself; he should himself forge and sharpen his weapons against disease.' I read further (*R.A.M.L.*, preface to *Mercurius*): 'One of the rules of homœopathy, as also of common sense, enjoins that we should attain our aim in the simplest and shortest way—*quod fieri potest per pauca, non debet fieri per plura.*' Excellent advice, I thought. And then it occurred to me that if medicines could produce their remedial effect in material doses, or in the lower dilutions, which were easily prepared, why should I have all the trouble and uncertainty of diluting them through thirty bottles with two succussion strokes to each dilution, or ten to fifty succussions, as recommended in the above-mentioned volume of the *Chr. Kr.*? I began to inquire what grounds Hahnemann had for fixing

on the 30th dilution as the best for all medicines and all diseases. It was evidently impossible that he could have tried all the dilutions, from the mother tincture to the decillionth, in all diseases. So I concluded that his selection of the 30th dilution was purely theoretical, motivated, as he tells us elsewhere, by a desire for uniformity of practice: 'By laying it down as a rule, that all homœopathic remedies be diluted and dynamized up to X (i.e., 30th), we have a uniform mode of procedure in the treatment of all homœopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools.' (Letter to Dr. Schreter, *B. J. of H.*, vol. 5, p. 398.) I have the highest esteem—I may say, veneration—for Hahnemann, who is, beyond any doubt, the greatest physician of all times, by his magnificent Baconian deduction of the general therapeutic rule of *similia similibus curentur* from the recorded effects of medicines as poisons and remedies, and by his colossal industry in creating a *Materia Medica* to enable this rule to be practised. But, though surpassing all others in the appreciation and utilization of medical facts, he is not a bit better than the rest when he leaves the solid ground of fact and soars aloft on the Icarian wings of theory. When he declared that a medicine which caused a certain array of symptoms in the healthy would cure a similar array of symptoms in natural disease, he was able to demonstrate the truth of this by innumerable instances, which admitted of no other interpretation. But when he became theoretical, and enunciated the doctrines of a vital principle as what is primarily deranged in disease, and is alone acted on by medicine in the restoration of health (*Org.*, par. 11-12), the dynamization of medicines, the psoric origin of chronic diseases, and the absolute superiority of the 30th dilution, I could not go along with him. Nor is he constant to his adopted standard 30th dilution. In the last edition of the *R.A.M.L.*, while he gives the 30th dilution as the best potency for 23 medicines, he advises the undiluted or mother tincture for 10 medicines, the 2nd centesimal for 4, the third for 7, the 6th for 2, the 9th for 3, the 12th for 5, the 15th for 2, and the 24th for 1. For 4 of these he advises also the 30th, and for one—*thuja*—he mentions the 60th in addition to the 30th. Though he recommends *bryonia* and *pulsatilla* to be given in the 30th dilution, in a foreword to the same volume of the *R.A.M.L.*, in which these medicines appear, he relates two cases, in one of which he gave a full drop of the undiluted juice of *bryonia*, and in the other half a drop of the 12th dilution of *pulsatilla*. In a note he says that a globule of the 30th dilution of these medicines, taken or smelt, would

have acted equally well, but, as both were speedily and perfectly cured by the doses prescribed, it is evident that the 30th dilution could not have done better. At all events, the cure by the undiluted juice of bryonia was a better instance of that simplicity, which Hahnemann said was so essential in homœopathic practice, than the 30th dilution, which requires a long and tedious pharmaceutical process for its production. It may be objected that the last edition of the *R.A.M.L.* was published before he had fixed on the 30th dilution as the proper dose for all medicines, which he did in the *Organon* (par. 246, note), and in the *Chr. Kr.* But, even there, he occasionally departed from his standard dose. In the last edition of the latter work he says that 'when a medicine requires to be repeated it should invariably be given in a lower dilution,' and he there also says that nitric acid should be given for condylomata in the 6th dilution, thuja in the 30th, 24th, 18th, 12th, and 6th dilutions, petroselinum in drop-doses of the fresh juice. I could give other instances of Hahnemann's practice with other lower dilutions, but the above will suffice. It thus appears that, even in the Master's practice, there was considerable doubt about the best dose, that the attempt to fix upon a universal dose was purely arbitrary, and that it is beyond the power of any man to determine which of all the dilutions, from mother tincture to 30th, is the absolute best in any disease whatever; for in acute diseases it would be impossible to make a fair trial of more than one or two potencies, and in chronic diseases our natural tendency, when one medicine fails to relieve, is not to conclude that we have given the wrong potency, but to suspect that we have made a wrong selection of the remedy, and to set about a renewed search for the simillimum in the *Materia Medica*. I confess that I have occasionally seen marked pathogenic effects of a medicine on the patient, from which I have inferred that the dose given was stronger than needed, and so, when the medicine seemed still indicated, I have given a smaller dose with advantage; but such cases have occurred so rarely in my practice that their recital would not go far to assist you in your laudable effort. I have a perfectly tolerant feeling towards potencies of all sorts; I hold that the medicine is the main thing, and that if we have selected the right medicine it does not matter very much, in most cases, what potency we give it in, provided we avoid giving such a strong dose as will cause the pathogenic instead of the therapeutic action of the drug or excite a considerable exacerbation of the disease symptoms. Hahnemann thought that every remedial dose excited some, though it might be a very small aggravation of the disease symptoms.

This idea probably originated from his theory that the medicine, if homœopathically adapted, must be stronger than the natural disease, and that it displayed this superior strength by causing at the first impact an increase of the morbid symptoms. This theoretical homœopathic aggravation has not been noticed by most homœopathic practitioners, or only as an exceptional and not a desirable occurrence.

“Seeing that Hahnemann’s adoption of the 30th dilution as ‘the best dose of the properly selected remedy for all diseases, chronic as well as acute’ (*Org.*, par. 246, note) was purely arbitrary and not founded on any comparative trial of different potencies—for it is impossible to suppose that he or any man could have made an exhaustive comparative trial of the ten medicines he recommended to be given in the undiluted juice or mother tincture in the last edition of the *R.A.M.L.*, and the 30th dilution of the same medicines recommended in the *Organon*, both works being published in the same year, 1833, and as I know of no authoritative utterance on the subject, founded on experimental research, proceeding from anyone qualified to dictate to the profession, I considered that the potency of the remedial drug was an open question which every practitioner had a right to determine for himself, and that Hahnemann’s Procrustean uniformity of dose was not an infallible law for his disciples. I found from trials I made that the process of making the dilutions according to Hahnemann’s directions was delicate and difficult, and I began to doubt whether we could always rely on the dilutions obtained from our chemists being what the figures on the bottles represented them to be. I did not doubt the honesty of our tradesmen, but I feared, with the best intentions, they might have failed occasionally to produce the exact dilution required, and then we had no control tests, for the dilutions were beyond chemical analysis. So I thought the best plan was to follow Hahnemann’s advice and prepare the tools for combating disease myself. For most of my medicines I got the raw materials, or mother tinctures, and made the dilutions I employed. The Latin maxim I have mentioned before, that Hahnemann quoted approvingly, and which may be freely translated: ‘If simply made low dilutions will do, elaborately prepared high dilutions should not be employed,’ appeared to me so consonant with the simplicity demanded by homœopathy and common sense, that I proceeded to act up to it; so I gave the medicines in the lowest dilutions I could without the risk of aggravating the disease or causing medicinal symptoms. Thus my practice has gradually settled down to a very limited number of potencies, ranging from the crude substance, or mother

tincture, to the 6th dilution. I have occasionally, of course, given higher potencies, even as high as the 30th, but I cannot say that I have seen better effects from these than from the lower potencies I habitually use, and I have never made any comparative trials of the various potencies, so I fear my experience can be of no assistance to you in your quest of the Holy Grail of the absolutely best potency for all medicines and diseases.

“ You will observe that I have made no mention of what are called the ‘ high potencies,’ beginning apparently at the 200th and mounting by leaps and bounds to the millionth and beyond. As you know, I have translated all Hahnemann’s works on homœopathy—except his chronic diseases—and all his letters I could lay my hands on. My translations have been a pure labour of love, as I have never received a penny for my pains. I have, therefore, too much respect for the Master to regard with complacency the attempt made by the partisans of this heresy to supersede the precise directions of Hahnemann as to the mode of preparation of his dilutions by the bottle-washing methods of these innovators. Even if their figures really represent the degree of dilution they profess, which I doubt, they are in direct opposition to Hahnemann’s injunction in the oft-quoted letter to Dr. Schreter: ‘ I do not approve of your potentizing the medicines higher, as, for instance, up to the 36 and 60. There must be some limit to the thing ; it cannot go on to infinity.’ Mind, I do not mean to say that the users of these preparations cannot show many striking cures effected under their use. There is no method of treatment, however absurd it may appear to us, that cannot show its array of wonderful cures. The reason for this lies in the very nature of diseases. The natural tendency of most acute and of many chronic diseases is to get well without medicinal treatment, many by mere abstinence from unwholesome food, drink, or habits, or by attending to simple hygienic rules—*morbi sanantur per medicum, sine medico, et contra medicum*. This fortunate, or, from the doctor’s point of view, unfortunate, propensity of diseases places the expert and legally licensed practitioner at a great disadvantage compared with the professors of other callings—with the cobbler, for instance. Our shoes when worn out have no tendency whatever to self-repair, nor can anyone who has not received a special training—taken his degree in cobbling, as it were—do anything to cure their ailments. Says the cobbler in *Julius Cæsar*: ‘ I am, indeed, sir, a surgeon to old shoes ; when they are in great danger, I recover them.’ But owing to this propensity of diseases to self-recovery, everyone thinks that he can prescribe



for his friends and neighbours when they are sick—he seldom trusts to his own medical skill when he himself is ailing—and he can always show a tolerable amount of success in those who follow his advice, as many more patients recover than die, under any or no treatment. Hence, the apparent and much vaunted and advertised success of all the tribe of patent medicine mongers, faith curers, Christian Scientists, and antitoxin microbomaniacs, and why not also of high-potentizers? It is simply a misfortune for the medical profession that diseases persist in displaying a self-healing power. If the authorities, who rule this planet according to their own sweet will, would only banish or electrocute that pestilent and unlicensed practitioner, the *Vis medicatrix naturæ*, their attempt to give to a deserving profession a monopoly of disease-curing by means of a four-years' course of study in the schools and a parchment diploma might be crowned by a certain measure of success, if they could at the same time guarantee that their licensees were really taught disease-curing. As they cannot do this, their license only amounts to disease-treating, which can never be a monopoly. Of a truth, the physician who has thousands of unlicensed competitors to contend with, and whose material has a provoking habit of self-repair without his aid, has not a happy lot compared with that of the cobbler, whose material has no self-repairing faculty, and can only be restored to health by the skilled artificer. *O fortunatos nimium, sua si bona norint, sutores!*

“I feel that what I have written is more of the character of an apologia for my own practice than an answer to your request for my experience of various potencies. But possibly the tale I have told of my own prepossessions for and experiences of the lower dilutions may not be altogether useless in assisting towards the elucidation of the much-vexed question of the best dose. My experience extends over a very considerable number of years. My conversion to homœopathy dates from 1843, the year of the death of the great founder of our therapeutic faith, so I have had ample opportunity of judging of the success or otherwise of my practice. On the whole, I have good reasons to be satisfied, and I think my *clientèle* have little cause to be dissatisfied. Many families, whose confidence I still retain, have been under my care for long periods, some more than fifty years. The certificates of death I have had to give are not remarkably numerous, and a good many show that the victims have not been prematurely cut off in the flower of their age. I find that many of these certificates refer to a longevity of upwards of eighty years; several have not ‘shuffled off this mortal

coil' before their ninetieth year, and 97, 98, and 99 are some of the ages of my oldest deceased patients.

"I have not yet retired from practice, though practice has, to a considerable extent, retired from me, but that is only natural, for new patients do not usually care to send for an 'octogeranium,' as I have been called, for their medical adviser, and the old ones, who remain faithful to the end, of course eventually drop off, not being endowed with the gift of immortality. So, though I still feel as fit as ever, I have an ample allowance of enforced leisure, which, and the natural garrulity of old age, will account and be my excuse to you for the unconscionable length of this letter."

### DRUG ATTENUATION.

THE following is the article by Dr. Sircar, to which we draw attention in our leading article.

"The reader will remember that Dr. Dunham considered all dilutions above the 3rd centesimal as 'higher potencies,' because they were 'potencies above the grade of that of which the action admits a mechanical explanation.' His favourite dilution in the last years of his practice was the 200th. To our modern high potency men the 30th dilution is but a low potency, and the 200th the lowest rung in the ladder of high potencies. They revel in the 1000ths and the millionths, and they are loth to set bounds to their potencies. We have seen what value to attach to the so-called high potencies produced by the uncertain, unscientific methods of fluxions and infections or simple contacts. So long as the high potencies are not produced by strict Hahnemannian methods, we must refuse to put our faith in them as genuine, and cases of cure reported as having been effected by them we must look upon with suspicion.

"Dr. Dunham prepared his own dilutions in the legitimate way, and we have absolute respect for reports of his cases. And when he accepted the reports of cases of others treated by high potencies, he must have done so, we are sure, under the conviction that these potencies were genuine, for he had no sympathy with those of Hahnemann's followers who found it easy 'to erect on a figurative illustration used by him in the *Organon* a "cloud-capped" theory of the transplantation of the medicinal force from the substance of the drug to the substance of the vehicle used for dilution, and upon the basis of this airy hypothesis to explain all manner of supposed action and reaction of drug spirit upon diseased force."

"In support of the superior efficacy of his moderate high

potency, the 30th decimal, Dr. Dunham has cited the comparisons instituted by Dr. Martin Eidherr of the cases of pneumonia treated in the Leopoldstadt Hospital, in Vienna, during the ten years from 1850 to 1859 inclusive, for the first three years with the 30th, for the second period of three years with the sixth, and for the remaining four years with the fifteenth, decimal dilution.

“It is notorious that conclusions drawn from statistics are not always reliable, especially with reference to disease, which is such a variable entity, varying by reason of difference of constitution in different individuals, by reason of age, sex, and previous disease, and by reason of difference of seasons and other climatic conditions. Dr. Eidherr endeavoured to avoid the fallacy from the last mentioned circumstance. A careful comparison of the meteorological records of the three epochs led him to the conclusion ‘that during the *first* epoch the atmospheric conditions were most favourable to the prevalence and severity of pneumonia, and therefore the *least* favourable for the treatment; during the *second* epoch the *least* favourable for the spread and severity of pneumonia, and therefore the *most* favourable for the treatment.’ The fallacies attendant upon the other circumstances do not appear to have been minded.

“In the records of the cases the following points were carefully noted: (1) The seat of infiltration; (2) Its duration, reckoned from the time at which it was first perceived to the time when it began to be resolved; (3) The time at which resolution of infiltration began; (4) The time at which resolution was completed; (5) The time at which all physical signs disappeared; (6) Duration of convalescence.

“The results of the comparison of these points in the three groups were as follows:—

“The average duration of the infiltration was:—

For Group 1, 3·0 days.

“ 2, 4·1 ”

“ 3, 3·0 ”

“Resolution began:—

For Group 1, on the 3d day.

“ 2, “ 3·5 ”

“ 3, “ 3·2 ”

“Resolution was complete:—

For Group 1, on the 4·9 day.

“ 2, “ 6·9 ”

“ 3, “ 6·3 ”

“The physical signs of the infiltration vanished:—

For Group 1, on the 7·1 day.

“ 2, “ 9·3 ”

“ 3, “ 10·3 ”

“ The physical signs of the exudation vanished :—

For Group 1, on the 12·3 day.

” 2, ” 20·5 ”

” 3, ” 18·1 ”

“ The following is the statement of the average number of days during which each group of cases stayed in hospital :

“ Group 1, treated with the thirtieth decimal dilution ; fifty-five cases were treated ; their aggregate residence in the hospital amounted to 680 days, or an average of 11·3 days each.

“ Group 2, under the sixth decimal dilution ; thirty-one cases, 606 days ; an average of 19·5 days for each case.

“ Group 3, treated with the fifteenth decimal dilution ; fifty-four cases, and 795 days ; an average of 14·6 days for each case.

“ It must be admitted, as Dr. Eidherr claims, that this was the most extensive experiment that has ever been made bearing on the question of the dose, and the conclusion drawn by Dr. Eidherr from the statistics of the cases as given above may be allowed to be legitimate, namely, ‘ that in every point of view the action of the thirtieth dilution, in so acute and dangerous a disease as pneumonia, is more certain and more rapid than that of the fifteenth or the sixth dilution, and that the fifteenth is preferable to the sixth dilution.’ But was Dr. Dunham therefore right in inferring ‘ that up to the present time, experience has established these facts : that the continued diminution of the material quantity of a drug through the process of potentization does positively increase the curative power of a drug when homœopathically used ; that this increase of power is progressive, as far at least as the fifteenth centesimal dilution ’ ? He may say so with reference to a particular disease occurring in a particular period of time, but the facts do not justify the generalization for all diseases, and even for all cases of any particular disease.

“ ‘ There is a natural desire,’ says Dr. Dunham, ‘ to find the limit of potentization. The Vienna experiment gives us no reason to suppose that this limit has been attained in the fifteenth potency.’ The technically termed ‘ high potencies are not the fifteenth or even the thirtieth centesimals ; they are the sixtieth to the two hundredth, and even higher. Dr. Dunham’s experience was limited to the two hundredth. Writing in 1863 he says : ‘ For the last five years I have used the high potencies (two hundredths of my own manufacture and of Lehrmann’s indiscriminately) in all forms of disease that occur in a general practice. I am very sure that my practice has grown more successful every year. While I

trust that an increasing knowledge of the *Materia Medica* may have contributed greatly to this result, I cannot be mistaken in the belief that much is also due to my more and more frequent use of the high potencies.' In illustration he gives the following cases :—

“ ‘A gentleman, who had suffered many years from necrosis of the femur, was subject to acute attacks of periostitis. The twelfth potency of *asafoetida* was found to relieve his suffering, and repeated doses of it generally effected a cure within three or four days. After treating several attacks in this way, I gave him, at the commencement of a fresh attack, a dose of *asafoetida* (two hundredth). The cure was effected in the space of six hours. A difference so remarkable was very obvious to the patient, who, learning from me the difference between this and my former prescriptions, requested to be treated always thereafter with the two hundredth. Here, whatever cavils may be raised about the diagnosis or other points, the fact remains incontestable, that attacks which required for their cure several days and repeated doses of *asafoetida* (twelfth), were cured in six hours by a single dose of the two hundredth. Could it be that repeated treatment of these attacks had modified their severity, and that the amelioration chanced to coincide, in point of time, with the change of potency? To satisfy myself on this point, I once reversed the experiment, and without my patient's knowledge gave the twelfth instead of the two hundredth potency. The attack came on with its ancient severity and persistence, much to my patient's disgust, who was abundantly satisfied with the high potency, but much ashamed of *my* want of confidence.

“ ‘Even after I had become quite satisfied of the superiority of high potencies in most acute diseases, I yet hesitated to employ them in a malady so fearful and so rapid as croup. In this I still adhered to the low (the third) dilutions of *aconite*, or *spongia*, or *hepar*, as the case might require, or to the watery (first centesimal) dilution of *bromine* or *iodine*, if these remedies were indicated. Notwithstanding I had actually witnessed most surprising success in Dr. von Bœnninghausen's practice with the two hundredth potencies in severe croup, I hesitated to use them. I argued to myself : ‘These low potencies have served me well. The majority use them. I do not know that the high are better, even if they be as good. The success with them may be exceptional. I dare not risk the loss of time which would accrue from an unsuccessful experiment with them.’

“ ‘Thus it turned out that I never used the high potencies until three years ago, in the most severe case of membranous

croup I ever saw, the low potencies in which I had always trusted failed me utterly, and I knew not what else to do. A resort to the use of the two hundredth potencies of aconite, hepar sulphuris and spongia saved my patient from this extremity of danger, and satisfied me that a trial of the high potencies in the outset of an attack of croup, instead of involving a risk of wasting time, does in truth obviate such a risk from the employment of the lower potencies. From this time on, in the treatment of croup, I have uniformly begun with the two hundredth potency of whatever remedy was indicated. My success has been more uniform and much more rapidly attained than ever before.

“My first use of a high potency of bromine was accidental. Called to prescribe for a severe case of croup, in which that remedy was indicated, I found that the crude substance or a low dilution was not to be obtained. I had the two hundredth potency in my pocket-case. I gave it with a result equally happy, and much more speedy than I had ever before witnessed. This was altogether contrary to my preconceived notions concerning bromine, and it summarily upset a very pretty chemical theory I had formed.’

“Dr. Dunham, with that love of truth which, in addition to his profound knowledge of the *materia medica*, was his great and noble characteristic, admitted having met with facts of a contrary significance. ‘Nobody’s practice,’ says he, ‘can be free from painful failures. In such cases, wherever I have been tolerably sure that my choice of the remedy was correct, I have repeated the same remedy in a higher or lower potency as the case might be.’ He cites the following instance as affording an illustration of a high potency acting but insufficiently, and a lower giving prompt and complete relief. ‘In a case of chronic asthma, of great severity, I have recently found Glonoine of the greatest service. I first prescribed the sixth potency, having no other at hand. When the action of this dose was exhausted I gave the two hundredth. The result was by no means satisfactory. The sixth again produced happy results as before. Repeated experiments of this kind convinced me that in this instance the high potency did *not* act so favourably or so efficiently as the low. Whether this peculiarity should be accounted for by assuming an idiosyncrasy on the part of the patient, or a peculiarity of Glonoine which renders it incapable of high potentization, or whether the action of Glonoine in this case will prove to have been only palliative, and therefore temporary, is a question which can only be solved by a wider experience than I possess in the use of the various potencies of this new but valuable remedy.’ In a note he adds: ‘The subsequent

history of this case confirms the suspicion that the great relief afforded by glonoine was palliative. After a few months the disease recurred with its original severity, and no form of glonoine (nor of any other remedy that I tried) availed to give relief.' Most probably, in our opinion, the patient must have had some vice, some irregularity of life, which required to be corrected before any medicine could afford permanent relief. Because glonoine failed to give relief in the relapse that took place months after, it does not follow that the relief it had given before was palliative only, especially when other remedies failed also. It must be in the experience of the thoughtful practitioner that the same remedy does not always succeed in subsequent attacks or relapses of the same disease in the same individual, but this cannot warrant us in saying that in such cases the previous action of the remedy was palliative only.

"It is therefore with true scientific spirit that Dr. Dunham admits that 'this fact that a low potency succeeded where a higher had failed, together with similar facts reported by other practitioners, must have a bearing upon general conclusions.' Though in the majority of cases of both acute and chronic diseases he would give the preference to the higher over the lower potencies, yet in some cases the converse having been observed, no explanation of this difference having been discovered, he would not hesitate to use the lower where the higher had failed. And he would leave the question, whether the higher potencies are more generally successful than the lower, and in what proportion, to be determined by statistics drawn from methodical experiment. Whether there is or can be a law for the *a priori* selection of the potency for a concrete case, has yet to be discovered."

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### THE BOYCOTTING OF HOMŒOPATHY.

AN editorial article in the *Homœopathic World* of April draws attention to the refusal on the part of the *Lancet*, and of the *British Medical Journal*, to insert a series of advertisements of Dr. Clarke's "*Dictionary of Materia Medica*." In the *Chemist and Druggist* of April 11th appears, in the column entitled "Observations and Reflections by X-rayser," the following pungent remarks on this episode. "Very curious is the attitude of the medical journals towards homœopathy. . . . These journals either honestly believe that the doctrine taught in the book are dangerous, and they refuse to jeopardise the orthodoxy of their readers, or they have reason to believe that they would lose more than the money involved because

of the prejudice of their readers. The first reason would be a tribute to their sense of duty; the second to their worldly wisdom; but neither is complimentary to the intelligence of the medical profession."

It is well that such journals as the *Lancet* and the *British Medical Journal* should see themselves as others see them, especially when this illumination is offered by a journal which, though not exactly medical, is closely associated with the *armamentaria* of medicine, but which loves to see fair play between combatants, and not the use of such tactics on the part of the *Lancet* and *British Medical Journal* as it describes.

In the *Lancet* of April 18th a paragraph headed "Inaccurate" appears, in which certain statements made by the *Chemist and Druggist* as to money having been received for the advertisements and returned, are denied. And the editor is good enough to add, "It would be well if the editor of the *Chemist and Druggist* would remember, and would instruct his staff, that statements concerning the *Lancet* which appear in the homœopathic press are not likely to be accurate." We should be so pleased to have another sample of such inaccurate statements from the "homœopathic press." We were always under the impression that it was the other way about.

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#### DR. HAWKES, OF RAMSGATE, J.P.

WE are much pleased to learn that our colleague, Dr. Hawkes, has been made a Justice of the Peace. He has for many years done useful and valuable work for the prosperous seaside resort of Ramsgate, as a member of the Town Council, and in the furtherance of Sanitary improvements of importance to the town, while for some years he conducted successfully courses of lectures in connection with the St. John's Ambulance movement. This new honour is therefore well-deserved, and we heartily congratulate Dr. Hawkes, and the position he has made for himself by his energy and business capacity, over and above his busy professional work.

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#### HAHNEMANN HOSPITAL, LIVERPOOL.

##### OPENING OF LAUNDRY AND NURSES' HOME.

WE extract from the *Liverpool Courier* of May 15th the following glowing account of the opening, by the Lady Mayoress of Liverpool, on the 14th of May, of this important addition to the full equipment of the hospital, and we congratulate the



Board of Management and the Medical Staff on the occasion, and on the accomplishment of Lord Dysart's suggestion, backed up by his lordship's never-failing liberality to the cause of homœopathy. The article is as follows:—

“A house swimming over with flowers—that was our first impression of the Hahnemann Hospital yesterday, the occasion of the opening of the new Nurses' Home and Laundry by the Lady Mayoress in the presence of a large gathering. Flowers and plants and palms were in profusion everywhere. They made jardinières of the hall, the stairs, and the corridors. They banked the fireplaces and window sills. They were clustered in the sitting rooms and the dining rooms. In the wards the tables were full of them, and little children, softly tucked away under pink and white coverlets, smiled up at you as if the sweetness of the blossoms had entered into their lives. The new-come sun which flooded the rooms had set all the canaries singing, and the perfume of lilies and jonquils and green things pervading the atmosphere brought their delicious breath of Spring. The new Nurses' Home is built apart from the hospital, and is approached by a covered passage which was festooned with ropes of smilax, the dark-green shining out against the white walls. There is a dining room in warm crimson tones, and the sitting room is a dainty, bright apartment, is painted in delicate blue tones, and the carpets and curtains are in harmony. There are handsome engravings on the walls, a beautiful piano, and many lovely ornaments scattered about among the flowers and books. It is an ideal sanctuary for tired workers, and the bedrooms are just as pretty and restful. One is all in soft green, with pictures and tinted muslin screens; another is in tones of orange and yellow; and the floor above is as dainty as the floor below. Then the Laundry, where the opening ceremony was conducted, is down in the basement, but so constructed that I fancy the committee will ere long be tempted to turn it into a sun-house for consumptive patients. There is a great window, and part of the roof is of glass, and the afternoon sun shone gallantly on the proceedings.

“Mr. Carlton Stitt presided, and among others on the platform were Mrs. Shorrock Eccles and Mrs. Carlton Stitt. Mrs. Charles Hayward's two pretty children, Edna and Eileen, presented the Lady Mayoress and Mrs. Carlton Stitt with beautiful bouquets of roses. Mr. Carlton Stitt briefly explained that the idea of the nurses' home and laundry originated with Lord Dysart, who offered a challenge grant of £500 if the rest of the cost of erection could be met. By means of a successful floral bazaar and contributions from all sources the necessary sum was raised. Thanks were

warmly due to many friends who had come forward with generous help and advice, to Mr. Temple, to Sir W. H. Tate, to the Ladies' Committee, to Mr. Shorrocks Eccles (the honorary secretary), to Mr. Goodwin and Mr. Crosfield, and to Miss Davies (the matron), for her practical interest. The Lady Mayoress then declared the home and laundry open, wishing them all success as she did so, and remarking that nothing was too good for women so devoted and so hard working as nurses. A vote of thanks to her, proposed by Mr. Temple and seconded by Mr. H. J. Crosfield, closed the speaking. The Lady Mayoress then unlocked the door of the new hostel, and proceeded on a tour of inspection, accompanied by the matron and the guests."

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#### THE LEAF HOMŒOPATHIC HOSPITAL, EASTBOURNE.

IN our issue for March we presented the annual report of this valuable institution, in which it was stated that it had been found necessary to enlarge the present premises, as they had been found insufficient for the demands upon it, that the Misses Leaf had generously given Nos. 1 and 2, Marine Road, to the committee, in trust for the furtherance of homœopathy, and that it had been resolved to adapt these premises for hospital purposes, and so to enlarge the present hospital. The following interesting statement regarding this important new departure appears in the *Eastbourne Gazette* of April 1st. No doubt the required funds will be forthcoming, and we wish the extended hospital all success in its future career of usefulness.

"In the year 1887 a proposal was made to establish a Homœopathic Hospital in Eastbourne. It was chiefly through the efforts of Dr. Walther, who was then the representative of homœopathy, that this was brought about. He saw the necessity of such an institution, and mentioned the subject to Mrs. Maloney (a then resident of Eastbourne). This lady, knowing the Misses Leaf and being aware of the great interest that they took in homœopathy and its furtherance, brought them into touch with Dr. Walther, with the result that the Misses Leaf offered a small house at No. 2, Marine-road, at a nominal rent for the purpose of being used as a small Homœopathic Hospital.

"This offer was accepted; in 1888 the Hospital was opened; and the poor who were too ill to be properly treated in their own homes have since reaped the inestimable advantage of skilled nursing and quiet rest with a continuance of homœopathic treatment.

“ The services of Miss Bevis were secured as matron, and she has continued to hold that post to the advantage of the Hospital and its inmates.

“ The late Mr. F. C. S. Roper kindly consented to become honorary treasurer, and acted as such until 1896, when, through ill-health, he was compelled to resign. He was succeeded by Mr. R. C. Lambert, J.P., our present honorary treasurer.

“ The honorary medical staff consisted of Drs. Walther and A. H. Croucher. Dr. Walther severed his official connection in 1894 on leaving the neighbourhood, but continued his kindly interest in the Hospital. Dr. A. H. Croucher and Mr. P. C. B. Swanseger are now the acting medical officers, and Mr. Dudley Wright, F.R.C.S. Eng., and Dr. E. A. Neatby respectively the consulting surgeon and physician. Mr. Harold Turner, L.D.S. Eng., is dental surgeon:

“ The accommodation at the Hospital, at all times cramped, has of late years, owing to a large increase in the number of patients treated there, become much more so, and latterly the necessity of having more room has been acutely felt in order that the work should be carried out efficiently.

“ The committee at first proposed to acquire a site and build a new Hospital, and an appeal was made for funds for that purpose, with the result that nearly £300 was subscribed. But that scheme had to be abandoned owing to the difficulty of finding a suitable site and raising sufficient funds.

“ The scheme for building a new Hospital having thus fallen through, the Misses Leaf, with their usual generosity, came to our aid, and offered the house adjoining as an addition to the present premises, the two houses having now been given to the committee, in trust, for the furtherance of homœopathy.

“ At great expense these premises have now been adapted for Hospital purposes, and the committee are once again able to resume under far more favourable circumstances the good work which has been suspended since the 1st February last.

“ The cost of the alterations has been met by the subscribers to the Building Fund kindly consenting to their subscriptions being used for this purpose.

“ We now appeal for subscriptions and donations to enable us to meet the annual increase in the cost of maintaining this institution consequent upon the enlargement thereof, not only to those who have experienced the benefit of homœopathic treatment, but to the inhabitants of the Borough, who must surely realise the advantages which the institution has conferred upon the poor of the town. Contributions

will be thankfully received by the hon. treasurer, by the secretary, or by the Bankers (Messrs. Barclay & Co., Ltd.).”

Since the above was in type, and, though intended for our May issue, was crowded out, we have received a copy of the *Eastbourne Chronicle* of April 11th, giving an account of the re-opening of the new Hospital by Sir Henry Tyler on the 6th of April, which we have pleasure in laying before our readers. There are now, we understand, four wards, with beds for ten patients, and a cot for a child. It is all very gratifying indeed.

#### THE RE-OPENING.

“The re-opening of the enlarged Hospital took place on Monday, April 6th, when there were a very large number of visitors to the Hospital. Those present included the following : The Rev. E. Allen (chairman of the committee), the Rev. W. T. Turpin, the Rev. C. B. Cooper, Mr. R. C. Lambert (hon. treasurer), Mr. E. Barrett (secretary), Dr. A. H. Croucher and Mr. P. C. B. Swanseger (the hon. medical staff), Dr. E. A. Neatby and Mr. Dudley Wright (hon. consulting physician and surgeon), the Rev. G. Richardson, Mr. C. Crisford, Mr. H. Vine, and a large number of ladies. Sir H. W. Tyler, the chairman of the House Committee of the London Homœopathic Hospital, was also present to perform the formal re-opening ceremony, and his kindness in doing so was warmly appreciated. Sir H. W. Tyler has in his time ‘filled many parts,’ as he has been, amongst other things, M.P. for Harwich and Great Yarmouth, and President of the Grand Trunk Railway of Canada. One of his present positions is on the directorate of the Great Eastern Railway.

“The proceedings were opened with prayer by the Rev. G. Richardson.

“The Rev. E. Allen, chairman of the committee, said his duty was simply to introduce to them Sir Henry Tyler, but he thought he might be excused for saying a few words of welcome to them all who had come there to support that excellent little charity. They were very glad to see so many gathered there. The alterations were exceedingly necessary, and some amongst them collected a sum with a view to having a new hospital, or something larger and better than they had had before. They took the precaution of asking the generous friends who had helped them to allow their contributions to be applied to the enlargement of their present Hospital, which they were all perfectly willing to do. He hoped they would think that everything had been done very well indeed. They were very much indebted to a member of their committee, who was an architect, and who had

undertaken that work as a labour of love. (Applause.) It would be a satisfaction to them and to him. They had got this little enlargement; it would be an advantage, and it would be a credit to them, but at the same time it would mean additional expenditure. They wanted a larger subscription list, so that the work might be continued as it had been going on in the past in that neighbourhood—in the heart of the people. It was very much appreciated, and they wanted it to go on as a useful, prosperous, and flourishing institution.

“Sir Henry Tyler was then presented by the little daughter of Dr. A. H. Croucher with a handsome button-hole, and Sir Henry expressed his pleasure at being present at the ceremony and the re-opening of that Hospital. During the fifteen years that the Hospital had been opened 2,000 cases had been treated, and they might hope that in the future still greater benefits would accrue from the Hospital on its extended basis. Sir Henry proceeded to refer to the fact that there had been on the part of many medical men a great prejudice against homœopathy in this country, and argued that allopathy had benefited by the introduction into it of homœopathic principles. Homœopaths, he said, had investigated 900 remedies taken from the animal, vegetable, and mineral world, and many of these were in regular use. It was lamentable to those who knew the value of these remedies to see their friends and fellow-creatures suffering and dying when there were these remedies, which could so easily and readily be given to them. Sir Henry urged that for the extension of the work in Eastbourne ladies' guilds should be formed, which they had found to be very useful in London. By so doing they would continue the good work which had been done by the Misses Leaf. In opening the Hospital he wished them all success, and he would like to see their example followed by all the towns of England. (Applause.)

“Dr. A. H. Croucher proposed a vote of thanks to Sir Henry Tyler, and also expressed pleasure at seeing Dr. Neatby and Mr. Dudley Wright present. He remarked that he had been associated with the Hospital since its commencement fifteen years ago, and they had long been looking forward to the time when they would have larger premises. They hoped that in the enlarged premises they would be able to do more and better work, but what they wanted was support in order to keep the thing going, and he thought they might take an example from one lady, who by her work had given them enough money to purchase several necessities.

“Mr. R. C. Lambert seconded the vote of thanks, and spoke

of the kindness of Sir Henry Tyler in coming to open the Hospital. He also referred in extremely appreciative terms to the work of Miss Bevis as matron, and of Nurse Foster. He extended a welcome to Misses Coles, who were there as the representatives of the Misses Leaf, and in conclusion he spoke of the honorary services rendered to the Hospital by Dr. Croucher and Mr. Swanseger.

"Sir Henry Tyler briefly replied to the vote of thanks.

"Dr. Neatby was asked to say a few words, and expressed his pleasure at being present at the gathering and at the excellent arrangements which had been made in the Hospital. He urged the importance of obtaining new subscribers, and spoke of the work of ladies' guilds as being very effective.

"Miss Coles also spoke in terms of high eulogism of the work of Miss Bevis and Nurse Foster. She also mentioned that the Misses Leaf, her aunts, were now quite invalids, but that their interest in the charity remained unabated. She further stated that many baskets of flowers for the decoration of the rooms had been received from old patients, which was, she thought, a very touching thing, and showed the gratitude the patients had for the Hospital.

"Miss Lewis seconded the vote of thanks which Miss Coles had proposed to Miss Bevis and Nurse Foster, and this was supported by Dr. Neatby and carried.

"The proceedings then terminated.

#### SALE OF WORK.

"In one of the wards a sale of work afterwards took place in order to augment the funds of the Hospital. There was a good display of various useful and fancy articles, and an excellent trade was done. The stall-holders were the Misses Coles, Mrs. Croucher, Miss Hastings, Miss Lucy Cooper, Miss Maunsell, Miss Allen, Miss Turpin, Mrs. Lumsden and Mrs. Swanseger."

#### TORQUAY HOMŒOPATHIC DISPENSARY:

At the 55th Annual Meeting of the Committee of the Torquay Homœopathic Dispensary, held at 76, Fleet Street, Torquay, on Friday, March 13th, 1903. A. Backhouse, Esq., in the chair.

The minutes of the previous year were read and confirmed. It was resolved that this Report be adopted, printed, and circulated. It was unanimously agreed that the best thanks of the committee and subscribers be given to the medical officers, Dr. Midgley Cash and Dr. Ford Edgelow, for their

unremitting attention and the skilful treatment of the very large number of patients who have been under their care. A vote of thanks was accorded to the Rev. B. R. Airy, the Rev. J. P. Baker, the Rev. J. T. Jacob, the Rev. A. B. Wrey, the Friendly Societies per Mr. R. Butland, St. Mary-Church Church Parade per Mr. G. Smale, and the subscribers and donors. The Committee expressed their deep regret at the death of the President, W. B. Fortescue, Esq., J.P., and passed a vote of condolence which the Secretary was instructed to forward to the Misses Fortescue. A resolution was passed asking Colonel Cary to become President of the institution. Mr. Backhouse was thanked for presiding.

Medical report for 1902: Patients remaining from 1901, 176; admitted during 1902, 534; total, 710. Cured, 249; relieved, 215; no change, 45; no report, 41; deaths, 3; on books, 157; total, 710. Number of attendances during the year, 4,472; average per Dispensary day, 43.

The Torquay Homœopathic Dispensary is one of the oldest established Dispensaries in Torquay and district, if not in the West of England, being established fifty-two years. It owes its existence to the late Dr. Mackintosh and the late Mr. J. M. Rendall, who together founded it with the assistance of several benevolent ladies and gentlemen, who generously assisted to establish the institution by giving substantial pecuniary aid. The Dispensary has gradually increased its usefulness; in 1847 the attendances during that year were about 730; the number of attendances during last year, 1902, were 4,472, a vast increase. The Dispensary is chiefly managed by gratuitous helpers, an average of about £140 per annum being expended on medicines, rent of rooms, surgical appliances, dispenser's salary, printing, advertising, stationery, postages, &c. Patients need not necessarily be residents of Torquay; Paignton, Churston, Brixham, Dartmouth, Kingskerswell, Newton Abbot, and all adjacent villages, even as far as Exeter, furnish a great many patients. Surgical operations of a minor degree are undertaken by the medical staff, also dental surgery by the dental surgeon appointed for that purpose. The institution is entirely supported by voluntary contributions.

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## LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY AND COTTAGE HOSPITAL.

### REPORT OF THE DISPENSARY FOR 1902.

THE Committee has much pleasure in presenting the 16th Annual Report, which is, on the whole, highly satisfactory.

In the Provident Department 340 cards have been issued, representing 565 members. The number of cards is 33 in excess of last year, 44 more members being represented.

In the Non-Provident Department the number of cards issued was 216, as against 249 last year. This department thus shows a slight falling off, which is probably partly accounted for by the removal of the Dispensary, such changes frequently tending in the direction of a temporary decrease, which was therefore almost to be anticipated.

In addition to the above, cards have been given freely by subscribers to poor patients, who thus receive medical attendance entirely gratis.

The balance-sheet shows an increase in the Provident Department of £5 0s. 5d.; but the Non-Provident Department shows a falling off of £7 2s.; the patients' total fees thus showing the slight decrease of £2 1s. 7d., which is probably accounted for as stated above.

It is to be regretted that the subscription list is less than that of 1901 by £6 6s. 2d. We feel certain that this fact in itself will appeal to our Subscribers, since we depend largely upon their generous support.

After paying all claims up to December 31st, there remains a balance at the bank and in hand of £84 4s. 6d.

The Chemist's return for the past year shows that 1,737 prescriptions have been dispensed.

The Committee has great pleasure in acknowledging the valuable services rendered by Drs. Mason and Capper as medical officers to the Dispensary; and also those of the late hon. treasurer, Mr. Bolus; the hon. financial secretary, Mr. Milne; and the hon. secretary, Mr. Orton.

The Committee has also pleasure in acknowledging the kindness of Messrs. Hopps and Bankart, who have once more audited the accounts.

In June the Dispensary was removed from Dover Street to 38, Princess Road. Two rooms of this residence have been apportioned to the work of the Dispensary, a rental of £30 per annum being paid to the Hospital. The rest of the premises have been arranged as a Cottage Hospital, with accommodation for six patients. (See the Hospital Report.)

Through the lamented death of the late Sister Dorothy Coy, the Dispensary has lost a valued friend, whose interest and support will be greatly missed.

#### REPORT OF THE COTTAGE HOSPITAL.

The urgent need has for long been recognized of a small Hospital in connection with the Dispensary, where both medical and surgical cases might be received for such



treatment as would be quite impossible in the patients' homes. Previously it has been necessary either to treat such cases under the disadvantages of unfavourable surroundings, or to send them to the Infirmary; in which case the homœopathic treatment, which they desired, had to be denied to them. The idea of providing such a Hospital has for long been under consideration, the great difficulty in the way being that of raising the funds which would be necessary, not only for its establishment, but also for its maintenance.

In a preliminary circular we asked for a sum of £700 for this object, and although the whole amount was not immediately forthcoming, we succeeded in obtaining enough to justify us in proceeding with the scheme. A house situated at 38, Princess Road (corner of Museum Square), was therefore taken; two rooms on the lower floor were given up to the Dispensary, and the rest of the house equipped as a small Hospital with six beds. This Hospital was opened in June, and for the six months up to the end of the year the available beds were almost constantly occupied, and thirty-three patients were admitted.

For the care of the Hospital patients we have been fortunate in securing the services of Nurses Clifton and Freda Jones, both of whom have undergone a course of careful training at the London Homœopathic Hospital, and have also had considerable experience in private work. We have also had the advantage of the assistance of Miss Kathleen Carryer as probationer. She has shown a special aptitude for the work, and will shortly leave us to undergo a complete course of training.

The only possible way to carry on a work of this kind with the funds at our disposal is by making the Hospital in part self-supporting: this is, indeed, the ideal always to be aimed at in such institutions, as the patients thus maintain their independence, pauperising is guarded against, and indiscriminate charity avoided. The arrangements as to such payments by patients, and as to suitable cases for admission, will be seen in the Rules and Regulations of the Institution. It is calculated that the amount received from patients will cover about half the expenses, and for the balance we urgently appeal to annual subscribers, an increase in the number being an absolute necessity if the work is to be efficiently carried on.

It may perhaps be mentioned in the present report that since the termination of the financial year Lord Dysart has promised a subscription of £25 to the Maintenance Fund, and a grant of £10 has been made from the Twentieth Century Fund of the British Homœopathic Association.

Our most cordial thanks and acknowledgments are most

heartily rendered to those generous donors who have enabled us to commence this useful and most necessary work.

We have also to acknowledge many gifts of articles of furniture, fruit, flowers, and various comforts for the patients.

We are very much indebted to the members of the Ladies' Committee for the keen interest they have taken, and for the ready help they have given in the work of equipment and organization, and would take this opportunity of specially thanking the following ladies: Mrs. Mason, Mrs. St. Dalmas, and Mrs. Alex. Baines, who were appointed as a special sub-committee for furnishing the Hospital; Mrs. Clifton, Mrs. S. S. Wheeler, and Mrs. St. Dalmas, who undertook the duties of a sub-committee for the purchase of the necessary linen; Mrs. Milne, for providing and making the curtains and muslin blinds.

The work thus accomplished involved an immense amount of time and trouble, and we owe a debt of gratitude to the ladies who carried it out so efficiently and economically.

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In presenting the above very satisfactory report of the Leicester Homœopathic Provident Dispensary and Cottage Hospital, it is always a pleasure to see such good work publicly noticed, and its value recognized by the local press. In the *Leicester Guardian* of May 9th the following appears in the editorial column, on which, and on the excellent work of this valuable institution, we heartily congratulate Drs. Clifton, Mason, and Capper.

“MINIATURE DISPENSARY.”

“Last week we called the attention of our readers to the prosperity of a Dispensary with nearly 50,000 members. There is a miniature Dispensary in Leicester which has only 565 members, but which appears to be equally prosperous with its more important brother, whose advantages it seeks to imitate. We refer to the Leicester Homœopathic Provident Dispensary, the 16th Annual Report of which is before us. The charge for this is, as for the General Dispensary, only a penny per week, with reductions in the case of families subscribing. The advantages, as far as we can see, are the same. Members get medical attendance in return for their weekly payments, and are also provided with the necessary medicine. Last year 1,737 prescriptions were made up, an average of more than three for each member. The medical officers are Dr. Clifton, Dr. Mason, and Dr. Capper, so that the members are ensured highly qualified advice. Though a small and comparatively young organization, the Dispensary

is up-to-date, for it has already its own Cottage Hospital, to which poor patients may be removed if they require special nursing, and at which they will be charged only such fees as their means will enable them to afford. We said the Dispensary was a prosperous one, and this is proved by the balance-sheet, for although the income of the Dispensary is less than £200, it has a balance to the good of £84 4s. 6d.—an advance of about £5 on last year's balance. The affairs of the Cottage Hospital seem in a similarly satisfactory condition. Thirty-three cases were treated at the Hospital and no death is recorded, and of these twenty-three resulted in complete recovery. One is set down as a partial cure, six as 'much improved,' and three as 'improved.' The poor man does not miss much in these days. He can even follow his fancy in the matter of medical treatment, choosing either to be a patient of the allopath or the homœopath."

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#### WIRRAL HOMŒOPATHIC DISPENSARY, BIRKEN- HEAD.

##### TWENTY SEVENTH ANNUAL REPORT FOR 1902.

THE Council have much pleasure in laying before the Subscribers their Report for the year 1902. The total number of attendances at the Dispensary was 6,713 as against 6,905 in 1901, a decrease of 192; and the total number of visits paid to patients at their own homes was 1,352 as against 1,406 in 1901, a decrease of 54.

Patients who would rather pay a fee of sixpence than accept advice gratuitously, are given priority of admission at each opening of the Dispensary, and during the year there have been 1,087 of such attendances.

The inadequacy of the accommodation afforded by the present Dispensary premises in Exmouth Street has been referred to in previous reports, and in the summer of the year now under review the Council decided to purchase a suitable piece of land in Price Street, Birkenhead, and to erect on it new and more commodious premises.

The land was bought and has been conveyed to the institution, and plans for the new building have been prepared. The cost of the land was £265, and the estimated cost of the building, including furnishing, is £1,000, so that the total amount which had to be raised was about £1,265. A legacy of £200 left to the institution some years ago, supplemented by other gifts, has enabled the Council to pay for the land; and they have received promises of assistance from several friends, notably from one generous donor (who at present

prefers to remain anonymous) who, besides giving £50 towards the amount required for the purchase of the land, has promised a further sum of £450 conditionally on the Council raising £500. But the amount still required to complete the building fund is about £300, and the Council are most anxious to raise this as soon as possible, so that the erection of the new building may not be any longer delayed; and they earnestly invite not only those who are interested in homœopathy, but all who have the welfare of the poor at heart, to assist in the useful work which the institution is doing by contributing to this fund.

The Honorary Treasurer's account will be found herewith, and it will be seen that the income of the Dispensary in 1902 from all sources was £140 6s. 5d. Donations to the building fund and new subscriptions will be gladly received by the Honorary Treasurer, Fred. W. Heape, Esq., 8, Kingsmead Road South, Birkenhead. Subscriptions may also be paid to the Lady Collector, Mrs. E. J. Taylor, 13 Ravenscroft Road, Birkenhead.

The cases during the past year include the following diseases:—Digestive organs, 800; respiratory, 600; nervous system, 50; blood and its vessels, 190; abdominal organs, 170; genito-urinary system, 50; bones and dentition, 90; skin, 160; muscular system, 120; glandular system, 100; eye, ear, nose, 80; fevers, including influenza, 90; surgical cases, 80; total, 2,580.

We congratulate the medical officers, Dr. T. Reginald Jones, Dr. C. Theodore Green, and Dr. H. G. F. Lawson, on the flourishing state of the Dispensary, and on the necessity for enlarged premises. We wish the institution all success in completing the new building, and in its future career of usefulness.

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#### IODINE RASH.

“ON April 14th, 1903, I was called in hurriedly to see a patient, E. W., aged 12, who was said to be dying. I found her reclining on a sofa, and conscious. Her mother said the girl had just had a fit. What immediately called attention was the condition of the girl's face. The forehead, cheeks, lips, and chin were covered with a rash. Papules, hard and shotty, were felt; some of these were becoming vesicles, and some were fully-developed vesicles, loculated and umbilicated; some were becoming purulent, and were surrounded by a narrow zone of inflammatory redness. The pustules were

most abundant under the eyelids, where they were confluent, and on the forehead. There was one vesicle as large as a split pea in the right wrist, and five or six papules on the back of the right wrist and hand. There were no other spots anywhere on the body or in the mouth. The rash had exactly the appearance of that of small-pox. The temperature was 101·4°. There had been no headache or backache, and the child had only been confined to the house for three or four days.

“On inquiry, I was given the following history : The child suffers from leucocythæmia (there is also heart disease present), and on March 30th had visited a hospital in Liverpool, and received a prescription which I found advised 3-gr. doses of potassium iodide three times daily. The next day some hard spots came out on the forehead, and these continued coming out in crops since and were getting worse. Some scabs had fallen off, but had left no cicatrix.

“The child had been re-vaccinated twelve months ago. There was an indirect chance of infection of small-pox. The medicine was stopped and arsenic substituted. Although I considered the case due to iodide, it seemed suspicious enough to ask the medical officer of health to see her also. This he was kind enough to do the next day. He considered the case doubtful, yet the signs were sufficient for the house to be put into quarantine. When we met again two days later, there could be no doubt that the rash was due to iodide. The whole was subsiding rapidly ; the vesicles were drying up, not forming scabs, and some of the scabs had fallen off without leaving any scar. Since then the whole face has cleared up, and there is now no sign of what has occurred beyond a little scaliness and brownish discolouration.

“The distribution of the rash is a point to be noted. In all the other cases of iodide rash I have seen it has been present on the body also. I believe that the rash of small-pox, too, sometimes comes out in crops, but not for such a time as fourteen days.”

Southport.

J. HERBERT SYKES, M.B.

*Brit. Med. Jour.*, May 9th.

#### BURNETT MEMORIAL FUND.

	£	s.	d.
The Rev. Vernon L. and Mrs. Guise, of Stopham Rectory ..	5	0	0
The Misses Leaf, Worthing .. ..	5	0	0
J. Franklin, Esq., Worthing .. ..	1	1	0
A. T. Cook, Esq., London .. ..	1	0	0
Amount previously acknowledged .. ..	385	10	0

Total £397 11 0

## GASTRITIS.

THE following is an excellent example of the homœopathic use of hydrocyanic acid in the hands of an allopath :—

Mrs. F., aged 50, was suffering from what the attending physician diagnosed as acute gastritis. Pain, nausea and vomiting were the leading symptoms, and to relieve which he had administered  $\frac{1}{4}$  grain morphia hypodermically, and repeated the dose in two hours. At the end of another two hours patient was not improved and counsel was sent for. He advised another hypodermic of morphia, which was done, and repeated in two hours. They left powders composed of arsenite of copper and calomel triturate, with instructions that one be given every hour. It so happened that this patient could not tolerate the effects of morphia, and whilst pain was considerably relieved by next morning, intense nausea and vomiting remained. How much of this was due to morphia they could not determine, and when I saw her on the following day this condition was so persistent that physicians and family were becoming greatly alarmed. I suggested hydrocyanic acid, basing my choice of remedies on these conditions: Gastric pain and tenderness, tongue was clear, though elongated, very pointed, with tip and edges decidedly reddened. They could not see it that way and again were going to resort to the hypodermic use of morphia, when the family intercepted with the request that my suggestion be tried. So 5 drops of the dilute hydrocyanic acid were added to one half glass of water, and a teaspoonful of this solution was given every hour. After ten hours, patient was considerably relieved, and on the following morning all pain, vomiting and nausea had ceased, and convalescence was rapid.—*The Medical Brief*, Jan.

## REASONS WHY HE CAME TO THE ASYLUM.

THE new patient explained his family relations as follows: "I met a young widow with a grown step-daughter, and the widow married me. Then my father who was a widower, met my step-daughter and married her. That made my wife the mother-in-law of her father-in-law, and made my step-daughter my mother, and my father my step-son. Then my step-mother, the step-daughter of my wife had a son. That boy was, of course, my brother, because he was my father's son. He was also the son of my wife's step-daughter, and therefore her grandson. That made me grandfather to my step-brother. Then my wife had a son. My mother-in-law, the step-sister of my son, is also his grandmother because he is my step-son's child. My father is the brother-in-law of my

child because his step-sister is his wife. I am the brother of my own son who is also the child of my step-grandmother. I am my brother's brother-in-law, my wife is her own child's aunt, my son is her own grandfather. And after trying to explain the relationship in our family some seven times a day to our calling friends for a fortnight, I was brought here—no, came here of my own free will."—*Ibid.*

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CORRESPONDENCE.

A HEALTH RESORT IN THE WEST MEDITERRANEAN.

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

GENTLEMEN,—The existence of a sanatorium in the West Mediterranean, within easy distance of England, and not involving the fatigue of a long journey overland, will be satisfactory news to many of my colleagues.

Such a sanatorium now is found at Algeciras, in the Bay of Gibraltar, since the Hotel Acina Cristina has been built. The values of the place are in part those of the locality and in part those of the building itself, which has turned to splendid account the great natural advantages of the spot, especially in the cooler months.

The place possesses the usual attractive characters of Southern Spain. Its situation is further protected by the hills behind, and its outlook into the Mediterranean shielded by its position in Gibraltar Bay. The mean winter temperature is stated to be 55°, with practically continuous sunshine all the year round.

The building, which enables these local advantages to be realized to the utmost, is a Hotel, designed and controlled by British authorities, but arranged on the Oriental plan of a large marble-flagged courtyard in the middle, surrounded by an angular circumference of building, so profusely supplied with terraces that the maximum of sun and air is supplied to the various apartments. It is this element which affords all the advantages requisite for easy convalescence, and a personal stay this year at Eastertide, and last year in conjunction with Dr. Byres Moir, has enabled me to speak with definiteness as to the health-giving qualities of this part of the world.

I now advise patients to conclude a prolonged stay on the continent here in preference to the Riviera; and voyagers from Greater Britain may well become genially acclimatized here ere at once sailing north in the colder weather.

Yours faithfully,

35, QUEEN ANNE STREET, W.

GEORGE BURFORD.

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs. DUDGEON, ROBERSON DAY, GOLDSBROUGH, J. H. CLARKE, BURFORD, Mr. CROSS (London); Dr. MIDGLEY CASH (Torquay); Dr. PROCTOR (Birkenhead); Dr. CASH REED (Liverpool); Dr. A. H. CROUCHER (Eastbourne).

## BOOKS RECEIVED.

*Efficiency in Homœopathy.* By J. Roberson Day, M.D. *The Hydro-Mineral Cure of Evian.* By Dr. Paul Bergouignan. Paris, 1903. *Case of Brain Tumour.* By A. C. Dutt, B.A., M.B. *Simple rules for preventing infantile complaints and deaths among infants.* By J. T. C. Nash, M.D. Bristol: John Wright & Co. *The Homœopathic World.* May. *The Journal of the British Homœopathic Society,* April. *The Vaccination Enquirer,* May. *The Annual Report of the Torquay Homœopathic Dispensary, 1902.* *The Annual Report of the Leicester Provident Dispensary and Cottage Hospital, 1902.* *The Annual Report of the Wirral Homœopathic Dispensary, 1902.* *The Eastbourne Chronicle,* April 11. *The Eastbourne Gazette,* May 20. *The Liverpool Courier,* May 15. *The Medical Times,* New York, May. *The Homœopathic Envoy,* May. *The Medical Century,* May. *The Pacific Coast Journal of Homœopathy,* April. *The Medical Brief,* May. *The American Medical Monthly,* Feb. *The Medical Advance,* Apr. *The Cleveland Medical and Surgical Reporter,* Feb., March, Apr. *The Hahnemannian Monthly,* May. *The Clinique,* April. *The Homœopathic Recorder,* April. *The Doctor,* April. *The Therapist,* May. *Le Mois Médico Chirurgical,* April. *Revue Homœopathique Française,* April. *Allgemeine Homœopathische Zeitung,* April 23 and May 7.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH HOMŒOPATHIC CONGRESS.

ONCE more the season for our Annual Congress has come round. It is to be held this year at Oxford, on Tuesday, the 23rd of the present month, as is already known to our colleagues by the circular which every homœopathic practitioner has received, and which we reprint on another page. The Congress Day is always a red letter day in our year; as besides the work done, the social pleasure of colleagues from a distance meeting together is found to be so much enjoyed and appreciated by all. We always part at the end of the proceedings feeling that a really delightful day has been spent, and with the prospect of a revival of the enjoyment in the next year.

It is a number of years since the Congress met at Oxford, and the selection of such a classic *rendezvous*, so full of historical associations, and of such architectural feasts to the eye, will, we feel sure, result in a large gathering of members. And in order to ensure that a visit to such a charming city should not be spent in-doors at Congress work entirely, the council resolved that on this occasion a departure from the usual order of proceedings should be made; that the professional part of the Congress should be got through before lunch, which will be delayed till 2 o'clock with this object, and that the whole afternoon

should be devoted to seeing the unique beauties of Oxford. Only the usual necessary "business" will be relegated to the afternoon, when after their tour of inspection the members will meet over a cup of tea, and get through the needful arrangements for the congress of 1904, before dinner. We shall thus combine business with pleasure to the fullest degree possible. Our esteemed LOCAL SECRETARY and VICE-PRESIDENT, DR. M'LACHLAN, will kindly arrange the round of sight-seeing, and with his intimate knowledge of all the choice "bits," we may be sure that the time will be well spent and not wasted. When the Congress meets at any provincial town, we usually note the interesting features, historical and otherwise, connected with it. But to do this in the case of Oxford would be almost equivalent to "carrying coals to Newcastle," while to attempt such a task would involve an article of unconscionable length, so rich is this wonderful city in interest of all kinds to fascinate the most prosaic mind. We therefore refrain from going into details. But we think it would add much to the enjoyment and profit of the afternoon walk were each member of Congress who is not intimately acquainted with Oxford to obtain a copy of "*Alden's Sixpenny Guide to Oxford*" (Alden & Co., Ltd. Cornmarket Street), and before coming, to look up the historical and architectural information there contained. By doing so, we shall be able to save DR. M'LACHLAN much vocal fatigue, and enter more thoroughly into the visible charms which are linked with such interesting ancient history.

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But while thus anticipating a unique afternoon's enjoyment, we look forward to a very interesting morning's work. The address of the PRESIDENT, DR. PERCY WILDE, is expected to be a very able one, as all that he writes is. His aim is, we believe, to show that the position of homœopathy in relation to the most recent scientific investigations is unassailable. This, at the present juncture, is a point of the first importance, not only for our own information and satisfaction, but still more for the information of the public, who, in recent times, have shown much more interest in medical questions than in former days, who take the liberty of thinking and judging for themselves, and who are not hampered by the *ex cathedra dicta* of the

old school to more than the limited degree that the opinions of the majority always involve. The public have to have clearly put before them what homœopathy really means as expounded by those who know its truth, and who daily test its law in practice, and what is the bearing on it, corroborative or otherwise, of modern scientific research. They are treated at present by their old school medical advisers to such a travesty of its real tenets as only reveals the ignorance of their informants, which ignorance they can hardly believe exists on the part of men whom they are accustomed to look up to and trust. A paragraph in a leading article in *The Times*, of May 28th, referring to another subject than homœopathy, aptly and graphically describes this state of matters, and the methods adopted by the old school towards homœopathy. The editor says: "Orthodoxy, which has been happily described as 'my doxy,' and in practice is merely the 'doxy' fashionable at the moment, is always ready to crush a pioneer of evolution by first presenting a wild travesty of his opinions, and then heaping upon it a mass of inferences which he would be the first to repudiate." And although we constantly in our journals endeavour to show up these travesties of our views and practice, and to repudiate the absurd and almost calumnious inferences drawn from them, yet we know that what we write is not seen by the very men we should wish to reach. Hence the importance of a Congress Address which finds its way into the daily newspapers, and so is brought to the notice of those whom otherwise it is next to impossible to get at. The tripartite paper, which follows the Presidential address, and which is intended to be complementary to it, in the way of showing in detail the relation of chemistry and physics, of bacteriology, and of the practice of homœopathy to the grand Law of Similars, will be in the able hands of DRs. JOHNSTONE, M'LACHLAN, and MADDEN.

Altogether the address and the papers will, it is anticipated, form a professional programme of unusual interest and importance, and one well harmonizing with the atmosphere and surroundings of the great seat of learning in which the Congress will meet.

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With this programme of work and pleasure before us on the 23rd, the social pleasure of the dinner in the evening

will be entered into with more than usual zest. DR. BLACKLEY, we understand, who on several recent occasions has kindly taken the direction of the musical arrangements at the dinner, has again undertaken this duty, and from former experience of his careful methods we anticipate a very bright evening.

It is to be hoped that every one of our colleagues who can possibly attend the Congress will make a point of doing so, not only for the personal enjoyment which the day's programme provides, but in order that in such a city as Oxford, a strong representation of homœopathic practitioners should be visible to the public, and so show them how, so far from homœopathy being dead, as some of our friends of the old school—the wish being father to the thought—aver, it is very much alive indeed, and that its adherents are ready to give visible proofs that it is so.

#### BRITISH HOMŒOPATHIC ASSOCIATION.

THE first annual meeting of the British Homœopathic Association since the Foundation meeting in April, 1902, was held in St. James' Hall, on Wednesday, the 10th of June, THE EARL CAWDOR, the PRESIDENT, in the Chair. A full report of the proceedings will be found in our *Notabilia*. The weather was very unfavourable, but in spite of it the attendance was good. The proceedings were unanimous, interesting, and important, and the general feeling evinced was one of sanguine enthusiasm for the future. We commend the perusal of the report of the meeting to all who were unable to be present. It will be observed in evidence of the sanguine enthusiasm of the Association, that the minimum of £10,000 named in April, 1902, has not only been nearly obtained within a twelve-month, in spite of the scepticism of many, but that it was resolved at the meeting that this minimum should now be raised to £50,000, in order to carry out a still fuller programme of advance than was originally sketched out.

We congratulate the PRESIDENT and the Association as a body on the remarkable success, pecuniary and otherwise, of the past year's arrangements, and the amount of vital

energy displayed by all connected with it. The Association promises to have a great future.

We are requested to draw attention to the announcement in our *Notabilia*, that the latest date for receiving applications for the Travelling Scholarship is July 25th.

## LEPROSY AND FISH.

By R. E. DUDGEON, M.D.

MR. JONATHAN HUTCHINSON, as is well known, has for long maintained that leprosy, wherever it occurs, is caused by eating dried salted fish. He delivered a lecture on the subject at the Polyclinic Institution on the 15th of May, on his return from India, where he had spent some time pursuing his investigations on this interesting matter. He said he did not go to India in order to ascertain the cause of leprosy, for his mind was already made up on that point. He had gone, he said, to collect on the spot more evidence for his hypothesis of the fish origin of leprosy, and this he proceeded to lay before the meeting. The evidence he obtained did not differ in kind from that he has made us familiar with in the organ of the Chenies Street Society. But though he showed that he had collected a considerable number of additional facts, showing the connection of leprosy with the use of dried salted fish as an article of diet, he did not offer any explanation why fish in the state in which it is consumed by the victims of leprosy should be able to cause such a serious disease, or what is the ingredient in the preserved fish which is to blame for its production. That the disease is not caused by any particular kind of fish, is evident from this, that any and every species of fish that is used for food may become the cause of leprosy if prepared in a certain way and consumed in sufficient quantity. Thus the fishes eaten by the lepers of Norway, Siberia, the Sandwich Islands, South Africa, and India, must differ very much from one another, and it is not known that any of these eaten in the fresh state can cause leprosy. Then it must be the mode of their preparation that renders them toxic. But salted fish as we know it in the shape of salt herrings, pilchards, salt cod and ling, and other fishes prepared for

food in Europe, may cause scurvy, but never leprosy. What then constitutes the difference between the salt fish we consume and that eaten by the races liable to leprosy? Undoubtedly this: Our salt fish is prepared from fish perfectly fresh from the sea, whereas the fish consumed by lepers is salted and dried when in a very advanced stage of putrefaction. This is especially the case in India. A gentleman connected with the Indian railways, who has long resided in Lucknow, told me that it was a dreadful trial to the olfactory nerves to be at the leeward side of trucks conveying their beloved dried fish to the natives, and many of us know the delectable odour of that dried fish delicacy called "Bombay ducks." But animal food in a state of decomposition will not of itself cause leprosy, otherwise the Kaffirs, who revel in putrid meat, and who, according to Bishop Colenso, or some other missionary, could find no better word to translate into their own tongue the supreme happiness of heaven than their word for putrid meat, would assuredly suffer from leprosy; but on the contrary, they are absolutely free from this malady. Then, if it is shown that neither the fish in itself, salt fish as made in Europe, or decomposing animal food, can singly cause leprosy, it follows that it is the peculiarities of the combination of the fish with the salt that is responsible for the production of the disease. Salt, we know, is a potent medicinal, and consequently pathogenic, substance. We know its power in this direction in its production of scurvy, and in the symptoms it has developed in halophagists and in the provers; why may not its pathogenic powers be so modified in a peculiar manner by its combination with putrified fish substance, that from the combination may result a toxic agent that shall be capable of causing leprosy in place of scurvy?

Mr. Hutchinson will not allow that leprosy is a contagious disease, though its contagiousness has been firmly believed in all past times, as is shown by the leper hospitals and asylums almost all over the world; and the belief in its contagiousness is still the rule among modern authorities. Mr. Hutchinson does indeed admit a possible kind of contagion by what he terms "commensal communication." He only mentions one incident in support of this idea. It is that of a Chinese seller of sweet-stuff, who had a sore on his finger supposed to be leprosy, from whom a little girl used to buy sugar-plums, and who

afterwards showed symptoms of leprosy. Mr. Hutchinson thereupon says: "It is thus made probable that nothing of the nature of ordinary contagion had occurred, but that the bacillus had been taken into the stomach." This seems to be but a feeble ground on which to found a belief in the contagiousness of the disease. It is, as far as I am aware, the only reference Mr. Hutchinson makes to the bacillus of leprosy as a possible conveyer of the disease. No doubt he believes, with the bacteriologists, that the so-called bacillus of leprosy is the efficient cause of the disease; but if so it is odd that he should practically deny the contagiousness of leprosy, except in the very doubtful instance I have mentioned. But as one swallow does not make a summer, so one doubtful instance does not prove the contagiousness of a disease. Besides, is it quite certain that there is a microbe peculiar to leprosy? Mr. Hutchinson himself tells us elsewhere that Dr. Hansen, of Norway, the greatest living authority on leprosy, emphatically declared that there is no difference whatever between the bacillus of tubercle and that of leprosy! And indeed if one looks at the microscopic representations of the two fungi in any accredited work on bacteriology, Newman's for example, they seem to be identical. May the truth not be, as many now opine, that neither tuberculosis nor leprosy has any specific bacillus, but that the same fungus finds a suitable pasture-ground on the morbid products of both diseases, just as the same mould attacks the decomposing elements of various organic substances? Of course the bacteriologists, whose *métier* it is to maintain and demonstrate the pathogenic specificity of the microbes they have taken under their protection, will not allow this mouldy rôle to their protégés, for their *raison d'être* requires them to insist on the disease-producing power of these microscopic fungi; but I think I see signs of rebellion in the medical ranks against the despotic intolerance of the professional microbists, and the sooner the medical profession gets rid of the bacteriological incubus the better will it be for rational therapeutics.

Among other corroborative proofs of his hypothesis, Mr. Hutchinson mentioned that the Jains, a sect numbering 1,400,000, who are pure vegetarians, are absolutely exempt from leprosy; and the population of Salsetta, an island near Bombay, who live mostly on fish, furnishes about 100 cases of leprosy, whereas on the calculation of 5 per

10,000 (the ratio for India), it ought only to supply 12.5. The spread of Christianity, more especially that of the Roman Catholic form, in India, seems to have been attended by a large increase of the number of leprosy cases among the converts. This, supposing Mr. Hutchinson's hypothesis is correct, may be owing to the circumstance that the converts, some of whom, previously to conversion, were strict vegetarians, take to eating fish, and others, especially those of the Roman Catholic persuasion, are in a measure compelled, by the abstinence rules of their church, to eat fish in much larger quantities than they formerly did. Mr. Hutchinson, in the *Polyclinic* for June, gives some statistics of asylums he inspected, showing the "appalling" excess of leprosy cases among the native converts to Christianity. A large proportion of lepers die of tuberculosis or chronic phthisis, which would seem to show that the bacilli of tubercle and of leprosy are identical, if the bacillus be the cause of the disease, or if not, then that the microbe is merely an accidental adjunct of both diseases, and only finds its suitable pabulum indifferently in either.

From a consideration of all the above, I think we are justified in concluding that leprosy is caused by the consumption of fish prepared in a certain manner; but it is probable that neither fish nor salt nor putrified animal matter by themselves can cause the disease, but that it is some poison engendered by the decomposed fish acting on the salt, some noxious chemical product, or peradventure some kind of ptomaine. This, of course, always supposing that Hutchinson's hypothesis is the truth of the matter. He certainly seems to have made out a good case for his view, nor do I think it is, on the face of it, at all improbable, although the connection of a diet of decomposed salt fish and leprosy has been so long overlooked. To some it may seem improbable that stinking should be preferred to fresh fish. But possibly the palate tires of the insipid taste of fresh fish, and, if restricted to a fish diet, we might prefer to have it more tasty than it is in the fresh state. That the savour of decaying meat is occasionally grateful, even to persons accustomed to have their food of the freshest, is well known. Before railways were general, we used to eat our venison and grouse in a very advanced state of putrefaction, probably because we could not get it fresh, and many of us relish some foreign



cheeses which have an odour we would not willingly smell in our drawing-room. The Kaffir thinks stinking meat the greatest of all delicacies, and the Chinese considers an egg three months old all too fresh, but as he makes his salad with castor oil, that probably obviates the evil effects his decomposed egg might have occasioned. Supposing it were fully established that the leprosy of all countries is caused by fish used as an ordinary article of diet in the condition described by Mr. Hutchinson,\* it might be possible to extirpate the disease by appointing inspectors who would prevent the introduction into and consumption of the unwholesome food in any country where leprosy is endemic. This would, no doubt, be a large order, but we see something of the same sort done here, where inspectors prevent our butchers and fishmongers from selling to us meat and fish considered unfit for food. In the meantime it might be advisable to make a thorough chemical and physiological examination of the dried, salted, and odorous fish, which, according to Mr. Hutchinson, has the power to produce leprosy.

NOTES ON A CASE ILLUSTRATING VARIOUS  
LESIONS OF THE TUBERCULAR DIATHESIS, WITH  
SPECIAL REFERENCE TO A NEW METHOD OF  
TREATING SPINAL CARIES.

By J. ROBERSON DAY, M.D. (Lond.)

Physician for Diseases of Children to the London Homœopathic  
Hospital.

F. E. R., aged  $\frac{11}{12}$ , was kindly referred to me by Dr. Cash Reed, on Aug. 15, 1899, for strumous dactylitis. The family history was fairly good; his father, aged 41, was subject to asthma and not strong; his mother, aged 31, was quite strong. It was not possible to trace the tubercular taint.

At birth he weighed 8 lb., and was nursed at the breast for six weeks only, then fed on sterilised milk, Benger's and Mellin's foods.

When first seen (Aug. 15) he had only eight teeth,

\* A resident in Griqualand, S. Africa, recently told me that leprosy is very prevalent in that district, but he was sure that dried salted fish was unknown as an article of diet among the natives. This, if corroborated, would be rather a telling fact against Mr. Hutchinson's hypothesis.

although he was 14 months old. Six months previously the right forefinger began to swell, and this swelling had been opened and the bone scraped by a local allopathic doctor. This wound was still discharging. He was well nourished, with firm flesh, and but for several small tubercular nodules on the various parts of the skin, appeared healthy. The left fore-finger and the toes of the left foot were also swollen like the finger which had been scraped, but to a less extent. I prescribed *ars. iod.* 3x gr. ij ter die, and tuberculinum (Koch) 30, *mij* once a week, and these remedies have been continued during the whole period of his illness, except for short periods when other remedies were called for.

In Sept. it became evident that his native air did not suit him (he lived on the coast of Hampshire), and Broadstairs was advised. While here he was troubled a good deal with asthma (inherited from his father), which, however, was soon cured by *lobelia*, *ipéc.* and *ars. alb.*

In Jan., 1900, tubercular disease developed in the left elbow, which was hot, tender and swollen. and movement caused pain. The tuberculous pustules were however better.

April 27. The finger had quite healed, and was assuming its normal shape and size. The tuberculous nodules were much reduced in size. The left elbow was better and movement freer.

Towards the end of November he had an accident, and injured his spine it is supposed; the servant fell with him. He was much upset, and forty-eight hours after had severe vomiting and diarrhœa, and during sleep would cry out in terror.

On Dec. 8 I again saw him. I noticed he kept his spine rigid, and when he tried to pick up anything off the ground did so in the most cautious manner without bending the back. On examining the spine I found a distinct angular curvature in the upper dorsal region, but there was no pain or tenderness, nor indeed has there ever been in the spine during the whole course of his illness. I ordered him to constantly remain in the recumbent position, and to be out in the open air of Broadstairs (where he went on Dec. 14) as much as possible. *Tuberc.* 30, and *ars. iod.* 3x continued, followed by *calc. iod.* 3.

On Jan. 31, 1901, I found his general condition improved, although the left elbow was swollen and tender still, so I

applied a Scott's dressing to the joint, and kept it at rest with a splint. He continued at Broadstairs and then went to Margate all the summer, and I saw him occasionally. The disease in the elbow was arrested and the swelling reduced, so that the bony parts could be felt. The condition of the spine remained the same as regards the amount of curvature; that is to say it grew no worse, and the constitution was much improved. This much for the horizontal position, and I began to fear that the spine would never get any straighter until a different form of support to the spine was employed. In my experience the Sayer's plaster of Paris jackets, the poro-plastic jackets, Phelps's box, the extension apparatus by the jury mast, all fail to straighten out a spine which has once become curved; they may prevent further curvature, and keep the spine rigid whilst the process of repair goes on, but I have never seen any *straightening* result. They are all unsatisfactory methods. It appeared to me that something was required to unbend the curve, and this I found in an apparatus known as Bradford's Frame, which with a slight modification I have found to answer well. It consists of an arched frame like a bridge, upon which the child lies; the point of greatest convexity of the curvature is placed on the key-stone of the bridge, the force of gravity acting on the rest of the spine gradually unbends the curve. The height of the bridge can be varied by means of a screw to suit the requirements of the case from time to time. The child is firmly fixed on this, which is not uncomfortable, and the whole "bridge" and child can be lifted about when required, taken out in a spinal carriage or put to rest in bed, the object being to constantly let the unbending force of gravity be at work. The child is never allowed off it, except for washing and the calls of nature; even the latter can be arranged for on the bridge.

On Nov. 22 I applied this apparatus, and the curvature at once began to lessen, as can be seen from the tracings taken by the scoliosimeter at different dates. He continued on this bridge more or less constantly till the following Sept. (1902), during which time he grew 2½ inches. The curve of the "bridge" was altered from time to time, and medicines continued steadily.

He was now permitted to be off the bridge for three hours daily, and to sleep on a flat mattress instead.

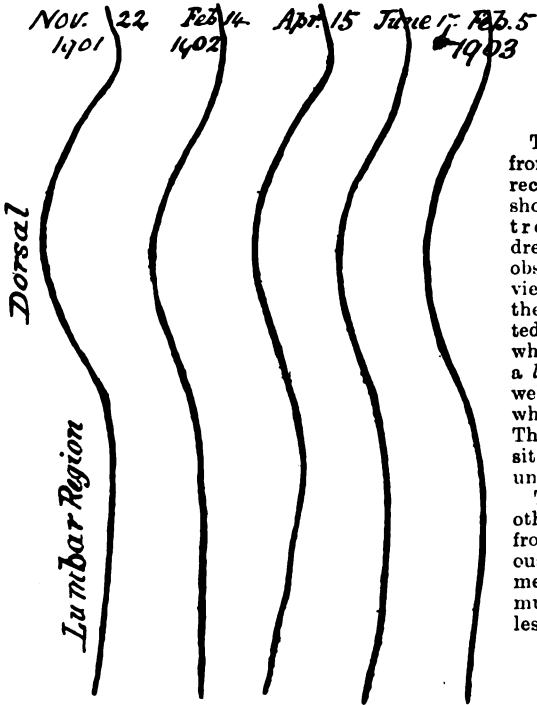
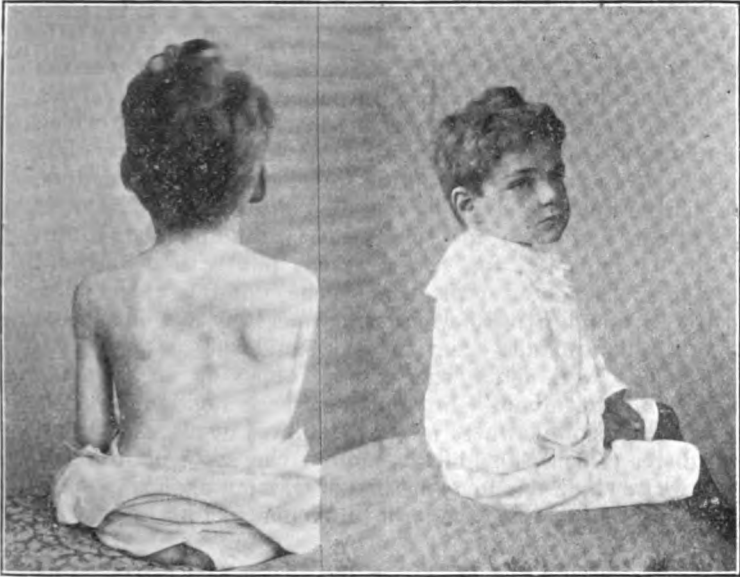
Nov. 11, a pair of laced stays was substituted for the bridge, and more liberty allowed.

Feb. 5, 1903. When he last came to see me, there was nothing amiss to be seen by the casual observer as he walked into my consulting room. When he wears his clothes the slight dorsal curve is not noticed; he looks a little round-shouldered only. He is not quite 5 years old, and he measures 40 inches. The average height for a boy of 5 is 41.03 inches. The muscular system is flabby from long disuse, but this will soon regain tone with the suitable exercises I have now prescribed. There is no sign of any active disease. The dactylitis has quite healed, the tubercular nodules in the skin have all but vanished, the left elbow joint, though its movement is restricted, is normal in size and painless. His spirits are good, his appetite excellent, and he has been able to return home for the *winter* months, although I still consider it advisable to have a bracing air in the summer.

This case presents many points of interest. It is unusual to find a child so manifestly tubercular without the same disease existing in the parents or a near relative. The parts of the body attacked by the disease, although varied and widespread, were not those most commonly affected. For instance, none of the lymphatic glands were involved; either superficial, as in the neck, or deep, such as the mesenteric. The lesions were restricted to the skin, joints, and bones.

The effect of treatment was most marked and satisfactory. Tuberculinum 30, I regard as a specific in these cases, given for a long period, in weekly doses, with intercurrent remedies (particularly arsenicum iod.) as may be called for at different stages of the disease.

The contrast between this treatment and the *no-treatment* of allopathy is striking. During the open-air treatment, now so popular, no constitutional treatment appears to be employed, and hence much valuable time is lost. Patients are induced to eat enormously, they lay on weight, and the open fresh air is highly beneficial. All this is most desirable, but it stops short of medicinal treatment, and in so far as it does so is an unsatisfactory mode of cure, because as soon as these patients return to their usual avocation in life, the benefits are lost, and the disease, which has been rendered dormant, reasserts itself. This I have seen.



The illustrations are from photographs taken recently, and which show the result of the treatment. When dressed nothing can be observed amiss. A side view was ordered, but the photographer selected the back view, and which appears to show a lateral curvature (as well as the angular) which does not exist. This is caused by his sitting on a soft cushion unevenly.

The tracings in the other figure were taken from the spine at various stages of the treatment, and show how much the curve has lessened.

Dorothy G., age 1 $\frac{7}{12}$ , (277. K) came to me recently at the London Homœopathic Hospital suffering from tuberculosis, which showed itself in small tubercular nodules, which appeared from time to time in the skin of the legs. She was also wasting, and suffering from sickness and diarrhœa. Her paternal grandmother had died of phthisis. This little patient had been for some time attending the Mount Vernon Hospital for Consumption, but without benefit. Her mother next took her to the Children's Hospital, Gt. Ormond Street, where they actually *cut out* these tubercular nodules from the skin, and the marks of the incisions were left. The mother objecting to "having her child cut about," brought her to the London Homœopathic Hospital, where ipec. 3x, followed by ars. iod. 3, and tuberc. (Koch) 30, quickly altered the state of matters. Here was indeed a novel method of treating a *constitutional* disease by removing the *local* tubercular foci by the knife!

### CASE OF LEUCORRHŒA.

By Dr. K. SIRCAR, Calcutta.

Attending Physician to the Hahnemann Home.

A YOUNG woman, aged 25, suffering from leucorrhœa after child-birth, came under my care when all other treatment had failed to cure her, on December 12th, 1902. I found the patient in a precarious state; her discharges were of a foul-smelling mucus. The serous discharges were often quite copious, and of an opaque and yellowish colour. Her giddiness was so prominent that she could not do any domestic business; day by day she was becoming weaker. I prescribed sepia in the 30th potency, and waited for forty-eight hours; there was no marked relief except a little improvement of discharges.

*Dec. 14th.*—No other remedy was added. She complained of much dragging pain in the uterus, and burning sensation in the vagina.

*Dec. 15th.*—On examination, it was found that the trouble arose from the mucous membrane and the neck of the womb. There was much inflammation in the cervix, and parts of the vagina had become ulcerated. I ordered her to cleanse the parts with kali permang.,  $\frac{1}{2}$  dr. to a gallon boiled water, and after the parts had been cleansed, to use a cerate composed of zinc ox. dr. 1,

acid boracic dr. 1, cosmoline oz. 1, locally, with the internal dose of ichthyol 6th twice daily.

*Dec. 16th.*—Her troubles had diminished in some degree, but the appetite was very poor. I did not add any other remedy.

*Dec. 17th.*—The character of her discharges has changed and the vaginal troubles are less. The same prescription continued with an occasional dose of puls. 30.

*Dec. 18th.*—She had had no other complaint than a small discharge of white mucus and a little pain in the vagina.

*Dec. 19th.*—On a second examination it was found that though the vaginal troubles and leucorrhœal discharges were much abated, yet the cervical inflammation was much the same. I ordered ichthyol internally in the same dilution as before, and a liniment of ichthyol dr. 1, calendula oz. 3, glycerin oz. 3, locally, with a piece of cotton, twice a day.

*Dec. 21st.*—Her husband reported that she was feeling well, and that the leucorrhœa had nearly gone.

*Dec. 26th.*—Her husband again reported that she was quite well, and free of any leucorrhœa or pain.

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## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 350.)

67. *Cyanide of mercury.*—I have, as already stated more than once, confined myself in this paper to statements of the physiological (or pathogenetic) and the therapeutical action of drugs derived from old-school writings, and so I cannot quote the proving of cyanide of mercury obtained by the late Dr. Huber, of Vienna, which produces a strikingly accurate description of well-marked diphtheria, both in local symptoms and in the constitutional prostration. This was published in the *North American Journal of Homœopathy* of 1881. In 1864 Dr. Beck, of Montney, in France, having observed a similar case from poisoning by the cyanide of mercury,

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<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

not only saw its homœopathicity to diphtheria, but put the treatment into successful operation, and published, in 1868, in Paris, a pamphlet entitled "On the use of cyanide of mercury in diphtheria." Dr. von Villers, of St. Petersburg, whose son was the first patient treated by the cyanide, made use of it in many cases with the greatest success, and since that it has been extensively employed by homœopaths, and with very marked results. Dr. Erichsen, of St. Petersburg (allopath), writes in the *Medicinische Central Zeitung* in praise of its success, assuming, as is customary in the old school, the rôle of an original observer, ignoring the source of his inspiration. He speaks of it as "the most potent anti-diphtheriticum," and gave doses which were about equal to our 3rd decimal dilution. He published his observations in 1880, sixteen years after Dr. Beck's first use of the drug, and twelve years after the publication of his pamphlet. Again, in 1883, at a Congress of Physicians held at Stralsund, Professor Schulze, of Greifswald, in speaking of the treatment of diphtheria, said that "in the cyanide we possess a remedy which has the power of influencing the infected tissue internally, and at the same time of destroying, or at least of paralyzing the poison" (*Deutsche Med. Wochenschrift*, Jan., 1884). He gave  $\frac{1}{4}$ th of a grain in 4 ounces of water, and of this 1 to 4 drachms every hour. Again, in the *Lancet*, April 24, 1888, we find the following, which I must quote entire: "Dr. H. Selldén, a Swedish provincial medical officer, considers that he is warranted by the results obtained both by himself and numerous colleagues in the treatment of diphtheria by *cyanide of mercury*, in looking upon this drug almost as a specific. During the four years 1879-1882 the official returns of the sickness in the district of Norberg show that 564 persons were attacked by diphtheria, of whom 523 died, a mortality of 92.7 per cent, none of these being treated by *cyanide of mercury*. During the years 1883-1886 160 persons suffered from the disease, and of this number 29 died; 132 of these 160 cases had been treated by cyanide of mercury, and of these 132, only 1 died. Is it possible, asks Dr. Selldén, that this startling difference in the mortality can have been due either to accident or to mistaken diagnosis? On the latter point he assures us that all the 132 cases were well marked, with distinct pseudo-membranous swelling of the glands, extremely



foul breath, and all the signs of diphtheria which were present in the other and more fatal group of cases. Up to the commencement of the present year Dr. Selldén has treated more than 200 cases of diphtheria with cyanide of mercury, and of those only four have died, three of whom were seen by him too late for much good to be expected from any treatment. He and his colleagues have altogether treated more than 1,400 cases in this way, with a total mortality of 67, or about 4·9 per cent. . . . No brushing of the throat is practised. A gargle is prescribed to be used every fifteen minutes, composed of cyanide of mercury in peppermint water in the proportion of 1 to 10,000." The internal dose is about  $\frac{1}{90}$ th of a grain. This is pretty conclusive testimony to the value of a medicine whose virtues were discovered by the law of similars only, though this fact is kept well in the background by those old-school men, who are afraid to acknowledge their belief in the principle on which only their successful practice is based. Medicine cannot be furthered in this way.

*Sulphur* in constipation of infants.—In a lecture on "The Treatment of Habitual Constipation in Infants" (*Brit. Med. Jour.*, July 7, 1888), Dr. Eustace Smith says: "In the West of England a remedy, held in high esteem; consists of  $\frac{1}{2}$  a grain of sulphur coloured red with cochineal. That this apparently insignificant dose is often efficacious when given regularly every night, I can testify from my own experience." If Dr. Eustace Smith would try still more "apparently insignificant doses," as homœopaths do, he would find to his astonishment how minute a dose of this drug, eminently homœopathic to constipation, will answer the purpose.

*Cactus Grandiflora*.—The *Bull. Gén. de Thérapeutique*, of Nov., 1888, has a paper bringing into notice the above medicine as a cardiac stimulant and tonic in heart disease. It was introduced into homœopathic practice by Dr. Rubini, of Naples, twenty-four years before this, and has been a leading heart medicine with homœopaths ever since. It is now used very considerably by the old school as *cactina*.

*Sulphur*.—In the *Lancet* of April 6, 1889, Sir Alfred Garrod has a paper entitled "Observations in Clinical Medicine." These "observations" are on the therapeutic use of "small doses" of sulphur. His recommendations

of it might have been written by any homœopath, who knew it all before from Hahnemann. His recommendations are: (1) In constipation; (2) In "chronic torpid conditions of the liver"; (3) "In hæmorrhoidal conditions not suitable for surgical interference, and in some cases of bleeding from the rectum, I have seen the most marked effects from the continuous sulphur treatment; the bleeding is often completely stopped, and great relief of all the symptoms obtained, especially the accompanying pruritus." (4) Pruritus ani. (5) Chronic attacks of "hepatic colic," and liver troubles in the interval of the attacks. (6) "Certain forms of bronchitis, especially when in aged persons and very chronic in character, are especially influenced by the administration of sulphur." (7) In diseases of the skin, "acne, psoriasis, and prurigo; in some of the localized forms of eczema, especially those connected with a gouty diathesis, as pruritus ani." (8) "The complexion of the patient often improves to a marked degree." (9) Disease of the finger-nails, brittleness and splitting of them. (10) He suggests, from its use in No. 9, its prescription in disorders of the hair-growth. (11) Chronic muscular rheumatism. (12) Cramps occurring in gouty patients. (13) In chronic rheumatoid arthritis; "the more chronic the form of the articular disease, the more likely is sulphur to prove beneficial." Also in "true gouty states of the joints, when the disease is both chronic and asthenic." Surely Sir Alfred Garrod must have been studying homœopathic works to obtain all this valuable information, which was new to the old school—at least in England. Such "discoveries" are remarkable.

68.—*Caulophyllum and Pulsatilla*.—In this year, 1889, a well-known firm of manufacturing chemists brought out a "new uterine tonic and restorative," and sent out a circular to the profession regarding their new preparation called "Liquor Caulophyllin et Pulsatillæ." On the fourth page of the circular we have "Notes on the Materia Medica of Caulophyllin and Pulsatilla." You will be surprised, perhaps, that these notes are actually from four homœopathic writers—Dr. Hale (*New Remedies*), Dr. Richard Hughes, Dr. Helmuth, and Mr. Gerard Smith. We presume that the said chemists thought that the old school would not know that these writers were homœopaths, and that it was therefore safe to quote them. The result was that the "new" medicine "took," and

was largely used, and when this had been accomplished the homœopathic "notes" were omitted from subsequent circulars. It may be necessary to remind casual non-medical readers of this paper, that pulsatilla has been since the time of Hahnemann a universally used remedy in homœopathy, and that caulophyllum, though of more recent introduction, has been in use by homœopaths for many years before these chemists introduced the medicine to the old school in this country. In the *Lancet* of June 8, 1889, an article on "Uterine Remedies" appears, by N. W. Davies, F.R.C.S., in which he comments on the failure and uncertainty of the usual emmenagogues of the old school, and relates how he was brought to the knowledge of pulsatilla by an old lady, a patient of his, and that he had found it from experience very successful. He was using the preparation above named.

*Corrosive sublimate* (mercurius corrosivus) in dysentery.— Yet another recorded recommendation of our old friend merc. corr. in the above disease. In the *Lancet* of Nov. 2, 1889, we have related the experiences of Mr. Choudhoory, Assistant Surgeon in the Indian Army, and Medical Officer in charge of the Burdwan Hospital. Referring to the treatment of chronic dysentery as he met with it in the Burdwan Hospital, he says: "Every remedy seemed to be equally useless. Thousands of cases of this fell disease have been treated in the Burdwan Charitable Hospital within the last five or six years, and to my knowledge a very large number of them died, notwithstanding every recognized treatment." He then tried perchloride of mercury, and found that under its use "some of the most hopeless cases of the chronic type were cured within a comparatively shorter time than what could have been expected under any other treatment I have treated," he adds, "many cases in this way, and, I may say, with almost uniform success." He then gives the details of three cases. One patient had been ill three months; he left the hospital cured in four days. In another, who had been on a pilgrimage to Juggernaut, and had been ill for seven or eight days, passing twenty stools of blood and mucus *per diem*, the colour of the stools was changed in two or three days, and he left the hospital cured within three weeks of his admission. A third, a Hindu woman, had been suffering from dysentery for nearly a month, and was discharged cured on the sixth

day after her admission. The dose Mr. Choudhoory gave was 5 minims of the liq. hydrarg. perchlor., equal to about 4 or 5 minims of our 3x dilution. Excellent testimony this to the therapeutic value of a drug which produces a similar state when given in a large dose to a healthy person!

*Rhus toxicodendron* in rheumatism.—In the *Therapeutic Gazette* of Oct., 1889, is a paper on "Clinical Observations on Rhus Tox.," in which the author relates a number of striking cures of rheumatic pain and stiffness by this medicine, which homœopaths have used since the days of Hahnemann, owing to its pathogenetic action in producing a marked type of rheumatism. The cases were contributed by a number of observers, and apparently surprised both them and the author of the paper. The author says he gained his knowledge from a patient, and also the dose to give, which was 1 to 5 drops of the 1x dilution of rhus.

*Arsenite of copper* in "cholera morbus," which seems to be the name in America for what we call "English cholera." As already pointed out, both arsenic and copper produce severe diarrhœa, &c., and though we homœopaths generally use arsenic and copper separately according to pathogenetic indications, yet the chemical combination of the arsenite of copper is often a most valuable one, especially in chronic cases. In the same paper, the *Therapeutic Gazette*, just quoted from, we find the experiences of Dr. Aulde, of Philadelphia, in the successful treatment of this complaint, and also in the case of a calf affected with "scours"; and by Dr. T. H. Stewart, who relates his own case and that of his daughter. We have not space to quote the cases in full, but they are excellent examples of homœopathy.

*Cactus* in heart disease.—I alluded a short time ago to the "discovery" of cactus as a heart tonic by a continental physician. And in the *British Medical Journal* of Jan. 11, 1890, we have a paper by Dr. Orlando Jones on the same subject, praising its efficacy as a heart tonic.

*Rhus tox.* in rheumatism again!—In the *Therapeutic Gazette* of Feb., 1890, a paper by Dr. C. R. Carpenter, of Leavenworth, Kansas, on the value of rhus in rheumatism, which he says he "had stumbled upon accidentally," and gave cases which he cured in a very short time. Dr. Wood, the editor, bears out the above author's

remarks, but as he says he gave it "indiscriminately" in a large number of cases, he had some successes and some failures. Of course he would if he gave it "indiscriminately," as rhus is only homœopathic to a well-marked type of rheumatism, and is useless in others which do not indicate it.

*Double action of medicines.*—In a paper in the *New York Medical Times*, of 1891, Dr. G. A. Freeman has an article on a paper contributed to the *Medical Record*, May 16, 1891, by Dr. S. Henry Dissan, of which he gives a summary, from which I extract the following: "In the investigation of the physiological action of drugs perhaps the most important fact which has been disclosed is that of their *double action*. . . . The testimony from all sources goes to show that in all carefully conducted and recorded experiments *the primary effect of a drug as manifested in physiological disturbances is the direct contrary of the secondary or more fully developed action of the drug*. I have long thought that a more rational therapeutics could be founded upon the utilization of the primary physiological action of drugs when given in their minimum quantity to produce this effect, eliminating from consideration, of course, all chemical antidotal actions that drugs possess. To my mind it presents many advantages, chief of which is the simple and rational principle of applying the uncomplicated action of a drug to a diseased action, which is of a like uncomplicated nature, as a means of cure. That is to say, we obtain the action of the remedy without its consequent reaction, which in this instance would be the equivalent to the restoration of normal physiological action. The secondary advantage of giving a remedy with little or no disagreeable taste, either in the form of a small sugar-of-milk tablet or an aqueous solution, is not to be slightly regarded, not only in our practice among children, but also with adults of a delicate and fastidious taste. I have endeavoured to show that a certain class of drugs affecting the nerves, and another the specific organs and tissues, have an undoubted double action, the primary or initial action being the direct contrary of the secondary or complete physiological action.; and that the primary action being, so to say, devoid of reaction when obtained from the exhibition of the minimum dose, can be scientifically applied for its direct action against those disturbances of the economy

corresponding in their effects to the secondary or full physiological action of the drug employed. The question of dosage necessarily becomes one of the highest importance, and it behoves us to turn our attention with all due judgment and deliberation to a reformation of this subject." I have given this long extract, as it is as clear homœopathy as possible, the double action of drugs being the great fact at the bottom of homœopathic action, the small dose being used to cure disorders which are similar to those produced by the large doses in the healthy body, and the consequent necessity of using only a small dose for cure purposes.

*Arsenic.*—In the *Brit. Med. Jour.*, of 1891, there is an interesting lecture on arsenic by Mr. Jonathan Hutchinson, in the course of which he says: "Certainly one of the most remarkable facts as regards the influence of arsenic is, that it appears to prevent certain affections which are very similar in nature to those which it causes." This fact is only "remarkable" from an allopathic point of view.

*Cyanide of mercury.*—I have already referred to the use of this drug in diphtheria, and its considerably extensive adoption by the old school, though introduced by homœopaths. And in the *Brit. Med. Jour.*, of Oct. 10, 1891, we have further evidence of its value. It is there stated that Dr. Ruelle has obtained good results from the internal administration of *merc. cyan.* in the cases of children, aged from 2 to 4 years, who were all cured. Improvement began at once, and was marked by the third day.

*Cactus* again.—In the *Lancet*, Dec. 5, 1891, Dr. Horne, of Barnsley, writes that he has "for the last twelve months been using this remedy with great satisfaction." He adds that, "like many other useful remedies, the virtues of the night-blooming cactus seem to have been long known to homœopaths and eclectics, but it has not been so much used in this country by regular (*sic*) practitioners."

I omitted to speak of the writings of Dr. Ross, of Manchester, Professor of Clinical Medicine, and of the Practice of Physic at Owen's College, Manchester, in the "seventies," as it was difficult to extract from them without being too prolix, but one sentence in the *Practitioner* for 1878 I must quote. He says: "No one,

who is competent to form an opinion, can deny that one or two of the principles lying at the foundation of the system" (of homœopathy) "are substantially true. These principles are what may be briefly termed the local actions of medicines, or the elective affinities of the tissues, the double action of medicines, and the opposite effects of large and small doses"—a practical admission of the whole matter in principle.

69. *Bryonia*.—The *Hospital* of Jan. 4, 1892, introduces this medicine to its readers. As authorities for its use he quotes Phillips and Brunton. The writer says that it "seems to have a definite action on serous membranes." "It would seem that bryonia exerts its beneficial action in the early stages of inflammation of the pericardium and peritoneum, as well as of the pleura." I wonder where these "discoverers" of "new" remedies would have been, were it not for Hahnemann and homœopathic writings.

*Cuprum* (copper) in cholera.—The *Brit. Med. Jour.* of Dec. 16, 1893, quotes a paper by Moricourt from the *Gaz. des Hôp.*, Nov. 14, 1893, in which he draws attention to that of Burg, who in 1849 succeeded in arresting the cramps of cholera by means of copper bars in the majority of cases; and in 1866 *sulphate of copper* given internally to patients who had scarcely a particle of pulse, heat, or urine left, effected 16 cures in 18 cases. I have alluded to this subject already, and need not again point out the homœopathicity of cuprum to the cramps, vomiting, and purging of cholera. It was for this reason that Hahnemann predicted cuprum to be one of the most sure remedies in this disease.

*Double action of Medicines*.—In the *Medical Week* of Dec. 1st, 1893, a paper appears by Dr. R. Lepine, Professor of Clinical Medicine in the Medical Faculty of Lyons entitled "Reversed (?) action of Mercury in a case of Cerebral Syphilis." He records a case of the above, which he treated by mercurial inunction, which was much aggravated in all its symptoms by this treatment, and many new disease-symptoms added. He then says, "Since my attention was called to the fact, I have seen so many cases of 'reversed action of remedies' that I am prepared to admit anything in that direction (italics are mine). I don't agree with those who systematically shut their eyes to all evidence against their favourite conceptions. I quite

admit that in the majority of cases it is impossible to ascertain how this 'reversed action' is exerted, but it is just as impossible to deny that certain remedies occasionally produce an unfavourable action in the affections in which they are usually most efficacious. For example, it is a well-established fact that the administration of antipyretic remedies, such as *quinine* or *antipyrine*, is sometimes followed by an attack of fever. Moreover, the conclusion to be drawn from a recent observation is that *quinine* may prove beneficial in the treatment of deafness." The author of this article has no doubt that in this case quinine "had done exactly the reverse of what it usually does." Dr. Lepine goes on to say, "Such being the case, there is no reason why mercury should not aggravate a case of syphilitic headache, although the exact mechanism of such an action is still unknown." This remarkable passage admits fully the double, reverse action of medicines, but Dr. Lepine seems to have no idea of what this leads to, *viz.*, homœopathy. Of course, his doses of mercury were in reality a poisonous one for his patient, and hence the aggravation of the headache and all other symptoms, which he expected would be cured, and which would have been cured by small doses.

*Sulphur in Piles.*—In the *Practitioner* for April, 1894, we find the following: "Bothenkern has recently called attention to an old remedy which is in danger of being lost sight of, *viz.*, sulphur. He believes its effect is not merely to be ascribed to the mild purgative action of the sulphur preparations, but rather to a constitutional effect upon the hæmorrhoids, as the remedy is only given in very small quantities. It is administered in the form of a sulphur water (about  $\frac{1}{2}$  grain of *potassium sulphide* to an ounce of water), and a teaspoonful in a glass of water sipped during the course of the day (that is,  $\frac{1}{16}$  grain in the course of the day in divided doses.—D.D.B.) Bothenkern quotes the case of a patient who had suffered for years from alternate itching sensations, irritation, and marked burning around the anus, which increased occasionally to severe pain with every evacuation. There might be seen at these times a bluish red nodule which appeared somewhat suddenly. With a moveable pedicle, it attained the size of a hazel nut, and occasioned real distress. In the first two days after the administration of the remedy a diminution of pain was noted; after eight days the



hæmorrhoid had distinctly decreased in size; a week later it was hardly visible and soon disappeared (*Therap. Monatschrifte.* 2, 1894).” An excellent homœopathic cure.

*Bichromate of Potash* (Kali Bichromicum).—A striking paper by Prof. Fraser of Edinburgh, read before the international Congress held in Rome, is printed in the *Lancet* of April 14th, 1894—“On Bichromate of Potassium as a remedy in gastric affections.” In accordance with the rule adopted in this paper, I refrain from referring to Dr. Drysdale’s masterly proving of this drug, but the irritant action of it on the stomach is now so well-known that it is unnecessary to go into details. From an allopathic point of view, one would have thought that this would be the last drug an allopath would dream of giving in severe dyspepsia, with vomiting, gastric pain, etc., or still more in gastric ulcer. Yet here we find Prof. Fraser advocating its use in small doses in dyspepsia, of which he gives eighteen cases, many of them aggravated ones, which were relieved almost at once, and cured in a short time. Then follows a series of ten cases of gastric ulcer, cured by the bichromate. A most complete piece of homœopathy. I only wish I had space to extract the cases in full.

*Double action of medicines.*—The *Kansas Medical Journal* 1894—reprinted in the *New York Medical Times*—has an article headed “The size of the doses.” In it we find the following interesting and remarkable passage. “A large number, if not all of the drastic cathartics, when given in small doses, are tonics. Fowler’s solution of arsenic, an irritant poison, when given in one-tenth to one-fourth drop doses, is soothing to the mucous membrane of the stomach. *In fact, there are few therapeutic agents but what have a two-fold action, and the physician who does not remember this and act upon his knowledge employs but half the power for good contained in the drug.*” One might almost suppose that the writer was an avowed homœopath.

70.—*Antipyrin* in pruritus.—The numbers of cases lately recorded of the skin rashes with intense irritation and itching caused by antipyrin, render it unnecessary to refer to them in detail. In the *Brit. Med. Jour.* of 1895, the following is related. “F. Arnstein (*Gazeta Lekarska*, No. 48, 1894, p. 1298) following Blaschko’s recommendation (*Berlin Klin. Wochenschr.* No. 22, 1891) has tried antipyrin

internally (in powder, 1 gramme at bedtime) in two severe cases, one of which was that of a woman, aged twenty-eight, with pruritus nervosus of three months' standing, while the other referred to a woman, aged 66, with inveterate pruritus senilis. In both the itching quietly subsided and disappeared altogether in a couple of weeks. Both of the patients had been previously treated by various physicians, and after various ordinary methods, without obtaining any relief whatever." Another pretty piece of homœopathy.

*Apocynum Cannabinum* and the Heart.—I have already referred to the use of this drug by allopaths in heart and kidney affections. The *New York Medical Times* of Jan., 1895 has the following.

"Dr. Glinski (*Gaz. Degli Ospedali*, No. 82, 1894) by experiments on animals, has found that the root of *apocynum cannabinum* contains a violent poison, which, in large doses, paralyzes the heart, and, in small quantities, retards and strengthens its beats. Basing himself on these results, he experimented on himself, for he suffered from hypertrophy of the left ventricle, with intercurrent attacks of dilatation of the heart, mitral murmur, dyspnoea, etc. He took 15 drops of the fluid extract three times a day. Having observed that all his symptoms disappeared in two days, he experimented on other cases having palpitation and disturbed compensation, where *strophanthus* and *adonis vernalis* were without result, and *digitalis* seemed contra-indicated." He reports the details of his cases, and gives his conclusions. Its action on the heart and kidneys had been long known to homœopaths.

(To be continued.)

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## REVIEWS.

*A Year's Surgical Work.* By JAMES C. WOOD, A.M., M.D.

Professor of Gynæcology in the Cleveland Homœopathic Medical College, &c., Cleveland, Ohio, 1903.

THIS is a very interesting paper, not only giving detailed statistics with comments, and showing a mortality that is almost *nil*, but also a history of twelve cases of much interest and comments on them. They are well worth reading, and reflect great credit on the well-known skill of Dr. Wood.

*Simple Rules for Preventing Infantile Complaints and Deaths among Infants.* By J. T. C. NASH, M.D., D.P.H., Medical Officer of Health, Southend-on-Sea. Bristol: John Wright & Co., 1903.

THIS is an excellent little *brochure*, not going into treatment, but merely giving simple rules, as the title describes it, for the prevention of illness and death among infants. If it were widely circulated among mothers of families, and the rules acted on, much anxiety and worry would be saved to the parents, and the children saved from much distress and illness. The *brochure* only extends to 8 pages, of duodecimo size, and only costs a penny. Hence it is well fitted for gratuitous circulation by those who are philanthropically disposed.

*The Exogenesis of Cancer.* By A. THEODORE BRAND, M.D., C.M., Driffield.

In our issue for Nov., 1902, we reviewed a presidential address by Dr. Brand, on "The Etiology of Cancer," which we could not see quite in the same light as the author of the address. We have received a copy of another paper on the same subject, with the above title, by Dr. Brand, which was read at the East Yorks and North Lincoln Branch of the British Medical Association, of which he is the President, with the view of eliciting further discussion. We cannot say that we find any essentially new arguments in favour of his belief in the infectious origin of cancer. But he states his views in rather too dogmatic a manner for a subject in which there is much room for differences of opinion. He seems to look with pity and contempt upon those who do not see the matter exactly as he does. His belief in the infectiousness of cancer is such that he says of medical men, on the first page, "We are just as liable as other people to contract it, *and even more so from our coming more frequently in contact with it than members of the laity generally.*" (The italics are ours.) This is pretty strong.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Meeting of the Session 1902-1903 was held at the London Homœopathic Hospital, on Thursday, June 4th, 1903, at 8 o'clock. Dr. Roberson Day, President, in the Chair.

## SECTION OF MEDICINE AND PATHOLOGY.

A paper was read by Dr. Purdom, of Croydon, entitled "Appendicitis (from the Medical Standpoint)," of which the following is an abstract. Dr. Purdom first referred to the importance of accurate knowledge on this subject, considering the prominent attention which was being given it in the lay mind in the present day. He then dealt with the definition, etiology, anatomy and pathology of the disease; also the bacteriology. "Peritonitis is the essential basis of the attack . . . and it is due in all cases to bacteria-laden material from the appendix." Some facts were given showing a distinct hereditary predisposition to appendicitis. Although a disease of youth, cases have been reported at all ages. "It is rare that peritonitis in the male is due to anything else than appendicitis." Appendicitis has to be distinguished from pelvic inflammations in the female (both may be coincident), intestinal obstruction, volvulus and intussusception, perforating gastric ulcer, malignant new growths, enteric fever, perforation of bowel, membranous colitis, and tubercular peritonitis. Notes were given of a severe case treated by bell., nepenthe, merc. cor., merc. dulcis, and poultices, with a good recovery. The question of operation was discussed, also preventive treatment. Short notes of other cases were given illustrating various points.

Mr. Knox Shaw followed with a paper entitled "Some of the Surgical Aspects of Appendicitis." He said surgeons were called upon to advise in three classes of cases of appendicitis. (1) Acute cases associated with general peritonitis, which are frequently very rapidly fatal. These cases require hourly watching. (2) The cases where abscess has formed concurrently with the progress of the attack. (3) In cases where the question of operation has to be considered between the attacks. From six to eight weeks after an acute attack, Mr. Shaw regards as the most favourable time for operation, when all local swelling and fever have gone. It is an important point for consideration whether it is possible to have a local peritonitis around the cæcum without the appendix being involved. Mr. Shaw's notes were founded on an operative experience of forty-one cases with a mortality of just over 2 per cent.

Dr. Dyce Brown, Dr. Byres Moir, Dr. Dudgeon, Mr. Dudley Wright, Dr. Roche, Dr. MacNish, Dr. Madden, Dr. Neatby, Dr. Goldsbrough, Dr. Vincent Green, discussed the subject, and the authors of the papers replied.

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NOTABILIA.

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BRITISH HOMŒOPATHIC ASSOCIATION.

THE course of Lectures which has been given in May and June will be continued in July by Dr. Byres Moir, on Fridays, the 3rd, 10th, 17th, and 24th, at 5 p.m., in the Marlborough Room of the Polytechnic, 309, Regent Street, W. The subject will be "Homœopathy in Diseases of the Respiratory Organs and Heart." Members of the medical profession and senior medical students are invited to these lectures. The last day for receiving applications for the Travelling Scholarship is July 25th.

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DR. E. A. NEATBY.

OUR colleagues will be interested to hear that Dr. Neatby, who for several years past assisted us in conducting our *Review*, has given up general practice, in which he is succeeded by Dr. A. Spiers Alexander, of Plymouth. On leaving Hampstead a number of his patients presented him with a very handsome silver-mounted dressing-bag, with many expressions of regret at his leaving them. Dr. Neatby is now residing at 82, Wimpole Street, and has been appointed Consulting Physician for Diseases of Women to the Leaf Cottage Hospital, Eastbourne. He intends to confine his practice to gynæcological cases.

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BRITISH HOMŒOPATHIC ASSOCIATION.

THE Annual Meeting of this Association was held on Wednesday, June 10th, at St. James's Hall, Regent Street, at 4 o'clock p.m. President, The EARL CAWDOR, in the chair. Present among many others: Dr. G. Burford, Henry Manfield, Esq., J.P., Dr. Byres Moir, Dr. Dyce Brown, Dr. Clarke, Sir George Wyatt Truscott, Sheriff of London, J. P. Stilwell, Esq., J.P., Dr. E. A. Neatby, Dr. Goldsbrough, Dr. Spencer Cox, Dr. Madden, and Dr. Blackley.

Letters of regret for non-attendance were read from Capt. Cundy, Joseph Howard, Esq., M.P., W. C. Willett, Esq., R. H. Hind Smith, Esq., Lieut.-Col. Deane, and Dr. Pritchard (Hastings).

The minutes of last meeting, of April, 1902, were read and confirmed.

The Secretary's report was then read as follows:—

“ A year ago the Association was constituted to deal with various problems connected with the extension and development of homœopathy in Great Britain; some of these problems had been approached to some degree before, others scarcely at all, and any systematic attempt to federate the various homœopathic activities in Great Britain on a common basis for united progress had been wanting.

The British Homœopathic Association, during the past year, has laid the axe to the root of the policy of *laissez-faire*; it has gone far in the formation of a permanent fund for the endowment of its continuous work; it has begun to administer the various detail of homœopathic professional education; it has already practically signalized its deep interest in the important work of the establishment of Homœopathic Cottage Hospitals; it has initiated its labours in the direction of the formation of a sound public opinion on the recognition of homœopathy in the State; and it has united, during its year's work, the counsels and good wishes of the principal homœopaths and friends to homœopathy all over the country.

Following the last Annual Meeting a full report of its details was printed and circulated. Five thousand copies were distributed, not only in Great Britain, but throughout the English-speaking part of our colonies. In course of time a second edition of this pamphlet was called for, and 3,000 further copies were printed and circulated, thus disseminating widely a full knowledge of the objects of the Association's work.

Your Committee are exceedingly glad to state that the minimum amount at which the Twentieth Century Fund was fixed, viz., £10,000, has been nearly covered by promises, payments, and commitments during the past twelve months. The Earl of Dysart has been the most munificent contributor to this fund. His Lordship has promised £2,000 to the fund on condition that the remaining sum of £8,000 be covered within twelve months. £1,000 still remains to be obtained in order to satisfy the condition of his Lordship's generous promise.

Your Committee earnestly hope that during the current month the whole of the outlying sum may be received, so as not to risk the loss of so material an addition to the Association's finance.

Among other important donors, since the last Annual Meeting J. H. Houldsworth, Esq., has kindly subscribed £300, and Miss Jane Houldsworth £100 to the Association's funds, through Dr. Dyce Brown. £250 has been received from Mrs. John Rylands, with a promise of a further sum of £250 so soon as the sum of £10,000 nears completion.

Lady Durning-Lawrence has generously subscribed £125 through the Secretary of the Ladies' Committee (Mrs. Henry Wood). £100 has been received from an anonymous donor through Dr. Hawkes, of Ramsgate, and another £100 has been received from Mrs. Margaret Orr.

Dr. and Mrs. Clarke have kindly offered to raise £2,000 for a "Compton Burnett Memorial" Professorship, and in November last Mrs. Clarke organized a sale of silver articles which realized £203 17s. 6d. The total amount now received for the "Compton Burnett" fund is £363 9s.

The Ladies' Committee, through their indefatigable Hon. Secretary, is doing excellent work on behalf of the fund for a Travelling Scholarship. Mrs. Wood and Mrs. Stephenson organized a grand concert which was given at the Norfolk Hotel, which realized a substantial sum. Mrs. Wood also remitted nearly £30 as the result of a set of dances given by herself.

A bazaar of fancy articles was held by Mrs. Mews at her residence in Queenborough Terrace in November, realizing £80.

Miss Sybil Waller Lewis remitted £20 as the proceeds of a subscription concert at the Salle Erard, and various other sums have been received through the personal work of Mrs. Philip Dawson, Mrs. Madden, Mrs. Maclean, and others.

The Committee, through the additional kindness of those who placed certain funds at its disposal for the commencement of educational work, has initiated a well-thought-out educational programme which has evoked considerable interest.

A course of professional lectures by Dr. Clarke, Dr. Dyce Brown, and Dr. Byres Moir is being delivered during the summer session.

A Travelling Scholarship for the most finished post-graduate education in homœopathy in America has been organized.

A technical work demonstrating the essential relations of homœopathy to modern medical advances is being written by Dr. Byres Moir and Dr. James Johnstone.

In order to obtain the fullest information on the important question of homœopathic professional education in Great Britain, a prize has been offered by the Committee for the best essay dealing with this practical question. The Committee have also made arrangements for the appointment of a medical tutor for the personal further instruction of medical graduates in homœopathic theory and practice.

Your Committee believe that so important a work as the professional equipment of medical men in the science and art of homœopathy, cannot be considered as complete until

the legal right of examination is obtained by the Association as an educative body.

In December last, on the invitation of Mr. and Mrs. Rudhall, a drawing-room meeting was held at their residence at Brighton, and presided over by Sir George Truscott, who, in conjunction with a deputation from the General Committee, explained the necessity and the proposed sphere of work of the new movement. The meeting was well attended and eminently successful, and the best thanks of the Association are due to the host and hostess for their invitation, and to Sir George Truscott for his invaluable services as chairman.

The Association has, after careful consideration, established a central office at Regent House, Regent Street, in place of its former address. The work of the General Committee is now carried on at its new address, at which all secretarial correspondence is received and dealt with.

Shortly after its appointment the General Committee nominated four sub-committees from among its members, to report on the detail of education, finance, literary work, and of further organization. These sub-committees reported from time to time to the General Committee; in this way all departments of the Committee's work have been dealt with in the first place by those best qualified to investigate, and their suggestions afterwards considered by the entire General Committee.

Aid has been afforded in various directions with regard to the work in Provincial Cottage Hospitals. Your Committee take a warm interest in this department of homœopathic activity, which they regard as a most important method of developing homœopathy in this country. The Committee has also initiated a scheme of general membership or associate-ship of the Association. Annual subscriptions constitute members or associates, and the continuous interest of friends of the Association is thus ensured in its procedure.

Your Committee would strongly recommend a considerable increase in numbers of members and associates in all parts of the country, as tending to still further stamp the movement as of "national," and not merely "local," importance.

The Association has received much practical assistance from Mr. J. M. Wyborn, who, without any expense to the Association, has kindly circulated some thousands of copies of various reports and circulars included in the issues of the *Monthly Homœopathic Review* and the *Homœopathic World*.

Your Committee desire to convey their best thanks to the editors of these journals for their cordial assistance and co-operation with the work of the Association, that they in their editorial capacities have constantly given.



The Executive Committee have requested Joseph Howard, Esq., J.P., M.P., J. P. Stilwell, Esq., J.P., and W. Willett, Esq., to be the trustees for the Association. These gentlemen have kindly consented to act in this manner.

The Executive Committee have also nominated Mr. H. Crewdson Howard, of the firm of Messrs. Crewdson, Youatt and Howard, to act as auditor.

Finally, your Committee have been much encouraged during their responsible labours by the sympathy, interest, and assistance they have received from professional men and laymen alike, during the initiation of the Association's usefulness. They cannot but feel that the more widely its work is known, and the more clearly its objects apprehended, the greater will be the effective response from all interested in the development and extension of homœopathy in this country, and they trust that year by year a larger and increasing work may be conducted as the outcome of the substantial aid and interest given in the work of the Association by those who recognize its present and paramount importance.

The Secretary then read the

#### TREASURER'S REPORT.

*Payments* : Of subscriptions and donations promised to the Twentieth Century Fund, the treasurer has actually received £3,024 11s. 3d.

*Promises* : There still remains to come to hand, first, the balance of the endowment (£2,000) of the Compton Burnett Professorship, the sum of £1,666 11s. There also remains to be received as the balance of the endowment of the Travelling Scholarship (£1,500), as undertaken by the Ladies' Committee, the sum of £1,157 10s. 3d. The conditions attending Lord Dysart's gift of £2,000, your Committee have reason to believe, will be complied with very shortly. Also there still remains to be received by the treasurer Lord Dysart's special subscription of £100 and the special subscription of £50 from the Bayes Fund of the London Homœopathic Hospital for the conduct of the present year's educational work. The conditions of Mrs. John Ryland's donation of £250, your Committee believe will very shortly be met. Further, of promises of smaller sums still remaining to be received by the treasurer, these amount to £352. These make the total of promises to the Twentieth Century Fund not yet actually paid to the treasurer £5,576.

*Annual subscriptions* : £57 has been received by the treasurer within the last twelve months in the form of annual subscriptions.

*Investments* : £2,500 has been invested in Cape 3 per cent inscribed stock.

Balance at the Bank, £400."

It was announced that Lord Cawdor had generously given a donation of £50.

The Chairman, The Earl Cawdor : I have now the honour of moving the adoption of these two reports, which tell us what has been done since the last meeting. When I attended that meeting I thought some of our friends were rather sanguine. Dr. Burford said he would get £10,000, and I was sceptical, but he has proved his words, and we are grateful to him and to all who have assisted him. I think it a very great accomplishment. We have some further proposals to lay before you. I can only think the report by the secretary of the work of the Committee, and of the work of the treasurer, are immensely satisfactory, and quite beyond what I expected for the first twelve months. I hope it will stimulate them, because without their work we cannot do what we wish to do. I hear murmurs from some of our friends at the Hospital that we are taking away money from the Hospital, but they are also taking money away from us. We will leave the secretary of the Association and the secretary of the Hospital to fight it out between them. I move the adoption of the report, and call upon Dr. Clarke to second it.

Dr. Clarke : My Lord, Ladies and Gentlemen, I am sorry Col. Clifton Brown is a little late, as my name is put down for another resolution, but I will try to occupy his place in the meantime. I have very great pleasure in seconding the resolution proposed by Earl Cawdor. The treasurer's and secretary's work cover a great deal of work. Read out in an official way, as they have been, they sound pretty dry and formal. I may tell you that it means a great deal of work. All these details have had to be thrashed out in committees and in sub-committees, and a great many conflicting elements have had to be brought together and fixed into line, so that valuable practical results might come out of them. It is not easy to get money out of people's pockets nowadays, but there must be a good deal of interest in homœopathy to get as much money as we have done. There was a saying by a good old homœopath that I remember not very long ago, to the effect that nowadays people are not interested in homœopathy, but only in their own complaints; he meant to say, that there was no good in publishing books about homœopathy, but that we must publish books about some disease to get people to buy them. However, our Association has undertaken

to alter that kind of thing. Some half-a-century ago there was a great deal of interest taken in homœopathy both by the medical profession and by the outside public; so great an interest, in fact, that persecution was rife in the medical world. If a man was known to be tainted with homœopathy, he had no chance of getting a degree. Even if he passed his examinations, no matter how well and honourably, the faculties would not give a man his degree if he was going to practice homœopathy. That has occurred over and over again. Thanks to the Medical Act, and to the ability with which the homœopaths in Parliament and out of Parliament worked at the time it was passed, a clause was introduced which made it illegal for any medical authority to refuse to grant a degree to any student who had passed his examinations, on the ground of his medical faith. Thanks to that clause, homœopaths have been able to get their medical degrees. When they have passed their examinations, homœopaths have at this day before the law exactly the same status as allopaths, though that fact seems not to be known as well as it might be known by the public. One of the functions of the Association is to make the public understand what the real status of the homœopath is in the medical world. Homœopathy is the pioneer science; it is clear ahead of all the sciences of the present day, except the sciences which are connected with the phenomena of light. Sir William Crookes has altogether revolutionized the ideas of scientists with regard to matter and "electrons" and "ions." We now look upon high infinitesimal quantities as quite the subject of the day. The only thing is that ordinary science considers these high infinitesimal quantities perfectly natural in speaking of matter, and ions, and so on, but not in speaking of homœopathy. Infinitesimals are quite right for Sir William Crookes and the Royal Society, but they are still ridiculous in homœopathy. We have to alter that. I think we ought to explain to people what the word homœopathy means. To do that the word homœopathy should appear in the early instruction books. They tell us in these books how to make bread, but I think in this progressive age homœopathy should also be explained in these books, and the meaning of the term should be taught by the board schools. There are many respectable and educated people who do not know what homœopathy is. The work of the Association has been started, as the secretary has announced. Lectures have been given to medical students, and these lectures, I am pleased to say, have been satisfactorily attended considering the early state of affairs. Now the necessity of our doing work of this kind has been brought

home to me very pointedly in several ways just lately. I received a letter from a medical man in Australia—it does not matter in what particular part of Australia—who writes as follows: “One of my sons has just gone to England and will probably call on you. He wants to take up post-graduate teaching, and try to find some young fellow, just graduated—a good homœopath, who would come out to help us here. We have a small hospital, and get on fairly well, but at present the work is only taken up by myself and my two sons.” These letters are sent to me because I am an editor, and editors are of necessity omniscient. We are not quite omnipotent, but we are getting on that way. Our Association should be able to attract students, and turn out educated homœopaths. You see my correspondent is very particular, he wants a “real good one.” I was obliged to reply we were not able to turn out enough for home consumption, much less to be able to export them; but we hope our Association will be able to help in that way in the future. Another instance of the necessity of our work came to me from another quarter—from Holland. I may say, my Lord, that our Dutch friends have a Homœopathic Association of their own. They call it the Union for the Promotion of Homœopathy in the Netherlands. Its principal aim is “to enable physicians to study homœopathy theoretically and practically. Up to now physicians who were assisted by the Union to this effect went to Greifswald to attend the lectures of Prof. Schultz; to Berlin to assist at the consultation hours of different physicians, and to Leipzig to visit the Homœopathic hospital. Since the latter was closed some time ago, the Committee is in difficulty to know which hospital, either in Europe or in America, is to be considered the best for the instruction of the physicians named. Skilful surgery is not so much needed; it is more the treatment with homœopathic medicines that the Committee wishes to have demonstrated. Under the circumstances we appeal to you to give your opinion on the subject.” I was obliged to say that it was out of our power to help them in any way. We could not invite the Dutch students to come here. I referred them to one of the schools in America. I have also received from Holland another letter, which contains matter of considerable interest. There are grounds for thinking that a chair of medicine at the historic University of Leyden may be given to a homœopath. Our Dutch colleagues are looking for an able man, and intend to visit London to see what can be done. My Lord, there is a danger of our best professors being carried off to Leyden unless we treat them very well in this country. Our secretary’s report stated that our Association was not

parochial but national. But it is not only national, but international. As one of the French doctors said the other day, English is the mother tongue of homœopathy. The naturalisation of homœopathy in America has made the English language the most important language for a homœopath to know. Dr. Cartier said, if a (French) medical student asked him which was the best thing to do to learn homœopathy, he should reply: "Learn English." Our Association is an international Association. When we become thoroughly organized and equipped, our school will have international importance. I have much pleasure in seconding the terms of the resolution. (Applause.)

The chairman put the resolution to the meeting. The resolution was carried.

Mr. J. P. Stilwell, J.P. : My Lord, Ladies and Gentlemen, the resolution placed in my hands to bring before you is, "That this meeting authorize the enlargement of the Twentieth Century Fund from £10,000 to £50,000, for the extension and development of homœopathy in Great Britain." You have heard what has taken place in the last twelve months. Then we began with the ambitious project of raising £10,000 for the purpose of extending and developing homœopathy. We have got nine-tenths of the amount we looked for. We think that "nothing succeeds like success," and that therefore the Executive Committee should be allowed to ask for £50,000 in place of the £10,000 originally asked for. Last year we limited the time of obtaining the amount. We do not limit the time on this occasion. Then we thought that we should get £10,000 in twelve months. This year we cannot get £50,000 in another twelve months, but we look forward to the future with hope—we may get it in perhaps two, four, or five years. What we have to do is to go forward. Homœopathy is essentially a progressive science. It has gone forward for the last fifty years. In the first place it was rather slack; it was not so embracing as I should like to have seen it. It is necessary to be militant, to fight for our opinions. We are tabooed by the medical world. In 1851, at Brighton, a ridiculous, I may say infamous resolution was passed by the Ethical Committee of the British Medical Association to the effect that, "It is derogatory to hold any intercourse with homœopathic practitioners." Supposing the religious world were to take that view, and the English churchman were not to speak to the Roman Catholic, or the Roman Catholic to the Methodist, and so on, religion would become contemptible. Medicine would be contemptible if those who have the power of giving degrees had, as we have heard, the power of refusing them. Yet there is much in the power

of giving or of not giving. This is quite a case of the Irish boycott. But we are now in the beginning of the new century, from which our fund takes its name. Not only has the new century begun, but also a new state of affairs has begun in medicine. The same thing has taken place in fiscal matters also. We may see a great upheaval shortly. We may see it in medicine, in our side of the science, and all the professions may make great progress and come much more to the fore, and I cannot help thinking that this Society, inaugurated last year, will affect the whole medical world of England; London, of course, first, and the whole of England afterwards. We must all do what we can and strive to bring forward homœopathy on every occasion. (Hear, hear.) We must speak of it not only in our families, but to our friends; we must ask them to look favourably upon it and recommend it to those who are looking, as it were to a fetish, to the medical schools. They are reasonable beings, and if we bring it forward on every occasion, I shall hope to see this change come about very shortly. I was writing to the Chairman of a large London Hospital, the other day. He had asked me to come and look over his hospital. I told him I was a homœopath. I said I hoped before long every hospital in London would have a ward where patients would be treated homœopathically. If that were the case, homœopathy would be in its right place; and the allopathic wards would soon have to be closed for lack of patients. (Laughter.) I have had no reply from him. You remember some years ago, it must be at least twenty-five years, when Major Vaughan Morgan was the chairman of our hospital in Great Ormond Street. He offered to St. George's Hospital £1,000 a year for five years to have one homœopathic ward in their hospital. They refused, as we all know. It would have done away with allopathic treatment in that hospital. I submit the resolution to the meeting, "The enlargement of the Twentieth Century Fund to £50,000 for the extension and development of homœopathy in Great Britain." (Applause.)

Sir George Wyatt Truscott: My Lord Cawdor, Ladies and Gentlemen, first of all, may I apologise for having arrived so late at this meeting, but I had an official engagement, which was not completed till after 4 o'clock, and I got here as early as possible. That also accounts for the mediæval garb in which I have come. (Laughter.) I am delighted to second the resolution which has just been proposed. The very terms of the company show progress. Twelve months ago the directors came to the shareholders and asked for authority to create a capital of £10,000. In twelve months

that has been almost procured, and found totally inadequate. (Hear, hear.) The directors now authorise an increase of the capital, being certain they can employ it admirably. Mr. Stilwell says that what we want in the homœopathic world is that tolerance which is now accorded to all denominations throughout the religious world. What we want is that homœopathy may be allowed a trial side by side with the old school. (Hear, hear.) I have asked this at many meetings, and I believe that, with the capital which will soon be at our disposal, we shall be able to impress the old school, and they will have to admit homœopathy into their hospitals. Homœopathy has found it necessary to make itself heard. It has lain dormant for some years, but now it is making itself heard—it is making progress. It is an excellent science of medicine, and, in my opinion, is the only system which, has any science at all. (Applause.) Mr. Stilwell also says that the twentieth century is showing itself liable to very new ideas and the upheaval of old ideas. The time is certainly ripe for the investigation of anything for the benefit of the country and of the world in general. People are not contented with things as they are. It is a time of great enquiry, and we approach the subject at the right moment when the world is ready to enquire into anything that will benefit humanity. I believe that, with this great capital, which I trust may soon be collected, this great movement will go forward and prosper, and be for the general benefit of humanity. I have great pleasure in seconding this proposal.

Dr. Burford: My Lord, Ladies and Gentlemen, It is my misfortune to stand here to-day in place of Mr. Joseph Howard, who had intended to speak in support of this resolution. He has been here already, but had unfortunately to leave almost immediately to go to the House for his duties there. After the careful handling of the subject by the last two gentlemen, I can only, as it were, dot their i's and cross t's. Of the prime interest in homœopathy there can be no doubt. The call continually comes for a further supply of homœopathic medical men, for residence in hospitals; for assistance to those who are practising now; for successors to those who are giving up work; and for pioneers in new and growing settlements. Most requests of this kind we are unable to meet. This kind of thing—our inability to meet the considerable and constant demands made on hospital centres—imperils the development of homœopathy. We must leave no stone unturned to increase the number of homœopathic practitioners in the British Isles. It is necessary for them to be trained and qualified in our practice. We are compelled at present to endeavour to make bricks without straw.

What collegiate training can we place at the disposal of those who wish for instruction? Various efforts have been made to supply the deficiency. What would be said for the architect or engineer who has to work with only a rule of thumb acquaintance with his work? Why should we do similarly? Various efforts have been made—notably by the hospitals. If it were not for them, probably we should not be meeting here to-day on this topic. Good training can only be brought about by special courses. To my mind the cause of the collapse and discontinuance of previous efforts is, I think, that we have not had any real grasp of the magnitude of the problem. It is necessary to have a proper systematic collegiate course, and to find men sufficiently detached from exacting practice to interpret things satisfactorily to all who wish to learn. I learn from Mr. Stilwell and Sir George Truscott that £50,000 is scarcely more than touching the fringe of the problem. (Applause and laughter.) Why, as professional men, should we be denied service in the State? Why should a homœopath have the door shut in his face when his qualifications are sufficient for him to deal with these duties? (Hear, hear.) Why should he be excluded from service in the Army and Navy? One of our friends was nearly deprived of his position because he had the courage to avow his belief in homœopathy. Why should we be deprived from civil posts? A homœopath has no possible chance of being asked to sit on Public Boards, although we have many who are well qualified. And why, when terrible epidemics arrive, as the plague in India, why should the Government be supine when they have offers of money and men to show what homœopathy can do? In dealing with State questions of this kind, why should they distinguish between those who practise one form of medicine and those who practise another? It is a wrong thing. (Hear, hear.) I maintain this taboo should be removed. Homœopathy should take its place as a state factor here as in America. (Hear, hear.) We got to this stage last year: this is a *rechauffé* of our queries then. We were warned by Dr. Madden that £10,000 was only a flash in the pan; if we intended to do any permanent service, we wanted more. I think he gave £30,000 as a suggestion: Now we can do with no less than £50,000—this is the minimum. We were not quite sure of the amount of backing we should obtain. Now, having covered the greater part of the sum for which we asked, we feel we may ask more. What we have done with ten talents we can do better with fifty talents. The proportion will hold. We wish to have all the material for research and teaching exactly as our brethren of the orthodox school have. We wish to turn to gain, as Sir George



Truscott has said, all the knowledge and resources of the time. If we get this large sum in due time, it is necessary to have more lectureships. We cannot get on without lectures: it is the same on the continent. Some people say at times that the importance of lectures is chiefly in the idea of the lecturers. We must have more lectures—it is absolutely requisite. We must utilise the great advantages America has in homœopathy. What we want in England they have absolutely *in excelsis* in America. Americans come over here and looking round them say we are far behind what they have in America. We are compelled to acknowledge they are right. We want more experience in working our plans. We propose to send our younger graduates to America at first. We want travelling scholarships to begin with. We do not propose them for post-graduate gentlemen who will make the grand tour of Europe; but, in being sent abroad, they should have an object—to obtain knowledge they cannot obtain in England. We require an endowment for this. There are many new problems to solve. We must deal with these things ourselves and educe results for our service. With regard to what has been said of cancer and tubercle, we cannot move without money. We have done something with regard to cottage hospitals, not much, but we have aided those at Tunbridge Wells and at Leicester. We want practical aid, not only sympathy for this and similar objects: and what my Lord, Mr. Stilwell and Sir George Truscott have pleaded for, we hope we may tell you in due time, what we should like to tell you now, that the monetary difficulty no longer exists.

The Chairman put the resolution to the meeting. The resolution was carried.

Dr. Dyce Brown: My Lord, Ladies and Gentlemen, I have much pleasure in proposing the following resolution: "The re-election, as President, of Earl Cawdor; the re-election of the Earl of Dysart and Lord Calthorpe as Vice-Presidents; the re-election of Mr. Joseph Howard, M.P., J.P., as Treasurer, with thanks for special services during the past year. Also that Alderman and Sheriff Sir George Wyatt Truscott, Col. James Clifton Brown, and Capt. James Cundy be elected Vice-Presidents." I think this resolution requires very few words to support it. It would go as a matter of course, because the names are such that it requires no words from me to support it. I have much pleasure in moving it. We are greatly indebted to our noble President for all the labour and time he has given to the Association, and I think a great part of the success of the Association this year is due to its President. With regard to the Earl of Dysart, we homœopaths all know how devoted he is to our cause, and

how generous he is. The secretary has told you of the £2,000 he has nobly given on condition of our making the total up to £10,000. His Lordship desires to spread homœopathy in every way, and acts in the most liberal manner. Lord Calthorpe also, who is not often in town, has a very great interest in homœopathy, and shows it by being one of the Directors on the Board of Management of the London Homœopathic Hospital. I have much pleasure in proposing also the re-election of Mr. Joseph Howard as Treasurer. We are much indebted to him for his services as treasurer for the past year. Of these noblemen and gentlemen then, ladies and gentlemen, I have not only much pleasure in proposing the re-election, but also in thanking them for the active support and care they have shown in the past year. (Hear, hear.) As for the second part of the resolution, that Alderman and Sheriff Sir George Wyatt Truscott, Col. James Clifton Brown, and Capt. James Cundy should be elected Vice-Presidents, very little is necessary to be said on this point. Sir George Truscott was known to many of us as an ardent homœopath before last year. His admirable speech then brought to general notice his interest in homœopathy, and we have since then had several proofs of his interest in it. He went to Brighton to take the chair at a meeting, and spoke ably in support of homœopathy. He comes to-day, in spite of other engagements, to support us. Col. Clifton Brown and Capt. Cundy we know as practical supporters of homœopathy. Their activity in this matter, the constant interest they show, and their substantial donations for anything in connection with the hospital are well known to you. It gives me great pleasure to propose them as Vice-Presidents.

I wish now to say a few words on a different subject. It is easy for those who sit in their arm-chairs to say we are doing nothing. For the last year, it is only necessary to listen to the secretary's report to see what has been done. We are often told that we have no rules or constitution to go by. We do not want at present to be tied down by rules. Our position is of tentative progress and deliberation. It depends on the amount of money we have to carry it on. We have attained to nearly £10,000 in one year. I admit I thought it a little doubtful at the beginning that we should get so much as £10,000; but we have almost got it. We want to go further, and the more we get the more we can do. We want now to aim at £50,000, so that in monetary matters and in other things we shall be progressive. The last year has been far from wasted. The meetings of committees have been numerous and have done active work. For a large scheme of this sort every detail has to be

thoroughly thought out, or it is sure to go wrong. We have been preparing for more active measures. The only thing visible to the public is the course of lectures. We have not started with a complete course: we have had some in May and June, and they will go on in July. That is tentative. We shall see how they will go on in the future. I think we have done remarkably well. Another very important thing is the bringing out of the book by Dr. Byres Moir and Dr. James Johnstone, which I understand is almost completed and will soon be before the public. One point which I wish to notice is the mis-representation of what homœopathy is by the old school. (Hear, hear.) In a liberal profession this is simply appalling. It is either due to ignorance or to something else which I will not charitably suggest. We are told that "charity thinketh no evil." In all other spheres of learning, in science, in religious circles, men hold their own views. There is no fixed view for everyone, but we find that supporters of one opinion can tell you not only their own opinions but also the opinions of others, even if they do not believe them. The Church of England clergyman can tell you the views of the Church of Rome, but allopaths cannot tell you what homœopaths believe. Our principles are tabooed, and yet they cannot tell you what we do believe. It is very important to try to counteract that state of affairs, and to explain as clearly as possible what homœopathy is, so that ignorance may have no excuse. We may well pride ourselves on what has been done for the past year, and we shall soon see more tangible evidences of it. I have much pleasure in proposing the resolution.

Dr. Clarke: My Lord, Ladies and Gentlemen, I have very great pleasure in seconding the resolution which has been proposed. As I have already spoken in the place of Col. Clifton Brown, I will be very short. I think we are very fortunate in having real genuine workers at the head of our Association. (Hear, hear.) We have representatives from the House of Lords, from the House of Commons, and from the City. There are only two things left to wish for. One we shall have, I think, soon, if we are patient—the Lord Mayor himself. (Applause.) The other is Royal and Imperial patronage. I am sure we shall deserve this too. (Applause.)

The Chairman put the resolution to the meeting. The resolution was carried.

Dr. Byres Moir: My Lord, Ladies and Gentlemen, the resolution I have in my hand is "The confirmation of the appointment of the Trustees, viz., Joseph Howard, Esq., J.P., M.P., J. P. Stilwell, Esq., J.P., and W. Willett, Esq.,

and that our best thanks be given to these gentlemen and to the auditor for their valuable services for the past year." We hope in future to give them plenty to do. They have not had very much to do in the past, but we hope they will have more to do in the future.

Dr. Neatby: My Lord, Ladies and Gentlemen, I have much pleasure in seconding the resolution. I think that an Association with Trustees of such standing may consider itself getting on towards solidity. I have much pleasure in seconding the re-election of these gentlemen as Trustees.

The Chairman then put the confirmation of the appointment of the Trustees to the meeting. The confirmation was carried.

Dr. Goldsbrough: My Lord, Ladies and Gentlemen, the resolution I have in my hand is "That the general Committee be re-elected, with thanks for their services during the past year, and that the following gentlemen be added to the General Committee: H. Nankivell, Esq., M.D., of Bourne-mouth; D. MacNish, Esq., M.A., M.D.; Dr. E. J. Hawkes, J.P.; Dr. Washington Epps; James Johnstone, Esq., F.R.C.S.; Dr. E. B. Roche, of Norwich; F. S. Arnold, Esq., B.A., M.B., of Manchester; W. A. Hounsom, Esq., J.P.; Dr. W. Clowes Pritchard, of Hastings, with power to add to their number." I think it quite sufficient to have read out this list, to suggest to you the purport of what I have to propose, *viz.*, that the interest of the Association should be kept alive all over the country. I think that is the meaning of a large general committee. There is a little interest in homœopathy just beginning. We have just got the germ in this Association; the seed has been sown for a far greater movement in the future. The general committee, scattered all over the country, and represented by the names I have read, some of whom have served the committee before, is just that seed-sowing for homœopathy which we want for the future. First of all, with regard to the position of the old school, we cannot very well tell how it is they are so blind and obstinate in their opposition to homœopathy; but we know that opposition will last only so long as they think it is to their interest to let it last. (Hear, hear.) We have to create another interest, more developed than theirs. When we have done that, we shall hear no more about opposition, but enquiries for information and so on. Reference has been made to the great advance of science which may take place during this century, and that homœopathy is at present in advance of the science of to-day. With that I most heartily agree. We have only to peg away and develop our science to bring it into line not with the science of the past but of

the future. For instance, if Sir William Crookes shows us there is much to be learnt with regard to matter, we in homœopathy shall see bye-and-bye that our art advances in the line of the greatest science—that of life. (Hear, hear.) We have only to go forward and urge our friends on the committee to exert all the interest and influence they can to help in this great work. We are really in the van of progress, not in any sense in the rear. In the light of that, I most heartily propose this resolution. (Applause.)

Mr. Henry Manfield: My Lord, Ladies and Gentlemen, I do not know whether it is the fiscal atmosphere which is so much in evidence which has produced this flow of oratory. I will content myself simply with seconding the resolution which has been proposed, that the General Committee be re-elected, and that the gentlemen, whose names you have heard, be added to that Committee. I will only say the Association owes a great debt of gratitude to them for their efforts in promoting homœopathy. I beg to second the resolution. (Applause.)

Dr. Madden: My Lord, Ladies and Gentlemen, I have the pleasure of proposing "The re-election of the Ladies' Committee, with thanks for their valuable aid during the past year." A French epigrammatist has said "*cherchez la femme.*" He was unconsciously paying a great compliment to the ladies. In any great undertaking, whether for good or for evil, we must look for the lady. My good friend, Dr. Burford, has reminded me that I told him last year we were asking for too little, and I am delighted to find he is now asking for a little more. I may take it the most important object, or one of them, is the establishment of a school to teach homœopathy. To provide this, I fear the present capital will be insufficient. However, it will go a long way, and then we can get some more. We must have a college capable of giving education and of granting degrees. Those who manage the hospitals need not fear we will do anything to their detriment, because we want them kept up to their present standard and, in fact, enlarged. My Lord, I have great pleasure in proposing this resolution.

Dr. Spencer Cox: My Lord, Ladies and Gentlemen, it is with very great pleasure that I rise to support this resolution. The Ladies' Committee has worked very hard. We owe them a great debt of gratitude. They have raised £4,000, and they are going to raise more. I think there will be no doubt as to the result. We can do nothing without the aid of the ladies. I am very happy to find them interested in the spread of homœopathy. We have them so strongly on our side, and I think with Dr. Madden what we have to do,

or one thing we have to do, is to "*cherchez la femme*," and when we have found her, to keep her interested in homœopathy. I beg to second the resolution.

The Ladies' Committee was re-elected.

Mr. Dudley Wright: Ladies and Gentlemen, before we part to-night I should like to propose a very hearty vote of thanks to our noble chairman, for having been so good as to come here to-day. (Applause.) His Lordship has, we know, been greatly interested in homœopathy, and has been one of the leaders of our Association from the charitable and benevolent point of view as far as the hospital is concerned. We now know his Lordship is in sympathy with us in regard to our educational work. I feel it a great privilege to propose this vote of thanks, for with the other medical members of the committee, I feel we are under a great debt of gratitude to his Lordship for his help in the past and, with Dr. Clarke, I think we are to be congratulated on having at our head a real good worker. (Applause.) I put to his Lordship a very hearty vote of thanks for coming here. (Applause.)

The Chairman: I am very much obliged indeed for the kind vote of thanks you have given me. I am very pleased to do anything I can for the Association or the Hospital. I am converted to the £10,000, and hope to be converted to the £50,000 within the next twelve months. (Applause.)

#### BURNETT PROFESSORSHIP FUND.

The following sums have been received since last announcement:—

	£	s.	d.
Mr. S. J. Stewart ... ..	5	0	0
Mr. E. L. Vinden ... ..	1	0	0
Dr. J. H. Clarke (Lecture fees) ...	21	0	0

#### BRITISH HOMŒOPATHIC CONGRESS, 1903:

The following circular has been issued to all homœopathic practitioners:—

29, SEYMOUR STREET,  
PORTMAN SQUARE, W.  
June, 1903.

DEAR SIR,—The Annual Congress will be held this year at Oxford, in the "Assembly Room," Town Hall Buildings, on Thursday, July 23rd, at 10 o'clock a.m. punctually.

The presidential address will be delivered by PERCY WILDE, M.D., on "Hindrances to Truth."

"For oh! The lies, the controversies, the evil speakings, the hindrances to truth that spring from the inaccuracies of those who believe themselves honest and well-meaning."—SIR JAMES PAGET, *Memoirs*, p. 85.

Any strangers, ladies as well as gentlemen, who may desire to hear the President's address, will be welcome.

A short interval will be occupied, after the address, by the treasurer receiving the members' subscriptions.

In regard to the papers to follow the President's address, the Council decided that it would be best to have essentially only one paper bearing on the subject of the President's address, on similar or allied lines, but to be sub-divided in a tri-partite manner, and committed to three separate writers. These papers will follow each other consecutively, and the discussion will come at the end of the third paper.

The aim of the President is to show that the scientific position of homœopathy is unassailable, and the first paper of the tri-partite series will be read by JAMES JOHNSTONE, B.A., M.B., F.R.C.S. (Eng.), D.P.H., on "Immunity and Serum-Therapeutics in relation to the Rule of Similars."

The second paper will be read by JOHN M'LACHLAN, M.A. and B.C.L. (Oxon.), M.D. (Edin.), B.Sc. (Edin.), F.R.C.S. (Eng.), on "The Bearing of Chemistry and Physics on the Homœopathic Law."

The third paper of the series will be read by E. M. MADDEN, M.B., M.R.C.S. (Eng.), on "An Attempt to Re-state the Doctrine, and Illustrate the Practice, of Homœopathy, as one may imagine Hahnemann would have done had he lived in the present day."

A discussion on these papers will then follow, and in order to give sufficient time for it, the Council resolved that the Congress postpone the adjournment for lunch till 2 o'clock, instead of 1 o'clock as formerly.

Lunch will be served at the "Restaurant Buol," Cornmarket Street, at 2 o'clock. The President hopes that the members will do him the pleasure of being his guests on this occasion.

It has been the custom at former Congresses to have one or two papers after lunch, but this year the Council resolved, on account of the unique interest of Oxford, to devote the whole afternoon till about 4.30 or 5 o'clock to seeing the Colleges and other places of interest; and this part of the programme will be carried out under the guidance of the Hon. Local Secretary, Dr. M'Lachlan.

About 4.30 or 5 o'clock the members will re-assemble,

and after a cup of tea the formal business of the Congress will be undertaken, and this will conclude the proceedings.

The members, with their friends, will dine together at the Randolph Hotel, Beaumont Street, at 7 o'clock. Ladies as well as gentlemen will be welcomed as guests.

The subscription to the Congress is, as usual, 10s. 6d. The dinner ticket alone, *for guests only*, will be 7s. 6d.

Beds may be secured at the Randolph Hotel, Beaumont Street, or at the Clarendon Hotel, Cornmarket Street, or at the Wilberforce Hotel (Temperance), Queen Street. Dr. M'Lachlan, 38, Beaumont Street, will be happy to arrange for beds for any members who may communicate with him on this subject.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The enclosed post-card is to be filled up and returned as early as possible, but not later than July 10th. Of course, if any colleague cannot make his arrangements so early, the post-card would be received up to the day of meeting; but it is earnestly hoped that all will return the post-card as early as possible, as arrangements for the lunch and dinner are much facilitated thereby.

I remain, yours very truly,

D. DYCE BROWN, *Hon. Sec.*

### HOMŒOPATHY AMONG THE ALLOPATHS.

*Tonsillitis*.—A colleague has kindly sent us a copy of the *Medical News* of New York, for January 24th, 1903, in which is a paper on Tonsillitis, by Walter Sands Mills, M.D., of New York City. The aim of the paper is to prove that tonsillitis is an infectious disease, but after discussing this question, he finishes up with the treatment he advises, as follows: "The patient should be put to bed and placed on a liquid diet. In the way of local treatment I use nothing but a gargle of cheap claret wine. This can be used every two or three hours or oftener as the patient wishes. The tannic acid in the claret acts as an astringent, and the throat of the tonsillitic patient usually feels much better for its use. I use a number of different drugs for tonsillitis, and I believe with benefit to my patients. I have never had a case of tonsillitis go on to suppuration (quinsy), though I have detailed records of fifty and have treated many others. I have seen a number of cases of quinsy that were just on the point of breaking down when they came to me for treatment. Moreover, I believe the tendency to recur has after a time been eradicated by the treatment which I shall outline.



“Aconite in small doses frequently repeated, at the very outset of the disease, is often of service in simple tonsillitis. When the disease has progressed to the follicular stage aconite is no longer useful. By small doses frequently repeated I mean drop doses of a 10 per cent. solution every hour, given preferably in water. Osler recommends full doses of aconite, but in my experience the smaller doses are more satisfactory.

“If the fever is very high, pulse full and bounding, face flushed, eyes red, and evidence of intense congestion of the throat are present, a 1 per cent solution of belladonna is the best remedy. Bartholow gives good indications for this remedy in his ‘Materia Medica.’ He fails, however, to mention it in the list of remedies for tonsillitis in his ‘Practice.’

“In follicular tonsillitis the remedy *par excellence* is *phytolacca*. I use drop doses of a 1 per cent solution every one or two hours, according to the severity of the case. Its action is almost specific. As noted above, I have never had a case go on to suppuration. Bartholow speaks of *phytolacca* as a glandular remedy, especially as a specific in gathered breasts to prevent suppuration. I am able to endorse that most emphatically, and I can speak of it just as highly in follicular tonsillitis.

“If suppuration has already begun when the case applies for treatment, nothing will clear it up so quickly as sulphide of calcium in  $\frac{1}{16}$  grain doses.

“For the routine giving of a cathartic at the onset of tonsillitis I never could see a reason. Quinine and the salicylates are of no special value, at least not in my experience. The use of antipyretics with the above treatment is unnecessary.

“My object in writing this paper was simply to call attention to the contagious nature of tonsillitis, and to make a plea for what I consider its proper classification as an acute infectious disease. But when I came to read up the recognized authorities on their treatments I could not forbear outlining methods which appeal to me as more simple and more effective than those usually recommended.”

This is really too good. It might have been written by any homœopath. To quote Bartholow is reckoned quite safe, while to quote Hahnemann and homœopaths would not have been so. How long, we wonder, is this sort of thing to go on? For physicians to ignore homœopathy, and treat homœopaths as they do, and then to write such treatment as the above, small doses and all, is, we consider, utterly dishonest. They must know perfectly well that it is pure homœopathy, and that Bartholow and others like him have

got their knowledge of such treatment from Hahnemann and other homœopaths. And yet Dr. Mills elects to keep all this in the dark, and one cannot put it down to pure ignorance with the greatest stretch of charity. He takes good care to state no reason for prescribing such treatment—no principle by which he was guided in advising these medicines, but leaves his readers to suppose that, except for Bartholow's authority, it is an original discovery on his part. Truly the sense of honour in the old school on this one particular subject—homœopathy—is abyssmal. Ordinary trades-union tactics are nothing to this.

### SINGLE REMEDY, POTENCY—DOSE-REPETITION.

MRS. A.—A neurotic. Sensations. Icy coldness. Head, external and internal. Eyes feel cold. Stiff. Like set in socket. Same cold sensation of feet and legs to knees. Feel all the time as stockings had been dipped in water.

Poor appetite. Poor rest. Little sleep.

Had been treated for months *ad libitum*. Et ad nauseam. No benefit; disgusted, discouraged, determined to have nothing more to do with doctors or their potions. Time passed on, her sufferings increased. With an unflinching resolution, and a sublime heroism that was admirable, she endured and refused the earnest solicitations of anxious and interested friends to call other physicians or obtain proprietary remedies for her use. But one day endurance ceased to be a virtue; the writer passed the road and in desperation she rushed from her house to the gate and shouted: "Doctor, stop. I am suffering untold agony, and am in despair. Can you help me?" (The picture as she drew it is couched in the first paragraph of this paper.) I replied, I think I can. Be of good cheer; there is hope for you.

Remedy—calcareæ. Dose, 12 pellets, three times a day until improvement begins; then for three days 12 pellets at bedtime. Thence 12 pellets three times a week until satisfied improvement is well established.

Then stop medicine, if improvement continues; don't take another dose. If it lags, take one dose and wait results. If need more medicine, report to office. If I am passing, will stop. I did not happen to pass, and she did not report. Six weeks subsequently I met her. With a smile of gratitude she grasped my hand with the salutation: "Doctor, am happy. I am well, a little of my medicine is still left."

Thanks to homœopathy.

She was cured, and the cure is complete, I am sure.

It has stood the test of eighteen years.—*Dr. W. B. Graham, Richmond, Ind.; Homœopathic Envoy, July, 1902.*

### NON-TRAUMATIC HÆMORRHAGE.

AN active hæmorrhage of bright red blood, coming in gushes and accompanied by pale face, cold sweat, *nausea*, with gagging and tendency to faint, calls for ipecac.

Should this fail to bring prompt relief, and, added to the foregoing symptoms, we have frequent yawning, ringing in the ears, attacks of syncope with flickering, irregular pulse, *cinchona officinalis* is called for.

If actual collapse sets in, whole body becoming cold, even the breath, patient begs in a whisper *to be fanned* and to be *fanned hard*, pulse scarcely perceptible, *carbo vegetabilis* is our last trump. These three remedies are indicated especially in cases which rapidly threaten the life of the patient.

A hæmorrhage of bright red blood, accompanied by great mental excitement and restlessness, a flushed face and the positive assurance of the patient that this will be the last, requires *aconite*.

If such a hæmorrhage, accompanied by a flushed face, with visible throbbing of the carotids, the patient rather calm, even desiring death, the blood feeling very hot, with throbbing or shooting pains in the part involved, do not forget *belladonna*.

Another remedy that should not be forgotten in hæmorrhage with flushed face and violent thirst for ice-cold water is *phosphorus*. This remedy, indeed, has proved itself the most reliable curative agent in my hands in all hæmorrhages that go on for days and weeks, not a great flow; in fact, in just such cases where the patient is least cognizant of his danger, a flow that has for its immediate cause that short but most important symptom, small wounds bleed much. Compare here with *lachesis*. Blood coagulates rapidly in *phosphorus*, slowly, or not at all, in *lachesis*. The distinction has not always proved true at the bedside. I have seen *phosphorus* arrest the persistent oozing of blood from nose and throat in diphtheria and save the patient, after *lachesis*, apparently indicated, had failed.

About eight years ago a denizen of the City of Brotherly Love, but temporarily residing at Hazleton, had suffered from persistent epistaxis for two weeks, and been under old school treatment. *Phosphorus* arrested the flow, with no return of the same while he remained within reach of my observation.

Mrs. E., æt. 37; lean and slender; narrow chested; a sister died from pulmonary phthisis; has expectorated blood for two years, with but short, temporary periods of freedom from it; blood bright red, in small quantities, free or intermixed with mucus, shortness of breath, can't lie on

the left side, and accompanied by a dry, hacking cough. Phosphorus cured her. Four years have passed over without a return of the hæmoptysis. In the bleedings from neoplasms always think of phosphorus.

Ferrum should be remembered when the blood is bright red, partly clotted, partly liquid, with a pale face that flushes up with every passing excitement, be it ever so trivial, *great weakness*, paleness of mucous membranes.

Perhaps the most frequently used remedy, in a routine way, and next to ergot, is hamamelis, and certainly worthy the laurels it has won, yet not a specific. Its indications are, a flow of *venous blood*, generally accompanied by soreness of the part effected, and a calmness of mind strangely at variance with the otherwise serious loss of blood. As is well known, the cause of the hamamelis hæmorrhage lies in diseased condition of the veins, generally varicosis. About two or three years ago I was called to see a well-built, but pallid-looking, Irishman. He was very weak; dizzy on assuming an upright position; no other complaints except a slight, hacking cough. Diagnosis of previous attendant consumption. Had had frequent hæmorrhages from rectum, due to hæmorrhoids. Hamamelis arrested the hæmorrhages, and cinchona did the rest; he is well.

Another remedy used and abused by representatives of all schools of medicines is secale cornutum, the ergot of the allopathic school. We all know its primary effect, the constrictions of the unstriped muscular fibre, and its long-continued use resulting in devitalization of blood and nerve centres. Homœopathically, it is indicated in hæmorrhages occurring in withered, dried-up constitutions, great weakness irrespective of blood losses; the flow itself is passive, venous, dark, liquid, and generally unaccompanied by pain; a feeling of coldness with aversion to heat and covering, when present, will prove a reliable indication for the administration of this remedy. It is most frequently called for in uterine hæmorrhage, owing to its affinity for the unstriped muscular fibre of the uterus. Its nearest analogue here is ustilago. It will often prove curative in frequently recurring and long-lasting metrorrhagias, especially when associated with pain in left ovarian region.—*Dr. W. G. Deitz, Hazleton, Pa., in Penna. Transactions for 1901; Homœopathic Envoy, July, 1902.*

#### THE HEAD LOUSE.

A WRITER in the *Eclectic* finds in chloroform water applied directly to the parts or in the form of vapour, a very efficient insecticide, much safer and more effective than any other insecticide, and acting instantaneously upon the insect.—*Ibid.*

DIARRHŒA CURED BY GUMMI GUTTÆ (Gamboge).

An elderly gentleman of a robust frame and sound health, had an attack of diarrhœa about two weeks ago after over-eating. In one dayshe passed several stools in twenty-four hours, very copious, watery and of deep yellow colour. Was treated by an allopathic doctor with various astringent medicines without much effect. He came under my treatment on March 2nd, 1903, after suffering from diarrhœa for two weeks.

There were then ten to fifteen stools a day, very copious, watery and deep brown colour. Stools coming on in a gush with passage of much wind. Patient went to the closet with great haste lest he should soil his clothes. Stools mostly in morning; there was great burning, no appetite, a sickish feeling. I gave him Natrum 30 three times a day. Not much effect two days. There was slight pain and griping in abdomen, eyes slightly jaundiced, stools gushing and large. Gummi Guttæ 30 one dose morning and evening.

Four stools the next day, no more medicine, and stools formed and not so copious. Appetite improved. A few doses of placebo completed the cure. Gummi Guttæ was taken for two days.

P. C. MAJUMDAR, M.D.

*Indian Homœopathic Review, March.*

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THE VALUE OF RADIO-THERAPY IN CUTANEOUS  
AND OTHER CANCERS.

C. W. Allen (*Trans. Amer. Derm. Assoc.*, 1903) says that when the rays are applied to the normal skin, no subjective or objective evidence of action occurs unless for reasons connected with the tube, or with the individual in the nature of idiosyncrasy, conditions simulating those of burn or tanning occur. When applied to morbid processes upon the surface, either no apparent action is noted, or we may get a charring of certain kinds of tissues, or a necrosis. It has been observed and demonstrated that with a low tube, the rays from which do not penetrate deeply but are absorbed in the skin, the tendency to burn is greater; and in high tubes, whose rays pass through the tissues and are not absorbed, the tendency to burn is less. What occurs in tissues showing gross change has not yet been fully investigated; but in the case of a maker of tubes, for a time under Allen's care, in which there was severe dermatitis of the arm resulting in atrophic and cicatricial changes, contractions, deformity, and carcinomatous degeneration, necessitating high amputation and wide excision

of lymph nodes, the histological pathology was now being worked out in the New York Post-graduate Pathological Laboratory. There would seem to be no question that, aside from the production of a burn-like dermatitis, the ray has a predilection for attacking tissues which are not highly vitalized and embryonic-like, or highly differentiated structures, or cell growths—so to speak—out of place. Epithelial overgrowth can be seen to melt away at times without undergoing the usual necrotic or ulcerative changes, and in their place healthy tissues are produced in such a manner as to lead to the belief that normal cell growth is stimulated. At times, indeed, the two processes can almost be observed to occur *pari passu* over limited areas. If this new therapeutic measure consists in a bombardment of infinitesimal particles carried along ethereal waves travelling at an enormous velocity, we can almost imagine them attacking the infinitely minute particles of matter which go to make up the cell nuclei, the cells themselves, and the microscopic organisms which may possibly lie back of the faulty direction the cell growth has taken. The connective tissue cells would appear to be often unacted upon, and, being left behind, form what has been designated as a mat or basis structure, through and about which the new growth, now no longer malignant, can take place. Necrosis *en bloc* seems at times to be imitated and the casting off process hastened, so that with pronounced suppurative inflammation, rapid destruction takes place. Summarizing his results, Allen says that of 47 cases treated 10 were breast cases, 1 rectal, 1 uterine, 1 involving the glands and tissues of the neck, 3 were sarcoma, and 1 supposed to be sarcoma. This leaves 30 more or less dermatological cancer cases. Of these 2 involved the chin, being epithelioma, or cutaneous carcinoma, 9 the nose or the nose and cheek, 3 were multiple, 1 being in a subject of xeroderma pigmentosum, whose eyes were likewise involved, one globe having been wholly destroyed and necessitating surgical enucleation; 5 were upon the cheek and near the eye; 4 were of the lip, and 2 of the arm. The results in these cases are as follows: Ending fatally, 5; discharged cured, 25; ceased treatment, improved, 5; ceased treatment, unimproved, 5; improved and under treatment, 9. The following are his conclusions: (1) The X ray possesses decided therapeutic power and may produce marked injurious effect. (2) From the study of the present series of cases, he thinks himself warranted in stating that the X-ray as a therapeutic measure is not a passing fad to be dropped after a brief experience. (3) The effect of the method is at times to produce severe symptoms, referable to the heart, lungs, and other internal organs, and systemic effects pointing to absorption

of products of disintegration thrown into the circulation more rapidly than they can be eliminated. (4) Metastases occur at times in grave forms of cancer more rapidly than we are accustomed to see in patients not so treated. (5) Cancer itself may be produced by the injurious effect of the ray in a person not known to be predisposed, as instanced in the case reported of the tube maker, whose arm had to be amputated for carcinoma developing in the X-ray cicatrix. (6) The X-ray dermatitis, and many of the good effects as well, depend upon the proximity of the tube, the degree of vacuum, and the degree of heating of the anode. (7) Tubes may at times get into a "burning state." This condition of tube must at present be learned by experience and observation with the individual tube, as there is nothing to indicate just when this condition is present, aside from the effects produced. (8) The method is not one to be solely relied upon in all cases of cancer. (9) In the nodular, wart-like, and dry growths upon the skin, other means of removal, preferably by arsenical paste, should first be employed, and the rays then applied. (10) The indiscriminate application of the rays to all forms of disease as claimed to be practised by advertising institutions and by charlatans, and the deceit practised by calling other rays by this name, are apt to bring much unmerited reproach on a method really useful, whose effect is at times almost magical, but most often disappointing.—*Brit. Med. Journal*, June 6th.

It will be noticed as a point of great interest in the above extract that a case of undoubted cancer requiring high amputation of the arm was actually produced by the X-rays, in a man not known to be predisposed to the disease. This is a remarkable fact in view of its curative action in certain cancer cases.—EDS. *M. H. R.*

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#### VEGETARIAN ATHLETES.

'Is a vegetarian diet proper for those who are to engage in athletic sports?' asks the *Revue Scientifique (Lit. Dig.)*. We must certainly answer in the affirmative if we accept the results of a recent contest in Germany, where the six foremost places were gained by vegetarians. Says the *Revue*: The trial consisted in a walking match from Dresden to Berlin, 200 kilometers (124 miles). It was an international championship contest, and the entries included French, English, Russians, Austrians, and Americans, besides about 20 Germans. A very severe rule forbade the contestants to stop for sleep, and gave them only one hour for eating. The start was made at 17.45 a.m. *Les Inventions Illustrees* remarks that

the first six arrivals at Berlin were all vegetarians. Karl Mann, the winner, who was twenty-eight years of age, and who has lived on vegetable food for ten years, covered the distance in 26 hours, 53 minutes. He was declared the champion pedestrian of the world.—*Medical Times*, New York, April.

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#### THE INFLUENCE OF A SACCHARINE DIET ON GASTRIC ACIDITY.

A DIET consisting largely of saccharine substances is commonly supposed to favour acidity of the stomach, but from certain experiments made by W. G. Morgan (*Archiv. für Verdauungs Krankheiten*, VIII., 1,2; *Centralblatt für innere Medicin*, Oct. 11th; *N. Y. Med. Jour.*) it seems probable that such acidity is not due to an increase of the amount of hydrochloric acid in the gastric juice; indeed, quite the opposite effect was observed. A healthy workman took for five days, together with his usual food, large quantities of sugar, between two and three ounces of cane sugar, and twice that amount of maple-sugar syrup. The total acidity of his gastric juice fell from 50 to 25, and the free hydrochloric acid from 40 to 12.5. Acting on the knowledge thus acquired, Morgan has employed sugar successfully in the treatment of hyperchlorhydria.—*The Medical Times*, New York, April.

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#### THE USES OF ALCOHOL.

THE progress of scientific opinion, says the *Medical Times and Hospital Gazette*, indubitably shows that the utility of alcohol in medicine, and in general life as well, is becoming more and more circumscribed. At an interview, after his second attempt to swim the channel, Mr. Holbein is reported to have said that he did not believe that alcoholic stimulants would have been of any advantage to him in the last hour or two of his swim. He stated that he took expert medical advice some years ago on this question, and was strongly urged against the use of stimulants for persons engaged in athletics; and his own experience had proved this to be the case. Nearly every athlete of note will probably agree with the swimmer in this opinion. It is on mistaken grounds entirely that alcohol has been described as a food. It is nothing more or less than a stimulant, which may urge the flagging energies to redoubled effort at the expense of greater fatigue when its effect has passed away. In the treatment



of disease this is, of course, now generally recognized, and alcohol is chiefly prescribed as a means of either stimulating the heart when it is possible that otherwise syncope might occur, or of stimulating the digestive functions, especially in cases of convalescence or nerve exhaustion.—*Medical Times*, New York, April.

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#### DIETETIC TREATMENT OF ACUTE CORYZA.

STERNBERG has recently called attention to a simple procedure, which was recommended by Williams in the middle of the last century (*Bost. M. & S. Jour.*). His plan was to 'dry it up.' Williams found, and Sternberg echoes his opinion, after an experience of years, that if liquids are totally excluded from the diet for twenty-four hours the congestion in the head, nose, and conjunctivæ, and the irritating nasal discharge are greatly lessened. If the treatment is continued for the second day, the coryza will usually be brought to an end, except for an occasional discharge of gelatinous, opaque mucus, which is apt to appear toward the close of such a catarrh. Of still more importance is the fact that the coryza is not followed by a cough, and that the treatment is a prophylactic against otitis media, or the extension of the inflammation into the adjacent nasal cavities.

To be successful, the treatment must be started at once. Fever is not a contra-indication, but chronic nephritis is: Total abstinence from liquids is not absolutely necessary, but one should indulge in but a few teaspoonfuls at a meal.—*The Medical Times*, New York, April.

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#### CAPILLARY DIETETICS.

"THAT there is a relation between the scalp and the stomach," says *Health*, is a fact upon which the wise woman ponders, and she regulates her dietary accordingly. Women who have the finest hair live principally upon fruits, grains, and vegetables. Vegetables and cereals are hair tonics. Too much meat and milk cause atrophy of the roots, and, of course, the hair comes out as a result of this condition. Milk is the poorest diet for the hair. Nor are tea and coffee much better as promoters of hair growth. If the hair is falling out, eat little meat and drink no milk; live upon fruits and vegetables. Fruits give luxuriant locks, especially those containing iron. Prunes, cranberries and spinach are also useful articles of diet if one would have fine hair. Hair that is growing coarse demands a diet containing albumin and gelatin.—*Medical Times*, New York, April.

## DIETETIC AND OTHER PREPARATIONS.

## CASUMEN.

(Prideaux's Pure Casein and Life Food Company, Ltd.,  
Motcombe, Dorset.)

CASUMEN is without doubt a very valuable addition to our food list. It consists of a white powder, with no odour, and practically no taste. It is prepared from milk only, and consists almost entirely of pure proteid, the casein of the milk, and it is found on analysis to contain about 90 per cent of casein. It cannot, therefore, be other than one of the most nourishing and valuable foods in the market. It is free from starch and milk sugar, and has the immense advantage of being perfectly soluble in water. For use it may be prepared in various ways, as to add to cocoa, beef tea, or soup. In the latter form, as an addition to beef tea, or gravy soup, or one of the many preparations of meat juice, it makes a highly nutritious article of diet for invalids or for the table. So many preparations of beef tea contain very little nutriment, but with the addition of casumen we have at once a preparation which we are sure contains what we want our patient to have. We can strongly recommend our colleagues to get it and try it, feeling sure that they will prescribe it largely, and with much satisfaction.

## Oxo.

(Liebig's Extract of Meat Company, Ltd.)

We have received a sample bottle of the above, which is well known to most of us by the advertisement posters. But it is well worthy of trial and use, and we feel sure that when it is prescribed once it will be prescribed often. It is a "fluid beef" of excellent quality, containing a high percentage of the essential properties of beef, both nutrient and stimulant. It has the great advantage to invalids of being almost entirely free of the burnt flavour that so many meat extracts have, and which is disliked by patients whose taste in illness is fastidious. It is nearer to the flavour of well-made beef tea or gravy soup than any other preparation we know. And it has another advantage in its comparative cheapness. When casumen is added to it, it makes a really delicious soup, both for invalids and for the table, while the combination of the two affords a food of the highest dietetic value and sustaining power. Either by itself, prepared with water of course, or with casumen, we can strongly recommend it for use in the sick room or as a soup for the table.

THROGMORTON "ALL MALT" SCOTCH WHISKY.

(J. Lyons & Co., Ltd., Cadby Hall, Kennington.)

The manner in which of recent years whisky has come to the front as a beverage for daily use, and for invalids requiring a safe stimulant, is remarkable. It has, as we all know, largely taken the place of wine, beer, and brandy. It certainly is one of the safest alcoholic drinks existing, provided it is good and *old*, while poor and new whisky is positively deleterious. It is therefore of great importance that, if taken at all as a beverage, or prescribed for invalids, we should see that sound, pure, and old whisky be employed. There are many well-known and excellent brands to be had, but seldom have we tasted a finer whisky than the "Throgmorton." It is pure, mellow, and old, and we have no hesitation in saying that if once tasted, there will be no desire to change the brand for any other.

IRISH WHISKY.

(Messrs. H. S. Persse, Ltd., Nun's Island Distillery, Galway.)

We have received a bottle of Messrs. Persse's Irish whisky, which is bottled by the distillers, and *under their guarantee of age*, which is a very important point. Irish whisky is somehow not so popular in England as Scotch whisky is. These things often go by fashion, and as Scotch and Irish whisky have each a distinct flavour of their own, taste may go also by fashion. But when the flavour of Irish whisky is liked, we can highly recommend Messrs. Persse's whisky. It is pure, evidently old, and mellow, while the aroma of it is quite unique for fragrancy. Before tasting it, it is quite a treat to smell it, warmed in a glass by the hand. As this whisky is not known so much in England as it ought to be, we have pleasure in drawing attention to it as one of the safest and best whiskies in the market. It is made by the Pot-Still method, and not by what is known as the Patent Still, which often produces a very inferior article.

"FELIXIR."

(Booth's Distillery, Ltd., 55, Cowcross, E.C.)

We have received a bottle of the above, regarding which the distillers say: "We have been for many years past experimenting for a spirit which will avoid the indigestible and bilious properties of the best malt whiskies, and also the other extreme, the diuretic properties found in gin and grain whiskies. . . . It is doubly rectified, has been thoroughly matured in sherry casks, is free from all added sugar and fusel oil, and being distilled and bottled at the

Distillery, which is under the supervision of His Majesty's officers of excise, ensures its absolute purity." "Felixir" has a very pleasant flavour and taste, distinctly resembling that of gin, and for those who like this flavour and taste, "Felixir" makes a very pleasant alcoholic beverage, while the purity of it and the care taken in distilling and bottling it, to say nothing of the reputation which Messrs. Booth's distillery has, ensures it being a perfectly safe form of spirit for consumption in place of whisky or brandy.

#### ALLSOPP'S LAGER BEER.

(Samuel Allsopp & Sons, Ltd., Burton-on-Trent.)

No more popular light alcoholic beverage is now consumed than lager beer. At first only obtained on the continent, it has of recent years been largely imported and largely consumed, taking the place of the heavier beers which used to be the only ones available in this country. More than one excellent lager beer has of late been produced in England, but Allsopp's lager beer, of which we have received samples, is as nearly perfect as possible. The fact of its production by this well-known firm is a guarantee of itself of the absolute purity of the beer; its colour is a pale sherry, it is perfectly clear and sparkling, and in flavour it is simply delicious, having that refreshing "clean" sensation in the mouth which a light beer should have. With the increasing demand for such light beers, Allsopp's lager beer cannot fail to take the top position in the market.

#### NORFOLK CYDER.

(Messrs. W. Gaymer & Son, Attleborough.)

Cyder is becoming much more used now as a beverage than it was some years ago. Besides being a most pleasant and wholesome beverage, it is, as is well known, a valuable dietetic drink in gouty and rheumatic affections, and ought to be more largely prescribed than it is. The trouble has been to get good, *pure* cyder. Norfolk cyder is not so well known as Devonshire and Hereford cyder, and we have pleasure in drawing the attention of our colleagues to Messrs. Gaymer & Son's cyder. It is certified by expert analysis to be genuine apple cyder, and to be completely free from artificial preservatives or any other substance which ought not to be present in genuine cyder. The various brands are all good, sparkling, and delicious in flavour; especially are the "dry" brands. The "Sparkling Pometta" is a delightful beverage. We strongly advise our readers to try it and the other brands, and feel sure they will be pleased to know of the fine quality of Gaymer's Norfolk cyder.

SOAP.

(Messrs. Edward Cook & Co., Ltd., Bow, E.)

We have received samples of Messrs. Cook & Co.'s soaps, and are especially pleased with them. They are super-fatted, and make an excellent lather. The "toilet" soaps, the "Riviera," and the "Toilet Carbohc" are specially to be recommended, forming a perfect lather, are soothing to the skin, and agreeable to use. The "carbohc" and "coal tar" soaps are excellent for disinfecting purposes, and for thoroughly cleansing the hands in the practice of surgery. The "biniodide" soap is a valuable disinfectant for use before and after surgical operations. It has no odour, and ought to be extensively used for this purpose and for washing instruments. It ought also to be useful in certain disordered states of the skin. It is made in two strengths, the one containing 3 per cent, and the other  $\frac{1}{2}$  per cent. This latter could be used as a toilet soap when the skin is irritable. While there are so many good soaps on the market, we would strongly recommend the trial of Messrs. Cook's, especially the ones we have named. They are guaranteed as absolutely neutral.

CORRESPONDENCE.

THE FORTHCOMING HAND-BOOK: A SUGGESTION.

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

DEAR SIRs,—The congress paper read last year by Dr. Dyce Brown, and now appearing in your pages, seems to me likely to be of permanent value, and therefore worth more attention than is usually given to such essays. A good deal of time and care must have gone to its compilation, along with considerable knowledge of the historical connection of many of the instances and incidents referred to. We have had several attempts of the kind in times past by Drs. Drysdale and Russell, Dr. Wilde and Dr. Drummond, and probably by others; very partial and incomplete, however, they all have been, and this attempt by Dr. Dyce Brown to make a tolerably full list of the homœopathic use of drugs drawn from allopathic literature should, I beg to suggest, be taken as a basis, and be added to by every practitioner who has come across such instances in his professional reading. Our own journals will furnish a number of the like which have been noticed, and the allopathic weeklies are another source that may be drawn upon. Some years ago, the *Lancet*, or the *Brit. Med. Jour.*,

I forget which, had an editorial notice of our Leeds Congress, of the usual scornful character, but amongst the correspondence was an interesting case reported of intractable urticaria that resisted the most careful treatment of several practitioners, and was cured by an infusion of nettles recommended by an outsider. A curious commentary on the editorial remarks on homœopathy in general! In this week's *Brit. Med. Journ.*, June 6th, there is a reference to the X-rays, and the following passage occurs: "Cancer itself may be produced by the injurious effects of the ray in a person not known to be predisposed, as instanced in the case reported of the tube-maker whose arm had to be amputated for carcinoma developing in the X-ray cicatrix." This to a homœopath carries its own significance. Dr. Dyce Brown has culled many cases in point, but doubtless he might be assisted by his colleagues if they would only take the trouble to cut out such instances as they may have come across, and send them to him. There is a special reason why I wish to draw attention to the matter just now, and that is the handbook that is being prepared by Drs. Byres Moir and Johnstone on behalf of the Brit. Hom. Assoc. Whatever its title, whether it be a Defence of Homœopathy, a Vindication, an Apologia, or an Exposition, it is intended to be an appeal to the profession to reconsider the scientific claims of homœopathy in this year of our Lord, 1903. A hundred years ago Hahnemann published his doctrines, and after a century of controversy we are placed in the anomalous position of being neither accepted nor refuted, and are a missionary church in *partibus infidelium*. But although we are not accepted there is a good deal of unconscious homœopathy in general practice, and no stronger argument can be employed in any controversy than to quote the words of an opponent that make for our side. Allopaths may flout the evidence we offer from our own writings, but they cannot do so with their own without stultifying themselves, and therefore of all possible modes of arguing our case there is none so irrefutable and so convincing as the one adopted by Dr. Dyce Brown. These remarks are offered in the hope that Drs. Byres Moir and Johnstone will make the strongest use of this mode of defence, and put it forward with all the prominence it deserves in the line of battle. Reasoning may be met by reasoning, but facts speak with an eloquence of their own, and when the source of the facts cannot be challenged their force is irresistible. Dr. Dudgeon, in this month's *Review*, points out what is apt to be forgotten, that Hahnemann in his introduction to the *Organon*, gives a list of some fifty medicines having a homœopathic use, all drawn

from allopathic literature. Many of these are perhaps applicable for the same purpose now, though perhaps more modern authorities would carry greater weight, though Kentish and his treatment of burns by turpentine, and Greenfield in his use of cantharides, are still valuable as witnesses. As regards the supreme value of facts in our case, I am reminded of the useful little book by our colleague, Dr. J. M. Moore, entitled "Common-sense homœopathy," of which the contents are more satisfactory than the title, for unfortunately common-sense favours the treatment by opposites, else were the whole world homœopathic. But the facts of homœopathic cure cannot be gainsaid, and therefore whatever may be the scientific support we can bring forward in our handbook, I hope the strong point will be the evidential value of the facts at our command, and I hope all of us will do something to contribute to the completion of such a cumulative body of evidence that will prove such a demonstration that it cannot be ignored or explained away. It will not be necessary to insist on homœopathy being the only law of cure, homœopathy having its own province in the domain of medicine, and as Dr. Hughes in his *Principles and Practice* points out, we can avail ourselves of all collateral aid without invalidating our own position. By delimiting the frontier we strengthen our defences. As regards the rationale of homœopathy, Dr. Hughes' *Principles and Practice* can hardly be improved upon, and if the controversial portion could be condensed into much less compass it would convey all that need be said on the subject. It would seem that there are two objects before us, quite distinct, but by the other side generally confused. The first is the granting of the right to think for ourselves, and to practice as we deem the best for our patients; and the other to convince our allopathic colleagues of the truth and value of the law of similars within its own sphere of action. These two objects are separate and distinct, and should not be confounded. One is a moral right, and the other an intellectual assent and agreement. We may reasonably hope that the handbook, if it be worthy of the Brit. Hom. Soc. in representing the homœopathy of the day, and the evidence that modern allopathic literature affords in in our favour, will materially assist in bringing about both the aforesaid desirable ends. Lectures may have their value, but they count for little in comparison with a handy and readable book. As the next congress is at hand we hope to be favoured with some statement of the lines on which the book is proceeding, and the progress already made. The information, I am sure, will be very acceptable to us all.

Yours, etc.,

P. PROCTOR.

BIRKENHEAD.

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs. GOLDSBROUGH, BEALE, E. A. NEATBY, ROBERSON DAY, BEBRIDGE, J. H. CLARKE (London); Dr. PROCTOR (Birkenhead); Dr. STEPHENSON (Dunedin, N.Z.); Dr. S. WHITAKER (Liverpool). Mr. J. M. WYBORN (London).

Dr. GOLDSBROUGH has removed from 22, Weymouth Street, to 82, Wimpole Street.

## BOOKS RECEIVED.

*The Exogenesis of Cancer.* By A. T. Brand, M.D., Driffield. Dr. Durden's *Pocket Repertory*. Jas. Townsend & Son, Exeter, 1903. *The Therapeutics of Plague.* By Mahendra Lal Sircar, M.D., Calcutta, 1903. *A Year's Surgical Work.* By James C. Wood, M.D., Cleveland, U.S.A. *Dogs.* By E. P. Anschutz. Boericke & Tafel, Philadelphia, 1903. *A Text-book of Minor Surgery.* By N. T. B. Nobles, M.D. Boericke & Tafel, Philadelphia, 1903. *The Homœopathic World*, June. *The Vaccination Enquirer*, June. *The Calcutta Journal of Medicine*, Feb. and March. *The Indian Homœopathic Review*, March and April. *The Homœopathic Recorder*, May. *The Medical Era*, May. *The Cleveland Medical and Surgical Reporter*, May. *The Hahnemannian Monthly*, June. *The Medical Brief*, June. *The Medical Advance*, May. *The Clinique*, May. *The Pacific Coast Journal of Homœopathy*, May. *The Homœopathic Envoy*, June. *The Medical Times* (N.Y.), June. *The Medical Century*, June. *Allgemeine Homœopathische Zeitung*, May and June. *Homœopathisch Maandblad*, May and June. *Revue Homœopathique Française*, May.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. Dyce Brown, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON HOMŒOPATHIC HOSPITAL.

THE Festival Dinner in aid of the funds of the Hospital took place at the Hotel Cecil on Thursday, the 25th of June, the EARL CAWDOR being in the chair.

The dinner was a great success in every way. The feeling of enthusiasm and determination to support the Hospital by all means in the power of its subscribers and well-wishers, and to back the Board of Management in its efforts to keep up the utility of the Institution, was very manifest in the various speeches, while the pecuniary result was most encouraging and satisfactory. The large sum asked for by the Board (£12,000) was not obtained, and we think that it was hardly anticipated even by the most sanguine that the full sum would be raised. But that the noble CHAIRMAN should have received at the dinner a list of donations amounting to considerably over £5,000, with the expectation of another £1,000 to follow, is a record of which we may well be proud. We venture to say that few other hospitals could have done so well, and we fancy that many of them will be a little envious. This sum will relieve the Board of Management of much serious misgiving for the time, by enabling it to repay the heavy loan from the bank as a first step. But difficulties still remain, which will tax the ingenuity

of the Board to overcome if the Hospital is to maintain its present efficiency and usefulness in the future. Some scheme must be devised to make the expenditure more commensurate with the income than it has been in the last few years. But we have little doubt that the difficulties will be overcome. It cannot be too clearly kept in view that the Hospital is not merely a London one, but that it represents the whole of Great Britain, and, we might add, the whole of the British Empire, as the visible centre of homœopathy. It is looked to everywhere as the mother Homœopathic Hospital of the Empire, and it must be kept up to the required standard of efficiency, not only as an institution where the poor from all parts of the kingdom can have the best homœopathic treatment, but as a valuable teaching centre for the education of young men in the doctrine and practice of homœopathy. It is necessary for this to be fully realized, and if it is so realized, the money for its support will, we feel sure, be forthcoming. An increase in the number and value of the annual subscriptions is an object which must be aimed at and accomplished, as however important large donations are, a large increase from annual subscriptions is the soundest basis on which to work.

The large sum obtained at the dinner has also a peculiar significance in view of the efforts of the British Homœopathic Association, which has raised close on £10,000 during the past year, for the development of homœopathy in various important ways which we have from time to time noticed, and of which a full report was published in our last issue. Had it not been for this grand and successful effort of the British Homœopathic Association, the donations announced at the Hospital dinner would, no doubt, have been much larger. But it is not a case of "robbing Peter to pay Paul." The Hospital and the Association are not antagonistic, but are complementary. The one supplies what the other cannot. Without the Hospital the Association could not carry out its educational schemes while without the Association's efforts the Hospital remains unutilized to its full and capable extent, for the education of young doctors in the practical training at the bedside which is essential to success in future homœopathic practice. We can therefore rejoice at the success of both institutions, as both are absolutely

necessary for the spread of homœopathy. And when we ponder the fact of nearly £16,000 having been raised in one year for the advancement of what we believe to be the most scientific medicine that has ever been given to the world, we may well congratulate ourselves on the great position our cause is maintaining, and on the enthusiastic interest of the large section of the public who are enlightened enough to adopt homœopathic treatment, and who have shown this interest in such a practical and munificent manner. We feel sure that the more successful the work of the Hospital and of the Association is, the more certain it is that the necessary money to carry on the work of both will be forthcoming.

It will be observed with much gratification by all interested in the Hospital that HIS SERENE HIGHNESS, the DUKE OF TECK, has consented to become a Patron of the Hospital, and that the list of vice-Presidents has been strengthened by the addition of LORD NAPIER OF MAGDALA, LORD HALIBURTON, the HON. WARREN VERNON, SIR EDWARD THORNTON, K.C.B., the EARL OF MORLEY, Chairman of Committees in the House of Lords, and LORD WINDSOR, the head of the Board of Works.

From a social point of view the dinner was also a great success. Everyone seemed to enjoy the evening thoroughly under the guidance of the noble CHAIRMAN, the viands were excellent, and the feeling of unanimity and enthusiasm in the great cause we all have at heart was very obvious. The general arrangements reflect great credit on MR. CROSS, the indefatigable Secretary-Superintendent, while the best thanks of all were given with zest to MR. RAPHAEL ROCHE, who had kindly organized the charming musical arrangements which added so much to the brightness of the evening. A remarkable feature in the musical treat was that the artistes, ladies and gentlemen, gave their valued services gratuitously, from love of the cause in support of which the dinner was given.

In our *Notabilia* will be found a full report of the proceedings, which we commend to the notice of those who were not fortunate enough to be present, and which we hope will stimulate our friends in the provinces to support with all their power and influence the great work which the Hospital is carrying on.

### THE BRITISH HOMŒOPATHIC CONGRESS.

ON account of the decision of the Congress of last year to hold that of this year so late in the month as the 23rd, we regret that it is impossible to give a report of the proceedings in our present issue, or to notice editorially in a satisfactory manner the interesting features of the day's work and pleasure. We can only now say that the Congress meeting was a great success from all points of view, and that the President, DR. PERCY WILDE, after delivering a very able address, fulfilled his Presidential duties admirably. By his courtesy, we have been favoured with an advance copy of his Presidential address, which enables us to publish it in our present issue. By the similar courtesy of DR. MADDEN and DR. M'LACHLAN, we have the pleasure of publishing also their able papers. We had hoped also to have been able to publish DR. JOHNSTONE'S paper, but, from circumstances over which he had no control, he was prevented finishing it in time for publication, and we must therefore defer its appearance in print till our September number. This is much to be regretted, as we had hoped to publish the whole series at once, but it is unavoidable under the circumstances. In September we shall publish a report of the discussion, and of the proceedings at the dinner.

### HINDRANCES TO TRUTH.<sup>1</sup>

By PERCY WILDE, M.D.

"For oh! the lies, the controversies, the evil-speakings, the hindrances to truth, that spring from the inaccuracies of those who believe themselves honest and well-meaning."—Sir JAS. PAGET (Memoirs of, p. 85).

It is my first duty to welcome you to the City of Oxford, and to express the hope, on behalf of the Council of this Congress and our esteemed Vice-President, DR. M'LACHLAN, that the day we are going to spend together may not only prove enjoyable, but may not be without some influence upon that branch of knowledge which it is our common aim to advance.

<sup>1</sup> Being the Presidential Address at the British Homœopathic Congress, at Oxford, 1903.

My second duty is to thank my colleagues for the honour they have done me in electing me to this chair. I regard it as a special privilege to be able to address you in this the Mother City of Universities, and that at a time when our thoughts are stimulated by the remarkable progress that is being made in other departments of science.

We are fortunate to live in an age when the impossible thing of yesterday becomes the accomplished fact of to-day, and a necessity of civilization next week. We cannot account for the extraordinary progress of Science during the past thirty years by the discovery of any new force, or new phenomena, or even new principles; but I think we can find an explanation in the fact that at no previous period has it been so clearly perceived that obedience to the fundamental principles of thought, and the methods which arise out of those principles, is essential to the evolution of knowledge, because they set us free from those misconceptions and false ideals which are the natural and inevitable product of uncultivated reasoning.

It is by recognising the limits of the human powers of conception, that science has led to the accomplishment of those things which were previously inconceivable. We know that the mind is so constituted that it depends for accurate conceptions upon the evidence of the senses; that the thing which presents us with no such evidence, either directly or indirectly, is inconceivable, and it is therefore perfectly natural to assume that it is impossible or non-existent. On the other hand, when a phenomenon does present direct evidence to the senses, it is difficult to conceive that it is not a truth, but only an apparent truth. Thus, the fact that the sun rises in the morning, and sets at night, is about the best observed fact in nature, yet it is not a truth.

But a still greater hindrance to truth is the perfectly human instinct to always associate every phenomenon with a cause, and in the absence of a true knowledge of cause, to assume this knowledge, and if the assumption seems good, to use it as a basis of principles, and to mistake this for Science.

Even at the present day, the word Science is used as if it represented or assumed a knowledge of the cause and nature of phenomena. Science does not represent knowledge, but its method; it is to knowledge very much what grammar is to language. It teaches us the principles

by which we can avoid the misconceptions which are natural to the human mind; it shows how to express things, in their proper relation to one another, and by doing so to avoid incoherency. We cannot do this without the recognition of principles, and the adoption of method, and the use of a definite terminology. You may wonder why I occupy your time with such elementary truths; but it has been proclaimed that Medicine is an Art, has always been an Art, and never can be a Science; that there are no such things as laws governing the action of remedies; that Empiricism is our only guide; and that to profess to practise by any sort of system or method is irrational.

We do not assent to these propositions. The Homeopathic school had its origin in an effort to avoid the fallacies of those who assumed a knowledge of cause, and built up principles and methods on these assumptions. We are not likely, therefore, to use the word Science to represent the assumption of knowledge, but we recognise it as the one method which can save us from those misconceptions and false ideals which have formed a constant hindrance to those who have been engaged in the investigation of natural phenomena.

Thus most of the phenomena of Electricity were known at an early part of the last century, but little practical use was made of this knowledge, because nobody knew what electricity was. But every writer felt himself bound to assume this knowledge, and electricity was spoken of as a fluid, and endowed with all the properties of a fluid. Each investigator, in explaining its phenomena, had nothing but his own ideas to base his language upon, and as a result, nobody knew precisely what the other was talking about. Electrical study reached the stage of incoherency before the electrician woke up to the fact that a knowledge of the nature of electricity might be very interesting, but it was not of practical importance. The application of electricity depended upon the knowledge of its *effects*, and it was the knowledge of these effects in their proper relation to other effects, which constituted it a Science. To express these relations, it was necessary to have a definite terminology, so that their results could receive accurate expression. It is only a little over thirty years since Electrical Science set itself free from these hindrances to truth, and since then it has progressed by

leaps and bounds, and produced results which have changed the conditions of civilisation.

I need hardly remind you that Chemistry passed through similar difficulties. There was at first that natural incoherency of language which results from the assumption of a knowledge of cause. A special form of Energy, called Phlogiston, had to be invented to explain the phenomena. The chemist of to-day recognises that Chemical Science depends upon the knowledge of effects, and the study of the relation of these effects to one another. Professor Ostwald commences his work on Chemistry with the statement that "We can only know and distinguish between the objects of the external world by means of their properties, *i.e.*, by the direct or indirect impression they make on our organs of sense."

The history of Medicine shows that when phenomena were recorded in their proper relation to one another, knowledge advanced and truth was evolved; that the chief difficulties and hindrances to progress have been principles which have had the assumption of a knowledge which did not exist as their basis.

It is with some pride that we can refer to the fact that of all the medical philosophers since the time of Hippocrates, Hahnemann was the only one who grasped the idea that we could only know disease and only know drugs, by their effects; that a practical method of treating disease could be reached by placing these effects in their proper relation to one another. In the preface to his "*Pure Materia Medica*" he says, "Every system of therapeutics, in order to become a safe guide to the treatment of disease, ought to exclude all empty assertions and conjectures, as regards the supposed virtues of medicines, and ought to furnish a correct description of the symptoms by which remedial agents manifest their action upon the healthy organism."

Hahnemann put forward this method at a time when both in the scientific and medical world, the view was held strongly that we could only approach effects through a knowledge of cause, and Hahnemann was accused, as we know, of neglecting cause.

This view still dominates therapeutics at the present day. Its lack of progress is explained by saying, "we must wait until the pathologist can tell us the nature of disease." This is really one of those conceptions from

which science has set us free. If we know the symptoms which drugs produce on the human body, and know the symptoms of disease, we have the essential factors for discovering a remedy for a disease we have never seen before, and of which we do not know the pathology. No one doubts that we should try and discover all things, even the nature of Life itself, but we have to deal with knowledge as it exists, not with an ideal state of knowledge which may exist hereafter.

The conception that a method of therapeutics could be based on the discovery and removal of the cause of disease, belongs to primitive reasoning.

There are, of course, some causes of disease which are obvious, and which must be removed before we can commence to treat their effects; but when we study more closely assumed and accepted causes of disease, such as the "effects of a chill," we find that the same cause sets up one set of symptoms in one person, a different set in several others, and no symptoms at all in the larger number.

We can only explain this by saying that there must have existed some previous condition in the individual, which we cannot express because it has no symptoms and no discoverable pathology; and yet it is this condition, which presents no kind of evidence to our senses, which is the real cause of the illness we have to treat, for unless this condition had been present we should have had no "chill."

Medicine beginning with the assumption that treatment must be based upon pathology, and that pathology was represented by some visible change of structure, reached a stage of such confusion of thought that Hilton Fagge, in the introduction to his *Principles and Practice of Medicine*, permitted himself to say: "So long as we are unable to *discover* any cause for a set of clinical phenomena either during life or after death, they certainly are not symptoms, for they indicate nothing." We have been so accustomed to the view that a symptom which has no discoverable pathology has none, and the description of such symptoms as "functional," that the absurdity of accepting the power of the eye to see or the microscope to aid it, as evidence or not, of the existence of a pathology, does not strike us.

The same false philosophy occurs in therapeutic reasoning.



Prof. Leech tells us in the article "Drug Therapeutics" in *Allbutt's System of Medicine* that, "if the indications given by the pharmacological examination of a drug, are opposed to experience in its favour, the latter must almost certainly be at fault."

It is first assumed that the therapeutic properties of a drug can be discovered by a certain method, and if the method fails, it is not the method which is at fault, but the clinical experience in favour of the drug. Thus, *Hammamelis Virginica* is a remedy which has very distinctive therapeutic properties. It was tested "pharmacologically," and, because the cause of these properties could not be discovered, the therapist unhesitatingly asserted that it had none. It was because a firm of chemists distributed samples of this remedy under a proprietary name broadcast to the medical profession, that it came to take a definite place amongst those remedies in which the profession have confidence.

We have had recently a very painful illustration of this pseudo-scientific method of testing the curative powers of drugs. A correspondence occurred in *The Times* respecting the value of "*Lachnanthes*" (the Spirit Weed) as a remedy for consumption. I am not concerned with the merits of the controversy, but I gather from the medical journals that certain eminent therapists undertook to settle this question by "scientific" experiment. They subsequently described the methods which they followed. They first made a solution from the plant, or tried to make one, but it appeared that they could not do this without a sediment. They then injected the solution, sediment and all, into guinea-pigs, until they managed to kill one as the result of the experiments. It is not clear what the object of these experiments was, because any kind of vegetable extract with a sediment injected into such a delicately organized animal as a guinea-pig, would have accomplished the same end.

They next took some tubercular matter and injected it into more guinea-pigs, and as a result produced tuberculosis. The object of these experiments is not very clear, because we all know that the guinea-pig is peculiarly susceptible to tubercular infection.

They next mixed the solution of *Lachnanthes* and its sediment with tubercular matter, and injected it into

more guinea-pigs, and they found that the combined effect of these two irritants killed the guinea-pigs rather quicker than before. They concluded from these experiments that *Lachnanthes* had no remedial effects in consumption. It follows also from this conclusion, that if we mix any remedy stated to be useful for consumption with tubercular matter and inject it into guinea-pigs, and they die as the result, this remedy is of no therapeutic value in consumption.

This is the Twentieth century, and we are expected to accept such experiments as scientific!! The modern pharmacologist has mental attributes of a very extraordinary type. He will reject the clinical evidence of generations of physicians, and yet he will accept the ridiculous theory that the therapeutic properties of drugs can be discovered by chemical analysis, although he must know that substances with precisely the same chemical formulæ have altogether different properties. While rejecting all law in therapeutics, he will accept it as an axiom that man and the lower animals stand in the same therapeutic relationship to drugs.

This is a result of a confusion of thought which occurs and recurs in therapeutic reasoning, because that fundamental principle of science which teaches us to establish the relationship between two things, before drawing conclusions, is not observed. A law which is true when applied to matter in the mass, is not true of matter organized to perform a particular function, when applied in reference to that function. Thus it is a truth that the greater the force the greater the effect, but this does not apply to the force driving a steam-engine, because too much force will burst the boiler, and there will be no effect at all, if by effect is meant the function of the steam-engine; there will be a good deal of effect if we mean the matter of which the boiler is composed.

In the same way there are laws which are common to the reactions of all vital elements, whether they belong to the human being or the lower animal; between the vital element and the physical agent there is a definite relation, but when these vital elements have been constituted into an organism, such as that of the man, the guinea-pig, or the frog, they are constructed to perform their functions under altogether different conditions.

They are favourably influenced or adversely influenced in the power of performing these functions or in resisting disease by conditions which are not only different, but which are frequently diametrically opposed to one another. It is for this obvious reason that man and the frog can never stand in the same therapeutic relationship, although the individual vital element of the one will respond in the same way as the individual vital element of the other to various stimuli. Man can only stand in therapeutic relationship to man. If we built up our therapeutic knowledge on frogs, we should come to the ultimate conclusion that the infant man would thrive best in the marshy swamp.

The effort to establish a science of therapeutics on a physiological basis had one good result. It proved the absolute impossibility of stating the physiological laws which govern the effect of remedies without admitting that the law of similars was not the absurdity it had been alleged to be, but had a demonstrable basis in fact.

Claude Bernard had already proved that "every substance which in large doses abolishes the property of an organic element, stimulates it if given in small ones; that all those causes which exhaust the vital properties of a tissue or an organic element, commence by exciting them."

Sir Lauder Brunton had to admit as the result of his experiments, that all drugs produced opposite effects in large and small doses, and put forward the view that this was "the basis of truth upon which the homœopathic doctrine was founded."

We had reached a point when the method of treating disease which appeared so paradoxical when it was proposed by Hahnemann, was recognized as a truth both by the physiologist and the therapist. A definite law was accepted as governing the effect of drugs, a law which enabled us to predicate from the effect which was known and observable, the effect which was unknown because not observable. The knowledge of therapeutics might have advanced by leaps and bounds, but its progress was arrested by those artificial hindrances to truth set up by the Medical Politician. The physiologist, like every scientist, was free to state facts as he found them, and give expression to laws as he reached them, regardless of their influence upon Medical Politics. The therapist, on the other hand, was bound to

associate himself with the controversies of the physician, to adapt his views and even his language to the policy prevalent at the period. In this fact lies the true cause of the decadence of therapeutics. The physiological law which governed the action of every remedy applied to the human body, was found to have controversial disadvantages. The therapist was therefore obliging enough to forget its existence, and to finally discover that any practitioner who believed that such things as laws of therapeutics ever had existed, or ever could exist, was irrational.

In the study of therapeutic problems, the real truth and the apparent truth are in constant conflict, and false conceptions can only be avoided by a clear knowledge of the laws which govern the *effects* of remedies and the laws which govern their *actions*. The attempt which has been made during the past quarter of a century to teach this subject without recognising the existence of such laws, has led to such confusion of language and conception, that the words action and effects of remedies have come to be used as synonymous terms. Thus, when we see the phrase "Pharmacological action of drugs," which appears up and down the pages of every modern text-book, we must put aside the fact that a drug can no more perform any action which is not pharmacological, than a man can perform any action which is not anthropological, and having done this we still have to translate the word "action" into "effect," because this is what the therapist really means.

Prof. Leech tells us in the article "Drug Therapeutics," in *Allbutt's System of Medicine*, that "the action of most drugs on the tissues and organs is guessed at rather than known, but in therapeutic reasoning these hazy apprehensions are usually accepted as a basis for treatment." But these "hazy apprehensions" are the necessary result of the failure of the therapeutic teacher to observe the fundamental rules both of Science and of Language. Thus if we take a blood-vessel to represent a vital unit, and we apply to its surface mechanical, thermal, electrical, or chemical stimuli, the blood-vessel will dilate or contract; whether it does the one or the other does not depend upon the nature of the stimulus, but its intensity. If the intensity of any one of these stimuli is small enough, the blood-vessel will contract; if the intensity of any one

of them is greater, it will dilate. If we now apply some particular drug to the blood-vessel and produce the same phenomena, we have no right to say that this effect is due to some inherent property of the drug, neither can we affirm that this capacity for producing opposite effects in large and small doses is peculiar to drugs. But if we not only do this, but say that the drug has "an opposite action in large and small doses," we endow the drug with qualities which it is absolutely impossible it can possess, because the drug is a physical agent and acts in obedience to physical laws; in whatever dose we give it, it can be only compared with a force acting in a straight line. But the action of the drug sets up another action, which is a physiological action, and therefore governed by the physiological law of stimulation and exhaustion. This is the *effect* of the drug, not its *action*.

If I strike my horse with a whip and produce the action of galloping, and I speak of this as the action of the whip, I imply that it is the whip which gallops and not the horse. The galloping is the "*action*" of the horse and the *effect* of the whip. I do not explain this because I think I am offering instruction to any gentleman in this room, but, having regard to the great amount of controversy which has taken place owing to the confusion of these two words, and the eminence of the therapeutists and physicians who make this mistake and base arguments upon it, it appears necessary to make this point clear.

But, unfortunately, the confusion of thought does not end here. It appears to have been taken for granted that because remedial agents produce opposite effects in large and small doses, they also produce opposite "symptoms." Starting with this assumption, the symptoms of drugs were examined, and it was found that the law appeared to apply in some cases and not in others, that some drugs appeared to have a primary sedative effect, and so on. I am not going to trouble you with the details of the discussions which have taken place on this subject. As those who took part in them used the expressions "action of drugs," "effects of drugs," and "symptoms of drugs," as if they were synonymous terms, each party to the discussion found no difficulty in proving his own views to his own satisfaction. I think we must make our minds clear upon one point, and that is that the opposite effects which follow stimulation arise

from the nature and structure of the vital element itself, and consequently *there is no exception to this law, and can be no exception.* It is to therapeutics what the law of gravitation is to physics.

But we have no grounds for saying that because a stimulus produces opposite "effects" it therefore produces opposite "symptoms." A symptom may be an effect, but an effect is not necessarily a symptom.

If we go back to our experiments with various agents upon the blood-vessel, we produced the effect of contraction and dilatation. These effects are taking place in the human body all day long; but they do not give rise to symptoms. Every vital element is exposed to the constant action of stimuli; its functions, its very existence depend upon them. Our protoplasmic cells are the site of ceaseless chemical activity, but we are unconscious of all these things; it is only when there is a defect in the machinery that we recognize its existence; then there must be a pathology, and the expression of this pathology is a symptom.

The only use of language is to convey conceptions. If we use the word symptom as synonymous with effect, we ignore the fact that "effect" is normal, that "symptom" is abnormal. We must have language to distinguish between the normal and the abnormal effect, because they depend upon different conditions. Once we recognize this fact, we can formulate the axiom that *normal stimuli produce no symptoms.* This may at first appear such an elementary truth as to need no stating, but so little is it recognized that we have no word in therapeutics to represent a remedy used as a normal stimulus, in contradistinction to a remedy which depends for its remedial effect upon its capacity to produce symptoms. The word Medicine itself has come to be used as an adjective to represent the capacity of a drug to produce symptoms. Thus a "medicinal effect" is quite distinct from a remedial effect. The language of therapeutics has been built up on the conception that the cure of disease can only be accomplished by the setting up of a disease other than that from which the patient is suffering, or that the drug should possess the property of suppressing some symptom.

The fact that a homœopathic remedy prepared to act only as normal stimulus, can be taken without producing

“symptoms,” has been put forward as a clear proof of its therapeutic worthlessness. It is recognized that food, that such remedies as cod-liver oil and iron, act as direct or indirect sources of energy to the body without producing symptoms, and yet this property, which is obviously the true function of other therapeutic agents, is treated as if it were non-existent. The method of using, the mode of preparing drugs, in such a form that they may act as normal stimuli or as sources of normal energy, has never been considered in our text-books on therapeutics, and yet it is a source of wonder that the profession have learned to disbelieve in drugs. If we used only that form of bread which was indigestible, we should learn to lose faith in bread.

If we accept it as an axiom that normal stimuli produce no symptoms, and we recognize also that both excessive stimulation and the absence of stimulation are equally productive of exhaustion or impairment of the vital unit, we are brought to the logical conclusion that *all symptoms are due to a primary exhaustion or impairment of a vital element*. Now there are some symptoms, such as blindness, deafness, and paralysis, which can be easily explained as due to the exhaustion of the vital unit; there are others of a very active character, such as inflammation, fever, palpitation of the heart, &c., which clearly represent an excess of function rather than an impairment. The apparent truth is that these two classes of symptoms must result from opposite conditions.

But if we follow our rule and experiment upon the healthy human body, we shall find that it is impossible to produce a symptom without some over-stimulation or impairment of a vital element. I do not think it is possible to do so, because we must impair the balance of the machinery of health before any kind of symptom can be produced. In this fact lies the importance of not confusing the word “symptom” with “effect.”

I think the difficulty of regarding the active symptom as representing a primary impairment of a vital unit, springs from the habit of thought which regards the active symptom as the direct action of the vital unit which is impaired or over-stimulated. If we consider for a single moment, we shall see that the actual state of exhaustion deprives the vital unit of the power of producing this

action. If we experiment on the healthy human body, we shall see that the active symptom never represents the action of the vital unit which is over-stimulated, but *invariably represents the action of other vital units which are not injured*. A particle of dust will over-stimulate the sensitive conjunctiva, but the symptoms observed are the closure of the eyelids, and lachrymation—the action of vital units which are in no way injured by the particle of dust. Let the particle fall upon the mucous membrane of the nose, or the air passages, and we have the symptoms of sneezing and coughing, which represent the action of vital elements, which are quite distinct from the mucous membrane. The same may be said of the action of vomiting. If we consider these points carefully we shall discover that we have reasonable grounds for regarding the active symptom as the reaction of the organism against any cause which injures or impairs the vitality of any of its parts, the passive symptom representing the failure of this reaction. If we take this view we shall regard the symptom as the effort of the organism to protect from injury or to repair injury, an effort directed *against* the cause of disease. Thus it is obvious that the symptoms of lachrymation, sneezing, coughing, and vomiting are distinctly efforts to get rid of a mechanical cause of irritation.

We shall see in the symptom of pain an effort of the organism to protect the vital element from the cause of injury. We cannot use an inflamed joint because of the pain; rest is essential to the repair of the joint, and pain alone makes us recognize the fact. The absence of susceptibility to pain is a danger. I have seen cases of bad burns from the ordinary hot-water bottle, because loss of sensation in a limb has allowed destruction of tissue, the patient being unaware that the bottle was too hot.

From such simple phenomena we can approach the more complex, such as inflammation, and we shall no longer regard it as a pathology, but as a process of repair. As Prof. Adami tells us in his article on "Inflammation" in Clifford Allbutt's *System of Medicine*: "The process of inflammation is essentially the endeavour on the part of the organism to promote the migration of leucocytes and to aid the inclusion and destruction of the irritant. . . . Inflammation is to be regarded on the whole as



a phagocytic reaction of the organism against irritants." The pathologist has reached his conclusions by an entirely different chain of reasoning from that which I have followed, but we reach a point where we can join hands.

The law which lies behind these facts has been well expressed by the distinguished Professor of Medicine in this University. Sir J. Burdon Sanderson, in his presidential address to the Pathological Society of London last October, said that "When a contagium enters the human "or animal body its encounter with the living organism "is of the nature of a struggle between two opposing "tendencies. We may accept the notion of reciprocal "counteraction or antagonism as fundamental, and allow "it free scope in our speculations as to the nature of "infection, not merely because it is in harmony with "observed facts with which we have long been familiar, "but because it is a necessary corollary to the one "biological law *to which there is no exception*: the law "that in the living organism every part, every organ, "works together with the rest for the maintenance and "efficiency of the whole, and consequently for the counter- "action of whatever is hostile to that end."

We have thus two unalterable laws as the basis of Therapeutic Science. The first represents the relation between the vital element and the stimulus which excites or exhausts it; the second represents the relation between the organism and any cause which impairs any part of it.

We simply express the corollary of these two laws in Therapeutic language when we say "*Similia Similibus Curantur*"; or we may express ourselves more clearly by saying that the remedy which can produce symptoms most closely resembling those we observe, is curative.

We only know a disease by its symptoms, that the disease is removed by the absence of symptoms. It is therefore perfectly intelligible that primitive reasoning should seek those agents which most quickly relieve the symptoms of disease, and that the community should look for and expect such remedies from the physician.

It is also equally intelligible that a proposal to use remedies for the cure of disease which were known to be capable of aggravating the symptoms, such as cantharides for inflammation of the bladder, should have aroused opposition and ridicule.

A truth which confronts us with inexplicable phenomena can never have the plausibility of a theory built up upon conceptions, which, even if they are false, appear reasonable. It does not occur to the untrained mind that the fact of a particular conclusion being opposed to accepted ideas is the clearest proof that it is not a theory, but the result of experiment or observation. If the symptom instead of being a "concomitant happening" represents the direct reaction against the cause of disease, then the homœopathic treatment becomes not only intelligible, but is the rational system of therapeutics for which the medical profession has been seeking for 2,000 years. It accepts the guidance of nature in each individual case, as to the way in which the organism can be helped to resist disease or remove its effects. It ceases to seek for a specific for a group of symptoms to which a name has been given and called a disease. What is the veil which has been before men's eyes, and caused them to fail to realise these facts? I think it is to be found in the fact that we talk of "disease" and "pathology," and "symptoms" and "cause," and yet no one has defined what we mean by them in their proper relation to one another. Prof. Clifford Allbutt tells us that "to define a disease is to build a wall round the cuckoo. Natural processes will not be thus impounded, they are infinite and elusive. To define is to pretend to sum up knowledge, or at any rate to enumerate likenesses and unlikenesses which are inexhaustible; we are no more in a position to define diseases than to define dogs and cats."

The learned professor will forgive me for remarking here, that this may be metaphysics, but it is not science. We are *not* required to "sum up knowledge" in a scientific definition, we are only required to express the difference which distinguishes one thing from something else, or make clear its relation to some other thing. Science is practical, and it only requires us to define, in order that we may know what we are talking about. If I define disease as "*The impairment of the organism or any part of it,*" I shall not fall into the error adopted in every classification of disease, of calling a parasite a disease because it is a *cause*, nor neuralgia a disease because it is a *symptom*. By not mixing up causes and symptoms and calling them diseases, we avoid incoherency of language and conception. If

instead of following Professor Allbutt and saying that "causes are merely antecedent phenomena, the routine found by experience to be invariable," I say that "*Unless the cause is of a purely mechanical nature it is the combination of influences and circumstances which impairs the organism or any part of it,*" I assert the direct relationship between the cause and the disease which is necessary, and I get rid of the conception that the cause is an entity. I could not with this definition before me state that the tubercle bacillus is the cause of consumption; I should only regard it as one of the influences. I should then cease to wonder why there were physicians left to treat tubercular patients, and why they were not all patients themselves! If we define the symptom as *the reaction of the organism set up by the impairment of any part of it, or the failure of this reaction*, we shall have a clear understanding of the relationship between the disease and the symptom. I think we shall be obliged to conclude that anti-pathic treatment would be more correctly termed anti-symptomatic, and that homœopathic treatment is really homœo-symptomatic; and because it is so, it is directly opposed to the cause of disease, directly favours the recovery from disease. But to avoid confusion I shall use the time-honoured words.

If with these definitions before us, we look at an ulcer of the leg, we shall not apply the term disease to what we see, but to the destroyed tissues which we do not see, because they are not there. What we see we shall regard as the effort of the organism to repair the damage. If that effort is not going on fast enough, we shall take some agent which would be capable if applied in a stronger form to produce an ulcer in a healthy person, and apply it to the ulcer in a more dilute form. We may explain the treatment in any way we like, but the agent used will not cease to stand in homœopathic relation to the ulcer.

If we next see a patient who has some inflammation of the tissues, we shall probably order a poultice, or in other words an application of moist heat, which if given in a more intense form would set up a similar inflammation on the healthy human body. If we then come to a patient with an attack of fever due to a chill, we shall meet the case most efficiently by a hot moist pack, because this is the agent which, given in greater intensity or longer

duration, will most rapidly set up a similar fever in a healthy individual. Next we come to the patient who gets a chill on the smallest provocation. We do not remove the cause by keeping him in a room at one temperature, but we apply cold to the surface of the skin in moderate doses and under proper conditions, and we cure this tendency. For the paralytic patient we shall use electricity, which will most rapidly paralyse the limbs of the healthy individual.

When we come to the use of drugs, we find that the remedies which have proved most *curative* in the diseases, are those which are capable of setting up similar symptoms in healthy persons. The remedies for heart disease are the poisons which set up heart disease in the healthy individual; and the same is true of the lung medicines, and the brain medicines, and the spinal cord medicines, and I might repeat the paper which Dr. Dyce Brown gave us at our last Congress, and then have not reached an end of the subject. Unquestionably, a large amount of the every-day practice of the ordinary physician is homœopathic, but he does not know it, and labours under difficulties because he does not, and his patients suffer also from this absence of knowledge. I will only quote one instance to illustrate this. Mercury stands in almost direct Homœopathic relationship to "Specific" disease. For years, the practitioner, through want of knowledge of the fact, and believing that it was true of all remedies that the therapeutic effect increased with the dose, gave doses which so seriously aggravated the symptoms of the disease, that it was believed to be a more terrible scourge than it is. Then it was discovered that these effects were due to Mercury, and even at the present time the public stand in dread of this valuable remedy. It took the clinical experience of a generation of physicians and surgeons to discover that Mercury must be used in small doses to prevent it aggravating the symptoms of the disease. Could any stronger proof be brought of the futility of the doctrine of empiricism, and of the necessity of principles to guide the practitioner.

On the other hand we have the disastrous results of antipathic or palliative remedies. The so-called "rational" therapeutics, introduced by Sir Lauder Brunton, was merely the old antipathic treatment with a new name. In his Croonian lecture delivered in 1889, he extolled the

antipyretics, the analgesics, and the hypnotics, then being introduced, as offering bright prospects for the future of therapeutics. The homœopathic school, who recognized that every remedy which can *palliate symptoms only when given in large doses*, does so by exhausting the functions of vital elements and destroying the natural reaction against the disease, knew perfectly well the mischief that would be done, before clinical experience taught the danger of these remedies. But they were prevented from speaking or writing; every avenue was closed by which they could raise a word of warning.

Recently Dr. Sohlis Cohen incidentally remarks in a presidential address, that "influenza has slain its hundreds, antipyrine its thousands." Sulphonal, which had been proclaimed as perfectly harmless, because it produces no bad symptoms at the time of administration, has been found to be a slow and insidious poison to the brain and spinal cord, and as Prof. Hare tells us, the prognosis in sub-acute and chronic cases is unfavourable.

But far worse than either of these remedies is the mischief done and being done, day by day, by the Salicylic treatment of acute rheumatism. It is an ideal antipathic remedy, for does it not remove the pain, and abate the fever? but as a result of this treatment 70 per cent of the patients suffer from heart disease, and relapse or recurrence is a regular result, and there is always a prolonged period of convalescence. The physicians of this generation really think that this is the natural course of events in rheumatic fever. I have for the last twenty years been in a position where I have to deal with some part of the wreckage of humanity produced by the salicylate treatment, and side by side I have watched the course of rheumatic fever, and the after history of the cases in which neither salicylates nor anything allied to them have been used, but on the contrary every effort made to assist the organism in those efforts which it usually makes, only too feebly, to get rid of the poison which saturates the tissues of the patient. Fever is met by fever artificially induced, and cold is used to excite reaction. As a result of a prolonged clinical experience under exceptionally favourable conditions for studying the nature of rheumatism, I have learned to regard heart disease remaining after the attack of rheumatic fever, as rare. I regard relapse as always due to inefficient treatment, recurrence as easily preventible,

and instead of prolonged convalescence, I expect the patient to be in better health than before the attack. To those accustomed to the ordinary treatment of rheumatism this may sound very incredible, but it just represents the difference between removing the cause of a disease and suppressing its symptoms. The Salicylate treatment of rheumatic fever has been frequently quoted as one of the triumphs of modern therapeutics. Having regard to the after effects of such treatment, contrasting it with the results of treatment having directly opposite objects in view, and applying the laws of therapeutics to the action of Salicylates and all similar remedies, which by frequent and large doses subdue the active symptoms of acute disease, I have no hesitation in prophesying that the time will come when every practitioner in this country will look back with sorrow and regret to the use of Salicylates in rheumatism, and regard it as one of the false doctrines of an ignorant past.

Such things have happened before in the history of medicine, as John Stuart Mill tells us in his *Political Economy*: "It often happens that the universal belief of one age of mankind, a belief from which no one *was*, nor without an extraordinary effort of genius and courage, could at the time be free, becomes to a subsequent age so palpable an absurdity, that the only difficulty then is to imagine how such a thing could ever have appeared credible." Can we say that therapeutics is being studied in this country under conditions which are likely to avoid sources of error, or calculated to make it easy for those who have the genius and the courage to see error, to point it out? There is not a practitioner in the country who could affirm this. Therefrom comes a grave responsibility which we must all share.

You will not expect me as your President to assert that the law of similars is a panacea for all the difficulties under which therapeutics at present labours. The law of similars represents a conclusion; a conclusion which has been reached by the acceptance of certain definite principles; it is these principles which can alone restore therapeutics to its place amongst the sciences. I need not state them, because they are the fundamental principles of thought which are accepted as a guide and criterion by every other branch of science. It is upon these we take our stand, and by these we would have our

conclusions examined. It is this fact which provides us with a common ground upon which all physicians who have the advancement of knowledge at heart can meet.

If we accept the principle that *therapeutics must be studied as a branch of science, on the same principles and under the same conditions as any other branch of science*, we have a proposition which no man of honour can resent, and no man of education dissent from. The acceptance of this principle implies that we should no longer expect all men to reach the same conclusions, because to do so would assume that knowledge is complete and the experience of all is identical. We shall hold every man responsible for his methods, his accuracy in reporting his own observations or those of others, and his language, for these he can control; we shall not hold him responsible for his conclusions, because these are forced upon him. We shall recognize that in spite of all endeavours to avoid them, we shall reach false conclusions, but the false conclusion is not without value. If contested scientifically, it stimulates thought and causes the principles and methods by which it was reached to be re-examined, and possible errors pointed out. In this way it aids the progress of knowledge; but if the false conclusion or the conclusion which appears to be false is attacked by the "argumentum ad hominem," by the effort to stamp out and destroy the man who teaches it, a state of society is produced where no man will dare to give expression to his opinion, and the natural evolution of knowledge is arrested.

That such a state of society has been produced in Medicine is undeniable. The therapist to whom we look for light and leading on the principles of this study, tells us plainly it is too dangerous a subject to handle. This condition of affairs is a reproach to every member of the medical profession. It renders it imperative for each one to absolutely dissociate himself from any kind of policy which makes such things possible.

The acceptance of the principle that therapeutics must be studied as a branch of science, will also oblige us to recognize that the evolution of knowledge can only take place by a process of devolution, that the facts to be studied by it are far too wide to be properly accomplished by any single department, and that there must be division and sub-division of labour. We have seen, by a natural process of devolution, certain departments have been formed

which have been occupied with the consideration of the effects of heat and cold, of electricity, of light, and physical stimuli; and we recognize that each of these departments has had the result of giving us more accurate knowledge of the effects of these agents. We recognize the value of these departments of study, and utilise the results of their labours. We shall not fall into the error of a teacher, who having written a text-book on therapeutics, without mentioning any other remedy than drugs, occupied his preface with an effort to show that those physicians who devoted themselves to special branches of therapeutics, and who gave us the knowledge which he failed to supply, were unworthy to be regarded as members of the medical profession. This reminds one of the policy of the cuckoo, who begins life by throwing all the other birds out of the nest; it imagines this policy necessary to its existence. I think the cuckoo is wrong, because if ever it obtained a majority amongst birds, the final result would be that it would find no other bird's nest in which to lay its eggs, and the result would be that the cuckoo would become as extinct as the Dodo.

At a later period of medical history, the reader of that preface will not be impressed with the sense or good manners of the author, and will most likely fail to realise that this kind of writing was regarded as highly "ethical" at the time the book was published; that it represented a policy which was embodied in a resolution of the Royal College of Physicians, and which I believe stands upon its books at the present moment. That it has been ignored by the present generation of physicians, is evident from the fact that most London Hospitals are at present engaged in forming those special departments for particular methods of therapeutics, which it aimed to suppress. But the effect of this resolution still remains. The Prime Minister recently asked why do all the new methods of treatment come from abroad? The answer is obvious: because for nearly half a century the foreign physician has been free to cultivate studies forbidden to the British physician.

The Treasurer of the Royal College of Physicians has deplored the fact "that eminence in the medical profession is no longer a passport to the Royal Society as it once was." The Royal Society exists to aid the evolution



of knowledge, and does so by encouraging its devolution. It is the physician alone who has pleaded the interests of his profession as a reason for suppressing the natural evolution of knowledge, and punishing those who take part in its devolution. It is for the physician to choose which of these two policies he will follow. He cannot support both. The homœopathic school have never had any doubt or question on this matter.

The word "homœopathic" attached to a journal or a society represents not only the work of a particular department, and the study of a natural law, the truth of which has long been proved, physiologically, pathologically, and clinically, but it also represents a platform where every therapeutic problem may be freely discussed; where those who differ from any particular view of Hahnemann or any of his followers, can speak freely their opinions and give no offence. The name "homœopathic" applied to a practitioner who believes in the law of similars, and who uses it as far as its own limits and the limits of our knowledge permit, does not mean that he rejects any other method of treatment, but that he has guiding principles which govern his choice of any treatment or method. It implies also that he is never deterred by any difference of opinion on scientific questions, from giving any help he can to his fellow practitioner; that he accepts the fundamental principles of science as a guide to reasoning, and the instincts of a gentleman as a basis of ethics; and that he regards the effort to give expression to truth as the best means of securing the honour and dignity of his profession.

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## THE BEARING OF CHEMISTRY AND PHYSICS ON THE HOMŒOPATHIC LAW.<sup>1</sup>

By JOHN M'LACHLAN, M.A. & B.C.L. (Oxon.), M.D. &  
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IN 1851 Professor Christison, who occupied the *Materia Medica* chair in the University of Edinburgh, said "It is undeniable that all important discoveries in science at large, are preceded by a period of incubation, as it were,

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<sup>1</sup> Being a paper read at the British Homœopathic Congress at Oxford, July, 1903.

during which the world is gradually prepared to receive them. . . . There has been no shadow cast before the coming event (homœopathy), no antecedent approximation, no universal adoption, no intruding claimant." On this point, however, the Professor showed a sweet simplicity in things historical, and the object of Dr. Dudgeon's first lecture (in his "*Lectures on Homœopathy*") is to show that the great Truth, revealed in its full splendour by Samuel Hahnemann, *did* cast its shadow before it in antiquity, and that there was an antecedent approximation to it in remote as well as in more recent times.

Hippocrates has been called the "father of medicine," and he is just as much (if not more so) the "father" of homœopathy as of allopathy; though, as a matter of fact, the "father" of the good, old, thorough-going allopathy is not Hippocrates, but Galen. Yet even Galen himself occasionally recognized the homœopathic law in the treatment of disease. But though homœopathy was recognized by medical writers, and by popular belief, ages before Hahnemann, nevertheless he was the first to place it on a scientific footing; his were the eyes that really *saw*. I suppose many people, before Newton's day, had seen an apple drop from a tree, yet Newton was the first who really *saw* what it meant. I have no doubt, also, that many eyes had watched the swinging of the great chandelier in the Cathedral at Pisa before Galileo was born, yet his were the eyes that first recognized the true inward meaning of the phenomenon. To all others the phenomena exhibited were merely a falling apple and a swinging chandelier, nothing more. Having eyes, they saw not.

In chemistry we also find, to a certain extent, a homœopathic principle acknowledged, and a somewhat similar formula, *viz.*, "*similia similibus solvuntur.*" Thus carbon di-sulphide is the best solvent for common sulphur; phosphorus tri-chloride and tri-bromide readily dissolve phosphorus; potassium iodide is the best solvent for iodine; fluid mercury dissolves many *metals*, but no other kind of substance; salts containing water of crystallisation, as a rule are easily soluble in water; the insoluble cyanide of silver is readily dissolved by adding cyanide of potassium; aluminium hydrate is insoluble, but is easily dissolved by adding potassium hydrate, and the same is true of zinc hydrate and chromic hydrate, and so on. We see, therefore,

in these cases, that solubility seems to be dependent upon the existence of a similarity of composition between the solvent and the substance dissolved.

“*Omnis cellula e cellula*”: every cell is derived from a pre-existing cell. Beginning with the ovum, and ending with the fully developed tissues of the adult, we have an uninterrupted series of generations of elements, which with Schwann we call *cells*, and with Brücke “*elementary organisms*.” Each cell shows the phenomena of *growth* (which presupposes those of *nutrition*) and *reproduction*, and all of them, at some period of their life history, show the phenomena of *contractibility*, or amoeboid movement. Charles Darwin long ago pointed out the two main factors in all evolution, *viz.*, heredity and environment, and the single cell is just as subject to these two influences as the most highly developed mammal; and the scientific physician must constantly keep these two great factors in his mind if he is to heal the sick promptly, safely, and pleasantly. The “heredity” of the evolutionist is merely Hahnemann’s doctrine of chronic diseases in a modern dress, but the essential idea in both cases is the same. We look upon the cell, therefore, as the *unit*, as the animal reduced to its lowest possible denomination. Through the cell the phenomena of health and disease are manifested, and on the cell our medicines must act if they are to act at all. Herbert Spencer has taught us that perfect correspondence between the organism and its environment would be perfect life; “were there no changes in the environment but such as the organism had adapted changes to meet, and were it never to fail in the efficiency with which it met them, there would be eternal existence and eternal knowledge.” Such a state of affairs, I need not tell you, can never exist; this perfect correspondence of organism to environment is merely theoretically possible, like a perfect vacuum. When there is a want of correspondence between organism and environment, then are manifested the phenomena of disease; the function of medicine is to restore this correspondence, to adjust internal relations to external relations, the organism to its environment. When this is impossible, then *death* is the result.

I must apologise for introducing such matter into my short paper, but it seemed to me to be necessary to do so in order to show the connection of the dry bones (physics

and chemistry) to the living flesh and blood. The minute structure of the cell I need not discuss, further than to state that its protoplasm is covered with a fine membrane which possesses in a most marked degree the property of "semi-permeability"—a property of the greatest importance to the physical chemist. Because of this "semi-permeable" membrane the protoplasmic contents of the cell contract when the cell is brought into a concentrated salt solution, *i.e.*, the exterior solution has a greater osmotic pressure than the protoplasmic contents of the cell. If the osmotic pressure of the exterior liquid is equal to that of the cell-contents, the cell will undergo no apparent change, because the organism and its environment correspond; if the osmotic pressure of the exterior solution is less than that of the cell-contents, then the cell itself will swell and become dropsical. By diluting the salt solution it is possible to find that concentration in which the osmotic pressure outside just equals that of the cell contents. This concentration will bear the same relation to the molecular weights of all kinds of salts; *e.g.*, suppose the concentration required in the case of sodium chloride is one-tenth of its molecular weight, say 5.8 grammes, to the litre; then to find the weight in grammes of any other salt which will give a corresponding concentration, take one-tenth of *its* molecular weight; *e.g.*, in the case of potassium chloride we would require 7.4 grammes to the litre. Then these two solutions will possess the same osmotic pressure; in other words they will be *isotonic*, to use a term introduced by De Vries.

These facts are explained by the hypothesis that a substance in solution consists of very small moving particles (molecules, atoms or "ions"), which behave *as though they were in the gaseous state*, the pressure being supposed to be due to the "bombardment" of the particles of the dissolved substance on the "semi-permeable" membrane, and it is found that the laws which regulate this osmotic pressure have the same form as the laws of Boyle, Charles, and Avogadro for gases; but for this to be true the solution must be *very dilute*. In such cases, just as in gases, it is supposed that the dissolved molecules are widely sundered, and not within the range of each other's attraction. I ought to remind you, however, that *salts*, strong acids, and bases in aqueous solution form an exception to the above laws; for this class of substances gives *twice* the

osmotic pressure one would expect from general chemical analogies. This fact is explained by saying that the salt is dissociated into its "ions," so that the number of free molecules is doubled, and hence the osmotic pressure which is due to the "bombardment" of such free molecules against the "semi-permeable" membrane is also doubled. One often wonders whether this "ionic dissociation" does not, at least partly, explain the difference between the *mode* of action of some *metals* (if not all) and their salts; e.g., metallic silver acts deeply, but is very slow in its action, whereas nitrate of silver shows a quick onset and a rapid progress.

Pfeffer in his experiments, examined the diffusion of liquids through cell-walls of plants. He added a solution of manure to earth surrounding the plants, and up to a certain point of concentration observed that the solution passed into the cells of the plant faster than water passed out. But, on the other hand, if the solution of manure was too concentrated, the plant rejected the excess, and the currents were reversed; water passed in faster than before, and manure came out, and in this way the plant got rid of excess.

Experiments and observations such as these show, I think, the absurdity of large doses of concentrated medicines. Medicines can only act on the cell through the medium of its "semi-permeable" membrane, and when they are *dissolved* in the fluids of the body, and if not sufficiently diluted before their introduction into the body, then the body itself will have to dilute them. I have often thought that a medicine acts much more promptly when diluted with plenty of *water*, not spirit, and in cases of acute disease always administer them in this form for that reason. How dilute is a question I will not enter upon, for on that point *ionic dissociation* and electric conductivity do not help us much; for ionic dissociation is probably quite complete when the gram-molecule of any salt, dissolved in a litre of water, is further diluted with about 50,000 litres; in any case dilution with a further 50,000 litres hardly makes any appreciable difference. This amount of dilution would only represent something like our 5x potency, or dilution, and I believe that most of us have proved clinically that the 12th or 30th, or even the 200th has produced powerful medicinal effects, and has most undoubted curative virtues. These

dilutions are far beyond the domain of physical or chemical experiment, even the most delicate, *e.g.*, electric conductivity. This method is exceedingly delicate, for the addition of a single drop of water to a litre of the solution can be detected with the greatest ease and certainty, *i.e.*, about 1 in 20,000.

But we must not expect too much from physics and chemistry, for they cannot approach, in delicacy, the clinical test; though as far as they go they tend to show that the belief even in very infinitesimal doses (as seen with allopathic eyes) is by no means so irrational and unreasonable as often supposed. In this connection I would lay special stress (1) Upon the presence and function of the "semi-permeable" membrane; (2) That a substance in *very dilute* solution, behaves as if the dissolved matter was in the *gaseous* state; (3) Electric conductivity experiments. (4) The electric theory of matter and all that that involves. But these great facts do not explain altogether, nor do they entirely account for, the undoubted curative activity of infinitesimal doses; still, the support given by the collateral sciences of physics and chemistry to homœopathy, is of that order of support which collateral sciences usually give to each other. These collateral sciences do not give a sufficient (in the sense of a *complete* or *ultimate*) explanation, but they point the way along which a rational explanation is to be found, and there can be no doubt at all, that that way is *not* in the direction of massive doses, whether of single substances or of mixtures of substances, but decidedly *is* in the direction of the infinitesimal. In this connection I would remind you of the very important part played by (1) The state of division, and (2) The influence of water, in effecting chemical change. (3) The nature of the cathode or X-rays. (4) The change in meaning of the term "atom": the so-called "atom" of the chemist is no longer regarded as indivisible. The "electron" has now taken the place of the "atom," and is the most definite and fundamental and simple unit which we know of in nature. The mass of this unit is of the order one-thousandth of the atomic mass of hydrogen, and in size about one hundred-thousandth of the linear dimensions of the "atom" of the chemist. At the same time these facts can only have a bearing on the question of *dose*; at the most, can only point to the

intrinsic reasonableness of the *small* dose. But we must not forget, however, that the question of dose, within certain limits, is one of very minor importance compared with the questions of the selection of the *similimum*, and the administration of the *single remedy*. I trust that no one will run away with the idea that I regard infinitesimal doses as *the* most important article of the homœopathic faith. It is an unfortunate fact that the small dose is regarded by "the man in the street," by the members of the allopathic school, and even by educated people and professed homœopaths, as being the *essential characteristic* of homœopathy. Now, I do believe that the question of potency is one of great importance, but it cannot for one moment rank in the same order of importance as the questions relating to the selection of the *similimum*, and the administration of the *single* remedy. These two are indissolubly bound together, the one cannot be without the other. The small dose was no part of homœopathy as originally conceived by its founder, but was of a later growth. Hahnemann made many startling cures while still using the crude doses of the allopathy of his day.

Is there, then, in the living cell a something that is incapable of explanation by the laws of physics and chemistry? What is this something, and how is it that infinitesimal doses—doses so infinitesimal that no power on earth, save the cells of the living animal, can detect them—are able to adjust the discord between the organism and its environment, which we call disease, and transform this discord into that harmony of correspondence which we call health? To say that life is a correspondence, or series of correspondences, is only to express a *partial* truth; there lies a something at the back of the correspondences existing between the organism and its environment. Hahnemann called this something "vital force," often using its untranslated Greek equivalent. We may, if we will, call it a "principle of life," but we can't get rid of the term, or something representing it. However clumsy, however provisional, however much a mere cloak for ignorance, science is unable at present to dispense with the *idea* of a "principle of life." We must work with the word till we get a better. Science cannot define "life," cannot even tell us what "*matter*" is, except by adopting the most high-flying metaphysics, albeit

disguised in scientific terms. On the definition of "life" will depend the definition of "disease." At present we can only say with Herbert Spencer that "perfect correspondence" between the cell (organism) and its environment "would be perfect life," and that disease or death is the result of a lack, partial or complete, of this correspondence.

"*Omne vivum ex vivo*," said Harvey: Science can say no more to-day. It is just as impossible to-day as it was in the days of Johannes Müller to discover the nature of vital phenomena by the exclusive aid of chemical and physical experiment. We may, if we are so minded, with Ernst Hæckel speak of the "cell-soul" or "psychoplasm"—a certain sum of physiological properties possessed by cells; or with other German scientists we may speak of the "*ontogenetic directive force*"; or we may regard the cell, to adapt a phrase of the late Professor Tyndall's, as endowed with "infinite potentialities." All these phrases (and there are many others of a similar nature) indicate that there is a deep-seated belief in the scientific mind that there is a "something" beyond the reach of either chemistry or physics. At the same time it must be clearly understood that this general conception of a definite vital principle is to be used simply as a working hypothesis. Science may yet have to give up this idea of an "*ontogenetic directive force*." But in the absence of any proof to the contrary, and especially of any satisfactory alternative, we must still work with the old hypothesis, call it what we may. Hahnemann's hypothesis was that the attenuated medicines acted directly on this vital principle, this "psychoplasm," this "*directive force*," and neither physics nor chemistry to-day can prove he was wrong, or offer a more satisfactory alternative.

Now although, in conformity with other great scientific truths of the past, the presentiment of homœopathy existed long before it was clearly and distinctly enunciated by Hahnemann, in fact, from the very beginning of medical "science"; and although chemical and physical experiments (especially the recent discoveries in physical chemistry), *so far as they can go*, show that small doses are intrinsically more rational than massive, and far more likely to effect the end in view, viz., the restoration of the sick body to health, and we gladly welcome all such confirmatory evidence as to the truth of our science:



yet these facts are by no means the most characteristic and startling about homœopathy. The facts that stamp it most indubitably as a true science, and raise it to the unique position of *the science of therapeutics*, are in my opinion the following:—

(1). Based, as I believe it is, on a law of nature, it is capable of *infinite progress* along the lines originally laid down. Working details and modes of expressing its main facts, no doubt, will vary from generation to generation; the hypothesis of to-day may be thrown aside as a useless tool to-morrow, in conformity with evolutionary law, and the methods pursued in other sciences. To be born perfect and incapable of further progress would be the greatest proof that it was no science. The law of evolution is just as universal as the law of cure—a fact that we are slow to recognize, and that even Hahnemann himself, I do not think understood. But though *details* may vary, the great foundation law remains undisturbed, and one is unable to imagine any possible developments of the auxiliary sciences (especially chemistry and physics) that could disturb this law, far less overthrow it. Progress is imperative, but this progress will not disturb the previous steps; we do not need to pull down and uproot to-morrow what we have builded or planted to-day, and begin all over again.

(2). But what stamps homœopathy with an absolutely unapproachable uniqueness in the domain of therapeutics, is its power to *foreknow*, its pre-science or pre-vision, its ability to provide for the prediction of future events within its own domain; to furnish us with the means of curing new and unknown diseases, and of enabling us to treat *the very first case* with certainty and precision. Many examples could be given of this pre-science, from Hahnemann and his treatment of cholera, to Lieut.-Col. H. E. Deane and his treatment of plague. But for purposes of pre-vision our foundation law *alone* would be useless without our *Materia Medica*—just as useless as a general without an army. It is the possession of its *Materia Medica* that gives homœopathy its power, and as the *Materia Medica* is perfected, so will this power increase. Even now medicines are ready and waiting for the cure of innumerable and, as yet, unknown diseases, but which diseases will be recognized as soon as they show themselves by the diligent students of the homœopathic *Materia Medica*.

AN ATTEMPT TO RE-STATE THE DOCTRINE AND  
ILLUSTRATE THE PRACTICE OF HOMŒOPATHY,  
AS ONE MAY IMAGINE HAHNEMANN WOULD  
HAVE DONE HAD HE LIVED IN THE PRESENT DAY.

By E. M. MADDEN, M.B., &c.,

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HAVING been given the privilege of knowing beforehand the lines of thought and argument to be followed by our President in his address, and to some extent also by Dr. Johnstone in his paper on "Immunisation and Serum Therapeutics," it has seemed possible to further carry our thoughts, impregnated with these modern ideas of science and pathology, to the question in what different way would Hahnemann have presented his Organon of Homœopathy had he lived now, and possessed, as he unquestionably would have done, a full knowledge of all modern methods of research and the results obtained therefrom.

It is hardly necessary to premise that the final result would have been just the same so far as the truth of his great law of therapeutics is concerned; it is only the point of view in respect to explanation and illustration which has altered.

This subject is all the more attractive to me because, in following it out, I am only retracing and amplifying the thesis I brought before the Congress at Leeds, when I had the honour to occupy the chair now so much more ably filled by my friend Dr. Percy Wilde.

I think we may take it for granted that the central idea of modern physiology and pathology is the "cell theory," now universally accepted, with its corollary, that all vital energy or change must originate in a portion of protoplasm containing a nucleus or nuclei, all other parts of the body and the remaining portions of the cells themselves being "formed material," and hence incapable of vital or dynamic changes, though, of course, liable to be acted upon by, or capable of acting upon, other cells in contact with them chemically, electrically, or mechanically. This central idea enables us to realize how the body is made up of innumerable cells, each with an individual, and to a certain extent independent life, and each occupied in

\* Being a Paper read at the British Homœopathic Congress at Oxford, July, 1903.

doing its own individual work, *and that only*, though each at the same time assisting, and receiving assistance from, other individuals which go to make up an organic whole, exactly analogous to the individuals who go to make up an organized city or state.

It is important to bear this very clearly in one's mind, when considering the changes brought about by those influences upon the normal organism which result in what we call disease, and those further changes we endeavour to bring about in order to restore the disordered organism to its normal state. All such changes must take their start in an action upon the living portions of certain cells or groups of cells. Practically speaking, the life work of a cell may be said to consist in selecting and absorbing certain constituents from its surroundings, in transforming them into its own "formed material," and casting this off again as an excretion or secretion.

These functions, together with its own growth and reproduction, complete the life work of the vital elements in each cell. That the results of such vital action may be accompanied by all kinds of subsidiary effects upon other cells and other organic action, does not alter the fact that, primarily, the activity of each individual cell is simple and uniform so long as it retains its vitality.

How then can these vital elementary cells (in which we have seen that all vital changes must originate) be perverted from their normal routine by any stimulus, whether it be a *materia morbi*, a poison, a drug, or even by satiety or starvation? I cannot answer this question better than by a short quotation from *Verworn's General Physiology*. He there lays down the following four definitions:—

"(1). Every change in the external vital conditions of an organism constitutes a stimulus."

"(2). Every augmentation of a vital phenomenon, either of one or of all, constitutes excitation."

"(3). Every diminution of a vital phenomenon, either of one or of all, constitutes depression."

"(4). The action of stimuli can consist of excitation or depression." And, though he does not here say so, it is abundantly evident that they can act in no other way. I would only add to this that excitation may be the cause of so great an exhaustion, or depression may be so pronounced directly, that the vital activity in the

cell ceases, owing to what is technically called "necrobiosis," or the virtual extinction of cell life.

But if this latter result is produced, it is evident that these cells henceforth cease to be a factor in the consideration of the efforts made either by unaided nature, or by the physician when he uses artificial stimuli, to restore the injured organism. We have, therefore, for therapeutic purposes, only to consider those cells which possess actual, or potential, activity, and we now come to the point I have been aiming at, viz., that *so long as a cell is active, the changes in its activity must be capable of being represented as either plus or minus its normal.*

The next point for our consideration is to glance at the means nature adopts to bring about a spontaneous cure; and, in the first place, I think we may take it for granted that nature works on one uniform, unchanging plan, so that if we can see clearly the way in which she does her therapeutic work in one or two typical instances, we can be practically certain that she works on the same lines in every analogous case, though we may not be able at present to trace the working processes.

It is necessary always to keep in mind that not only are all our organs and functions more or less interdependent, but that opposing functions are in constant operation, and the balance of healthy life is only kept up when each portion fulfils its own appointed task, neither more nor less. This arrangement, together with the natural law that excessive or over-stimulation, whether of a cell, or the body as a whole, is always followed by exhaustion, shows us how, in those cases where cell activity is not destroyed by anything which disturbs the health, the law of reaction is called upon to restore the balance. Now let us look at this a little more closely. Hahnemann long ago recognized the fact that the majority of what we see and feel as the symptoms of disease, are in reality the symptoms of the reaction of the body against the cause of the disease; and this fact our President has again emphasized to-day, and is, in fact, being more and more recognized among thinking physicians. But let us just see how this is to be expressed in terms of modern pathology. As a simple example, let us take the effects of a chill on the surface, caused by contact with a piece of ice or a draught of cold air. There is no more evident example of the balance of normal health being preserved

by the counteracting of two opposing vital activities than the action of the vaso-motor nerves on the circulation in the capillaries and minute arteries; those fibres of these nerves which are supplied from the sympathetic system causing contraction of these vessels, while those derived from the cerebro-spinal system cause their dilatation. When, therefore, cold applied to the surface produces (1) a sensation of coldness; (2) a pallor of the surface; (3) a certain amount of shrinking in size; and (4) anæsthesia to external impressions, we know that these results follow an excitation of the sympathetic fibres in the vaso-motor nerves, and a depression of the cerebro-spinal fibres; while, when the application of cold is removed, and, after a longer or shorter interval, we find the symptoms exchanged for (1) a sensation of heat; (2) redness of the skin; (3) swelling; and (4) pain—which are the exact reverse of the first symptoms observed: we now know that the cerebro-spinal fibres are excited and the sympathetic fibres are depressed. And these latter symptoms continue for some little time before the normal balance is returned to.

Here, then, there can be no difficulty in recognizing a condition representable as a plus and a minus state of organic activity in the cell centres, controlling the function of circulation in the skin. That there are, or may be, other deeper or secondary consequences of chilling the surface is, of course, in many cases of much greater importance than the effects upon the skin, but for the purpose of illustration these do not concern us at present.

To return, then, to our example, we see that in a simple case like this nature cures or, in other words, restores the organic balance, where the vitality of the cells has not been impaired, by a simple process of direct reaction, which, if extensive or severe, might cause symptoms quite acute enough to be called a disease, and to call for treatment, but which in most cases will gradually subside, leaving the parts affected practically unimpaired.

In this particular instance both the attack and the resistance are accompanied by symptoms, but in the majority of instances the immediate impact of the disturbing element is imperceptible, and the only symptoms recognizable are those produced in resisting the attack, or attempting to expel the enemy from the system.

Now let us compare this simple example of nature's

method of restoration to health, with a somewhat more complex one, but one in which the details have been so carefully worked out, and are so generally understood and accepted, that I need not spend much time either in describing it or proving its truth; I refer to an attack of either erysipelas or diphtheria, which essentially consist in the invasion of the body, in some special portion of it, by the specific cocci or bacilli of the diseases in question.

As soon as these microbes enter the body, if they find it in a susceptible condition, they at once begin to feed on the tissues with which they are in contact, or on their secretions, and rapidly multiply, in the process of which they produce their specific toxin, the production of which, if not checked, would not only destroy large portions of the tissue they have invaded, preventing it from performing any of its normal functions, but the poison being carried into the circulation would in time so seriously impair the vitality of the blood cells and other tissues into which it is carried, that it endangers life itself. How then does nature set to work to counteract this invasion? Firstly, by calling from the neighbourhood to the seat of attack all available white blood cells and lymph cells, and stimulating the lymph glands and other organs where these cells are produced to over-production, and collecting these cells also in the same part, it sets to work to fight the invaders, partly by the well known process of phagocytosis, but chiefly by the production in large quantity of the substance known as anti-toxin, which, in those cases that recover, is eventually sufficient to entirely antidote the germ toxin, and also to destroy the germs of disease themselves.

It is practically certain that in perfect health there is always a certain amount of this antitoxin substance in the blood, which is sufficient to prevent such disease germs from even beginning to breed in the healthy tissues; and that it is only when the vitality is lowered so that its normal supply of antitoxin is deficient, or when there is a local injury, or when the disease germs enter the body in unusual numbers, that they are able to gain a footing from which to start an appreciable attack of their specific infection. Now it is evident that the toxin and the antitoxin being mutually antagonistic, the first effect produced by the entrance of the toxin in the system will necessarily be to neutralise the small amount of antitoxin it finds there,

and probably to put *hors de combat* a few at least of the cells whose lifework it is among other things to produce the antitoxin ; in other words its first effect is to produce a minus state of organic vitality in a specific direction ; while nature's efforts to cure, if successful, result in producing a plus state of organic vitality in other and allied cells of the same kind, so that after the attack is over it leaves the system with a large surplus supply of antitoxin sufficient to resist any further invasion for a long time. And here again do we find that the symptoms we know as the symptoms of the disease, the swelling, redness, fever, and even abscesses and sloughs, are the results of the reaction against the invading disturbing element : while the symptoms of the initial invasion are in most cases practically unrecognizable. Enough has been said to show that in these two instances of entirely diverse kinds of disturbance to health, nature works on the same kind of plan, though with differences of detail, both in respect to the attack and the defence ; and knowing a little as we do about the uniformity of nature in other spheres of activity, I repeat that it is practically certain that in all cases of disease the same lines must be followed, though we may not at present be able to trace them.

It is now universally admitted that, as Hahnemann contended, in all cases which recover, the cure is effected by nature, either alone or with the help of drugs or other therapeutic agents—or too often in spite of these—so that the efforts of the true physician must always be to assist nature, and he can only do this effectually by working on the same lines as she does.

When we come to consider the effects of drugs we find, as we should expect, that nature reacts to their intrusion on exactly similar lines to the way in which we have seen she reacts to the causes of disease other than drugs. In quite a large number of cases we can observe a primary action of increased activity of some special vital organism, followed by exhaustion and depression of the cells affected and an increased activity in the reverse direction to the first effect. This has been usually spoken of as the double action of drugs in opposite directions, and in certain doses both these results can be readily observed, as, for example, the exciting cerebral effects of alcohol or ether, followed, if the dose be large enough, by its complete temporary suspension of all activity, or even by death. In these

cases, too, we see the apparently opposite action of the same drug when given in small, or in large doses. I say *apparently* because it is evident that the true explanation of this appearance is that when a small dose is given the primary, usually stimulating, but as I prefer to call it the direct effect of the drug is produced, but the resultant exhaustion is neither complete nor extensive, so that the symptoms of reaction, or so-called secondary effects of the drug, are hardly if at all recognizable, though we may be certain that there always must be a reaction when a stimulant is applied to a healthy organism, so that a vital activity in excess of the normal has followed it. When, however, a large dose is given, and especially if it can be rapidly absorbed, the resultant exhaustion of the cells acted upon takes place so quickly that the primary stimulation and excitement may be quite momentary, and only the secondary or reactive effects are observable. In other cases again, as in many diseases, the direct effects of the drug on the tissues it acts specifically upon are not such as to produce recognizable symptoms; so that the only observed effects are in reality produced by nature's efforts to get rid of the results of the drug's action and to expel the invader of its peace, and are not rightly to be considered as the direct effects of the drug *per se*. Here, too, believing absolutely, as I feel certain we can do, in the uniformity of nature's methods, we must believe that *all* drugs *must* have this direct action and reaction in the system, whether we can follow them both or not.

We are now in a position to discuss in what way the physician can best use the action of drugs to assist nature in any given case of disease. Let us again go back to our first case used as an illustration, *viz.*, a simple chill. Here, as we saw, we have first an extreme activity of the vital elements, which produce contraction of vessels and consequent obstruction of circulation, followed by a reaction in the form of exhaustion of these forces, with apparently an over-activity of the dilating forces and heat-producing centres. We also know that we have at our disposal a drug capable in small doses of producing the symptoms of chill, and in larger doses followed by those of the reactionary fever. It is obvious that we may use it in either way to assist in the natural method of cure; *i.e.*, we can either give a full dose which will provoke a still more active reaction on the part of the organism, and may



thus help to quicken the rout of the original invader ; or we may give a small dose which will help to stimulate the centres causing contraction, and which have become more or less depressed by the original chill from over stimulation, and by so doing leave the reactionary forces with less work to do to restore the equilibrium to the health level. Compare this with the only alternative method of using a drug which has a specific action on the same parts of the organism, *viz.*, the antipathic. In this method a drug is given, of which there are several, the secondary effects of which in a full dose are to depress the circulation and reduce the body temperature, and in this way it directly counteracts nature's reaction against the primary chill ; but, as all who have tried know, this can only be done at a risk of great, and often dangerous depression of the heart and nerve centres, from which it takes quite a long time to recover the true balance of health ; much longer in many cases than if nature had been left to work unaided. It needs no argument to show that the small dose of a similarly acting drug, where possible, is infinitely the preferable method of using a medicine, since it leaves no secondary drug effects to be got rid of, but instead of adding to the disturbance set up by the natural reaction to the chill, it reduces the necessity for as full a reaction as would have been required originally, because the drug itself in the small dose tends to counteract the effect set up by the chill in the living portion of the cells affected, while their vital activity being now depressed the drug stimulation does not raise it above the normal level, and hence causes no further reaction.

Again falling back on my motto, "*Ex uno disce omnes,*" it follows as a universal truth, that provided you can find a drug which, in full doses, acts on the same parts of the system and produces the same or very similar reactions as the disease to be treated, you can feel certain that you are assisting nature in the fullest and best possible way to cure the complaint by giving small, and (experience shows) often infinitesimal doses of the same drug.

The same principle can be successfully carried out in the sphere of prophylaxis ; for while the workers in copper mines, whom we must suppose to be fairly impregnated with the metal, are found to be practically immune to cholera (many of the symptoms in which are closely imitated in copper poisoning), so also the wearing of a

plate of copper next the skin, whereby only an infinitesimal dose can be absorbed, has been in very many cases found an equally effectual preservative from an attack, while hundreds of Hahnemann's followers have checked the spread of scarlet fever by giving belladonna in the 3c dilution as he recommended, to those exposed to the infection.

I think those of you who best know Hahnemann's *Organon* will agree with me that the arguments I have brought forward in this paper are closely analogous to those he there uses, only changed in form to meet our later knowledge, especially in the fields of physiology and pathology.

It would seem superfluous in a Congress of homœopathic practitioners, and at this day, when for over a hundred years the principle of using small doses of drugs acting in a direction similar to the disease to be treated, has been put to the test daily by an ever increasing number of doctors, to dilate upon the success which has followed its acceptance and use. But for the benefit of any who have not yet experienced its advantages, and who may perhaps hear or read this paper, I may be allowed to add that the practice of homœopathy, whose doctrine I have been discussing, has in every case where careful statistics have been kept, whether in private or in hospital work, and even in asylums, proved more successful than the treatment based upon any other rule for the administration of drugs; the percentage of cures is higher and of deaths lower in practically the whole range of medical work, including lunacy; while the duration both of diseases themselves and the subsequent convalescence, has in most cases been markedly cut short.

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## REVIEWS.

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*Therapeutics of Plague.* By MAHENDRA LAL SIRCAR, C.I.E., M.D., D.L. Third edition, revised and enlarged. Calcutta, 1903.

THIS is a very able and interesting work. Although in this country plague has not really appeared, though two or three isolated and imported cases have been recorded, and consequently not much interest is taken as yet in the therapeutics of plague, yet fore-warned is to be fore-armed, and

we should all know how to treat plague homœopathically. No better work can be consulted than the above, by Dr. Sircar. There is first a full account of the history of the Plague, its symptoms, stages, varieties and diagnosis, and this is followed by a clear account of all the remedies which are indicated in different cases and which have been found useful. The pathogenesis of each is well given, and the cases indicating each pointed out. One of the most interesting features in the therapeutical section is the introduction of Ignatia as a plague remedy—one that at first sight we should not have thought of. Its value was discovered by accident in 1836 by Dr. John Martin Honigberger, “Who says he learned homœopathy at its very source, from ‘the father of homœopathy, the celebrated Doctor Hahnemann,’ and made trial of its medicines with success in the plague which was raging at Constantinople in 1836. ‘In order to have some experience in this matter (of plague),” says he, (*Thirty-five Years in the East*, vol. i.), ‘I tendered my services at once to the plague-hospital at Pera (one of the Christian suburbs of Constantinople), where the poor patients were left to their fate, as no medical assistance or any other aid was to be had. Without any authority or permission, I attended them at my own expense. I proceeded, to the satisfaction of all the attendants and patients, to treat the infected according to the homœopathic principle, and my endeavours were mostly crowned with success. All this, effected by the most simple treatment, did not fail to procure me, in a very short time, a great reputation, so that, after the extinction of the plague, and the abolition of all quarantine, I was in great request amongst the most respectable private families. But, before I proceed to prove the efficacy of the minute doses of homœopathic medicines, I must first speak of a special remedy, which proved very efficacious, employed as a prophylactic or curative; and I dare to say, with respect to the plague, it might be considered as a specific. During my stay at Constantinople,’ he continues, ‘I frequently had an opportunity of making the observation that many individuals, especially Armenians, wore a string, to which was attached a bean, called *Strychnos Faba St. Ignatii*, as a preventive against the plague. Having been informed that this bean was acknowledged to be an effective one, I administered it in minute doses, as a medicine, and that with the best success. The particulars will be mentioned in the course of this work.’

“The particulars here spoken of are, that two years after, on his way to Lahore, he himself caught the plague at Palce, and cured himself with ‘the small pills of the above-mentioned

Strychnos Faba St. Ignatii,' after the second dose of which he relates that 'I began to perspire to such a degree that my mattress was wetted through. In consequence of this perspiration, I got rid of the fever and anxiety, and entertained the hope of being restored to health, although the pains in the groins still continued. The swelling of the glands remained for three weeks, as I did not employ any local remedy.'

"It is a pity that the worthy doctor has not mentioned, in his book from which we have quoted, what other homœopathic medicines he had employed against the plague with success at Constantinople. Perhaps he did not think it necessary to do so, having found in ignatia almost a specific. Here we have a medicine, not suggested on theoretical grounds, but discovered by a happy accident, actually used and found beneficial. Dr. Honigberger's own case might have been a mild case of plague, but that it was a genuine case of the disease must be evident from the circumstances under which it occurred and from the symptoms given, and there is no doubt that ignatia did succeed in cutting short the disease.

"The question whether ignatia will prove both a prophylactic and a curative remedial agent, or either, in the present epidemic, can only be answered by clinical verification.

"The most important question for homœopathic physicians to consider is: has ignatia symptoms, developed either by provings or in poisonings, which will warrant its use in plague? We believe it has some of the pronounced preliminary symptoms, such as:—

Goes about perplexed, dazed, stupefied; a kind of apathy in the whole body, indifference to everything; dazedness, dulness and confusion of the head; intoxication.

Throbbing headache, especially at every beat of the heart and arteries.

Retching, nausea, and ineffectual efforts to vomit.

"Ignatia has not been observed to produce inflammation and swelling of glands in the inguinal and femoral regions, but it has produced shooting pains in those regions. It has produced aching and sensations of swelling and actual swelling of the glands of the neck, chiefly of the salivary glands. It has produced fever with chills and shiverings, with the peculiarity of there being thirst during the chilly stage.

"These are symptoms which correspond to those of the first stage of plague, and therefore we are of opinion that ignatia may be used both as a prophylactic, and as a curative remedy, in that stage. At least it deserves a trial.

"The trial has been made in a sufficient number of cases to warrant us in strongly recommending this drug both as a

prophylactic and as a curative agent of remarkable efficacy in this disease, which has hitherto defied all treatment except the homœopathic. No one who has worn ignatia round their arm or loins has got the disease. In one house two members who had not worn ignatia got the disease, one of whom having had no treatment died, and the other was saved by the internal administration of the drug. Even in advanced cases it has saved life. Of course we do not say that it will cure all cases however far advanced, but we have no doubt that it exerts a remarkable modifying and controlling influence at all stages of the disease, and therefore deserves a preliminary trial before all others, except in cases where the hypodermic injections of the serpent venoms may be necessary to prevent imminent heart failure, as we have recommended, and as has been found beneficial by Col. Deane. After ignatia other drugs would be found to act better."

This is very interesting as a piece of history, and as an example of a valuable homœopathic remedy discovered by accident, and also as one whose pathogenetic relation to the preliminary symptoms of plague have been thus pointed out by Dr. Sircar, while its curative and prophylactic action has been verified.

We warmly commend Dr. Sircar's work as the most complete one which we have on this interesting and fatal disease, and one which is well worth study.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY. ANNUAL ASSEMBLY.

THE Annual Assembly of this Society was held at the London Homœopathic Hospital, Great Ormond Street, on Wednesday and Thursday evenings, July 1st and 2nd, 1903. Dr. Roberson Day, President, in the chair.

#### FIRST MEETING.

An address was given by Dr. George Black, of Torquay, entitled "The Influence of Diet in the Prevention and Treatment of Disease." The burden of Dr. Black's remarks consisted in the argument that a flesh diet had not received the attention it deserved as a factor in the production of disease, and that a non-flesh diet had much to recommend it for nutritive and sustaining properties. Dr. Black gave a historical sketch of the subject of diet as considered and

practised in the ancient world, illustrating the above-named points. He also showed that the quantity of food to be taken was very important, and what was natural to the human being was worthy of discussion from the evolutionary point of view. Of the different forms of non-flesh diet the following were recommended: Milk, wholemeal bread, cheese in various combinations with cereals, the pulse tribe (lentils, peas, and haricots), nuts and fruit juices.

A discussion followed Dr. Black's interesting address, in which Drs. Dudgeon, Dyce Brown, Bodman, Lambert, Alexander, Jagielski, and Mr. Knox Shaw joined, and Dr. Black replied.

Dr. McLachlan, of Oxford, then read a paper entitled "Some hints as to the treatment of Sterility, with a Clinical Case." Dr. McLachlan did not think the homœopathic physician need restrict himself to homœopathic medication in the treatment of sterility; for example, the use of graduated bougies, sponge and laminaria tests, was legitimate in cervical stenosis, and alkaline lotions in acrid leucorrhœa. The case cited was, however, treated homœopathically. The patient had been three years married without miscarrying. She frequently had sore throat on empty swallowing, and a throbbing headache; menstruation was intermittent. She had a small goitre. The medicine given was ferrum 6. The patient was seen in November. In the middle of the following January she had been three or four weeks pregnant.

Dr. McLachlan concluded his paper by a reference to some of the cinchona barks used in medicine, and that used by Hahnemann, also to the value of clinical symptoms in prescribing.

Drs. Burford, Bodman, Neatby, and Ashton took part in a discussion of the paper, and Dr. McLachlan replied.

#### SECOND EVENING.

Dr. A. Midgeley Cash, of Torquay, Dr. Vincent Green, of Wimbledon, Dr. A. E. Hawkes, of Liverpool, and Dr. Percy Wilde, of Bath, were elected Fellows of the Society.

Alterations were made in Law XXIII and Bye-law II abolishing sectional committees, and sanctioning in their stead the appointment by the Council of three secretaries, who in future will have charge of the sections of *Materia Medica* and *Therapeutics*, *General Medicine* and *Pathology*, and *Surgery* and *Gynæcology* respectively.

The report of the Council and the treasurer's statement were read and adopted, also the report of the Indexing Committee. The Indexing Committee presented as a specimen of their work two sheets of the forthcoming Index to British

homœopathic literature. Full particulars of this work will be issued as soon as it is ready for publication.

The following officers were elected for the session 1903-4 : President : Dr. H. Nankivell, of Bournemouth ; Vice-presidents : Dr. James Johnstone and Dr. A. E. Hawkes ; Treasurer : Dr. Galley Blackley ; Council : The Ex-president (Dr. Roberson Day) *ex-officio*, and with the above-named officers the following fellows and members—(Fellows) Drs. Burford, Epps, Moir, and Neatby ; (Members) Drs. Grantham Hill and Searson.

During the evening there was an exhibition of clinical cases, which included the following ; Genito-urinary tuberculosis (Dr. Grantham Hill), Diabetes accompanying lateral spinal sclerosis (Dr. Blackley), Motor neuritis in a girl with chlorosis (Dr. Goldsbrough), Neuritis of left deltoid (Dr. Stonham), Tubercular peritonitis, Pseudo-hypertrophic paralysis, Congenital dislocation of left hip, Deformed palate (Dr. Roberson Day), Molluscum contagiosum (Mr. Dudley Wright), Antral tumour (Mr. Vincent Green).

Three quite unique exhibits were a feature of the evening :—

(1). A demonstration of specimens and microscopic slides by means of the epidiascope. The epidiascope (of Zeiss, London and Jena) is a lantern, by means of a complicated system of reflectors within which objects as they are, without transference to lantern slides, are thrown on the screen in colour and perspective, (by Dr. Neatby and the operator on the epidiascope).

(2). Sir W. Crookes' spintharscope and microscope showing the rare metal radium (by Dr. Burford).

(3). Dr. S. Czapski's corneal microscope (by the operator of Carl Zeiss).

A number of specimens, naked-eye and microscopic, by various members of the hospital staff and the resident medical officer of the Hospital were on view in the Board-room.

Much credit is due to Drs. Johnstone and Neatby, who organized the evening's exhibits.

At the close of the business Dr. Roberson Day gave a valedictory address, and a hearty vote of thanks was accorded to him for his conduct in the chair during the session now past

## NOTABILIA.

## LONDON HOMŒOPATHIC HOSPITAL.

## SUCCESSFUL FESTIVAL DINNER.

EARL CAWDOR presided at the Hotel Cecil on Thursday, June 25th, over a festival dinner in aid of the funds of the London Homœopathic Hospital, when the following guests were present: Dr. and Mrs. Ashton, Dr. Beale, Rev. and Mrs. A. E. Bedford, Dr. Blackley, Dr. Dyce Brown, Dr. and Mrs. Burford, Dr. and Mrs. Burwood, Miss Burwood, Mr., Mrs. and Miss Callard, Mr. and Mrs. W. K. Capper, J. Chown, Dr. and Mrs. S. Cox, Councillor G. G. Crispen, G. A. Cross, S. Cross, Miss Cross, T. G. Croucher, Dr. C. Cummins, Sir E. Currie, Miss Dalby, Dr. and Mrs. R. Day, Mr. and Mrs. De Grelle Rozier, Dr. Deck, Mr. and Mrs. H. F. Dickens, Mr. and Miss Dickens, Mrs. and Miss Drew, Dr. and Mrs. Dudgeon, Major Duncan, Mr. and Mrs. C. Edwards, Dr. W. Epps, Miss E. Gandy, Dr. and Mrs. Goldsbrough, Dr. V. Green, Hon. A. Grosvenor, Senor Guetary, Mr. and Mrs. G. A. Hardy, Dr. C. Harris, B. Henderson, Dr. C. G. Hey, E. Heyman, H. Hodge, Dr. Hoyle, Dr. and Mrs. Jagielski, Dr. and Mrs. Johnstone, Miss Jones, Mr. and Mrs. C. A. Kelly, Mrs. Kimber, F. King, Mr. H. J. and Miss Kluht, Dr. Lewin, Miss Lewis, Miss F. Lewis, Dr. MacNish, H. Manfield, W. Mockridge, Dr. B. Moir, Miss Moira, Miss L. Murray, Dr. E. and Miss Neatby, W. Nicholson, R. Owthwaite, R. Remnant, Dr. and Mrs. W. Roche, Dr. E. B. Roche, Raphael Roche, Senor Rubio, L. Salusbury, Dr. and Mrs. H. Sanders, Dr. Seanson, C. K. Shaw, Miss G. Simon, Mr. and Mrs. J. P. Stilwell, Mr. and Mrs. E. Tautz, F. Temple, Mr. and Mrs. W. Thompson, Dr. Thornett, W. H. Trapmann, Sir H. Tyler, Miss Tyler, Mr. and Mrs. E. L. Vinden, Mr. and Mrs. D. Wallace, Mr., Mrs. and Miss Williams, Mr. and Mrs. H. Wood.

The Chairman proposed the health of the King, and referred to the wonderful recovery His Majesty had made from the illness from which he suffered.

In submitting the toast of "Queen Alexandra and the Rest of the Royal Family," the Chairman remarked that the Queen was loved especially by those who had been in hospital wards, for they all knew how many hearts she had cheered by the interest she took in hospitals. It was pleasing to see that her good example was being followed by other members of the Royal Family.

The Chairman: Ladies and gentlemen, I rise now to propose to you the toast of "Prosperity to the London Homœopathic



Hospital," which is dear to us all. It affords me the opportunity of pleading with you to make the Hospital prosperous, and may I try and justify that plea with a few words. We are now 53 years old. There are 123 hospitals in London, and we are older than 84 of them. (Applause.) We had in 1898, 1,100 in-patients and 32,000 out-patient attendances. Between 1898 and 1901 the in-patients did not grow from want of further accommodation—we had the same number so far as they were concerned, but the 32,000 out-patient attendances in 1898 had grown to just upon 40,000 in 1901. (Applause.) Now 1902 was the year in which we had a spring clean and we closed the hospital, but in spite of that we had no less than 37,000 or nearly 38,000 out-patient attendances in that year. That means no small work. We have through our larger wards 200 cases every year, and we have 480 surgical operations, of which, I am informed something like 230 are major operations. I think that tells a tale of useful work done, and done generally amongst the poor classes of those who want our help. (Hear, hear.) But the plea I want to justify to-night is not alone the plea that we are a charitable institution. We are a charitable institution, and I hope we always shall be, but I venture to say to-night that we are something more, and that we are pleading with you to-night for the Hospital as the centre of homœopathy in England. (Applause.) I think that justifies our plea so far as showing that we are doing a good and useful work, and amongst the claims which are made upon the public—not few and far between, as many of us know to our cost—may I urge homœopaths, before they give away all they have, to remember that homœopathy and the Homœopathic Hospital have a claim upon us. (Applause.) And now I am afraid I must come to the other side of the question and speak about our debts. Our total debt at present is £12,085, made up partly of £3,000 debt to the bank, and I hope I may venture to prophesy that whatever may be the list which our good friend the secretary will presently read out, we shall pay off the debt out of the funds we get to-night. (Hear, hear.) We have, in addition, drawn on our resources to the extent of £9,085, as we were authorised to do at our annual meeting some years ago, and that makes up the debt of £12,085. And now if you will cast your eyes back to 1896 you will find that our average annual deficit amounts to £2,700 a year. I am told that no country can exist without a National Debt, and I do not know what would happen to this country if we had not one. I am told also that a hospital cannot exist without a debt, but I am bound to say, whether that is true or not, I would like to try. (Laughter.) Our income, of course,

has increased considerably, but with the increase of income comes an increase of work, and it must always be so. We must always be working to as high a limit as we can. We have, as you know, many good and generous friends who are always helping us. We miss some old faces around us, but it is well to feel that there are so many left still. I might tell you that Lord Dysart, who is one of the most munificent donors to this Hospital and a staunch friend, and one who gives knowing that he is giving to a good object, has promised £2,000 if £10,000 is raised. (Applause.) But he has gone further, and says that if you do not get £10,000 he will give us £1,000 if we can get £5,000. (Applause.) We shall be anxious to learn from the secretary presently what he has got, and our thanks are due to Lord Dysart for his generosity, and also for the encouragement he has given to others to follow a good example. (Laughter.) Well, I said just now that whatever the result of this meeting may be, we shall certainly, at all events, clear our bank debt. (Hear, hear.) And then we want to tackle the reserve fund debt. I won't say more upon that except that we must wait and hear what the secretary has got to tell us. Then we look with some interest and anxiety sometimes to see how far new friends are gathering round us, and how far we are getting fresh help and fresh names. Sometimes we look and do not find that any have come in all the year, but at this meeting we have got a good many, and that to my mind is very satisfactory. Many here will remember with gratitude the interest the Duchess of Teck—or Princess Mary as we used to love to call her—took in the Hospital for many years. She was the patron of the Hospital from 1879 to 1897, and before that time she took an interest in it, and none of us who knew her will ever forget her kindly presence and kindly words. Before her time the Duchess of Cambridge, from the very first opening of the Hospital, was patron down to 1889. Therefore I think we shall all be glad to see that the Duke of Teck has become a patron of the Hospital. (Applause.) We always like to see heredity going in the right course, and when it goes in the course of strengthening the Homœopathic Hospital it is going on very good lines. (Laughter.) Then we come to vice-presidents, and I am glad to say we have got our list very much strengthened. We have Lord Napier of Magdala, Lord Haliburton, the Hon. Warren Vernon, Sir Edward Thornton, K.C.B., the Earl of Morley, who is chairman of committees of the House of Lords, and last, but not least, Lord Windsor, now the head of the Board of Works. So I think we are not falling quite so much out of the field, and I think we may congratulate ourselves that these gentlemen have joined as

vice-presidents, and I hope before long we shall see one of them standing where I am to-night, and that we shall see several sitting on the Board, and being initiated into hospital work by our friend Mr. Stilwell. (Hear, hear.) And now I would say one word about the ladies guild. Many of us have taken a great interest in it, and it has done a very great deal, but I am told by the medical officer who has taken general charge, that he is going to give them a great deal more to do yet. But at present I am told that the Guild numbers 300, and that it has found £150 a year in subscriptions. The Hampstead branch maintains a bed at a cost of £50 a year, and the Highgate branch is maintaining a cot at a cost of £35 a year. I venture to say that is a result which may readily be followed by any branch. At all events I think we have made a good start, and we have got that which is of inestimable value, *viz.*, we have got the ladies behind us to carry this thing through. I think we ought to tender this evening our thanks to those of the medical staff who have been chiefly responsible for bringing about the success of the Guild in so far as it has gone. (Hear, hear.) Ladies and gentlemen: We are doing, I venture to say, much good work. We have had much help given to us by many good friends, and may I say that we have had the best help given by those who know the Hospital best. It is not from outsiders, who know nothing of our work, that we receive assistance generally, but it has been assisted by those who have studied the Hospital and know its good work, and know the medical staff, and those who are working in the Institution. We tender them our thanks, and our thanks are also due to our excellent medical staff. (Applause.) I cannot say all I would like to say in their presence because I should confuse them, and I do not wish to do that as it would be bad for their patients. (Laughter.) But we tender most heartily our grateful thanks to them for the good work they do, not only in the Hospital, but for the help they give the finance of the Hospital, and I venture to say that a large amount of the fund which will be raised to-night the medical men will have got for us. (Hear, hear.) I do not know whether there is a particular charm in homœopathic remedies which makes the patient so grateful to his adviser, but it has that result for us. As I have said before, we are doing a good work, but we want to do more good work, and our plea to-night is for help to do that work. I am not pleading and I would not plead for a moribund or weak or tottering institution. I am pleading to-night for an institution that is full of life, that is full of vigour, that is doing good work, that is anxious to do more, that is capable of doing more, and that will do more. (Applause.) I am pleading

to you for that cause. I have tried to justify it, and I am sure we shall not plead in vain. I give you the toast of "Prosperity to the London Homœopathic Hospital." (Applause.)

Sir Henry Tyler said the toast which had been placed in his hands was as follows: "Homœopathic Hospitals and Dispensaries throughout the Empire," coupled with the names of Mr. Councillor G. G. Crispen, treasurer of the Melbourne Homœopathic Hospital, and Dr. Deck, from Sydney. He thought it a very hard thing that while their eloquent chairman, who was so well able to deal with these matters, had only to put before them the question of one hospital, he was called upon to speak of the hospitals and dispensaries of the Empire. That they would agree was a very large order. (Laughter.) The chairman had told them that the London Homœopathic Hospital was the centre of homœopathy in London, but he thought they might consider it the centre of homœopathy in the Empire. (Applause.) They had heard a good deal lately of the British Empire, especially since Mr. Chamberlain returned from South Africa, and they had heard a great deal about fiscal reciprocity, and he expected that heated discussion would go on on that subject, with much cross-voting, for some years. But what was more important to them that night was the question of reciprocity in homœopathic matters. They were always glad to confer with India and the Colonies as regarded homœopathy. It had been most successful in India in the treatment of bubonic plague, especially with the snake poisons, in the hands of Colonel Deane, R.M.A.C. They saw what America was doing with her 10,000 homœopathic practitioners, and they would hear from the gentlemen present what was being done in Australia, but they wanted to hear more about it from other colonies, and they hoped, in the interests of suffering humanity, that homœopathy would progress faster in modern communities, for it was very up-hill work contending against mountains of prejudice in this old country. He was speaking that night in the presence of a great many eminent medical practitioners, and their noble president had truly spoken of the great value they were to the Board, and how they kept up the credit of the Hospital. The present opportunity appeared to be favourable for bringing forward important considerations to which he would venture to direct attention, and which he thought might be interesting to so distinguished an audience, composed—as it was—of thoughtful homœopaths, and containing also, he was happy to see, fully qualified lady practitioners, as well as many others of the fair sex. They would all have realized that one great stumbling block—

he might say *the* great stumbling block to homœopathy—was “the small dose,” which did not commend itself to the natural and homœopathically uneducated man. The generality of mankind and womankind did not appreciate any medicine which did not cause unpleasant feelings in different parts of the body, or leave a bad taste in the mouth. They could not believe in drugs which they could not measure or weigh, and which had no apparent effect except to cure their ills; and when they felt better they were too apt to say they would no doubt have recovered in any case, and they could not believe that they had derived so much benefit from such imperceptible means. Those who had studied the writings of Hahnemann would understand how he had arrived at and proved the wonderful virtues of the small dose by long years of careful observation and experience on the human subject in health and disease, and how—proceeding by methods of trituration and succussion—he arrived at the conclusion that marvellous effects might, in certain cases, be produced by the exhibition of his remedies in attenuations so small—which he looked on as “potencies” so high—as the millionth and even the decillionth part of a grain, whilst larger quantities, or “lower potencies,” would not yield the same extraordinary benefits. Even some homœopathic physicians had thought that Hahnemann had, in his old age, gone too far in those respects. But modern science had now come to Hahnemann’s aid, and in fresh discoveries as to the proportions of matter, had proved (1) The extremely minute divisions of which matter was capable, and (2) The vastly increased activity of matter so minutely subdivided. It was formerly considered that molecules and atoms were the smallest forms of matter. Now they learned that the chemical elements might again be subdivided into ions or electrons; if they could not also be refined away altogether into ethereal vibrations or electrical energy. Sir William Crookes, Professor J. T. Thompson, Sir Oliver Lodge, and Professor Rutherford and Mr. Soddy at Montreal, and Madame and Monsieur Curie in Paris, have now, in working with uranium, actinium, thorium, and radium, their emanations and dissociations, distinctly shown that matter can be studied in very much more minute quantities than had previously been imagined. They tell us that the emanations from a pound of thorium, proceeding for 8,000 years, would only produce now a microscopic bubble of gas—and that of the three separate rays radially emitted by radium, the X-rays are projected into space with a velocity of 30,000 miles per second. Dealing with the infinitely small, as others have dealt with the infinitely great, they have shown the bombardment of small particles

of matter by the cathodic rays in vacuo, and the scintillations against a screen of blende observed through a magnifying glass when a minute portion of radium is placed at the end of a tube near that screen. They have thus demonstrated in an unmistakeable manner to the eye of the observer the marvellous activity of infinitely small particles of matter, and any one who wishes it may obtain practical experience of the same sort by carrying the smallest visible portion of radium in a tube in his waistcoat pocket. He will find that its rays or emanations, or discharges, will, without perceptible loss of its substances, pierce the tube and his clothes, and cause sores in his skin which it will take him months to heal. The possibilities of these discoveries, and the ultimate conclusions to which they might lead, were not matters to be considered in an after-dinner speech, but he hoped he had said enough to lead everyone present to think further on the subject of Hahnemann's complete justification. Matter was evidently capable of the minute subdivision which he claimed for it, and was endowed with the activity which he had found it to exercise on the animal frame. No one need be so much surprised in future as to the virtue of the small dose. All must feel reverence for the name of Hahnemann, and high respect for his valuable discoveries, and he contended that the revelations of modern science had tended most materially and in a most interesting and impressive manner to confirm everything that Hahnemann had stated. That, he thought, was an enormous encouragement to them all as homœopaths. He understood that the subscriptions which were likely to be furnished would only provide for the £1,000 which Earl Dysart had so kindly and liberally promised to them, and that they would have to go short for the other £1,000. He would like to suggest that in consequence of this confirmation by modern science of what Hahnemann had told them, they should double their chairman's list by promising within twelve months to double their donations which they had already given to him. (Hear, hear.) He was prepared to do so himself, if others would join him, and he would ask all of them to do so, and then they could relieve the London Homœopathic Hospital from debt.

Mr. Councillor G. G. Crispen, J.P. (treasurer of the Melbourne Homœopathic Hospital), said he felt some hesitancy in responding to the toast, and he was extremely surprised when their esteemed secretary asked him to do so. It was difficult to follow the eloquent gentleman who had preceded him, and he felt rather shy in the presence of the ladies, for he was a bashful man. (Laughter.) But he was very glad to be there. It was his first visit to London, although

he was associated with one of the oldest families in Europe, and he felt a deep debt of gratitude to their indefatigable secretary for asking him to the gathering. He had been associated with homœopathy for the last thirty-four years, and for fourteen years had been treasurer of the Melbourne Homœopathic Hospital, and when he went over the London Homœopathic Hospital by the courtesy of the secretary the other day, he felt a degree of pride in being associated with an institution which did honour to the profession, for the Hospital was in the highest state of order, and ought to be highly appreciated by the citizens of London. In Melbourne the statistics furnished by the Registrar of Charities showed that his Hospital stood at the highest pinnacle for its management. They had eighty-five beds in the Melbourne Hospital, and an average of 630 out-patients daily, and a great deal of work was therefore required on the part of the medical staff. He was glad to say that they were assisted there by a Government grant of from £1,000 to £1,500 a year—(applause)—and, moreover, they were exempt from rates. He was sorry to hear from the secretary that in the case of the London Homœopathic Hospital the Holborn Borough Council called on them for rates amounting to about £400 a year. He thought that workers in the cause of charity should be exempt from taxation. (Hear, hear.) In Melbourne they managed with their finances very well, and they had great help from the Ladies' Association connected with the Hospital. He thought that no charitable institution could progress or succeed without the aid of the ladies—(hear, hear)—for their influence did wonders. The Ladies' Association in Melbourne had £500, and just before he left they offered to invest that sum with the Hospital if the committee would become personally answerable for the repayment. Well, he for one would not undertake the liability—(laughter)—but they gave the bankers guarantee which was satisfactory, and they lent the £500 at 4 per cent per annum, whereas the board of management had had to pay 4½ per cent. It showed the wisdom of the ladies in trying to get the personal guarantee for the money. (Laughter). During the thirty-four years he had been associated with homœopathy he could testify to its goodness. His father was a surgeon, and when he (the speaker) first joined the committee of the Melbourne Homœopathic Hospital he was told he was a fool to be associated with such quackery. But it was not quackery—(applause)—and he had proved during his lifetime that it was one of the best scientific medical discoveries ever made for the alleviation of the suffering of mankind. As a proof he might say that the secretary of the

Geelong Hospital had his daughter stricken with typhoid, and he asked the secretary of the Homœopathic Hospital if he would take her and treat her at his Hospital. They might think it peculiar that the secretary of an allopathic hospital, rather than trust his daughter to his own Hospital, should send her to a Homœopathic Hospital, where she was completely cured. (Applause.) He had another instance. An old friend of his was taken very ill, and the allopathic doctors said they could do him no good. He was advised to try homœopathy, and would not, but as he was told he was going to die he agreed to try it, and the result was that he was cured. (Applause.) That gentleman testified his gratitude for the benefits he had received by offering to build another wing to the Hospital, and he gave £10,000 for that purpose—(applause)—on condition that four rooms were reserved for paying patients. That wing now stood, and would stand as a memorial of the blessings of homœopathy. He (the speaker) was a strong believer in homœopathy, and believed that the foundation of the system was right. (Applause.)

Dr. Deck, of the Sydney Homœopathic Hospital, also replied, and said the Institution he represented was very small as compared with the Melbourne Hospital, and was, moreover, a new institution. Their Ladies' Association in the first six months raised about £87, which showed what a valuable help it was financially, in addition to the good work the ladies did in visiting the wards. His hospital had only nine beds, and so far they had only about 300 out-patients a month. It was, however, only the beginning of much larger things. (Applause.) He was sure his committee would wish him to tender to the London Homœopathic Hospital their heartiest wishes for a most successful festival.

Mr. G. A. Cross (secretary-superintendent) announced that including £1,000 promised by Earl Dysart, and £100 each by the Chairman and Sir H. Tyler, the total subscriptions were £5,296 18s. If the total was raised to £10,000 by next Christmas a further donation of £1,000 would be given by Lord Dysart.

Mr. H. Manfield, J.P., submitted "The health of the board of management and the medical staff." He said that the praise of the Hospital had been well sung by the Chairman and other speakers, and he thought they could well associate with the chorus of praise the members of the board of management and the medical staff, because no matter how splendid a hospital they might have—and they thought they had the best hospital in London—(hear, hear)—and no matter what appliances and science might do for them, unless they had



the assistance of an able and united board and staff no hospital could prosper. (Applause.) It went without saying that in their Hospital they had a board whose administrative ability was unquestionable, and a staff whose skill and devotion was unequalled, and the two bodies he felt were very happily coupled in one toast, which was an indication truly of the manner in which the Hospital was conducted. In their Hospital they heard of no disagreement between the governing body and the medical staff, and much of the success of the Hospital was, of course, due to that loyalty and devotion. He remembered about eight years ago that the hope was expressed that the Hospital would be the means of spreading homœopathy—or, as the Chairman that night had expressed it—that it would be the centre of homœopathy in England. Had that wish been realized? He might say “yes” and “no.” Certainly it had been as regarded the poor of London, for there was no class which appreciated homœopathy more than the poorer classes. But as regarded the middle and upper classes had the hope been realized? He was afraid they must say “no.” It was difficult to answer why, but he thought, perhaps, the spirit of the times had something to do with it. In those days there was such a want of faith in fixed principles and such a tendency to lose sight of high ideals, that homœopathy, in common with many other good things, had suffered. But there was no doubt that a great duty devolved upon all of them to do more than they did to spread the principles of homœopathy. They might be perfectly convinced of the effects of homœopathy themselves, but in this age of *laissez faire* they were apt to let things alone and leave it to other people to spread those principles which they believed were so good for humanity. He rejoiced that a forward movement had been made by which homœopathy would be spread, and to that movement of which the hospital was the head, assisted by many members of the board of management and staff, they might look for great good, and as the tree flourished so will the branches grow. They owed a very great debt of gratitude to the board of management and the medical staff, for, as he had said, their loyalty in working together and their skill and ability was unquestionable. He asked them to join with him in showing their appreciation of the great service they rendered by drinking their health.

Mr. J. P. Stilwell said he rose to return thanks for the board, and he must say the board would be greatly helped by what had taken place that evening. They had at least paid off their debt to their bankers that evening. (Applause.) Hopes were not always realized, but as chairman of the

board of management he must say he was amply satisfied with the statement which their most energetic secretary, Mr. G. A. Cross, had so carefully brought about and so pleasantly announced that evening. Without that help they would not be in the pleasant position they were that night of having their balance made good at the bankers, and having £2,000 towards their greater debt of £9,000 to their capital funds. He hoped that the next twelve months would see a great advance in homœopathy. The British Homœopathic Association was an institution distinct from the Hospital. In furthering the efforts of that institution he did not think he was depriving the Hospital of one farthing, but on the contrary they were spreading the doctrine of homœopathy and the practice of homœopathy amongst all reasonable persons. There was another matter which had been mentioned—the ladies' guild of the London Homœopathic Hospital, and that was working purely for the Hospital on different lines altogether. They had already heard what the guild had done, and he merely mentioned it to show that homœopathy was not asleep. They were not going to be boycotted by the other wing of the medical profession (Hear, hear.) Then they hoped eventually that the Hospital would be enlarged. It would be seen, however, that their efforts in the future were clearly marked out for them, for instead of continuing with 100 beds, they would, he supposed, have 180. (Applause.) That being the case they might very fairly hope for recognition, and that they should be able to examine and give diplomas, and that such diplomas in homœopathy would be as valuable to those who received them and to those who were treated homœopathically as the diplomas which were given to the other wing of the profession. (Hear, hear.)

Mr. Knox Shaw said he was asked to return thanks for the kind words which had been said of the Hospital staff that evening, and he might say that it was an immense pleasure for the medical staff to work in the Hospital, for not only did they always find they had the entire co-operation of the board of management in their efforts, but they had also the gratitude of the patients. (Hear, hear.) They would have noticed when Mr. Cross was reading out the list of donations that he mentioned a certain sum of money which had been collected by some of the sisters. It might interest them to know that that sum of money was collected entirely from the patients who had passed through the wards—(applause)—and the contributions, small as they were, were tokens of gratitude and thankfulness for benefits that had been received. That was a matter of immense satisfaction

and pleasure to every member of the staff who worked in the Hospital. If they had a bigger Hospital they could do much more work, although he would not say they could do better work. It might not be known that in many cases patients had to wait weeks and weeks before they could be admitted into the wards because there were not enough beds, and he hoped they would all do their level best to forward the wishes of the Chairman of the Hospital, which had been so ably put before them that evening. He felt that as the representative of the medical staff he might plead with those present and with those who had friends, that they should do their best to aid in the raising of sufficient funds to enable them to do the good they could do, and which they were able to do.

Dr. Dudgeon, in proposing the toast of "The Ladies," said they owed a great deal to them, for the ladies were the most enthusiastic homœopathists. The men were very often lukewarm, but the ladies were ever to the fore, and he would never forget the extremely liberal donations of a lady "A friend well known to the Hospital." They had had several ladies on the staff of the Hospital, and had always found them most efficient, and he thought it only right that ladies who took to medicine at all should adopt the homœopathic system, for they could hardly imagine those delicate creatures ordering severe doses of medicine. (Laughter.) Unfortunately, they found that public appointments were only open to the allopathic section, but, notwithstanding, they found the ladies joining the homœopathic section and practising it with great success, and they looked upon them as great acquisitions. He would not say all he could say, but would ask them to drink their health and show they recognized how much they owed to the intelligence of the ladies in adopting the homœopathic system.

Dr. Dyce Brown replied on behalf of the ladies, and first read the following interesting letter from Dr. Pope, one of the leaders of homœopathy, who was unable to be present:—

"MONKTON, NEAR RAMSGATE,

*June 22nd, 1903.*

DEAR BROWN,—Regretting very deeply that my health has become so precarious as to compel me to decline the kind invitation of the President and members of the Board of Management of the London Homœopathic Hospital to be present at the Festival dinner on Thursday next, I must ask you when there to take the opportunity of allowing me to thank them for having invited me. At the same time I desire to congratulate them on the condition of the Hospital.

which I have known from its earliest days. I rejoice to observe the rapid progress it has made, and to recognize the efficiency of its medical and surgical staff, in which lies all its power of developing homœopathy. When the teaching of homœopathy is again resumed the institution will render invaluable service to the profession of medicine, and in doing so will confer inestimable benefit upon the public.

Looking back to 1851 I notice that every effort made to suppress the knowledge and practice of homœopathy has but contributed to wider extension of its appreciation. At a meeting of the Faculty at Brighton in 1851 the thanks of the body were unanimously tendered to the University of Edinburgh, which had so nobly set the example of crushing the pestilent heresy in the bud; and a writer in *Tait's Magazine* of that day rejoices that at length the right step had been taken to prevent the increase of the new sect. The example here referred to was the occasion when the University of Edinburgh refused to grant me the degree of M.D. unless I pledged myself never to practise homœopathically. I declined to do anything of the kind, and left Edinburgh without the degree. Six years later a son of the homœopathic chemist in Edinburgh passed the examination for the same degree and received it, the subject of homœopathy never having been mentioned to him. I heard soon after I left Edinburgh that Professor Christison had heard from Dr. Fleming, Professor of *Materia Medica* at one of the Queen's Colleges in the South of Ireland, the author of the University Prize Essay on *Aconite*, enquiring what steps they ought to take at the Queen's College with regard to homœopathy, and his advice was that they should ignore it, enforcing it by saying that in my case they had done themselves nothing but harm by refusing to graduate me.

By asserting my right and refusing to accept what, instead of being a badge of honour, would have been an indication of shame, I have lost nothing; on the other hand, I have gained much. Were the same event to occur again to-day I would do just the same, with still more confidence that I was doing right. And now I would urge all who in any way have the power, to do all they can to promote the influence and extend the knowledge of homœopathy. I do so in the full assurance that in homœopathy lies all that is of real value in therapeutics.

Rejoicing in the success of the President and Board of Management of the London Homœopathic Hospital in this great work for developing the art of medicine, and wishing all my friends interested in it farewell,

I am, my dear Brown,  
Yours very truly, ALFRED C. POPE."

It was, he remarked, an onerous duty for a mere man to be entrusted by the ladies to express their opinions, but he felt, he might say, that they considered the kind sentiments expressed by the Chairman and others as to the work done by the ladies were well deserved, for they (the ladies) gave way to no one in their appreciation of homœopathy, and yielded to no one in their interest in the Hospital and in their efforts to aid the Institution. (Applause.) They thanked the gentlemen for the pleasure of the evening.

The Hon. Algernon Grosvenor, in proposing the health of the Chairman, said that Earl Cawdor had come there that night at some inconvenience to himself, and not only that, but he had done signal service in the Jubilee year of 1897, and had done eminent services to the Hospital since he took over the position of treasurer in 1894. They would remember that at the time Earl Cawdor took over the duties of treasurer the Hospital was passing through a very critical stage of its existence. At that time they were pulling down the old Hospital and building the new one. All the funds required had not been collected, and the income of the Hospital was not nearly so large as it was now. Well, their excellent Chairman had had the satisfaction not only of seeing the Hospital completed and fully equipped, but he had also had the satisfaction of seeing the building debt paid off, and the income of the Hospital very materially raised, and he thought they would all agree that those excellent results were in no small degree due to the support and encouragement which he had given to everyone concerned. (Applause.) No one of his predecessors had pleaded with greater force on behalf of the Hospital and with more conspicuous success.

The toast was musically honoured.

Earl Cawdor, having thanked the company for the kind manner in which they had received his name, said he must protest against being asked to bear the credit of the good work done by other people. It was true that he had taken an interest in the Hospital, but those who were really responsible for what had been done were the board of management and the medical staff, assisted to a very great extent by their most able secretary. (Applause.) He took no credit at all except for having had no success in endeavouring to check the expenses. (Laughter.) Now that they had cleared off the debt he knew that they would run into debt again—(laughter)—and he did not know that as treasurer he would be the last person to encourage them, for, as he had said, they were doing a good work. (Applause.)

During the evening an excellent musical programme was carried through by Miss Grace Simon, Mdlle. de Nora, Mr. Whitney Mockridge, Senor Rubio, and Senor Guetary; the musical arrangements being under the direction of Mr. Raphael Roche.

### OSLER'S DISEASE.

"With the development of new methods of investigation, comes the discovery of disease conditions, or symptom-complexes, before unrecognized. The latest to be added to this category is a condition which shall come to be known by the eponym of "Osler's disease." The following account of it we take from the *Medical News* :

'There is no doubt that this new affection will prove to be much more frequent than may be thought just now. Even at the moment of its first description as a definite independent pathological entity, authoritative clinicians from many and distant parts of the country were at once ready to declare that they had seen similar cases, although not appreciating the possibility of being in the presence of a hitherto unrecognized symptom complex.

'The characteristics of the new affection make it comparatively easy to recognize. Chronic cyanosis is easy to observe, and in fact cannot readily escape notice. When the cyanosis is associated with a large increase in the number of red blood cells, that is, with a true polycythemia, then the essential symptoms of Osler's disease are present. The polycythemia must be of a marked degree. As suggested by Dr. Cabot of Boston, 6,000,000 to 6,500,000 of red blood cells to the cubic millimetre may be found not infrequently in the blood of perfectly healthy, athletic young men, and must not be considered abnormal. The blood count of Osler's disease should show at least 9,000,000 and up to 12,000,000 red cells.

'On the other hand, the cyanosis must not be due to any of the usual and well-known causes. As Professor Osler remarked, ordinarily when a patient is able to come to a physician's office without assistance, yet is suffering from a marked degree of cyanosis, the medical man thinks at once of long-standing and advanced emphysema. Other prominent causes for chronic cyanosis are cardiac and renal disease, and occasionally advanced tuberculosis of the lungs. None of these causes are present in patients who are the subjects of the new clinical entity. There is no emphysema, no tuberculosis, no cardiac disease, and only a slight amount of albuminuria to indicate the existence of any renal disease.

The renal disease is evidently not an important factor in the case and is very probably a consequence or a complication rather than a primary etiological factor in the cases. With the increase in the number of red blood cells there is a normally proportionate increase in the hæmoglobin value of the blood. This may reach as high as 180 per cent., corresponding to a red blood cell count of from nine to twelve millions. All of the patients so far seen have presented a history of chronic constipation, and have had an enlarged spleen.

Dr. Osler, in discussing his own cases and a number of cases which he has found in the literature, for he makes no claim to have been the first to suggest its independent character, gave prominence to certain features of the possible etiology of the new affection. He called attention particularly to the fact that in cyanosis congenita, that is, the dark blue appearance so commonly seen in children suffering from congenital malformation of the heart, there is often a distinct polycythemia present. This polycythemia corresponds in amount to that seen in the new disease, reaching from 8,000,000 to 10,000,000 of red blood cells to the cubic millimetre. Dr. Osler's patients, however, presented no cardiac symptoms that would point to the existence of congenital malformation of the heart, and all of them had reached adult life or even were past middle life. In spite of the cyanosis in the cases, dyspnœa was not a marked clinical symptom, and only existed to a slight degree under circumstances of special exertion or emotion.

'While there is no dsypnœa, patients do suffer from a distinct feeling of discomfort, and in similar cases, reported by others, have also been liable to hæmorrhages from the mucous membrane, and especially vomiting. The generally uncomfortable feeling that develops in these cases makes the patients extremely restless, and is relieved by venesection. The value of this method of treatment was found by the relief afforded in one case after a very large hæmatemesis, in which several quarts of blood were vomited. From the readiness with which Dr. Osler's ideas were taken up by others, it is evident that a number of cases falling under the new clinical entity must exist in this country, and practitioners who are on the look-out for this rather easily recognizable group of symptoms, will doubtless be rewarded by the discovery of a number of further examples. The study of the pathological basis of the disease, and the treatment of its symptoms and complications, will doubtless add an interesting and creditable chapter to American medicine.'—*The Medical Era*, June.

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. CASH REED (Liverpool); Dr. BERRIDGE (London); Dr. MADDEN (Bromley); Mr. E. A. CROSS (London); Dr. HILLS COLE (New York).

Dr. GOLDSBROUGH has removed from 22, Weymouth Street, to 82, Wimpole Street.

## BOOKS RECEIVED.

*Hay Fever; Its Prevention and Cure.* By Perry Dickie, M.D. Philadelphia: Boericke & Tafel, 1903. *Lectures on Massage and Electricity in the treatment of Disease.* By Thomas Stretch Dowse, M.D., F.R.C.P. Ed. Bristol: John Wright & Co., 1903. *An Address on the Movement to Re-prove the Homœopathic Materia Medica.* By Howard P. Bellows, M.D. Boston, Mass., 1903. *The Homœopathic World*, June. *The Vaccination Enquirer*, July. *The Calcutta Journal of Medicine*, April. *The Homœopathic Recorder*, June. *The Medical Era*, June. *The Medical Brief*, July. *The Pacific Coast Journal of Homœopathy*, June. *The Medical Century*, July. *The Medical Times* (New York), July. *The Medical Advance*, June. *Allgemeine Homœopathische Zeitung*, July 2 and 18. *Leipziger Populäre Zeitschrift für Homiöopathie*, July. *Homœopathisch Maandblad*, July. *Annaes de Medicina Homœopathica*, April. *Le Mois Medico Chirurgical*, June. *Révue Homœopathique Française*, June, July, August, September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH HOMŒOPATHIC CONGRESS.

IN our issue of August we had to apologize for the delay of a month in the appearance of this article, but owing to the lateness of the date—the 23rd of the month—it was impossible, without dislocating considerably the publishing arrangements. We could only state the fact of the Congress having been held in Oxford at the above date, and that it was a great success in every way.

It was, in fact, in the opinion of all who did themselves the pleasure of attending the Congress, one of the most successful and enjoyable meetings in which we have ever had the privilege of joining, and we only feel sorry for those who were unable to put in an appearance. It is a great pity, we think, that more of our colleagues do not make an effort, though it may be at considerable inconvenience to themselves, to come to the Congress meetings, as they only come round once a year, and last only for one day. Several of our *confères* intended to come, but were unavoidably prevented at the last. This must, of course, be occasionally unavoidable in medical practice. Still, many who might have come, even though with inconvenience, and at no great distance from Oxford, did not even express a wish to do so, but simply returned their reply post-card with a declinature. The loss is, of course, their own, but their absence reflects on the public position which homœopathy has, by showing to outside observers a comparatively small number of its

adherents who take the trouble to come to this important annual gathering. Demonstration in numbers has always a telling effect as a gauge of the position and influence of any body which is in a minority, and which maintains a persistently militant attitude towards the majority. The public do not care to enquire why a man does not come. They simply note the comparative paucity of numbers in those who do, and draw their own conclusions, which while human nature remains as it is, are not always the most charitable. If our colleagues would only take this view of the matter to heart, we could have double or treble the number of members of Congress that we now have. But over and above this consideration, those who do not come miss a great deal personally. There is nothing like the mingling of the social element with the professional element to cement the unanimity of the homœopathic school. And this unanimity is of the highest importance for a minority to maintain. To meet together over social functions not only promotes friendly feeling in a way that nothing else does, but it develops by a kind of imperceptible contagion the feeling of *esprit de corps*, and of enthusiasm for the cause we all have at heart. To read the Presidential address, the papers, and the report of the discussions and of the dinner, is not at all the same thing as personally to hear it all and enter into it.

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The Assembly Room at the Town Hall Buildings was admirable as a large handsome hall, but it was found not to be perfect in its acoustic properties, and at times the members found some difficulty in following the address and the papers closely.

The Presidential Address delivered by DR. PERCY WILDE was by common consent allowed to be one of the ablest addresses that has ever been delivered at a Congress meeting. It was so broad in its views, large-minded, logical, philosophical, and convincing. It was full of enthusiasm for the truth, the "hindrances" to which were the subject of the address, and it was well fitted to rouse similar enthusiasm in all who listened to it. These "hindrances to truth" were admirably described by DR. WILDE; that when a thing presents no evidence to the senses, many say that it is inconceivable, and

therefore non-existent; that on account of "the human instinct to always associate every phenomenon with a cause, and, in the absence of a true knowledge of cause, to assume this knowledge, and, if the assumption seems good, to use it as a basis of principles, and to mistake this for science; that "a method of therapeutics could be based on the discovery and removal of the causes of disease"; that the real truth and the apparent truth are constantly mixed up together; that the therapeutist of the present day is prevented by medical politics from following the path where truth leads him; that the use of words is so inaccurate and illogical as to darken vision instead of enlightening it, ending in confusion of ideas; that the ignoring of the vital element in drug-action leads to false chemical and other views of the effects of drugs, are some of the main "hindrances to truth" so ably dealt with by DR. WILDE. He then pointed out that "therapeutics must be studied as a branch of science, on the same principles and under the same conditions as any other branch of science," and that this method inevitably led to the law of similars as *the* guide in therapeutics, and to homœopathy as the practical exposition of the law; and concluded with an eloquent appeal for freedom of opinion and of investigation into all questions of therapeutics which in the old school at the present day are practically closed to the enquirer.

The entire address, as we have said, was one of the ablest, most thoughtful, and most convincing to any open mind that it has ever been our good fortune to listen to. We hope it will be read again, not only by those who heard it, but by all of our colleagues who were absent. And it would certainly be fitted to open the eyes of the old school, if it could only be got to reach them. If any method could be devised by which "our friends the enemy" could have it brought under their notice, immense good might result. They could not fail to see how entirely different are their conceptions of what homœopathy is in its scientific aspect, and what homœopaths are and think, from those conceptions of it they now are taught to believe. It is disheartening to think that this object is so difficult to bring about, and that such a valuable address, one so fitted to promote truth, should be in a manner wasted by the almost impossibility of getting it to reach those who most need to be enlightened.

At all events, we trust that DR. WILDE will see his way to re-publish it in a separate form, and that its circulation may be very extensive. The only way to get truth accepted is to keep "pegging away" at it, in spite of disheartenings and disappointments, knowing that there *must* be an end to the present wretched condition of therapeutics as a science which is presented by the old school at the present day.

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DR. JOHNSTONE'S paper was a very able one, and showed clearly that the lines of serum therapy ran in the direction of the law of similars, in which we quite agree with him. They certainly do not run in the reverse direction, and the view that this most recent development in therapeutics supports our law is very fascinating and important for our position as claiming to be in the van of scientific medicine, and that every fresh and real discovery in therapeutics only points in one direction, namely, that of homœopathy. His theory of the relation of homœopathic medication to serum-therapy, viz., that the homœopathic medicine, of which he took arsenicum as an example, produced in the tissues a substance or material, or whatever it may be called, corresponding to the antitoxin, is ingenious and interesting, though we may not be all able to accept such a theory at present. We are glad to observe that DR. JOHNSTONE looks on vaccination as an excellent bit of homœopathy. It might be wondered at that we should make this remark at all, being so self-evident, as we think that it is. The wonder is rather that it is doubted, even by some homœopaths, but such is actually the case.

DR. M'LACHLAN'S paper which followed was, as everything he writes is, an able statement of the bearings of chemistry and physics on the homœopathic law. He showed clearly that the most recent discoveries in these collateral sciences indicated the power of the small dose in contrast to the large and crude doses of the old school. But he very clearly and admirably insisted that the "vital principle," or whatever else we may choose to call it, is the essential element in the therapeutical action of medicines, and that such action cannot be accounted for by mere chemical or physical action. DR. MADDEN'S paper concluded the series of the tripartite division of

the subject. It also was an admirable paper, and showed how the law of homœopathy carried out into practice harmonizes with modern views as to action and reaction, and the consequent double or reverse action of drugs in health and disease.

The whole series of the four papers, including in this description the President's address, completely fulfilled the aim of the Council, which was that all of them, from different points of view, should prove conclusively that the law of similars, and its practical application known as homœopathy, were absolutely irrefragable from a scientific point of view, and that all the most recent investigations in medicine and the collateral sciences not only brought out not one single point which could militate against our grand law, but that all pointed clearly to it, and to it alone, as the most scientific, true, and reliable centre from which the future of medicine must radiate. This is a great result to have obtained, and will cause the Oxford Congress of 1903 to fix itself as one of the important dates in the history of homœopathy and of therapeutics in general, and it will always be associated with the names of the President and the authors of the other papers.

The discussion which followed, and which, it was arranged, should take place at the conclusion of the series of papers, was interesting, though necessarily, owing to the other arrangements, short. It will be found on another page of our *Review*.

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After partaking of the PRESIDENT's generous hospitality at a very *recherché* lunch at the Restaurant Buol, at which he invited the members of Congress to be his guests, they were first photographed in a group at Exeter College, and then devoted the rest of the time till after tea to seeing the principal Colleges and the Bodleian Library. This part of the arranged programme was most kindly managed by the Vice-president, DR. M'LACHLAN, who divided the party into three groups, "personally conducted" by himself, the REV. S. HOLMES, and MR. H. E. PHILLIPS, B.A. The Congress was greatly indebted to those gentlemen for their kindness and help in carrying out one of the most enjoyable features of the day, rendered the more enjoyable after the four hours' *sederunt* in the morning. We are sure that this walk of inspection will

be long remembered by all who were present as a unique thing in Congress meetings, and it made the pedestrians ready for the cup of tea which was waiting at 5 o'clock at the Oriental Café, and on the strength of which the members of Congress resumed a short sitting at the Assembly Room for the transaction of the usual "business." The result of this resumed meeting was that London was selected as the place of meeting in 1904. It was also resolved that, as on the last occasion of the place of meeting being in London in 1902, the meeting of Congress should be arranged to synchronize with the annual meeting of the British Homœopathic Society, and that the joint Councils of the two bodies should meet and fix the exact date for both to be held together. This date will therefore be about the end of June or the beginning of July. The President for 1904 was chosen by ballot as usual, and resulted in the election, by a large majority, of DR. BURFORD of London. This is an eminently satisfactory election. DR. BURFORD well deserves this honour, not only on account of the position he has made for himself as the leading gynæcologist of our school, and for his skill and success as an operating surgeon unsurpassed by any gynæcological surgeon in the Empire, but also for the energy and enormous amount of work he has devoted to the inauguration of the British Homœopathic Association and the Twentieth Century Fund. No one not intimately acquainted with the detailed working of the scheme has any idea of the personal labour and time that DR. BURFORD has given to the cause. He has been the soul and main-spring of what otherwise, we have no hesitation in saying, would not have arrived at the successful issue which we all now know. To have been the motor power to raise nearly £10,000 in a year's time, and to start the great movement, which as yet is only in its infancy, for the development of homœopathy on independent militant lines, and for the prospective training of young men in the principles and practice of homœopathy, is a record of which he may well be proud. To be chosen President of the Congress of 1904 is the least recognition that can be offered to him. Not only is it gratifying to all of us that DR. BURFORD should have this honour, but the Congress honours itself in making such a choice. From his conduct of the Presidentship of the British Homœopathic Society, we feel confident that as President of the

Congress he will leave nothing undone which can conduce to the success of the meeting in London next year. DR. GOLDSBROUGH is to be the Vice-president, and we congratulate him on this well-deserved honour, which will be, we may safely prophesy, but a step to the Presidentship.

The Dinner in the evening at the Randolph Hotel was an unmixed success. The speeches, which are fully reported on another page, were far above the average of after-dinner speeches, and form excellent reading. They evinced the greatest enthusiasm for our great cause, and when read by those who were not present will stir them up to similar feelings and aspirations. There was much excellent wit and humour mingled with serious matter, which prevented any of the speeches seeming heavy, while the music and entertaining sketches kindly contributed by our guests still further rendered the evening delightful. It was to be regretted that, owing to the train service, several members were obliged to leave before the evening was over, but this was unavoidable.

The PRESIDENT'S conduct of the whole proceedings left nothing to be desired, and it was with great unanimity of feeling that his health was drunk with enthusiasm. In his reply he voiced the feelings of all present in thanking DR. Mc'LACHLAN, the Vice-president, for all that he had done for the success of the day, which, as Local Secretary also, was entirely managed in its details by him. There were no two opinions in the general feeling that the Oxford Congress was one of the most successful meetings ever held, both from a professional and social point of view.

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## IMMUNITY AND SERUM THERAPEUTICS IN THEIR RELATION TO THE LAW OF SIMILARS.<sup>1</sup>

By JAMES JOHNSTONE, B.A., M.B., F.R.C.S., D.P.H.

### Part I.—IMMUNITY AND SERUM THERAPEUTICS.

It is but six years ago, on the occasion of the meeting of this Congress at Bristol, that I had the honour of presenting to you a paper on the same subject which has been allocated to me to-day by the Council of the Congress. The honour of being requested to inflict myself again on your

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<sup>1</sup> Read at the British Homœopathic Congress at Oxford, *July*, 1903.

indulgence is duly appreciated. Sharp, of Rugby, whom we all honour for his well known "tracts," tells a story of John Hunter, the great anatomist, that when asked with surprise by Sir Astley Cooper, then one of his pupils, whether he had not the year before, stated an opinion on some point directly at variance with one he had just put forth, replied "*Very likely I did; I hope I grow wiser every year.*" I would, with Sharp, seek shelter under this illustrious example and, in obedience to your request for more information on this topic, proceed to explain the further progress of thought and inquiry which has been made since my last communication on this subject was made.

Since that review of serum therapy, on the occasion referred to, in 1897, much light has been thrown on what was then and still is a most obscure process. Much remains to be discovered and still more to be explained. It would be out of place here to go into the details of the phenomena associated with immunity or with the practical application of serum therapy. Time demands that attention be directed rather to leading principles though the study of many of the numerous side issues is most absorbing.

As in other branches of physiology and pathology the really efficient work on the subject of immunity has been done when due observation has been made on the simpler cells and fluids of the body. The gross pathology of the last century dealt in the main with organs and masses of cells. To-day the behaviour of the blood cells, muscle cells, nerve cells, etc., is being observed under varying conditions, and from the knowledge thus gained grand progress is being made in the interpretation of the subtler phenomena of normal and diseased life. Cell physiology is the keynote of modern medical science. "There are signs that the practical medicine of to-day acknowledges the profound importance of the general physiology of cell life for an understanding of the physiological and pathological phenomena exhibited in the cell community of the human body. We have learned the laws which govern the phenomena of the heart-beat and circulation, and we understand something of the chemistry of the stomach. These, however, are but gross physical and chemical phenomena. The problem of the heart's motion and of muscle contraction lies in the muscle cell; that of food



reception and resorption in the epithelium cell and white blood cell." (Max Ver Worn.)

*General Physiology.*

In thus considering the cell, we are face to face with a most difficult problem, namely the complex nature of living matter or protoplasm, both in its own nature and composition, and particularly in its metabolism or capacity for activity. Its chief function is a process of rebuilding, of taking up food material, utilizing it and getting rid of the waste products. Protoplasm behaves toward any extraneous material in one of three ways. (1) Either the matter is capable of being assimilated and used in metabolism. We then know it as *food*. (2) Or, it is capable of being assimilated, but may disturb metabolism. Then we know it as *poison*. (3) Lastly, it may be incapable of assimilation, and then we call it *inert* matter. (Ritchie, *Jour. Hyg.*, vol. ii., iii.)

The second of these alternatives will interest us most in considering the subject of my paper. I refer to the assimilation by protoplasm of matter which may disturb metabolism and constitute poison. But while protoplasm may be affected by a poison, it very frequently develops the capacity of tolerating its presence to such an extent that the metabolic activities, ordinarily interfered with by the poison, may go on as usual. When this toleration occurs the protoplasm is said to manifest *immunity*. We have many examples of this in the bodies of men and animals where the relations are complex and the conditions abstruse. But investigations with various chemical substances on the unicellular organisms have shown that analogous phenomena are to be met with in these lowly forms. Thus by accustoming infusoria to weak solutions of corrosive sublimate, Davenport (*Archiv. für, Entwickl.*, 1896, ii., p. 564) has made them immune to solutions of such strength as were at once fatal to even immunised individuals. I have quoted this as an example of the fundamental importance, not only theoretically but also for practical medicine, of systematic investigations of reactions in the single cell. The poison here employed is a chemical one, but the action is analogous to that obtained with substances of animal and vegetable origin. Most, however, is known about bacterial poisons, and therefore in using the word *immunity*, it is often limited to

immunity against bacteria and their poisons. It is chiefly in this sense that I shall make use of it now.

### *Two Types of Bacterial Action.*

The early investigators of immunity soon found that there were variations in its phenomena, according to the species of bacteria under experiment. Their actions varied considerably, but two chief types stood out round either of which all could be grouped.

*Group 1.*—The first group of bacteria, of which the diphtheria and tetanus organisms are the most notable examples and most studied, include those which settle down in one part of the body, such as the fauces or a wounded nerve, and produce poisons. These latter are absorbed and give rise to changes in function of relatively distant organs (as for example the heart and brain) on which they have a selective action. The poisons are also capable of manufacture outside the body on artificial media such as nutrient gelatin, bouillon or beef broth, milk, etc.

The actual nature of these poisons or toxins is unknown. Hitherto they have resisted all attempts at isolation in a pure form. As they have many points in common with snake poison, poisons of noxious creatures, and vegetable poisons, such as ricin from the castor oil bean, and abrin from jequirity seeds, they and their congeners are all placed under the same category. One of the properties possessed in common is that of being precipitated by those agents which precipitate the intermediate products of ordinary digestion, *i.e.*, the albumoses. Hence the toxins are looked on as identical with or allied to albumose.

*Group 2.*—We have thus far dealt with the first group of diseases (diphtheria and tetanus), where the bacteria are localised at one spot, the toxins only invading distant organs. The disease effects are in some way associated with actual bodily presence, in the tissues, of the bacteria themselves. (a) A few tend to be localised in certain organs or parts of the body, such as pneumococcus of *pneumonia*, *erysipelas* in the skin and cellular tissues, *typhoid* in the intestine and liver, etc. (b) Others are found all over the body. In man the notable examples of this sub-group are *plague* and *relapsing fever*.

Of these diseases, the main general effect produced in the body has as its outstanding feature the production of

fever, of which the inward significance is not yet understood. Also the tendency is for the local activity of the bacteria to be associated with the development of that complex of pathological changes summed up in the term inflammation. As already indicated the poisons are intimately associated with the bodies of the bacteria, and cannot be entirely filtered out as is the case of the toxins of diphtheria. As the bacteria die in the tissues the poisons are thus liberated from their bodies. Such are in brief the destructive characters of the second group.

From the standpoint of immunity to cover both groups of bacterial disease, the body requires to be protected against the bodies and the soluble toxins of the bacteria. (a) In the first group (diphtheria, tetanus, etc.) protection is chiefly required against the soluble toxins; (b) In the second group it is chiefly necessary that the body tissues deal with the effects of the bacterium *in loco*.

#### *Methods of producing Immunity.*

Our next inquiry is, how may immunity—in these two directions—be produced? Physicians have for centuries been acquainted with the phenomena of immunity in observing clinically events after recovery from infectious diseases arising under natural conditions, *i.e.*, not artificially produced. But the knowledge of what really takes place and all the therapeutic results from application of the principle have come from experimental research on animals. The actual process of immunization follows different lines according to the group of bacterial diseases to be dealt with.

*Group 1.*—In *Diphtheria and Tetanus* small doses of the weakened poison—freed from the bodies of bacteria—are injected at intervals of a few days. The dose is gradually increased and *pari passu* the animal (*e.g.*, the horse) acquires increased capacity for resisting lethal or highly noxious doses. This capacity is termed *active immunity*. When the animal has attained this in high degree, namely when it is able to resist many hundred times the dose which would have killed it at the outset—a month or six weeks previously—it is found that the blood serum has antitoxic properties. To the active substance in the serum which manifests these properties has been given the name *antitoxin*. Of its chemical nature little is known beyond the fact that it is a complex

albuminous body, of the nature of a globulin. Of its physiological or therapeutic action we know somewhat more. When this antitoxic serum is withdrawn from the animal, and introduced into man or other animals, its effects are manifested in two ways. One effect in the case of a healthy animal or man, is to ward off accidental or artificial infection. This is the prophylactic use. Introduced into a diseased animal it will assist to cut short the disease. This is its therapeutic use. The immunity thus artificially induced is termed *passive*. Examples of these uses are familiar no doubt to us all particularly as regards diphtheria. Where many children in an institution are prophylactically injected with antitoxin the spread or incidence of an epidemic is arrested. The statistics in support of this are many and are undoubted in their interpretation. So also of the therapeutic efficacy there is not a shadow of a doubt. The practice has got beyond the experimental and controversial stage, and no one who treats a case of diphtheria is justified in omitting the use of antitoxin, by injection, in considerable quantities and as soon as possible. I need not weary you by quoting statistics in evidence of the truth of this statement. Our hospital in Great Ormond Street, London, stands out notably in the success with which the mortality of diphtheria has been reduced to a minimum by antitoxin and medicinal treatment. Details of this success will be found in a paper by Dr. Clifton Harris, in the *Journal of the British Homœopathic Society*, v. ii., July, 1903. Briefly they are as follows:—

5 years prior to Antitoxin.	58 cases.	Mortality	25%
5 " with Antitoxin.	148 " "		8·75%
A saving of 17 lives in every 100 diseased.			

Comparing these statistics of the London Homœopathic Hospital with those of the Metropolitan Asylums Board, London, we find as follows:—

Mortality in 1892 (prior to Antitoxin)	20·15%
" " 1901 (with Antitoxin)	11·31%

Thus, as far as these figures show, the Homœopathic Hospital saves about 3 lives, in every 100 cases, more than the Asylums Board, a result of which its staff and homœopathy may be proud.

*Group 2.*—In the case of the second group the immunising process is conducted by a similar procedure except that the actual bodies of the bacteria are injected. At

first the dead bodies in killed cultures are employed; later, small and increasing quantities of living bacteria are used. The same results follow, namely an *active immunity* in the animal against large doses of the living bacteria and their poisons. As in the other group, by taking the antitoxic serum and injecting it into healthy or diseased animals and men, *passive immunity* is obtained. The prophylactic results are satisfactory, but the *therapeutic* effects are not so good. The reasons for this difference will appear later. The most important fact is that the serum of an immune animal is in this group *bactericidal*, that is to say can kill the bacteria in the body of the diseased animal into which it may be injected.

To sum up, it may be stated that (1) in immunizing against the diseases of the first group antitoxic sera are produced; (2) in immunizing against the second group bactericidal sera are obtained.

We have thus seen how active and passive immunity are acquired artificially. But there is another immunity which is *natural* in many species against various diseases, though this *natural immunity* is not always absolute, some individuals of the species being less insusceptible than others.

#### *Explanation of Immunity.*

How then, it may be asked, are we to explain all this. It has been found difficult indeed to frame an explanation which will cover all cases. Certain general underlying principles obtain, though in individual cases the details differ. Many theories have been put forward as working hypotheses, but in sifting them out that of Ehrlich is the most important, and that of Metchnikoff takes second place. Originally these were opposed to one another, but both have been somewhat modified so that they have come into line with each other. Metchnikoff and his school hold that the white cells of the blood directly attack the invading bacteria, while Ehrlich and his followers lay more stress on the action of the constituents of the body fluids.

*Ehrlich's theory* deserves our special though brief attention. He found in his investigations in the standardization of diphtheria toxin (a procedure essential in order to gauge the strength of antitoxin) that anomalous results occurred. To account for these he assumed, and finally proved, that there existed under certain circumstances

a modification of the *toxin* called *toxoid*, which though nearly non-poisonous, is still capable of uniting chemically with the antitoxin and thereby producing immunity. This relation of toxin to toxoid may be compared to that between the ordinary and the allotropic form of phosphorus. Toxin is liable to change into toxoid by keeping and also under the influence of the high frequency current.

To explain the difference between toxin and toxoid, he notes the fact that there is an apparent selective action of the morbid agent in certain diseases for certain cells, as, for example, tetanus toxin for the cells of the brain matter. This is shown by the fact that when tetanotoxin is mixed before injection with an emulsion of brain cells it is thereby neutralised. He assumes therefore that the toxin molecule has two independent atomic groups, one he calls the *haptophore* or affinity group, the other the *toxophore* or poison group. The haptophore group brings about the union of the toxin with a side chain of the cell; while the toxophore group is the cause of the specific poison action. Once the haptophore group in the toxin fixes the latter to the cell, it allows the toxophore group to act by virtue of the bridge or union thus made. If there is no bridge, there is no poisoning, no disturbing of the metabolic processes in the cell. Or it may be explained thus: the cells by the fact of the attachment of the toxin affinities are robbed of certain affinities, necessary for ordinary metabolism. This supposes the existence in a cell of a molecular group, carrying an affinity capable of saturation by a molecule outside the cell. Such a group Ehrlich calls a *receptor*. As it is a law of nature that protoplasm tends to repair itself, and that often there is a tendency to over-regeneration, so the affinities, lost to the cell by having toxin molecules attached to them (Weigert), are reproduced. These are again lost by adhering to new doses of toxin injected during the process of immunization. The cell has to go on manufacturing the affinities, whose use it is as constantly losing. Finally, the latter are formed in such numbers as to be present in proportions altogether beyond the cellular requirements. They are therefore wasted material, and are excreted accordingly. They pass into the serum and form the *antitoxic agent*, for they retain their original capacity, formed within the cell, of combining when outside the cell with the toxin molecules. When these cast off receptors.

(or cell side-chains) of the susceptible cell meet the toxin, their free affinities saturate the haptophorous group of the toxin, which thus loses the means by which it can become attached to the cells. Therefore anchoring of the toxin to cell is impossible and the toxophorous group of the toxin has no longer the opportunity of working a pathogenic action. The toxin is thus bereft of its toxic power. If such toxin saturated *in vitro* with antitoxin or receptors, is injected into an animal's body, nothing occurs. Or if the saturation takes place within the animal's body, the mixture is again inert. Its fate in either case we do not know.

In the above outline of Ehrlich's theory, I have depended largely on the excellent article by Ritchie, in vols. ii. and iii. of the *Journal of Hygiene*, in which he gives a masterly *resumé* of the present knowledge of the subject. He sums up his criticism of the theory by saying that "Ehrlich's views as to the chemical antagonism between toxin and antitoxin, as to the constitution of toxins, and as to the methods by which these produce disease effects, have very great support from the facts known; also that the fixation of toxins in the cells of the body and the genesis of antitoxin from an over-production of some product of cellular activity are very probable." It may not be out of place, in view of probable criticism of this theory, to bear in mind that it has already stood the brunt of fierce fighting; it has been battered by many shells of criticism and, though bearing traces of change effected during the fray, it still rears its head while other theories have fallen. It may be looked upon as the best working hypothesis we know of, pending further research and clearer light. It professes no more.

Ritchie goes on to say that the theory, while not giving a complete account of what takes place in the rise of active immunity, accounts completely for the events of passive immunity and for the therapeutic applications of anti-toxic sera. What will be the event in a case of disease, such as diphtheria or tetanus, arising under natural conditions, will probably entirely depend on the amount of a toxin which becomes absorbed and this last may depend on the capacity of the body to kill the diphtheria producing it, in fact, on properties which play a leading part in the resistance of the body to the members of the second group of bacterial maladies.

Apart from the therapeutical application of antitoxin, it is questionable whether recovery from natural disease depends on active immunity or on the development of antitoxin.

*Group 2.*—It now remains to give some explanation of *Immunity to the second group of diseases* when the bodies of the bacteria are present in the tissues of the body as well as their soluble toxins. Metchnikoff's theory of the phagocytosis or eating up of bacteria and other matters by certain cells of the blood and tissues, helps largely to an elucidation of the problems here encountered. The development of artificial immunity against such bacteria depends on the latter being introduced either in a form not strong enough to cause death, or, if virulent, not in sufficient numbers to cause death. In either case the infected animal probably resists infection because it can develop in its body or already possesses a substance, a so-called *immune body*, which attaches itself to the bacterial protoplasm, and in virtue of this attachment permits another body—the *complement*—which exists normally in the animal's body, to act on the bacteria with a fatal result to the latter.

Such are the outlines of the best accepted ideas in the explanation of immunity and I must beg your indulgence for having ventured so far into waters that are so deep and yet so full of objects of intense interest.

## Part II.—RELATION OF SERUM THERAPY TO HOMŒOPATHY.

As we now understand something of the phenomena of immunity, and the therapeutic use of anti-toxin in the treatment of disease, we must set ourselves the task of endeavouring to express this use in terms of the rule of similars.

In my paper read before the Bristol Congress in 1897, I dealt with this matter and have little to add to what I wrote then, except to say that some suggestions which I made then as to the possible ways in which drugs act therapeutically have since been corroborated by experimental observation. Let us examine, therefore, what points of similarity exist between the mode of action of a homœopathically selected drug and that of anti-toxin.



### *Mode of Action of a Homœopathic Remedy (Arsenic.)*

It is a difficult matter, indeed, to formulate any universally recognised acceptance of the mode of action of drugs, applied in accordance with the homœopathic principle. That they do act beneficially when used thus, we know, but in what way they act we are not quite prepared to say. The general opinion, however, is that the dose of that drug, which, pathogenetically, is as near the simillimum of the disease as it is possible to be, acts in some way upon the tissues of the body, and more particularly upon the diseased tissues and thereby, (1) either excites the cell to increased resistance against, (2) or antagonises and cancels the morbid agent. In whatever way we look at it, there can be no doubt that the action centres round the protoplasmic units, the cells of the organism.

Thus, to take a concrete example, we know that arsenic is the simillimum to the symptoms of certain forms of eczema. Arsenic will produce that disturbance either in the cellular elements or in the nerves and nerve centres of the skin which calls forth the pathological changes and subjective phenomena of eczema. If, then, we administer arsenic in an idiopathic case of eczema, we expect to find, and we do find, that the eczema has been influenced by the drug, that (1) in some way the cells of the part or the controlling nerve cells have been stimulated to antagonise the morbid agent and that they once more make for normal function; or (2) that the arsenic in its dynamic form actually cancels or neutralises the morbid principle itself as it is acting on the cell. Such, I presume, you will admit is a fair statement of the case as far as we know it.

### *Mode of Action of Anti-toxin.*

Let us now make a corresponding analysis of the action of anti-toxin. Those who have practically studied the phenomena attending its use and have also a practical acquaintance with its chemistry and physiological action are disposed as we have seen to take varied views. But they agree that as a result of the action of the toxin on the cell elements there is produced a something—an anti-toxin—which neutralises and cancels the action of the toxic poison, or combines with it to form an inert compound.

According to another view it assists the cells to resist the lethal action of the toxin.

Graphically, we might compare the action of the drug as used homœopathically with the process of toxin and anti-toxin in the way depicted here.

Schema comparing the action of arsenic in eczema with toxin (through anti-toxin) in diphtheria :—

ARSENIC.	TOXIN DIPHTHERIÆ, (a product of the Loeffler Bacillus.)
<p>1. <i>Produces</i> by large or toxic doses the group of symptoms known as, or similiar to</p> <p style="text-align: center;">ECZEMA.</p> <p>2. Also if <i>administered to diseased man</i> in small doses (homœopathic)</p> <p><i>produces</i> as the result of its action on the living tissues an</p> <p style="text-align: center;">ANTIDOTAL SUBSTANCE</p> <p>which <i>remaining in the diseased individual</i> antagonises or cures</p> <p style="text-align: center;">ECZEMA,</p> <p>the disease from which he suffers.</p>	<p>1. <i>Produces</i>, when absorbed from the tonsil, the group of symptoms known as</p> <p style="text-align: center;">DIPHTHERIA.</p> <p>2. Also if <i>administered to the horse</i> (hypodermically) in doses oft-repeated, small at first, larger afterwards,</p> <p><i>produces</i> in the blood of the horse a substance known as</p> <p style="text-align: center;">ANTITOXIN,</p> <p>which, <i>removed and introduced into a diseased child</i> antagonizes or cures</p> <p style="text-align: center;">DIPHTHERIA,</p> <p>the disease from which it suffers</p>

If we accept this schematic presentation as fairly truthful—though crude it may be—we can easily see a parallelism between the two. It is interesting and instructive to determine the homologous factors in the series. We find that antitoxin cannot be compared to a drug used homœopathically, but to a something—whether a material substance or an action I cannot say—which is produced in the tissues of the body as a result of the drug action. I hold that the two series are parallel in plan and homologous in their parts; and that if we take the arsenic schema as an illustration of homœopathic action, we must also accept the toxin schema as homœopathic in principle. But we must definitely understand that the *antitoxin*, now used as a therapeutic agent, is not homologous to the trituration or tabloids of *arsenicum* 3x. It is by taking advantage of the laboratory of nature that we have got in antitoxin a step further in advance and are able to lay

hold of and use a curative something which is a result of the toxic action.

Such is, in effect, what I thought and wrote six years ago. There is, in view of later knowledge and research, but little to alter.

### *Isopathy.*

But before proceeding further, there is one side issue which I would like to refer to here. It may with justice be doubted whether we are right in looking upon the treatment with anti-toxin as a truly homœopathic method. In reality, it is an example of isopathy, which, as a therapeutic procedure, is closely co-related to homœopathy, and at a very early date was introduced into and had its influence upon it. All this has been very fully dealt with by Dr. Dudgeon in his *Lectures on Homœopathy*, page 145, and to that I would refer you for further information.

The idea of employing the product of a disease as a cure for itself has had a place in medicine for many centuries. The preparations which were used by early physicians, would hardly be considered by us as therapeutic agents, but when the introduction of *nosodes* began, there was a forecast of what is now being done in the direction of serum therapy. There is no doubt that Hahnemann in his *Organon*, recognized this principle of cure, but he had little idea of what an important place it would have in the therapeutics of coming centuries. *The underlying principle of isopathy and homœopathy may be considered to be immunity*, and they are so closely allied in this way, that we are fully justified in regarding them as varieties of the same principle.

### *Drug Action in relation to the law of immunity.*

The position which I took up in 1897, in considering the use of antitoxin as the ultimate stage in the homœopathic application of toxin, is still unassailable. But I would go a step further and claim that the principle of immunity has a still wider application in our practice. Let me therefore ask your careful consideration of the arguments I shall now attempt to lay before you.

At the outset let us remember that what has been described as the method whereby the cells of the body deal with toxin molecules of bacterial origin also holds good for all the other poisons, be they animal or vegetable. There is also every reason to believe that proteid and other

food substances are assimilated by the cells of the body in the process of digestion in exactly the same way ; so also we may infer that in like manner molecules of drugs and chemicals are fixed by the cells and influence metabolism. Having seen how immunity acts and how the cell, if disturbed in its metabolism, deals with the offending substances, when time is given it to repair itself, we may ask, why may not this be the process under which treatment and cure of disease by drugs takes place. We know that the simillimum, like the toxin, is selective and has affinities for those parts of the body tissues where the disease lies. This leads us to ask what is the nature of disease ? Undoubtedly, the great majority of diseases are of an infective nature and toxic in their process. Each year adds more to the number of this category, so that in time we may find only a few diseases outside of it, characterised mainly by non-bacterial degeneration of tissues and cells. In these latter there is altered metabolism and lessened vital resistance to the process and influences which lead to degeneration. We know that with a little care, proper food supply, and suitable surroundings a cell ought to live for ever, but we do not find it so in nature. Everything has its time of life and degenerates in old age. Of the origin of this natural degeneration of diseases, we know little. With the process of the toxic degeneration, however, we are more familiar.

Supposing for a moment, that we conceive of two poisons, one bacterial in origin, the other of vegetable or organic origin and that they both produce, when given or administered to animals, a similar group of symptoms. Each is simillimum to the other, and their actions are similar when immunity is being produced. May there not be a similar process going on whereby each affects the cells of the body in corresponding manner ? The immunity thus produced in each case would be similar. Presuming this immunity be similar, why may it not be interchangeable ? In other words, why may not immunity, produced to a drug, confer immunity to a disease, and *vice versa* ?

Among diseases themselves, we have one instance which seems to point to proof of this contention. I refer to the phenomena of vaccination. This, of course, is not a case where drug immunity confers immunity to disease, but a case of one of the toxic diseases conferring immunity to another. There is no question that it does so, the only

point at issue among the experts is as to the identity or non-identity between vaccinia and small pox. The matter is not yet absolutely decided. Copeman, in Allbutt's *System of Medicine*, analyses the whole question, and though he does not come to an absolute decision, is inclined to the belief that vaccinia is an altered form of small pox, that they probably have a common ancestry, and that variola has departed widely from the original type, gaining in the process added virulence. They are, for our purposes, sufficiently divergent in character to be not identical, and therefore vaccination may be looked upon as a truly homœopathic procedure, where the disease variola is prevented and cured by another, though closely allied disease.

Among the animal poisons it has been found that injections of cobra venom have conferred immunity to plague, but, unfortunately, I have been unable to refer to the original references, and therefore at the present moment cannot give more detail of this instance.

Coming to vegetable poisons, we find that experiments have been conducted by Rummo—*Rif. Med.*, Jan., 1894—in which he was successful in producing immunity to tetanus by previously immunising animals or establishing in them a tolerance to strychnine, a substance producing physiological effects much resembling those of tetanus. Dr. Madden in his Presidential address at Leeds in 1895, refers more fully to this case.

A striking instance of immunity to disease, produced in this case by a metallic substance, is the fact that workers in copper have been found to be immune to cholera.

Referring to tract No. 42, of the Homœopathic League, we find the whole evidence set out in detail. Briefly, it may be said that Hahnemann in his paper on Cholera, 1831, pointed to copper as being from the similarity of the symptoms of its poisonous action on the body to those of the condition constituting cholera, a prophylactic to the disease. He advises the occasional taking of an infinitesimal dose of this metal during an epidemic. In a note to this paper, he says, "it has been found in Hungary, that those who wore next the skin a plate of copper, were exempt from infection. As trustworthy intelligence informs me, this is the first mention made in medical literature of copper being so used. Since that time similar

observations on the protective influence of copper have been repeatedly made, as for example by Dr. Burq, of Paris, forty years ago. At the Paris International Congress of Hygiene, in 1878, Dr. Burq referred to his researches twenty-five years previously, which proved to him the immunity from cholera possessed by workers in copper, and said that where the question had been investigated by other observers, the same result had been arrived at. He also traced the preservation of Aubagne, between Toulon and Marseilles, through every epidemic of cholera, to the fact that the large quantity of copper employed in the potteries surrounding the city produced, as it were, a rampart of copper-laden dust.

Dr. Clapton, formerly physician to St. Thomas's Hospital, read a paper in 1869 before the Clinical Society, in which he gave the results of a wide series of inquiries into the health of workers in copper during the epidemics of cholera. He found the men engaged in various copper works in London had always escaped cholera, and even choleraic diarrhœa, although their neighbourhoods suffered severely during the great epidemics. Dr. Leeson, at the same meeting, stated that in 1832 there was no cholera among the verdigris workers in Deptford.

M. Jousset, of Paris, during an epidemic at Charroux, in Austria, employed plates of copper to protect his patients and, as he says, with very good results. (*L'Art Médical*, 1880).

M. Mailhet, a French physician practising in Japan, recommended the "copper girdle" during an epidemic of cholera in that country in 1880, and among the forty-seven severe cases that came under his notice there was not one wearer of the girdle.

M. Moldini states that during the 1854 epidemic in Paris, he saved the lives of many soldiers in garrison in that city by causing them to wear plates of copper next the skin, and administering to them a few drops of a solution of *salts of copper* every morning and evening. Dr. Raymond, at Gallipoli, adopted the same practice, with complete success. Evidence of the efficacy of any measure employed in the prevention and treatment of cholera in India is especially valuable. The editor of *The Calcutta Medical Journal* (1869) mentions, on the authority of a deputy inspector of schools in Calcutta, an instance where the head master of a school, in a district where cholera frequently

prevailed, had induced a number of people to wear a copper *pice* next to the skin. The epidemics occurred in this district in the course of five years, and not one person wearing the *pice* was affected.

The fact that copper is thoroughly homœopathic to the second stage of cholera, the fact that workers in copper have uniformly, so far as researches up to this time have ascertained, passed unscathed through an epidemic prevailing around them, the fact that a number of competent observers have found that persons wearing copper next to the skin escape from attacks when their neighbours, unprotected by this metal, fall victims—justify us abundantly in urging all persons to avail themselves of this very harmless and, at the same time, hopeful means of preserving themselves during an epidemic.

These are a few examples, including toxic, animal, vegetable and mineral poisons, in proof of the fact that immunity or toleration to one poison may prevent another from acting injuriously.

It would seem an obvious or at least justifiable deduction from this, that drugs selected by the rule of similars and given in not too infinitesimal doses, bring about a cure of the diseases to which they are the simillimum in virtue of the immunity to them which the cells of the body acquire. If this be so, then the law or rule of similars is not only in harmony with, but is part of the universal law of immunity which operates so certainly in the toxic diseases. I submit this proposition to your consideration as the leading idea of this paper.

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### BRIEF NOTES ON A FEW OF THE RARER FORMS OF UTERINE HÆMORRHAGE, AND THEIR TREATMENT.<sup>1</sup>

By WM. CASH REED, M.D.

INTRODUCTION: Hæmorrhage due to (1) Acute Salpingitis; (2) One form of endometritis; (3) Ulceration (not malignant) of cervix. (4) Ectopic pregnancy.

*Introduction:* Gentlemen.—In presenting for your consideration this evening a few brief notes on some of the rarer forms of uterine hæmorrhage, I will ask your kind

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<sup>1</sup> Read before the Western Counties Therapeutic Society, June 30th, 1903.

attention for a few moments in the first place, to the commonly accepted nomenclature of the affection we are about to consider. I think the terms usually employed are very apt to be loosely applied, and when this is so, they fail to convey an accurate conception of the condition present.

Precision in the diagnosis of the various forms of uterine hæmorrhage has greatly advanced during the last twenty or thirty years, and especially is this the case in regard to ectopic pregnancy and the so-called 'malignant adenoma.' Yet the nomenclature of the affection in general remains pretty much what it always was. Thus, you may very rightly find fault with the title of my paper—though it is in accordance with present-day medical terms—for uterine hæmorrhage is surely the commonest of everyday vital phenomena, and is in no sense pathological. Nevertheless, under this title I speak of course of such as are.

To be brief, I would suggest that the terms *menorrhagia* and *metrorrhagia* be retained in their present application to well-known abnormalities of uterine hæmorrhage *occurring during the period of sexual activity*, and that the word *metrostaxis* be used to cover all cases of hæmorrhage from the genitalia which occur before puberty and after the menopause. Such are, of course, essentially pathological. The subdivisions of each group are very many and varied, but they fall into line the moment the radical idea of either is grasped. Sometimes it is true that the terms may to a certain extent overlap, and to take an extreme case, that of ectopic pregnancy furnishes probably the best example. Here we have a combination of *menorrhagia* and *metrorrhagia*, in such bewildering confusion that I never see, nor hear of a case but the legal term "hotch-potch" comes to mind, so thoroughly expressive is it of a hopeless muddle. The uterine hæmorrhage in these cases is "hotch-potch" indeed, though all the same sometimes a *suggestion of order* exists.

Let me now speak of the *menorrhagia* due to ACUTE SALPINGITIS. There are few things more likely to outwit the observer than the hæmorrhage due to this, unless he be fully alive to its significance. Here is a typical case from my note book. A single woman, aged 40, presents herself, stating that the catamenia was quite regular until eight weeks ago; since then, bleeding has not ceased,



though rest in bed has lessened its severity. The history shows that eighteen years ago the patient had a child. Examination under an anæsthetic reveals a retroflexed and retroverted uterus. The right fornix is obliterated; in other words, the concavity which should be present is replaced by a distinct swelling. In the left fornix the corresponding Fallopian tube is distinctly felt. As to the *pathology* of the case it is doubtless this. A chronically inflamed Fallopian tube has from some unexplained cause become the subject of an acute exacerbation, and what has happened is that a so-called "tear" of pus has dropped from the abdominal ostium of the tube into the peritoneal cavity, and has lighted up an acute, though probably quite localized, peritonitis. As to *diagnosis*, that has to be made mainly from an ectopic sac. Broadly speaking, the latter is of course unilateral, whilst the former is practically always bilateral. A minute search may be necessary to establish the latter fact, but the issue at stake not only warrants but claims it.

The *treatment* is rest in bed, the warm douche, and the administration of our well-known and justly esteemed remedies, acon., bell., merc. cor., eupeion, &c., &c., and it may be, and frequently is, necessary to employ a saline laxative. Above all, the knowledge of what *not* to do is essential, viz., do *not* curette in cases of acute salpingitis, nor yet in cases of the chronic form when an acute exacerbation is present.

The number of cases of the nature described, though differing infinitely in character, in form, and in degree, is, at our dispensaries in Liverpool extraordinarily great, and I know of nothing much more difficult to decide than one's duty to the patient with regard to the vexed question of operation. Especially is this the case in those "borderland" cases where the risk of rupture is not perhaps great, but where a *laissez faire* policy may be dangerous. The patient is perhaps young, she has one or two weakly children, and she has, as she says, "a good husband when not in drink" (*sic*), *but*, and here is the crux of the situation, she has to keep her home going in spite of constant suffering and disability. The Fallopian tubes are distended with pus, the broad ligament is crumpled and so is the uterus, and the latter is bound down by pelvic adhesions.

To be brief and to the point, I have at last brought my

own views as to personal responsibility in these cases, into shape, and would thus outline them:—

Give the patient a year to wrestle with the disease, during the whole of which time assiduously carry on treatment on homœopathic lines, and to a certain extent on local ones also.

At the end of this probation, review the net results attained, and act accordingly; but, may I add, on no account admit the rectitude of the policy commonly known as "sitting on the fence," for nothing can justify a medical man holding aloof from these cases merely as an interested and irresponsible spectator. Nature, whose processes are mainly beneficent, at times, though still tending to the conservation of LIFE, produces a condition of things in the female pelvis which it would have been infinitely kinder for the surgeon to have anticipated by radical operation.

(2) Hæmorrhage due to one form of ENDOMETRITIS.

You will say at once that hypertrophy of the endometrium is not a *rare*, but a very common form of uterine hæmorrhage. Quite true! hence I have restricted our view to one form only, and this, happily, a very rare one, at least, in my own experience. I do not pretend to understand the causation of virginal endometritis, and have not yet come across an explanation which to my mind is wholly satisfactory. But the causation and the pathology also of the particular kind under consideration is understandable enough.

We have all seen uterine hæmorrhage, metrorrhagia, in the otherwise healthy adult, due to the abuse of *alcohol*, but probably it would be less readily conceded that this cause may be equally true in the case of the comparatively young virgin. But I have seen it, and the hæmorrhage may be practically the only sign present of secret Bacchanalian worship.

(3) Uterine Hæmorrhage due to ULCERATION OF THE CERVIX which is not malignant. I do not mean an "erosion," not yet an "ectropium" of the cervical uterine mucous membrane, not, that is, anything composed of glandular elements, but of something consisting of *granulation* tissue.

Such a case is illustrated by the following:—Mrs. M., aged 46, with a grown up family, married recently a second time. She complains of irregular uterine hæmorrhages

and dysuria, "never feels as though bladder properly emptied." On examination, there is a deep cervical tear, the cervix itself is notched and nodular, and the examining finger on withdrawal is covered with blood. On exposing the cervix with a Sims' speculum, there is seen on its anterior segment a large, deep, and angry looking bleeding ulcer.

The symptoms in this case were, on the one hand, strongly suggestive of a fibroid, and on the other of malignancy, but neither existed. Had enquiry been made as to whether coitus was followed by hæmorrhage, the answer would doubtless have been in the affirmative. Thus the likeness to malignancy would have been still further emphasized. The treatment consisted of amputation of the cervix by Martin's method, and cure naturally resulted.

(4) ECTOPIC PREGNANCY. Time will not permit taking much more than a glance at this happily unusual form of uterine hæmorrhage. But what little will be said is the outcome of contact with many cases. May I refer back to what I ventured to call the "hotch-potch" character of the hæmorrhage, it being neither menorrhagia nor metrorrhagia, but a combination of both, beginning, however, generally with an attack of the latter.

The blood is usually described as 'tarry,' but I prefer the term "dragon's blood," for the former I have seen in some cases of long standing pyosalpinx, presumably in that stage of development or rather of subsidence, when a hydrosalpinx is in process of initiation. The *history* is of a "missed period" followed by a hæmorrhage, something like that shown here. Thus pregnancy is suggested, but the uterus is found to be empty.

There is probably an "abdominal crisis" i.e., pain, vomiting and collapse, and a rapid and soft pulse, and *facile princeps*, a lump behind the uterus. A word as to the consistency of the "lump" or blood sac. I have felt it as hard as a cricket ball, and as soft as a child's India rubber ball, and so fluctuant that one could imagine one's self during examination, to be squirting out the fluid at the hole of the former as a child does; or the blood sac may be hard at one time and soft at another. In other words, consistency depends upon its age.

There are two points with regard to the subject under review which may be new to some present; one I have only seen within the last few weeks, and it is this. An

ectopic pregnancy may exist without any uterine hæmorrhage whatever, other than that which is normal; in other words, extra uterine pregnancy may be present without any interruption or interference with normal menstruation. The second point is: uterine hæmorrhage highly suggestive of ectopic pregnancy sometimes suddenly ceases, so that one's suspicions as to the real condition present tend to be lulled. To be thus taken off the scent is unfortunate for one's reputation, and may be disastrous to the patient. For an explanation of the cessation I have referred to, we are indebted to Prof. Briggs, of the Shaw Street Hospital for Women, Liverpool. It is obvious, as he points out, that blocking up of the uterine end of the Fallopian tube in a case of tubal pregnancy must be followed by a cessation of uterine hæmorrhage *externally*. This blocking up which I have many times been able to verify, is brought about by one of three conditions: (1) Cicatricial tissue; (2) Organized blood clot; (3) Twist of tube.

*Conclusion.* In conclusion, gentlemen, if I have simply talked platitudes, I ask your indulgence, on the ground that they help me day by day, and thus, presumably, may render a similar service to others.

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## REVIEWS.

*Bulletin of Drug-Provings*, No. 1, 1903. Hahnemann College of the Pacific, San Francisco.

THIS is a very interesting and carefully carried out proving of *Xerophyllum* (the Tamalpais lily) by students of the Hahnemann College of the Pacific, at San Francisco, under the direction of Dr. H. R. Arndt, who is in charge of the department of drug-proving. The *Xerophyllum* belongs to the order of *Coronariæ*, family *Melanthacæ*. The habitat of the plant is the Coast Ranges, from Monterey to Plumas County. There are twelve separate provings, made with the 1x, 3x, 6x, and 12x dilutions. The details of the day-books are first given, then follows an arrangement of the symptoms in the schema form, and finally a general summary of the effects of the drug.

*Xerophyllum* seems to bear a considerable similarity to *Rhus* in its general action, showing an elective affinity for

the skin, mucous membrane, and the nervous system. Dr. Arndt concludes the report thus: "And finally, assuming that our proving of xerophyllum, as it now stands, in reliability proves all we think it is, what morbid conditions is it likely to affect curatively? To the writer it seems as though in certain diseases of the skin, especially in cases of poisoning with rhus and in certain forms of eczema, it should be of great service. Two cases of eczema are now under the observation of Dr. Wm. Boericke in which the exhibition of xerophyllum has so far been most satisfactory. Furthermore the writer believes that in certain continuous fevers, with great nervous prostration and a tendency toward a 'typhoid' state, the Tamalpais lily will make its mark, fitting in 'somewhere' between gelsemium, baptisia, and rhus. Whether, or not, in the treatment of diseases of the nervous system the remedy will be of any service must be determined by further provings and by clinical tests." Such careful provings of new drugs are very valuable, and reflect great credit on the enthusiasm of the students and of Dr. Arndt. We congratulate them and hope to hear of further provings either of this plant or of others. It is excellent training for students in the way of intelligent observation, while nothing heightens interest in the *Materia Medica* more than the elucidation of the effects of indigenous plants.

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*Lectures on Massage and Electricity in the Treatment of Disease,*  
By THOMAS STRETCH DOWSE, M.D. Aberd., F.R.C.P. Ed.  
Fourth and revised edition. Bristol: John Wright & Co.  
1903.

THERE is no doubt that both massage and electricity when skilfully employed, and in suitable cases, are very valuable means in the treatment of disease. They are only brought into disrepute when employed in unsuitable cases, and in a routine manner. Some years ago, there was a "boom" in massage, and it was employed for nearly every ill that flesh was heir to, leading to the influx into the public service of crowds of masseuses, more or less educated. Like all medical "booms," it toned down as doctors began to see what cases were suitable for its employment and what cases were not suitable, till at the present day it has taken its firm place as a treatment of great value in certain defined states of ill-health, physical and mental, a position which it will always maintain, as it is based on correct physiological and scientific principles. But to ensure its success, the masseur or masseuse must be thoroughly trained, and still more, the doctor who advises

the treatment must know his subject and the proper method of carrying it out. To obtain this latter result, a full and complete work on the subject is essential to have in our hands, and such a work is this book by Dr. Stretch Dowse. The fact of its having reached a fourth edition is sufficient evidence of its utility and appreciation. The whole subject is dealt with in a masterly manner, so fully and completely that nothing remains to be desired in information which is not there found. It is difficult to point out chapters which are specially good, as all the lectures are admirable, but that on the Weir-Mitchell treatment is an excellent sample of Dr. Dowse's thorough method of dealing with his subject.

The latter part of the book on Medical Electricity is also excellently done. The same remarks that we have made on massage apply equally to electricity. It must be skillfully prescribed and carried out, in suitable cases only, otherwise the result is failure, bringing disrepute on the doctor and on electricity. And here the practitioner will find what he wants, an explanation of the various methods of using electricity, and of the cases suited to its employment. In an appendix, there is a good account of the X-rays treatment, and of the high-frequency current, with the necessary instruments, which brings the work up to date. The book is well got up, the binding and printing being conducive to comfortable reading. It is full of clear and instructive illustrations, which are a great help in studying the various processes of massage and electrical treatment.

To all practitioners who wish to have a clear and practical understanding of these important subjects, we heartily recommend Dr. Dowse's work, as the best we know, and one that will well repay study.

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## MEETINGS.

### BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of the British Homœopathic Congress was held on Thursday, July 23rd, at Oxford. The Congress opened at 10 o'clock in the "Assembly Room," Town Hall Buildings. President, Dr. Percy Wilde, of Bath.

There were present: Drs. M'Lachlan (Vice-president), Dyce Brown (hon. secretary), Madden (hon. treasurer), A. C. Clifton (Northampton), J. W. Hayward (Birkenhead), Byres Moir (London), Dudgeon (London), Knox Shaw (London), Burford (London), Roberson Day (London), Murray Moore (Liverpool), A. H. Croucher (Eastbourne),

MacNish (London), Vincent Green (Wimbledon), Johnstone (London), Warren (London), Proctor (Liverpool), Gilbert (Reigate), Pincott (Tunbridge Wells), Tindall (Exeter), Capper (Leicester), Goldsbrough (London), Dudley Wright (London), Nicholson (Clifton), Mason (Leicester), Norman (Bath), Hervey Bodman (Clifton), Burwood (London), Ashton (London), Epps (London), Brooks (Nottingham), Hayle (Rochdale), Williams (Oldham), A. E. Hawkes (Liverpool), Sanders (London), Black (Torquay), Murray (Folkestone), Stonham (London), &c. His Worship the Mayor of Oxford was also present, but regretted that a previous engagement prevented his coming to the dinner.

The President called on Dr. Dyce Brown to read the minutes of the previous Congress (held in London). These were confirmed.

Letters of regret at their inability to be present were received from Sir George Wyatt Truscott, Alderman and Sheriff of the City of London, Sir Walter Gray, Dr. Galpin, Mr. C. S. Terram, Mr. Dawson, Drs. Pope, Purdom (Croydon), Ashley Bird (Penarth), Pritchard (Dewsbury), Chapman (Margate, who sent his subscription), Newbery (Plymouth). Dr. Nankivell, of Bournemouth, wrote from Switzerland that he would be in London in the afternoon, and hoped to be present at the dinner. Also Councillors Douce and T. Kingerlee (Oxford). Telegrams were also received from Drs. Storrar (Belfast) and Blackley (London) expressing regret at their inability to be present.

The President then delivered his address, which was received with much applause, and which will be found in the August issue of the *Monthly Homœopathic Review*.

Dr. Dudgeon (London): Ladies and Gentlemen, I wish to thank our President for his admirable and instructive address. (Applause.) It is a long time since this Congress met in Oxford—forty-two years ago—and then we were favoured with an address by the late Dr. Madden, which might be called “the song of the dying swan,” because he was struck down by paralysis before he was able to deliver it. Since that time we have had many Congresses and many addresses, but I venture to say that no one of the addresses that we have had the pleasure of listening to can claim to be superior to that which we have just heard. (Applause.) It is so full of thought, so full of sound reasoning, and as a scientific basis so extremely valuable that I think if it could only be distributed among our opponents of the allopathic school, it might enlighten them, and open their eyes to some of the truths so admirably set forth. (Applause.) I am quite sure you will all join with me in heartily thanking the President for his very admirable address. (Applause.)

Mr. Knox Shaw (London): Ladies and Gentlemen,— I have been asked to second this resolution, and I do so with a great deal of pleasure. We have listened to what Dr. Dudgeon has described as a most thoughtful address, and we should have enjoyed it rather more, I think, if the size of the room had not made it difficult to follow. But fortunately for us the address will be published and we shall have an opportunity of reading it. I can echo the wish of Dr. Dudgeon that a great many more than are in this room may have an opportunity of reading the address. (Applause.) I am quite sure our President may feel proud at having delivered such an address, and he is to be heartily congratulated upon his efforts. (Hear, hear). From personal experience I know how much happier a man he will be now than he has been for the last hour or two. (Laughter.) He may be assured that we all believe we have had one of the most able addresses delivered at a Congress for many years past. (Applause.)

The President: Dr. Dudgeon, Ladies and Gentlemen,— I am grateful for the very kind way in which you have received my address. I had some fear whether, in limiting myself to elementary principles, I should not be almost accused of bringing forward matters with which you are all so well acquainted, and that it might seem hardly worth while considering them. But the longer I study therapeutics, the more I am convinced that it is only by going back to elementary principles that we can make a fair start. (Hear, hear.) Therapeutic discussion always appears to me as beginning at the wrong end. If we work from simple principles, and after all fail to arrive at the truth we shall at least make the way easier for those who come after us. (Applause.) I thank you very much for the patience with which you have listened to my address. (Applause.)

Dr. Dyce Brown: It is usual after the Presidential address to receive members' subscriptions and then, as you know, follow papers on more or less technical subjects, not interesting to our friends who are not medical. On the present occasion, however, there are to be three papers, which, I may say, are not altogether of a technical nature, and are all in harmony with the President's address. I think, if I might ask the leave of the President, I may say that any ladies or gentlemen who like to remain and hear the other papers are welcome to do so.

The President: It will add very much to the pleasure of the readers of the papers if the ladies will give us their presence. (Applause.)

Dr. James Johnstone then read his paper on "Immunity and Serum Therapeutics in relation to the Law of Similars,"



which will be found in another part of this month's issue of the *Monthly Homœopathic Review* (p. 519). It was received with much applause.

The President: I am sure we have been very much instructed by, and interested in the paper Dr. Johnstone has just read. According to the arrangements of the Congress this year the papers are to follow one another. Therefore I will not detain you with any remarks now, but at once call upon Dr. John M'Lachlan to read the next paper. (Applause.)

Dr. M'Lachlan then read his paper on "The bearing of Chemistry and Physics on the Homœopathic Law," which will be found in the August number of the *Monthly Homœopathic Review*.

The President: Ladies and Gentlemen,—I am sure we have greatly enjoyed the very valuable paper which Dr. M'Lachlan has presented, and I have now to call on Dr. Madden for his paper, which is "An attempt to re-state the doctrine, and illustrate the practice of homœopathy, as one may imagine Hahnemann would have done had he lived in the present day." (Applause.)

Dr. Madden: Mr. President, Ladies and Gentlemen,—Before commencing the paper, I would ask your indulgence for a defect which is inevitable when we attempt what we call a "symposium." Where three or four are reading papers on the same subjects, we cannot help overlapping one another in places, and where you find me encroaching on Dr. Johnstone, or Dr. Wilde, I hope you will not think I have been "cribbing" it from them,—(laughter)—because although I knew the lines which they were going to take I could not know what they would actually say.

Dr. Madden then read his paper, which will be found in the August issue of the *Monthly Homœopathic Review*.

The President: Gentlemen,—We have listened to a very interesting and able paper from Dr. Madden, and have come to the end of the four papers which are supposed to form a symposium. I do not think either of us saw any of the papers but his own; we merely had an idea of what the others were to write about, and therefore the papers may have overlapped a little. It was understood by the Council that on this occasion the President's address should come under discussion with the rest; therefore you have four papers to discuss, covering homœopathy, pathology, chemistry, and physics, and the field is indeed a wide one. There is another important subject of which I have been reminded, and that subject is luncheon—(laughter)—and you have to try to harmonise these things—if you can. I hope in the half-hour remaining,

gentlemen will make as many remarks as possible, but cut them short. (Laughter.)

Dr. Proctor (Birkenhead): Mr. President,—I rise, not to inaugurate a discussion, though I shall be glad to hear what other members have to say, but to congratulate the Congress on the wealth of argument which has been laid before us. We have had four papers, including your own address, dealing with the subject from various points of view, and it is very interesting to find that we have some kind of support from three or four different sources. The President and Dr. Madden are pretty well of one way of thinking, that there is antagonism between small and large doses. Not only that, but we have a second paper from Dr. Johnstone to show us that we have got the neutralisation of toxin by anti-toxin. Then we have the statement in support, by Dr. M'Lachlan, of chemistry, that one cyanide makes a very good solvent for another cyanide, and that mercury is a very good solvent for other metals. Now, I think it would be an advantage to the Congress if the writers could decide on what lines the scientific defence should be taken. We have had a variety of support offered to us, and yet after all I notice, with great pleasure, that Dr. Madden has fallen back upon the old form of argument: statistics. There is nothing so eloquent as numbers, and Dr. Madden has adduced a most convincing argument in support of our practice. (Applause.) I just throw out these few remarks to congratulate the Congress on the wealth of argument with which we have been supplied. At the same time it leaves us a little uncertain as to which of the four feet we should rest the burden of proof upon.

Dr. Murray Moore (Liverpool): Mr. President,—I think we must congratulate ourselves and the whole body of homœopathy, which is so well represented from different parts of the country, and by men of all ages, from the junior practitioner to our venerable friend who has just gone out. Now, the whole body of scientific evidence developed of late years tends to show the power of the infinitesimal. I think the theory of ions as brought forward by Sir Oliver Lodge is in this direction. I have read most attentively his latest address, and I am delighted to see that Dr. M'Lachlan has taken up this point. In our dilutions it has always been a puzzle to my mind, and I am sure it must have been to others, to understand how such extremely minute atoms of matter could possibly act on the diseased tissues, and stimulate a reaction towards health. I am particularly interested in the President's address as to the action of heat and cold. He might have gone even further, but time did not allow, and given us

something as to the action of moisture on the human body. It has been lately discovered that the most effective means of treating diseases, as well marked and defined as ague, can be aided and more rapidly cured by this means. Who will say that the movement will not so gradually influence the allopathic mind that doses will be brought down further and further until at last there will be a ground of agreement between the two schools of medicine; so that, while formerly they gave very large doses, within the last twenty years we find that the dominant majority are giving less and less. I think it is a fact that tabloids are being made with so little as the 300th part of a grain in them, and these are being sold and used extensively. I do think we must take every opportunity of bringing forward our proofs of homœopathy, for the sake of the profession and the advance of science. I am sure I congratulate this Congress of 1903 that we are able to see that the very latest discoveries of science tell in our favour. (Applause.)

Dr. Goldsbrough wished to congratulate the Congress on the consensus of argument in the papers. One most interesting point was brought out by Dr. Johnstone, namely, the principle of immunity as a central conception, which should be borne in mind in considering the effect of the homœopathic remedy. The effect of the homœopathic remedy given as a prophylactic or as a cure is to make the body more resistive to the onset of disease, and as many illustrations might be brought forward indicating that, it would seem necessary to elaborate it more even than had been done by Dr. Johnstone. In drawing a parallel between the effect of an anti toxin and toxin, Dr. Johnstone suggested that a homœopathic remedy such as arsenic might produce a substance in the body corresponding to antitoxin in a case of diphtheria.

It seemed to Dr. Goldsbrough that the line of reasoning was not quite clear on this point. He suggested that what corresponds to antitoxin is a modification of the drug brought about by such action as Dr. M'Lachlan had suggested in his paper, the modification by dilution and dynamization of the drug in question. There is no doubt that the toxin undergoes modification, and that a different product is afforded us in the antitoxin. The point of dispute would be what is the nature of that product? There must be some relationship between the two. There *is* a relation, and that is the essence of the question. It seemed to him that it would be found in the modification of the toxin by the action of the cells, and that the cells themselves undergo modification through the process of their own action. It seemed to him that the essential principle after all is the reaction of the cell upon

both the toxin in the one case, and upon the antitoxin, and that a recognition of this double fact would be a very illuminating idea. Every cell gives as well as receives, and as a resultant of both the cell is intensified in energy.

Dr. Burford said he could sympathize with Dr. Proctor's difficulty, while interested in what Dr. Goldsbrough had given as his idea of the constitution of antitoxin substances. In the discussion it seemed that while views were freely canvassed, facts for the most part had been put in the background. It appeared to him that Dr. Johnstone might properly be asked to make renewed observations on the formation of antidotal substances by remedies; that was a line of investigation fitting to them as homœopaths. If we could be induced to do this a new set of facts would be available for homœopaths which they would be ready to turn to good account. He did not propose to criticise the symposium of papers any further; it had left in his mind an admiration for the intellects of the men who produced it, and the unity with which they worked, but he ventured to hope that at the next Congress they might again recur to facts germane to homœopathic practice and a little less to extra homœopathic views than in the course of events on this day.

Dr. J. Hervey Bodman: I only rise to endeavour to supply in a few words that which Dr. Burford has been asking for. His contention, if I understand him rightly, is that Dr. Johnstone's line of argument rests on the assumption that when a poisonous drug is introduced into the body of an animal an antidotal substance is produced in the blood of the animal which tends to neutralize the poison, and he asks that some proof of this hypothesis should be forthcoming. What I desire to call attention to is the fact that experimental proof of this hypothesis has already been obtained. I cannot give the exact reference, but an account of these experiments was given by the late Professor Leech in a Presidential address delivered in opening the Section of Medicine at a meeting of the British Medical Association four or five years ago.\* He quoted some experiments made by Ehrlich, in which he rendered animals immune to two poisonous active principles—toxalbumens—of vegetable origin, namely ricin and abrin. This was done in the same way as with toxins produced by bacteria, that is by injecting them in gradually increasing doses until toleration was acquired of many times the ordinary lethal dose. The blood serum of the animals thus treated was then injected into other animals, which were subsequently given a lethal dose of the poison which was being

\* *Brit. Med. Journ.*, September 18th, 1897.

experimented with; and it was found that they had been rendered immune to the action of the poison by the injection of the serum from the immunized animals. This serum must therefore have contained a substance antidotal to the poison which had been given to the animals. Consequently the suggestion that the giving of a poisonous drug leads to the formation in the blood of an antidotal substance is not a mere hypothesis, but has been verified by actual experiments. This fact therefore strongly confirms Dr. Johnstone's line of argument. (Applause.)

Dr. Dyce Brown: It seems to me that the aim of the Council in having these papers brought before us has been amply accomplished, and that the way to look upon the whole series is not so much to take up particular details, but to look at the proof of the general bearing of collateral science of present day on homœopathy. Dr. Johnstone's paper was extremely able and interesting, and his theory as to the action of homœopathic medicines is exceedingly interesting. But if we discuss the details of these papers I think we rather go from the main point of the question, which is the bearing of modern science on homœopathy. If it could be shown that one prominent fact brought out by collateral science was dead against the homœopathic principle or law, it would indeed be strong evidence against us. But it has been shown to us that all collateral sciences of the present day have a bearing not only not against homœopathy, but very decidedly in favour of the homœopathic law. (Applause.) All we now know shows that the homœopathic law is in the van of science and that it is the coming law in medicine; and we have not had a single fact brought forward that bears against homœopathy. That appears to me to be the proper way to look at the papers to-day and considering them from this broad point of view, to see whether we have succeeded in showing that homœopathy is borne out by collateral science or not. (Applause.) As to the details, if we had time to go into such an interesting theory as that of Dr. Johnstone, it might be discussed, especially after the interesting facts brought forward by Dr. Bodman; but the important point is the general bearing of collateral science on homœopathy. (Applause.)

The President: Dr. Dyce Brown has said exactly what I wanted to say, so he has saved time, and I do not think I should have expressed myself half so well. Theories are interesting, but men have also to deal with facts. And one of the facts I am thinking about at the present moment is—luncheon! (Laughter and applause.)

The members then adjourned to the "Restaurant Buol,"

in Cornmarket Street, where, as the guests of the President, they discussed a delightful luncheon. The menu was of a very *récherché* character, and the prolonged session had put an edge on the appetite, which made appreciation of M. Buol's perfect cuisine even more pronounced than it would otherwise have been. After the repast :

Dr. Hayward rose and said : It is my privilege and pleasure to propose a hearty vote of thanks to our President for the most delightful, most acceptable, and most satisfying entertainment we have had for a long time. We have had a very full and intellectual feast in the morning's proceedings, and now we have also had a very material feast. I think we cannot do better than acknowledge that we are very greatly indebted to our President, not only for the intellectual, but also for the material benefits of to-day. I therefore propose that we accord a full and heartfelt vote of thanks to our President for the successes of the day. (Applause.)

Dr. Murray-Moore : Will you allow me to second that with all my heart ?

Dr. Roberson Day, who rose simultaneously with the previous speaker, said : I think, gentlemen, we must take this as a sign that we are so anxious to offer thanks to Dr. Wilde that we are all prepared to second the vote of thanks. Speaking for myself, I never enjoyed a luncheon better—(A voice :—"and never wanted one more" and laughter). The question is whether it is a luncheon, or whether it is not more of the nature of a dinner. I had prepared beforehand for the feast, having breakfasted at six o'clock, and thus have had rather a long fast (Laughter).

The vote of thanks was heartily accorded.

The President, who rose amid applause, said : Ladies and Gentlemen,—I may say I came to the Congress this morning filled with feelings of interest in science, and physics, and medicine, and homœopathy, and I left the Congress with an intense desire for luncheon. (Laughter.) The strongest desire I have experienced for a long time. This proves the value of our work this morning. The luncheon has been nicely served, and it is in every way most creditable to the "Maison Buol." I feel it a very great privilege to have the honour of entertaining my colleagues and friends from whom I have received so much kindness and hospitality. The Vice-President informs me that you are to be taken from the place where you now are—(laughter)—to another place,—(renewed laughter)—and there you are expected to submit yourselves—(laughter)—to have your photographs taken in a large group. I need not say that this photograph will be a thing of beauty and a joy for ever. (Laughter and applause.)

The members of the Congress then proceeded to the quadrangle of Exeter College, where, with the large open doorway as an imposing background, a very excellent photograph was obtained. Afterwards the party divided into three sections, and with Dr. M'Lachlan, the Rev. S. Holmes and Mr. H. E. W. Phillips, as *cicerones*, proceeded to view the interesting features of the chief colleges in the city. This pleasant occupation took up a large part of the afternoon, and shortly after 5 o'clock, the members re-assembled at the Oriental Café, where a very dainty tea was partaken of. At six o'clock the business meeting of the Congress was held in the Assembly room at the Town Hall, the President in the chair.

The President said that the first business was to appoint the place of meeting for next year, and asked if any member wished to make a proposition on the matter. The first question was whether they should hold the next meeting in London or in the provinces.

Dr. Proctor: Is it not part of our established order that we should meet alternately in London and in the provinces?

The President: There is no rule to that effect, although such was proposed some time ago.

Dr. Proctor: I think it is a very good arrangement, and I move that the next meeting be in London.

Dr. Hayward: I should like to second it, if our London friends will invite us. We shall be most glad to go to London next year.

There was no other proposition, and the meeting unanimously agreed to meet in London in 1904.

The President: The next thing is the date.

Dr. Madden: I should like to propose, if it is not too much trouble to the Secretary, that we follow out last year's arrangements, and let the meeting synchronise with that of the British Homœopathic Society. Perhaps Mr. Knox Shaw and our Secretary would like to speak on the point before we vote on it.

Dr. Johnstone: I shall be pleased to second this. The arrangement worked very well, and there is no reason why we should not adhere to it. That will make the date of the meeting in the last week in June or the first week in July. It really depends upon the number of Thursdays in June.

The President: May I suggest that the time is a very bad one to get away. We always find the end of the half year is a busy time; there are so many business matters to attend to. At least, I always find it so.

Dr. Dyce Brown: I think the general understanding is that when this meeting is held in London, it should be in the season, somewhere before the end of July.

Mr. Knox Shaw: The Homœopathic Society's meeting generally takes place about the first Thursday in July or the last in June. We could make it the 30th of June perhaps.

Dr. Dyce Brown: Would it not be best to do as last time, leave it to the Joint Councils of the Congress and of the Society to meet and fix an exact date. Would that be agreeable to the gentlemen of the Congress?

This suggestion was adopted.

The President: The next duty is to elect a President for the ensuing year.

As the result of a ballot, the President announced that Dr. Burford, of London, was elected President by a large majority. (Applause.) I am sure—he said—there is no member of our body whom we shall honour more in that post, and who has done more to deserve all the honour we can give him.

The Congress then proceeded to the election of Vice-President.

The President: If I may suggest a name, I should suggest Dr. Goldsbrough as Vice-President.

Dr. Murray Moore: I think I should prefer to see Dr. M'Lachlan elected; he has taken a great amount of trouble to make this Congress a success. I thought Dr. Goldsbrough was going to be elected President, but I am sure he has plenty of time to look forward to for filling that honourable post. Dr. M'Lachlan has given us an excellent paper, and he is one of the men of the greatest abilities and scholarship amongst us, and I shall be pleased to see him brought forward as Vice-President.

Dr. Madden seconded the nomination of Dr. Goldsbrough.

Dr. Gilbert (Reigate) seconded the nomination of Dr. M'Lachlan.

Dr. Proctor: I wish to say that Dr. M'Lachlan is Vice-President for the present Congress; would you elect him for the next?

Dr. Madden: That is exactly what is proposed.

Dr. Murray (Folkestone): I think it would be a pity to divide the Congress on this question. It is very desirable that we should be unanimous, and as Dr. M'Lachlan has been Vice-President this year.

Dr. Gilbert: We know that.

Dr. Murray: Yes, we know that, and we appreciate and value his services.

Dr. Gilbert: We want to make him Vice-President another year.

Dr. Murray: He is not an older man than Dr. Goldsbrough and there is the same reason for him waiting as the other.

A ballot was then taken.



The President : The result of the poll is that Dr. Goldsbrough is elected. (Applause.)

Dr. Goldsbrough : I should like to thank the Congress for the honour they have done me ; it is somewhat of an ornamental post, that of Vice-President, still, if there is any way in which the Congress can be served, I shall be delighted to do what I can.

The President : We have next to propose a local Secretary.

Dr. Dyce Brown : I should like to say that last time we met in London, Mr. Knox Shaw consented to act as Local Secretary, and I found his assistance of enormous value. If he will accept the post again, I beg to propose him.

Dr. Burwood seconded, and this was carried.

The President : The next officers to appoint are the Honorary Secretary and Treasurer. Dr. Dyce Brown and Dr. Madden have filled these offices so long that I do not think we could do better than decide upon their re-election, and I have the honour to propose them. (Applause.)

This was agreed to unanimously.

Dr. Dyce Brown : I shall have much pleasure in doing all I can for the good of the Congress.

Dr. Madden : Thank you.

As the result of a ballot, Drs. Byres Moir, Neatby, Johnstone and Mr. Dudley Wright were appointed to act with the *ex officio* officers as members of the Council, the President remarking that he did not think that they could have chosen four better men.

Dr. Proctor said he wished to call attention to the handbook which was being prepared for the association. He for one, and no doubt other members of the Congress, would be glad to know what had been done in the way of preparation. He felt that it was a very important matter which was being undertaken, and when completed, it would be understood to represent the Homœopathy of the present day. He would like to have the information he now asked for. Dr. Byres Moir was not present, but Dr. Johnstone was with them, and he would be glad if Dr. Johnstone would tell them what was being done in the way of that publication. They were not all able to be present at the deliberations of the Association, but on this present occasion they had assembled from the four quarters of the country ; therefore, he put that question.

The President : Excuse me, it is entirely out of order. We can talk of this matter in a conversational way as a meeting, but as a Congress we have no right to call upon an official or a member to give an account of what is being done.

Dr. Proctor : Of course, it is purely voluntary on his part ; I am entirely in your hands.

The President: I do not wish to stop the discussion, but as a Congress I do not think we can deal with it. I leave myself in the hands of the members entirely, but I think it is a point of order.

Dr. Dyce Brown: I quite agree with the President's view of the matter. It is *ultra vires* for us to interfere with the arrangements of the British Homœopathic Association. I do not think Dr. Johnstone would feel himself at liberty to go into the details of the book as Dr. Moir is not here, and, moreover, the Committee who arranged the matter would have to give their sanction before anything could be said authoritatively. That is my view of the case. I would suggest that no good can come out of pressing the discussion.

This closed the business of the Congress.

Dr. Dyce Brown expressed the hearty thanks of the members to the President, Dr. Percy Wilde, for the admirable way in which he had conducted the business.

#### THE DINNER

At seven o'clock the members dined together at the Randolph Hotel, Beaumont Street. Dr. Percy Wilde presided, and the function was rendered the more enjoyable by the presence of a number of ladies and other friends.

After dinner was over, the President was received with hearty applause on rising to submit the opening toast. He said: Ladies and Gentlemen,—I rise to propose the health of the king. When at our last Congress, I had the honour of proposing this toast to you, His Majesty was recovering from a very severe illness. Since then, he has played a part in so many momentous events, that it seems like the history of a long reign rather than the record of one short year. You will remember that at that time the population of Europe had been stirred up by a mendacious and hireling press to a hatred of the name of Englishman. It was just this time His Majesty chose for a visit to the Continent; he drove through the streets of the cities, and gave orders for his guards to be dismissed from the side of his carriage, so that he might see the people and the people see him. Admiration of confidence and courage is not the peculiarity of any one nation, it is a human instinct. The King appealed to that instinct, and the thunders of applause which greeted him as he passed through the foreign capitals cleared away the clouds which gathered around the foreign relationships of this country; our position at the present time with our Continental neighbours is a much better one than it has been for many years past. (Applause.) This is the work of the King himself; not of his ministers, nor of his army, it is the King's own

personal work. (Hear, hear.) Then during the last two days the King has given us a remarkable object lesson in the study of sociology. When he proposed to visit Ireland, the Dublin Town Council passed a resolution that they would not propose a vote of welcome to him. In spite of that, the King has visited Dublin, and he has been received there with an enthusiasm which has not been equalled by the reception which he received in England, in Paris, or in Edinburgh, or in any other place he has visited. Now, as the Corporation of Dublin represent the people, the apparent truth is that Dublin is a very disloyal city; but the real truth is that it gave the King a reception such as has had no parallel. (Applause.) How are you going to explain this? Well, homœopathically. (Applause and laughter.) I should say that the Dublin corporation represent the disease, the impairment of the organism; and I should say that the tremendous enthusiasm of the people represents the re-action against the disease, a re-action greater than that of health, as we always find it; and I should look upon the King as the remedy exciting the re-action. (Applause.) Well, Ladies and Gentlemen,—The King, during the last year, has shewn us that a constitutional monarch is capable of exercising an influence upon foreign and domestic affairs which no autocrat has ever possessed. He holds that influence because he has behind him a force which is stronger than army or navy, the affection and love of his people. (Applause.) Ladies and Gentlemen,—The King! (Applause.)

The President: Ladies and Gentlemen,—The next toast on our list is "The Queen, the Prince and Princess of Wales, and the other members of the Royal Family." The French President had recently the honour of being introduced to her Majesty the Queen, and I noticed in the papers that he said he could well understand the adoration in which she was held by her subjects. I think he fully expressed the feeling of every Englishman toward her Majesty—that of adoration. It augurs well for the future of this country that the late Queen, the mother of our King, and the present Queen, the mother of the Heir to the Throne, have both commanded the love and respect of the whole civilized world. (Applause.) The Prince of Wales, we know, has devoted himself to those questions which affect the social condition of the people, and the progress of the nation. I think we can rest assured that he will worthily sustain the great traditions of a great dynasty. Our Royal Family are at all times engaged in assisting every good and noble work, and they are constantly taking the chief part in celebrations which entail an enormous amount of fatigue, and are very often very exacting. I think our

feelings towards the Queen and the Royal Family are that we not only wish to drink their health, but we look upon it as one of the greatest interests of the nation that their health should be spared. It is not only our toast therefore, it is also our prayer. (Applause.) I give you "the health of the Queen, the Prince and Princess of Wales, and the Royal Family." (Applause.)

The toast was enthusiastically received.

Mr. George Howes here sang with great effect a charming song by Mattei, "Oh! Oh! hear the wild winds blow."

The President: I now have to call upon Dr. Goldsbrough to propose "the memory of Hahnemann." I need hardly remind you that this toast is always drunk in these assemblies in silence.

Dr. Goldsbrough: Mr. President, Ladies and Gentlemen,—Although we drink this toast in silence, our silence is not sadness. We have not come to bury our Cæsar, we have come to praise him,—(Hear, hear),—and, if possible, to raise him in our estimation. There are two lines in one of our greatest poets—Browning—that I generally agree with. I want tonight to disagree with them so that I may apply them to our hero. The lines are:—

"It is not what a man does that exalts him,  
But what a man would do."

In the case of Hahnemann the couplet should be reversed. It is not what Hahnemann would have done, but what he did that exalts him in our estimation. In the course of the day we have been regaled with a great deal of the metaphysics of science, but when we come to drink to the memory of our departed hero we might be more inclined to think of the metaphysics of mind and of knowledge. We were reminded this morning that if a perfect correspondence could exist between life and its environment there would be no reason why life should not go on for ever. I want to suggest that you dwell on the great effect of memory and human action in movements which tend to elevate the human race. In memory and human action, you have some, at any rate, of the factors which will go to perpetuate and to immortalise the human spirit, and which is more important to us than the immortalisation of our physical frames. It is not what Hahnemann would have done that exalted him, but what he did. What did he do? For me to attempt to describe that to you would be superfluous, but, if you will permit me, I will pass a reflective glance over three or four things which he did. His range of observation over human life, over chemistry, over physics, was unsurpassed in the day in which he lived. The minuteness and accuracy with which he described the

phenomena of disease and the phenomena of drug action have never been equalled, and his actual contributions to the science of drug action, the result of experiment and research, I may venture to say have never been equalled. But those are only two or three of the things he did. His crowning victory was in the formulation of the great rule of practice which has brought us to Oxford to-day. It would be tolerably easy for me to suggest to you how you should think and what you should think, but for a man not only to tell us how we should think, but also to give us a rule by which to transform our thinking into practice is an achievement of the very highest order of human attainments. "Think as I think" would be a comparative conquest, but "Do as I do because I think as I do" is a very much greater one. And if we carry our minds back over the heroes of the human race, we find there are very few indeed who have been able to accomplish that, but Hahnemann was one of these. I need not dwell on the great sphere of practice which he initiated. Practitioners of surgery there have been many, but practitioners of medicine—original practitioners of medicine—there have been extremely few. Just these things which Hahnemann did, it seems to me, exalt him. If we immortalise Hahnemann by imitating his action, shall we not do something to immortalise ourselves? if that is a desirable thing. We are all united in this great effort of the medical profession to raise the human race to a higher state of life, and it is for that reason I ask you to drink to the memory of Hahnemann. The toast was received in reverent silence.

The President: The next toast is "Success to Homœopathy," which is to be moved by our esteemed Vice-President, Dr. M'Lachlan. (Applause.)

Dr. M'Lachlan: Mr. President, Ladies and Gentlemen,—When I was told that I had to speak to this particular toast, which I tried my very best to avoid, I assure you I set about thinking what in the world I was to say. For at the outset there are certain difficulties in the way. First of all, what does success mean in this particular toast. Does it mean the success of homœopathy in general, or does it mean the success of the practitioner of homœopathy in particular?—(Laughter), the success of a great cause—(Applause)—or of individual men? (Hear, hear.) If the latter, I am afraid some of you may perhaps regard my remarks as not altogether unbiassed. (Laughter). Then, again, as to a definition of "success" I find myself entirely at fault. To be sure one may adapt a phrase frequently met with in newspapers, and say, "Success is more easily understood than explained"; or follow a still

more time-honoured method, *viz.*, to look the question boldly in the face and pass on. (Laughter.) In thinking on this subject I had some curiosity to find out what Thomas Carlyle had to say on it. It seems, however, to be a subject he rarely if ever treats of, as indeed one might have foreseen. His was the gospel of work, work that had no thought of self, or hope of reward, merely for the reward's sake, at least not in this world. "The latest gospel in this world," says he, "is know thy work and do it." One cannot help adding that it is also a pretty early gospel—"in the sweat of thy face shalt thou eat bread." We must all toil—or steal, and it makes no difference by what name we call our stealing. (Laughter.) My friend here suggests that we should do both. (Renewed laughter and a voice: "Probably you do.") Of course there is another gospel, a more recent one, but I am unable to enter into the particulars of it: I do not quite understand it. It is something about "Protection"—(Laughter)—about "Old age pensions," and so on. I don't know, but I think that is the latest gospel of all. (Laughter and applause.) Few realised more deeply than did Carlyle the pathos of life, with its uncertainty and brevity, and this gave a sort of passion to his preaching of this gospel of work; over and over again we hear the words "the night cometh when no man can work"—the night with its tragedy of many a broken life, and many a broken heart. There is nothing better, nothing more worthy of man than a stern, unyielding devotion to *duty*, and this Carlyle insisted on in season and out of season. In the light of this a mere *personal* success shrinks into insignificance. One can almost hear this prophet of a strenuous life even now saying, "Success, my brother, what in the world—this world or any other—have you to do with success!" There can be no question whatever of success, but quite another question. The question for *you* is "Know thy work and do it." Work, not success, is the mission of man in this earth: work, therefore, and therein have well-being. What difference does it make whether *thou* art successful or not? To-day becomes yesterday so fast, all to-morrows become yesterdays, that there is no time to think of success. The *soul* is not synonymous with the *stomach*, nor an easy conscience with a smoothly acting liver. Rise, then, true Shekinah! and cast away that tin kettle of ambition appended to thy caudal vertebræ by God's enemy and thine. (Applause.) That is the sort of style in which Carlyle would, I think, have treated of success. We turn now to the other aspect of the question of success, *viz.*, the success of a great cause—that of homœopathy—as opposed to mere personal success. It is to this our toast refers, and concerning

this you will hear a great deal more from the next speaker, Dr. Burford. He will tell you far more about it in a much more excellent way than I can ever hope to attain. You see I am "faith"; he is "works." (Laughter.) So to-night we are having a sort of a judicious mixture. (Loud laughter.) Now, although Carlyle was so nobly scornful as to mere personal success and self seeking, nevertheless few had a greater belief in the ultimate victory of truth over error, and no one preached so persistently our sole duty of finding and following truth. List to the Professor in *Sartor Resartus*: "Truth," I cried, "though the heavens crush me for following her: no Falsehood! though a whole celestial lubberland were the price of apostasy." Carlyle was essentially a man of faith. It is the man of faith that moves the world—that can work miracles. Your mere millionaires will never *move* the world: they may move the markets, or they may give the world a nasty "shog," to quote a word used by Robert Burns in a celebrated address to a person who shall be nameless.

"Then you, ye auld sneck-drawing dog!  
Ye came to Paradise incog.  
An' played on man a cursed brogue,  
(Black be your fa!)  
An' gied the infant world a shog  
'Maist ruin'd a'."

Faith, properly speaking, is the one thing needful, though with stupidity and a sound digestion a man may achieve a great deal—of a certain kind. But it is the Jonathans with hearts filled with living faith that can defeat whole armies of Philistines. Your man of faith, too, is a *seer*—he can see further than other men: to him such words as time, eternity, have no existence. Hahnemann was a man of faith—faith in the truth of a great principle, that will yet *rule*, as it has already *swayed* the great world of medicine. Through all his poverty and persecutions he never lost faith in the goodness of God, or in the efficacy of homœopathy as the only method of healing the sick. He was also a man of *works* as his *Materia Medica Pura* proves. And if homœopathy is to be successful we also must be men of faith—(Applause)—but faith alone is not enough: there must be *works*—a judicious mixture of faith and works. No gracefully graceless dilettantism will do. Did I not believe in the truth of the great law of homœopathy I would be the very last to wish it success, and the first to say "Sweep it from the face of God's earth." We find fault with the members of the opposite school *not* because they are opposed to homœopathy, but because their opposition is *not reasonable*, as they *know* nothing whatever about the science, and have even *heard* very little, and that little is probably not the truth. There is a certain class of would-be scientists

who speak and act as if the knowledge of scientific facts were independent of experience, in other words as if it were *à priori*. It is this same class of "scientists," who think they have explained all things in heaven and on earth merely by giving them scientific names. (Laughter and applause.) Apart then from mere self seeking we would wish homœopathy all success. We are convinced that it must prevail, just as surely as truth must ultimately be victorious over error, superstition and falsehood. In the mean time we can wait; but with a system grounded on error, supported by superstition, whose only authority is mere tradition, and which orders us to speak and act lies we will have nothing to do. The necessities of language compel us to speak of the New school as opposed to the *old*. But truth cannot be *new*, never will be *old*, for in its nature it is eternal. Error alone can grow old, can decay and pass away. The beginning of creation is *light*: so till the eye have vision our members are in bonds, in a veritable state of chaos. May the spirit of Truth brood over this chaos, and bring order out of disorder. He alone is *free* whom truth makes free, and all are slaves beside. Maintain the truth then at all costs; if harmony and union can be promoted in this way, well and good, but our great and only duty is to find and follow truth. (Applause.)

Dr. Burford, who was also associated with the toast, said: Mr. President, Ladies and Gentlemen,—At the outset I would like to thank the members of the Congress for the honour they have conferred upon me to-day, an honour by no means of my own seeking. I cannot pretend in the duties of my next year's office, to equal, much less excel, the services of my predecessors, but this I will promise you, I will do what England expects every man to do—his duty. Well, sir, with regard to after-dinner speeches, some wicked wit has observed that the keenest appreciation of them is with those who make them. (Laughter.) His would, I am sure, be a dull and graceless personality who could not evoke enthusiasm and strike a happily responsive chord on the subject of Homœopathy in such an assemblage as this. In following my friend, Dr. M'Lachlan, who has so eloquently proposed this toast, I do so with pleasure, because I recognise in Homœopathy the spirit of the time, the very *Zeit-Geist* itself. The whole intellectual air has of late been filled with talk of atoms and molecules, ions and electrons, of emanations and radio-active bodies. Physicists are finding their way from matter in general to views which have been long held by Homœopaths for remedies in particular. Sir William Crookes tells us that radium, the new metal—an infinitesimal fragment of which I hold in my hand—is capable of giving forth ions for an indefinite time



without suffering apparent loss of substance. In solution it can impart to all things it comes into contact with the same property. It can give forth a certain amount of heat without combustion, and if in an unguarded hour you carry it about with you in your pocket, it will leave something to remind you of its powers for weeks to come. (Laughter.) But the the persistent action of the inconceivably minute in the sphere of remedies is exactly what homœopaths have been familiar with for many years.

Now we hear countless complaints about the American invasion and its results. Whether we like it or not, it seems as if this has come to stay, and probably with an energising issue for ourselves. In no respect is Homœopathy better seen as the Time-Spirit—the informing spirit of progress—than in its invasion of the general practice of medicine. What has delivered us from the old time heroic treatment—heroic on the part of the patient to endure it—which was the use and wont of medical practice in the early Victorian era? The invasion of Homœopathy enters the arena, and nothing else. What has made one of the shining lights of the medical firmament now advocate one sixtieth of a grain of a particular substance for a dose, when the rule of practice in the seventies was ten grains—six hundred times the quantity? The invasion of Homœopathy, and nothing else. Dr. Dyce Brown prepared for us at last year's Congress an abstract of the details of this invasion of Homœopathy into orthodox medical practice. It ranges from Dan to Beersheba—it seems all-pervading—and if Molière's hero had talked prose all his life without knowing it, so also the modern physician practices much homœopathy without knowing it, and attributes to the march of science what is really due to the insight of Hahnemann. (Applause.) So much for Homœopathy as the Spirit of the time. On this occasion we may derive further inspiration from the Genius of the Place, One of Oxford's most gifted ones has written of the "Remnant," and Matthew Arnold could scarcely have described in more fitting language our own position as a Remnant—a body of opinion, detached from the majority concerning a precious kernel of truth, solaced by the fact that majorities are usually wrong. Continuing the parallel, we may say that we infinitely prefer the "culture" of our own therapeutics to the "anarchy" of the teachings of the orthodox school.

Again, Sir, it must have been with a full sense of the fitness of things that Dr. M'Lachlan invited us to Oxford at our last year's Congress. The very atmosphere is academic, and on all sides we see the august embodiment in bricks and stone

of the conquests of the intellect. A clear proof of the intellectual freedom which culture brings is that here not only are the principal lines of cleavage of thought represented, but various other views of truth have each their own collegiate institution.

I take it that if we wish to make our visit to Oxford aught more than a pleasant reminiscence, if in supporting this toast we wish to do more than pay a passing compliment, we must recognize that we must leave no stone unturned until we have our own collegiate institution. (Applause.)

We require the collection of our scattered forces, and their unification for the whole country in a teaching institution, drawing its professoriate from the best brains the whole country can provide. This idea has for some time past been, as Tennyson says, "toiling through the gloom."

About twelve months ago, some of the bolder spirits conceived the idea to put British Homœopathy once and for all on a less precarious footing, and endeavour to teach its votaries in a systematic way its principles and practice. In and out of season, despite censorious critics, and the apathy of the weak-kneed brethren—(laughter)—we have kept at it, and our plans have been to a great extent successful. Twelve months ago I was able to tell you that we had collected £5,000 for this specific object, and now I can say that that amount is doubled, and we have £10,000 practically assured for this object. (Applause.) That sum is for the most part to be applied to the purpose of homœopathic professional education in Great Britain. This is the first time in the history of British Homœopathy that an attempt of such magnitude has been made towards this end, and resulted in anything like this degree of success. (Applause.) With your permission, Mr. President, I will point a moral from these remarks. It is very interesting to listen to pleasant reminiscences of those who have toiled during the past twelve months, but something more is necessary, I wish every one to ponder what is their personal duty in this matter—the place they will take in securing the consummation of these ideals. The besetting tendency is, of course, to consider schemes like this to be practically automatic; that once set going, they grind out funds for themselves. They do nothing of the kind—they grind out the lives of the half dozen people who take them on their shoulders. (Laughter and hear, hear.) I wish every individual here, interested as we all are in homœopathy, would endeavour to do something—little or much, the more the better—for the furthering of this desirable end—the erection and equipment of an institution for teaching and examining in homœopathy. (Applause.) If every individual

here would only endeavour, herself or himself, in the course of the next four or five years, to endeavour to get, to work for, or to insure something like £100 each and send it to the authorities in London, our task would be immensely lightened. Specific professional education we must have or we shall die, and if we die the stress of our removal will be not on the practitioners, but on the public. (Hear, hear.) Well, what has this, you ask, to do with the success of homœopathy? I will adopt a parable to convey my meaning. Mr. Ruskin and Professor Huxley were years ago lecturing on "Snakes" in London; about the same time a capable critic said of Mr. Ruskin's lecture that it dealt with almost everything but snakes, nevertheless, it was an excellent discourse; while Professor Huxley's lecture, which dealt with snakes entirely, was a much less interesting performance. (Laughter.) I leave you to draw the moral. I am perfectly certain that you will all agree in drinking this toast, that it is of homœopathy as it is of most things good—quite impossible to have too much. (Applause.)

Mr. H. E. W. Phillips, B.A., then gave a most amusing and entertaining "Lecture on Therapeutics," which was greatly appreciated.

The President: I have now to call upon Dr. Proctor to propose a toast.

Dr. Proctor: Mr. President, Ladies and Gentlemen,—I suppose I ought to say I rise with pleasure, but the fact is I do not. I had much rather the toast had been allotted to someone else who would have done more justice to it. But when the President and his colleagues arrange these matters the fate of speakers is in their hands. (Laughter.) During the morning we were treated to a great deal of learned discourse about toxins and anti-toxins, and some of the speakers would have you to believe that this development of medicine was a new one. But I beg to demur to that, for if you will allow me to recall to your minds a phrase in Byron, it will dispel that error most effectually. Byron speaks of

"The tocsin of the soul,  
The dinner bell."

(Laughter.) It occurred to me to ask the question, "What constitutes the anti-tocsin?" (Laughter) and one answer which suggested itself is that the anti-tocsin is represented by the after-dinner speakers. (Laughter.) They are, what shall I call them, the lower animals which are operated upon to produce the anti-tocsin for the benefit of the members who are exhausted by too much science during the day. (Loud laughter.) Well, now, apart from mere joking, we have had a very serious business on hand to-day, but it has come to a

very happy termination to-night. (Hear, hear.) The speeches have taken on a somewhat serious tone, with the exception of the gentleman who gave us the "Lecture on Therapeutics," which I thought was hardly suitable for so grave an assembly. (Laughter.) We have had the question of homœopathy in Oxford very strongly brought before us and very eloquently dealt with by Dr. M'Lachlan and Dr. Burford (Applause) and we have the right to look to Oxford as the seat of light and leading, to take the front rank in the future development of whatever may prove to be an advance in medical science, and such an advance we hold to exist under the term homœopathy. (Hear, hear.) I hope some steps will be taken—some forward steps—in this "city of the soul" that will give homœopathy a fillip, or as Dr. M'Lachlan, in his own expressive Doric, said, "shog." (Laughter and applause.) It is hardly necessary to quote the hackneyed phrase of Matthew Arnold about Oxford, that it is the home of "lost causes, and forsaken beliefs, and unpopular names, and impossible loyalties." It is inevitable that an ancient city should be the home of causes that have been forsaken. Civilisation depends upon the forsaking of a lot of ancient causes, and I trust one of the forsaken causes will in the future be the attitude of allopathy. (Applause.) On the way down I was looking, as I was recommended to do, at a little pamphlet giving an account of Oxford, its sights and antiquities, and amongst the pages at the end I saw the advertisement of a brochure, a lucubration, by some Oxford man, entitled "Romeo and Juliet, or the Shaming of the True." Well, Gentlemen, I think that has been very much the little comedy that allopathy has been performing with regard to homœopathy, attempting to "shame the true." (Applause.) But I think we have heard enough to-day to assure us that we are near the point of the curtain rising of a new act, and when that new act comes to be performed, we shall have a good illustration of what our chairman has told us. You have all heard of the very expert swordsman who said he could cut a man's head off without his knowing it. A man who doubted his veracity offered to be operated upon; the swordsman made a pass with his sword, and brought it out on the other side of the man's neck. "Well," said the man, "What is the matter? You have not done anything." "Shake your head," the swordsman replied. He did so, and his head fell off. (Laughter.) I think the allopathic head is pretty loose, and it only wants a shake, and off it will go. (Applause.) Dr. Burford has pointed out that we have quite a consensus of evidence that the recent findings of science have all been in the direction of supporting homœopathy, as regards both

the law of similars and the small dose. I will say no more, but bring these rambling remarks to a close. They do not seem to have much reference to the toast in hand, but having listened to us with patience, I now beg to propose "The Visitors," whom we are always delighted to see at our Congresses.

The Rev. Samuel Holmes, in responding to the toast, said : Mr. President, Ladies and Gentlemen,—I suppose I have to say that I am anti-intoxic, and that is the only joke I shall make. I have to thank you very much for myself and the other visitors for so kindly proposing the toast. That speech is, I am sure, in true conventional manner, and as I have known many medical men, it will please you to know that I find they always expect me to be conventional. (Laughter and applause.) I thank you for the kind manner in which you have proposed the toast, although nothing was said about us. Allow me to say, that as Chairman of the Dispensary Committee of the Oxford Homœopathic Dispensary, I do not feel absolutely a stranger here, although I am a visitor only. (Applause.) It has given me much pleasure to be here, and it has shown me that Dr. M'Lachlan has good things in store for his friends that he does not tell them of, because when he suggested that I should become chairman of the Dispensary, he said "The stipend was nothing, paid quarterly" (Laughter.) He ought to have told me I should have had a most delightful treat on this occasion. It has been a great treat to have done what I have done to-day. (Applause.) I have had the pleasure of taking a good many gentlemen—and some ladies—round the colleges of Oxford, and of feeling I was doing something very remarkable indeed. (Laughter and applause.) I know that visitors hardly realise what a great pleasure it is to an Oxford man to show them round the colleges. (Applause.)

Mr. George Howes then kindly favoured the company with another song, "The Norseman's Song" (*Ervini*.)

Dr. Madden then rose to propose the remaining toast, and said : Ladies and Gentlemen,—I beg you to understand that on this occasion I am not myself, I am only representing in a small way, Mr. Knox Shaw, on whose behalf I have been asked to propose the next toast. For Mr. Knox Shaw is so much in demand that he has been obliged to go home in order that he may start work at an early hour to-morrow morning. We are all very glad that he is so busy, but we are very sorry that that fact deprives us of his presence. (Applause.) You will remember that he was our President last year at the Congress held in London, but unfortunately, through a family bereavement, he was unable to preside at the dinner, and on

that occasion our President of to-day, then Vice-President, took his place. Mr. Knox Shaw wishes me to say he very much regrets that he is unable to propose the health of the President, as he would like to have taken the opportunity of publicly thanking Dr. Percy Wilde for his kind assistance last year. So far as I know it has not fallen to any one's lot to occupy the chair on two successive occasions, and I think we have to congratulate ourselves very heartily that we have such a member amongst us as Dr. Wilde, whom we can always rely upon with the utmost confidence to take a leading part in professional work, or in presiding at a social function as at the present time. (Applause.) Whatever he is asked to do he is always willing to do it, whether convenient to himself or not, and whatever he does he does well. (Applause.) I call upon you to drink to the health of the President with musical honours. (Applause.)

The company joined heartily in singing "For he's a jolly good fellow."

The President, who was warmly applauded on rising, said: Ladies and Gentlemen and Dr. Madden,—I thank you deeply for the very kind way in which you have drunk the toast of my health. I am also extremely obliged to Dr. Madden for the very kind and sympathetic way in which he has proposed the toast. I think it is characteristic of the homœopathic body that they are always extremely appreciative of any work done on their behalf. (Applause.) Whether we differ in opinion or not on other things, we always have one feeling that any one who will come forward and help us in our work—whether they are colleagues or lay members—we appreciate it. (Hear, hear.) It was a great pleasure to me to have the honour, the very great honour, of presiding at the proceedings this morning. I think the papers we had show that the advancement of science in every direction tends towards the truth of the fundamental principles which the homœopathic body have always supported. (Applause.) With reference to the very kind remarks Dr. Madden has made about me, I would point out that the success of a congress like this depends more largely upon others than upon the President. In the first place the heat and burden of preparing for this day has fallen upon the Secretary, Dr. Dyce Brown, who has been honorary secretary of this Congress ever since I can remember, and I am sure that if he had not been obliged to leave us early to-night we should all drink his health and thank him for what he has done. (Applause.) Then at this particular Congress a great deal of work has fallen upon our esteemed Vice-President, Dr. M'Lachlan. (Applause.) I do not think there is any member present who will not agree

with me in proposing his health, as I mean to do. I am sure we shall all drink most cordially to the health of Dr. M'Lachlan, not only because he has acted as our Vice-President, an honour which his shoulders are broad enough to bear, but, as the Local Secretary, he has been responsible for all the local arrangements. Not only has he given us a very able paper dealing with chemical science, but he has given us a speech far above the average of after-dinner efforts, both from the toxin and antitoxin aspect. (Laughter and applause.) He has arranged for us to visit the principal colleges of Oxford, and we have also to thank those who at his request took us round the colleges. (Applause.) I think also we should be remiss if we did not make some reference to the presence of the ladies. (Hear, hear.) We seemed at one time to have adopted the monastic attitude, and we dined without the ladies last year. On this occasion we have the honour of their presence, and I am sure the whole of the Congress has been made the more enjoyable because of their sympathetic interest. (Applause.) Therefore I must thank the ladies for having come here to-night. (Hear, hear.) The ladies have played a large part in the progress of the homœopathic school. They can do work we cannot. To-day at luncheon I had by my side the lady who founded the Lansdown Hospital at Bath (Miss Jennings), which is doing a large amount of good work in promoting the cause of homœopathy, not by taking a narrow and sectarian view, but because we have there a hospital open to all doctors, who are allowed to follow their own patients into the hospital. (Applause.) I talked over the scheme with Miss Jennings some ten years ago, and I must say the result of the scheme has been a very great success, and has vastly improved the position of homœopathy in Bath. (Applause.) I think at this Congress we cannot do better than as far as possible encourage the ladies to take an interest in the work in which we are engaged. (Applause.) I think, also, ladies and gentlemen, we might think of the great help we have received from those who have read papers to-day, our friends, Drs. M'Lachlan, Johnstone, and Madden. I think we should thank them for the papers they have read. (Applause.) I will conclude these remarks by asking you—and in so doing I know I shall be meeting your wishes—to drink to the health of Dr. M'Lachlan, our Vice-President. (Applause.)

The toast was drunk with musical honours.

Dr. M'Lachlan, in reply, said: Mr. President, and Ladies and Gentlemen,—I can only thank you for this very kind toast. I may say it has been a very great pleasure to me to do anything I have done for the Congress, and I should only

be too happy if you could come every year. The difficulty was in the afternoon, when one felt a little bit worried ; we wanted to show you so much and had so short a time to do it in. But perhaps on some future occasion you may come here again, and we shall show you more. I thank you very much for all your kind wishes. (Applause.)

The remaining item of the programme was an amusing musical sketch "Our Village Concert," by Mr. H. E. W. Phillips, B.A., which was admirably given, and greatly enjoyed.

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### NOTABILIA.

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#### DR. MADDEN'S CONGRESS PAPER.

WE are pleased to see that Dr. Madden's excellent paper has been re-printed nearly entire from our pages in the *Bromley and District Times* of August 7th. In this way a much wider *clientèle* of readers is reached than otherwise would have been possible.

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#### MR. GERARD SMITH, M.R.C.S., L.S.A.

WE are glad to learn that our colleague, Mr. Gerard Smith, who had to give up London practice on account of his health, has recovered it sufficiently to enable him to resume professional work. He has been appointed Resident Medical Officer to the Homœopathic Hospital, Hobart, Tasmania, as a preliminary to his engaging in private practice. We cordially wish him continuance of good health, and the success in private practice which, we all know, he richly deserves. We congratulate the hospital at Hobart on having obtained his valuable services, and the public of that important town on having the privilege of consulting such a skilled practitioner.

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#### BURNETT MEMORIAL FUND.

SINCE last announcement, the following donations have been received : Dr. Pullar, £5 5s. ; Major Lister, £1 1s.



### THE SYDNEY HOMŒOPATHIC HOSPITAL.

WE have seldom had more pleasant and interesting reading than that afforded by the Report of the First Annual Meeting of the Sydney Homœopathic Hospital, which we have only just received. Not only is it a pleasure to hear of the inception of a new homœopathic hospital anywhere, but it is specially gratifying when such an institution is commenced in one of the Colonies, and in such an important city as Sydney. And the fact of Dr. J. P. Deck, the Hon. Medical Superintendent, having so recently dined with us at the Festival Dinner of the London Homœopathic Hospital gives us a lively and personal interest in his hospital, of which, in his speech at the dinner he gave an excellent account.

The present report is for only five months, as in accordance with the "Public Hospitals Act" the annual meeting must be held in January, and the accounts dated from January, and the hospital has only been in working existence for the short period of five months. But the report is all the more interesting with its excellent record.

The annual meeting took place on the 29th of January though it is only now that the report has been sent to us. The following is the Report of the Board of Management.

"Ladies and Gentlemen,—The Governor by proclamation, published in the Government Gazette, dated 17th October, 1902, extended the provisions of the "Public Hospitals Act, 1898" to the Sydney Homœopathic Hospital, and as under that Act an annual meeting must be held in January, for the election of trustees, committee, auditors, and other elective officers, it is deemed suitable, although this hospital has only been in official existence for five months, and although since its initiation only six months have elapsed, to publish a report on the institution.

The board of management has therefore much pleasure in laying before the subscribers a history of the establishment of the hospital, as well as a statement of the progress of the institution to the 31st December, 1902.

On the 2nd July, 1902, a meeting was held in Vickery's Chambers in response to circulars which had been sent out, calling together all those who might sympathise in the establishment of a Homœopathic Hospital. The meeting was presided over by Mr. Donald Cormack. At that meeting a provisional committee was formed, to consider the advisability of establishing a Hospital and Dispensary for the treatment of the poor on the principles of Homœopathy, and to ascertain what financial support could be relied upon, and to report to a subsequent meeting their recommendation as to the best way of carrying this into effect.

On the 6th August a general meeting of subscribers and sympathisers was held at the board room at Vickery's Chambers, at which the Hon. Mr. Justice Pring presided, and a large number of ladies and gentlemen were present. The Provisional Committee reported that it was advisable to forthwith establish the Hospital, that satisfactory promises of financial support had been obtained, and it was recommended that No. 299 and 301, Cleveland Street, Redfern, be rented for hospital premises, and that rooms therein should be equipped for consulting and waiting rooms for the attendance of out-patients, and that two public wards and one private ward should be furnished for in-patients, containing eight beds in all. Also that an operating room be fitted up and equipped for surgical work, as well as quarters for the matron and nurses.

The Provisional Committee also reported that Lady Rawson had kindly consented to become Patroness of the Institution.

The recommendation of the Provisional Committee to forthwith establish the Hospital was unanimously adopted. The Bye-Laws for the management of the Institution, which had been drafted by the Provisional Committee, were also adopted. By these resolutions the Sydney Homœopathic Hospital being thus duly formed the meeting proceeded to the election of Office Bearers according to the Bye-Laws, and the following officers were elected, viz.: President, The Honourable Mr. Justice Pring; Vice-Presidents, J. E. Bowes, Esq., Donald Cormack, Esq., H. E. B. Young, Esq., C. E. Young, Esq.; Hon. Treasurer, Mr. Edward Denham; Hon. Secretary, Mr. Alfred E. Bubb; Committee, C. Nettheim, R. Curtis, J. P. Walker, L. H. Curtis, W. A. Windeyer, J. T. Ralston, A. H. Nash, J. B. Holdsworth, Victor Le Gay Brereton, Dr. W. G. Watson, J. Joyce, E. F. Broad; Hon. Solicitor, W. A. Windeyer; Hon. Auditors, G. Mason Allard, J. Hunter Stephenson.

The above named gentlemen, with the exception of the Hon. Auditors, form the Board of Management of the Hospital.

The Board reports that it has leased the premises, Nos. 299 and 301, Cleveland Street, Redfern, and has equipped the same as a hospital. Pending the extension of the work of the Institution, No. 299 was sublet to a lady, who contracted to cater for the hospital inmates, but this arrangement is terminated, and the whole of the premises are now available for hospital purposes.

Dr. J. Feild Deck has been appointed Hon. Medical Superintendent, and Dr. G. H. Baring Deck and Dr. J. Northcote Deck, Hon. Medical Officers.

A duly qualified and registered nurse has been appointed matron.

The subscriptions and donations to 31st December as will be seen by the balance sheet duly audited, amount to £518 10s. 6d., which, considering the financial depression now being experienced in this State is a matter for congratulation. Fees from In-patients and Out-patients total £113 18s. 9d. The expenditure for equipment and maintenance to the 31st December, is £578 5s., leaving a balance of £86 6s. 9d. in hand.

It is intended to forthwith lay the claims of this Institution before the State Government in order that it may participate in the usual pound for pound subsidy.

No application had so far been made for this, as it was deemed advisable to defer doing so until the Institution was in a position to submit for the consideration of the Government authorities the Bye-Laws, rules for Internal management, and the first Annual Report and Balance Sheet. As this can now be done there is no doubt that in a few months when a claim for a Government subsidy for this Institution is presented it will be conceded, and the Hospital's scope of usefulness will be materially increased.

A Ladies' Aid Association was formed in July last to assist the Board, and it has contributed the sum of £61 7s., and in numerous ways, which come more particularly within a woman's sphere, has been a great source of encouragement. From the report which is appended hereto it will be found that the efforts of the Ladies' Aid Association to assist the Board of Management in promoting the interests of the Hospital have met with marked success.

The total disbursements for furnishing is £264 14s. 7d., included in this sum the following special donations are gratefully acknowledged, *viz.*: Mrs. Le Gay Brereton, 1 Bed for Women's Ward; Mr. C. Nettheim and Friends, 1 Bed for Women's Ward; Mr. and Miss Tucker, 1 Bed for Men's Ward; Mrs. C. F. Roberts, 1 Bed for Men's Ward; Ladies' Aid Association, 1 Surgical Operating Table.

Additional furniture will be required for No. 299 Cleveland Street now that it has been taken over and forms part of the Hospital.

The extent of the usefulness of the institution is marked by the steady increasing demand for its services as shown by the appended report of the Medical Superintendent."

Then follows the Medical Report from July 1st, 1902, to December 31st, 1902.

"As the requirements of the Hospitals Act make it necessary to commence the financial year in January, it is incumbent on me to make a report of the work done at the Hospital up to the present time.

It is gratifying to be able to report that although the

Hospital has been opened such a short time, a little over five months, and the knowledge of its establishment is of necessity limited, yet a fair amount of work has been already accomplished.

The Out-patient Department has proved by the number of attendances that the Hospital is supplying a need that has long been felt in the Metropolis; and the fact that the patients who have presented themselves for treatment have come from all parts of the City and Suburbs, shows how widespread is the desire to obtain Homœopathic treatment.

The number of Out-patient attendances has been steadily increasing. In July and August there were 71 attendances, in September 101, in October 144, in November 147, in December 170, altogether since the inception of work there have been 633 attendances. Many have expressed their gratitude for relief, which they had failed to obtain elsewhere.

The number of In-patients has been 36. Of these 26 have been cured, 4 relieved, 8 unrelieved, 1 has died, while 4 remain in the wards on the 1st of January, 1903.

It will be noted that most of the cases which have been received into the Hospital have been Surgical, but they have just been received as they happened to apply for treatment. I do not think it is sufficiently well known in the district that the Hospital is ready to receive any acute cases of sickness, as far as our resources will allow.

At the same time I cannot help noting that gynæcological cases needing surgical relief are very common amongst the poor.

Many thanks are due to the Ladies' Aid Committee for the kind assistance they have rendered in making the wards look more comfortable and home-like, for the many gifts they have given that add to the brightness of the surroundings of those that are in sick beds, and especially for their kindness in so helping to equip the Operating Room, so that in future we can render more efficient aid than we have done in the past.

(Signed) JOHN FEILD DECK,  
*Hon. Med. Superintendent."*

We note with pleasure that a Ladies' Aid Association, in connection with the Hospital has been successfully started, and the following notice of it appears in the report.

"Ladies' Aid Association. Patroness: Lady Rawson; Vice-Presidents: Mrs. Pring, Mrs. Mansfield.

The Sydney Homœopathic Hospital Ladies' Aid Association having completed their first few months of work, have much pleasure in presenting their report.

The Ladies' Aid Association was formed for the purpose

of aiding the Hospital, Nurses, and Patients in the numerous ways which come more particularly within a woman's sphere.

Considering that their first meeting was held on July 21st, 1902, the Committee feel deeply grateful for the progress that has been made.

The number of ladies that have generously come to our assistance and have given up valuable time to the work has been very encouraging. They helped us most liberally with donations of money, and in useful gifts as the appended statement will show. The Committee hope that many more, during the coming year, will join the Association, the yearly subscription for which membership is five shillings.

The Committee note with pleasure that there are now upwards of thirty-five members, and that the sum of £61 7s. has been raised by the Association and its friends. Of this £54 16s. has been spent on furnishings, &c., leaving a balance to date of £6 11s. in hand with which to begin the New Year."

From the *Sydney Morning Herald* of July 17th we have the following notice of the first annual meeting of the Hospital Ladies' Aid Association.

"Yesterday afternoon there was a large gathering at the Sydney Homœopathic Hospital in Cleveland Street, the occasion being the first annual meeting of the Hospital Ladies' Aid Association. Lady Rawson, who was to have presided, was absent through indisposition. The President, Miss Eadith Walker, occupied the chair. The annual report showed that the Ladies' Association was formed for the purpose of aiding the hospital nurses and patients in many ways which come more particularly within a woman's sphere. The number of ladies who had assisted in this work was encouraging, and the institution had been liberally helped with donations in money and kind, thus making the wards more comfortable and home-like. A special feature in this work had been the equipment of the operating room.

The President moved the adoption of the report, which resolution was seconded by Mrs. Pring, and carried.

Mr. Justice Pring delivered a short address in which he spoke of the benefits of such an institution.

Mr. Alfred Bubb, hon secretary of the hospital stated that the receipts had been £749 1s. 2d. from subscriptions, £237 8s. 6d. by fees from indoor and outdoor patients, and £48 8s. 6d. by rent from the letting of premises. The expenses for the year had amounted to £985 2s. 1d., leaving a cash balance in hand of £49 16s. 1d. The indoor patients treated for the year numbered 70, and the outdoor patients 410.

The honorary medical superintendent of the hospital (Dr. Deck) delivered an address.

At the close of the meeting the visitors inspected the hospital buildings and partook of afternoon tea."

All this is most gratifying, and we think our readers will thoroughly enjoy the perusal of the report. The hospital has made an excellent start, and the enthusiasm of its supporters is made evident in the most practical manner. The assistance of the Ladies' Association is a very healthy sign, as we all know how much can be done by ladies when they take up a good cause such as this, and their help is invaluable in doing work which men cannot. The steady monthly increase of patients in the short time that the hospital has been in existence augurs well for its future. We heartily congratulate Dr. Deck and the Board of Management on their spirited undertaking, and we feel assured of its success and further development, for which they have our best wishes.

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

WE are much interested to learn from the *North American Journal of Homœopathy* for July, that the American Institute of Homœopathy held its 59th Annual Meeting at Boston, Mass., on the 22nd of June and the five following days, under the Presidency of Dr. J. P. Cobb, of Chicago, and that it was an unqualified success. The meeting of 1904 is to be held at Niagara, under the Presidency of Dr. John P. Sutherland, of Boston, who was unanimously elected President.

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#### CORRESPONDENCE.

##### TEUCRIUM.

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

DEAR SIRS,—Will you allow us to draw the attention of your readers to the fact that, amongst the increasing number of substitutes for the correct species of plants used in homœopathic pharmacy now in the market, there exists one which is doing duty largely on the Continent, and is still offered in London, for *Teucrium Marum verum*.

As far as can be ascertained from the dried herb, its characters resemble very closely those of *Teucrium Polium, L.*

Since it is found convenient to administer this remedy in the form of snuff it is desirable that we should be able to import the plant in the dried form, but at present it appears difficult to do so.

Yours faithfully,

E. GOULD & SON, LTD.

59, Moorgate St., E.C. 18th August, 1903.

### THE LUNACY LAWS.

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

DEAR SIRS,—As, unfortunately, lunacy is steadily increasing, and as I have had experience in the treatment of such patients, perhaps you may be good enough to grant space in your journal for the following suggestions. In spite of all that has been written, and all the laws passed for the benefit of lunatics, there is still much in the way of improvement that is called for. 1st.—On board ships independent logs are kept by two persons, *viz.*, the master and the chief officer, and neither is to be inspected or controlled in any way by the other. This is done in the interests of the sailors; and surely the inmates of asylums are in greater need of similar protection, and every precaution should be taken to secure a perfect record of all the medicines given and every detail of the treatment. 2nd.—Every reasonable wish of the lunatic should be complied with as far as his means will permit. He should be allowed to change his asylum from time to time, to have a friendly physician (if he wishes) requested to visit him occasionally, to see what progress he makes, and to make any report he thinks fit to the commissioners. 3rd.—The patient should have an absolute right, protected in the strongest way, to write to the commissioners at any time, and to have each letter sent without either inspection or delay beyond the ordinary post time.

It is well known that the doctors and sane inmates of asylums are liable to become insane, unless they have holidays and a change of scene. Think then how very important change is to the patients. Their chance of recovery diminishes every year they pass without a change, and the constant companionship of the same people, many of them most objectionable, becomes perfectly maddening. I could say a great deal more, but your space is too valuable to be encroached on.

I remain,  
Yours faithfully,  
H. PAYNE SCOTT.

Although we print the above letter from Dr. Payne Scott, formerly of Sydney, it is to be understood that the editors are in no way responsible for the views expressed by their correspondents.—*Eds. M.H.R.*

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. J. H. CLARKE, Dr. LLOYD TUCKEY, Dr. E. A. NEATBY, Dr. BYRES MOIR, Dr. WATKINS (London); Dr. PROCTOR (Birkenhead); Dr. H. PAYNE SCOTT; Mr. J. M. WYBORN; Messrs. E. GOULD & SON, LTD.; Dr. HILLS COLE (New York).

Dr. WATKINS' Laboratory of Clinical Pathology, 115, Denmark Hill, will be closed till September 22nd.

## BOOKS RECEIVED.

*Bulletin of Drug-Provings.* By H. R. Arndt, M.D., San Francisco. *Plague: Its Prevention and Homœopathic Treatment.* By S. C. Ghose, M.D., Calcutta, 1903. *Alumni Day Exercises,* New York. By J. W. Ward, M.D., San Francisco, 1903. *A Classified Index of the Homœopathic Materia Medica for Uro-genital and Venereal Diseases.* By B. E. Carleton, M.D. and Howard L. Coles, M.D. Boericke & Runyon, New York, 1903. *Presidential Address at the Annual Meeting of the American Institute of Homœopathy.* By Joseph Pettee Cobb, M.D. *On the supposed uncertainty in Medical Science.* By Mahendra Lal Sircar, M.D., Calcutta, 1903. *First Annual Report of the Sydney Homœopathic Hospital.* *The Homœopathic World,* August. *The Vaccination Inquirer,* August. *The Journal of the British Homœopathic Society,* July. *The General Practitioner,* August 1. *Bromley and District Times,* August 7. *The North American Journal of Homœopathy,* June, July and August. *The Homœopathic Recorder,* July. *The Homœopathic Envoy,* July and August. *The Hahnemannian Monthly,* July and August. *Cleveland Medical and Surgical Reporter,* June and July. *The Medical Era,* July. *The Doctor,* July. *The Therapist,* August. *The Calcutta Journal of Medicine,* May. *The Indian Homœopathic Review,* May. *Sydney Morning Herald,* July 9. *The Medical Brief,* August. *The Medical Advance,* July. *The Clinique,* July. *The Pacific Coast Journal of Homœopathy,* July. *The Medical Times* (New York), August. *The Medical Century,* August. *Allgemeine Homœopathische Zeitung,* July 30 and August 13. *Le Mois Medico Chirurgical,* August. *Homœopathisch Maandblad,* August 15.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ONE OF THE FINE ARTS.

THERE is no doubt that to climb down gracefully and effectively is one of the fine arts. It is not an easy thing to do. It requires a considerable amount of moral courage to take the first step; but when this is once taken, it is a source of amusement, to say nothing of the psychological interest, to watch the process, and when skilfully done, it elicits a species of admiration.

In the history of homœopathy, a climbing down process is rather a rare thing, so it is all the more interesting to observe it. In spite of the large absorption of homœopathic pieces of practice by the old school, the principle underlying such practice is rarely, or we might say never alluded to, much less admitted. The homœopathic treatment is recorded without any suggestion of how it acts, or in some cases, dust is cast in the eyes of readers by endeavouring to explain its action by some theory of one kind or another, which studiously conceals the fact that such treatment is none other than homœopathic. But we notice with pleasure a distinct attempt at gently climbing down in an ingenious manner—quite in the manner of a fine art—in the *Medical Times* of New York for July. It appears as an editorial, headed “Gradual Unfolding of Scientific Thought.” It commences thus: “The history of almost every great discovery, of almost

every step in the line of development, is like the work of creation, an evolution from the first crude thought to its highest perfection, a gradual unfolding of truth until it assumes a practical form and is utilized by practical minds. Many a great discovery, which has passed through its creative development, has for a time failed in its work because the public was not ready to receive it or because it was not properly introduced." Then, after an illustration, the EDITOR has the following remarkable pronouncement: "The magnificent work accomplished by a proper understanding of septic poisoning and its prevention in anti-sepsis, and for which so much credit is justly due to Lord Lister, was simply the working out and perfecting of the well formulated theory of Hahnemann, who had gathered together facts scattered here and there through observations of students of nature into the focus of his own scientific mind, and crystalized them into an axiom."

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This is the first time we have ever seen HAHNEMANN quoted as an authority at all, or as having originated anything good, in a non-homœopathic journal. Still less that the *Medical Times* should state that LORD LISTER's views and practice were simply the working out of those of HAHNEMANN. We cordially admit that the *Medical Times* has taken a bold first step. He goes on to say, "It is the tendency of the human mind in the study of the laws of nature to adopt the same illustrations, and to reach the same conclusions." He then gives a number of examples of discoveries in other branches of science, in which it was found that more than one mind had been working on the same lines, unknown to one another, and resulting in the same discovery by each independently, after which we have the following: "Great discoveries are not born in a moment, nor are they the work exclusively of single minds. Isolated facts standing alone may be of but little practical value, but grouped together in harmonious relations give results of the utmost importance. A thousand minds may be working in the same field, and from their personal observations establish in their own minds the correctness of a principle which has been the evolution of a long period of scientific study. We have said that the work of LORD LISTER in antiseptic and hygiene, seconded by the whole medical world, is

simply the outgrowth of the great truth which HAHNEMANN brought out in a clearer light than had been ever done before, and made it an important part in his system of therapeutics. LORD LISTER and others, starting from the same premises and pursuing a similar line of thought, have added vastly to its strength and the universality of its application in disease." This is really delicious, but we wonder what LORD LISTER's feelings would be if he read these sentences. To think that he had been following the arch-heretic, HAHNEMANN, and simply working out his views, is enough to raise his ethical sense of the fitness of things to fever heat. Still this hardly illustrates the philosophical views of the EDITOR of the *Medical Times* that discoveries come to many minds at once, as HAHNEMANN was dead before LORD LISTER had left school.

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The EDITOR shows that he has the uncommon gift of climbing down with the utmost grace and semblance of deep philosophy, in suggesting that the law of similars is now a truth not only to be reckoned with, but, as we shall see, to be accepted as the great law in therapeutics, and its practice to be adopted as thoroughly scientific and correct. Why? Because "a thousand minds may be working in the same field, and from their personal observations establish in their own minds the correctness of a principle which has been the evolution of a long period of scientific study," and because "great discoveries are not born in a moment, nor are they the work exclusively of single minds." This is most ingenious, but wrong and misleading to all except those who find it convenient to be misled by false theories and jesuitical explanations. This mode of climbing down by throwing dust in the eyes of his readers shows clearly what is the aim of the old-school in the present day, at least of those—and they are many—who know that the law of similars is true, and is *the* therapeutic law of the future; who see that the present attitude of the old-school towards homœopathy *must* come to end, and who are prepared to say boldly that many minds have been working simultaneously on the same lines, and have come to similar conclusions, and that therefore the law of similars and homœopathy is the outcome of the gradual evolution of the human mind working simultaneously in "thousands" of minds. They therefore

hope to absorb homœopathy, and put homœopaths aside as sectarian, because they refuse to be absorbed, but insist on their own terms being accepted if there is to be even a semblance of re-union.

The great fallacy in the theory or argument of the EDITOR of the *Medical Times* is, that while enunciating the broad and, to all appearance, philosophical general statement that "great discoveries are not born in a moment, nor are the work exclusively of single minds," he includes HAHNEMANN'S discovery of the law of similars as *the* law in therapeutics, and his system of treatment based on it. Whereas he must know perfectly well, that this discovery and consequent system of therapeutics was practically "born in a moment," and "the work exclusively of a single mind." We are all well aware that HIPPOCRATES said that some diseases are cured by contraries, and some by similars, but he went no further, while HAHNEMANN'S discovery of the universality of the law was a real discovery, and was the outcome of his single individual mind, while the following up of this inspiration by inaugurating an entirely new system of therapeutics was undoubtedly the work of a single mind. The ingenious but palpably "got up" theory of the EDITOR of the *Medical Times*, on which to gracefully, and, "with no deception whatever," as the conjuror says, climb down from what he sees is a position no longer tenable, is utterly absurd. It shows a remarkable talent on the part of the EDITOR to even attempt to obscure facts by philosophical glamour, and to calmly state that HAHNEMANN'S discoveries and teaching, which for a century have been the butt of the teachers and writers of the old school, and to this day are ostracized by the enormous majority of them, have been actually the gradual evolvement of study and "personal observations" of a "thousand minds," who are ready now, in consequence, to admit and act upon "the correctness of a principle which has been the evolution of a long period of scientific study." No one evidently knows better than the EDITOR of the *Medical Times* that anyone who knows anything of the subject will never take in this fallacious suggestion, except, as we have already said, those who are anxious to follow him in climbing down, and in order to do so gracefully and

effectively, put their foot into any stirrup that will answer the purpose.

We, as homœopaths, and being the custodians of the grand law of similars, of the grandest system of therapeutics ever given to man, and of the good fame of their immortal discoverer, HAHNEMANN, must set our face against being cajoled by such tactics. Although we are delighted to find any distinct desire to approach us, and to admit that we are in the right, we decline any overtures which are calculated to obscure facts, and which do not involve full and open acceptance of our principles. This must come, and we can well afford to wait for it, and moreover we mean to wait for it.

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Now let us see what the "thousand minds" working together have come to as a conclusion, according to the EDITOR of the *Medical Times*. He says "In the same manner the recognition of the dual action of drugs in the curative treatment of disease, which marked the departure from the materialism of Galen to the more spiritual philosophy of Paracelsus and Hahnemann, has now become an integral part of the profession, forming the basis for the scientific study of therapeutics recognized by all. This is clearly illustrated by the ablest writers in therapeutics of all schools during the last quarter of the century. Take for instance two of the most important remedies in the materia medica—arsenic and mercury—and notice how clearly the drug action points in smaller doses to the restorative. Every one recognizes at the present time in the drug action of arsenic on the gastro-enteric membrane and other parts of the body, its indication as the restorative in smaller doses where the symptoms in disease point to a similar pathogenic condition. In the same way the drug action of strychnine is recognized as a key to its restorative action in disease.

"In the *British Medical Journal*, in 1875, there is a report of a series of experiments made by a committee of the British Medical Association, conducted by Dr. Rutherford, of the University of Edinburgh, and M. Vignal, which are corroborative of those made by Hughes Bennett, that small doses of mercury or podophyllum short of producing the physiological effects of purgatives promote the flow of bile, while the purgative dose has the reverse effect.

The double action of mercury in syphilis is forcibly illustrated by Dr. E. L. Keyes, at that time one of the most prominent specialists in that disease in the city, in the *Medical Record* of January 8th, 1876, and copied into the *London Medical Record* of February 8th. He says, 'Mercury decreases the number of red corpuscles when given in excess; syphilis diminishes the number of red corpuscles below the healthy standard; mercury in small doses continued for a long time in syphilis increases the number of red corpuscles and maintains a high standard of them; mercury in small doses acts as a tonic upon healthy animals, increasing their weight; in larger doses it is debilitating or fatal; mercury in small doses is tonic for a time at least for individuals in fair health, not syphilitic; in such individuals it increases the number of red corpuscles.' Bi-chloride of mercury in Chronic Bright's Disease, and aloes as recommended by Dr. Fordyce Barker as almost a specific in the early stage of hæmorrhoids, both in small doses and both formerly condemned, are now recognized by men of advanced thought everywhere in the profession as directly in line with the dual action of drugs and their restorative action accounted for on strictly scientific principles. We might go through nearly all of the important drugs in our *materia medica*, and show almost without exception how the physiological action is a key to their use as restoratives, but the above will suffice.

"Year by year the profession is becoming more thoroughly grounded upon scientific laws, and are working out upon kindred lines of thought the great problems of human life—its vitality and decay. We are emerging from the materialism of the past on to that high spiritual plane where the subtle forces of creation and development, ever at work around us, are being better understood and more intelligently utilized."

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We were not aware of the fact that "the recognition of the dual action of drugs has now become an integral part of the profession, forming the basis for the scientific study of therapeutics recognized by all," but we are delighted to hear it. We were, of course, aware that the advanced section of the old-school went as far as this in their beliefs, but even they have been wonderfully chary

of expressing such opinions. They generally prefer to leave the reader of their writings to draw any conclusions they please, rather than hint the obvious corollary from indubitable facts. But we are glad to know that such views are so universal in the old school, and have been at last accepted as "an integral part of the profession," and that "the philosophy of HAHNEMANN" is now reckoned "spiritual." Perhaps it is hardly to be expected that, after quoting HAHNEMANN three times with approval and admiration, the *Medical Times* should climb down further all at once, or add, as the *British and Foreign Medico-Chirurgical Review* said, in reviewing Dr. Ringer's famous manual of therapeutics: "This is nothing less than pure homœopathy." But so it is, and the *Medical Times* sees this as well as we do. But we congratulate the EDITOR on having had the courage to state what he has done, and the next step which we shall look for as a logical sequence is a statement that such views are identical with homœopathy, and the teachings of HAHNEMANN'S great law of similars. And it is eminently satisfactory to note that, besides the illustrations given above of the dual action of drugs, the EDITOR of the *Medical Times* further says, "We might go through nearly all of the important drugs in our materia medica, and show almost without exception how the physiological action is a key to their use as restoratives." He is right, and if his optimistic views of the beliefs of the old school are correct, that "the dual action of drugs in the curative treatment of disease . . . has now become an integral part of the profession, forming the basis for the scientific study of therapeutics recognized by all," we may well congratulate ourselves on the triumph of truth, and feel rewarded for the century of fighting that has been gone through. But we fear our writer is too optimistic—not as to the future—but as to the present. We are afraid that there is a long path yet to be travelled before the law of similars is recognized as "an integral part of the profession." But the statements of the *Medical Times* go clearly to show that the true road is beginning to be seen, and to be followed. This is the all important step. When once an honest searcher after truth has his eyes opened to see the guiding-post to the right road, and resolves to follow it up, the safe arrival at the goal is a foregone conclusion. But this result is not the work of "a thousand

minds," but of the gradual voluntary opening of the eyes of the possessors of these minds to see that the grand discovery of HAHNEMANN, the inspiration of a single mind, which has been jeered at so long as false and ridiculous, is after all the truth.

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### THE BRITISH HOMŒOPATHIC ASSOCIATION.

Now that the summer recess is coming to an end, our readers will be glad to know what is in progress in carrying out the aims of the Association. One of the items of the programme, as will be remembered, was the foundation of a "Travelling Scholarship." The choice of the first "Travelling Scholar" by the committee of the Association fell on DR. SEARSON, of Brighton, and he sailed for America on the 19th of September. It is intended that during three months' stay in the United States, he should carefully observe, and report upon, the methods of teaching homœopathy which prevail in that great country, and which have been so successful in training hundreds of young men for homœopathic practice. In carrying out the further programme of the Association for the development of homœopathy, the committee are anxious to find out the strong points in the American methods of instruction, and where deemed desirable, to adopt them more or less fully. This plan will, we hope, result in the adoption of modes of teaching which will be, as nearly as possible, perfect. But besides this investigation, the "Travelling Scholar" will endeavour to learn as much as he can in the comparatively short time he has at his disposal, of the homœopathic materia medica and therapeutics. He will put himself, for the time being, in *statu pupillari*, and attend lectures and clinical demonstrations on these subjects as an ordinary student; and we expect that, though he has been in homœopathic practice for years, he will find that he will be able to add to his knowledge and experience to a great extent, and so benefit himself personally for the future. It is the want of this systematic teaching of homœopathic materia medica and therapeutics that is so much felt by our younger colleagues, and which we hope to provide for them, and for those who wish to study homœopathy from the beginning. However enthusiastic in the study of homœopathy a young man is.



he is enormously helped in this study by a course of systematic and clinical teaching, under the guidance of his seniors, who can direct his studies in the right course, smooth over difficulties, and confer the benefits of their own personal experience on their pupils. We hope that this first appointment of a "Travelling Scholar" will be a success from both the points of view for which he has been selected. On the results, we need hardly say, will depend the lines on which future similar appointments will be made. The position is not only an honourable one, but one involving a great responsibility on the holder of the "Travelling Scholarship." He becomes a marked man, and much is expected of him.

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WE understand that arrangements are in progress for the early commencement of the Tutorial work of the Association. The Medical Tutor will utilize the cases in the hospital for the bed-side instruction of students. This is a very important duty, opening a large field for the development of teaching talent, and for the clinical application of the teaching expounded in the systematic lectures. Further details that have been arranged will be announced in our next issue.

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WE have much pleasure in announcing that we have received a cheque for twenty-one pounds, from DR. R. S. STEPHENSON of Dunedin, New Zealand, as a donation to the Twentieth Century Fund. This sum he has collected from friends to the cause in and around Dunedin, and we congratulate him on his energy and enthusiasm for the cause. The gift is much appreciated, not only for its pecuniary value, but still more for the evidence it gives that Imperial unity is felt in the Colonies, and in New Zealand as taking the lead, to be not only political, and as tending to the development and strength of the marvellous British Empire, but to embrace science and medicine. We consider it a grand sign of the times when a noble and prosperous daughter-nation, like New Zealand, should show in such a practical manner its large-minded ideas. Instead of taking a parochial view of things and saying that it requires in a young country all the money it can raise for its own institutions, it sees the large Imperial importance of helping by all in its power the development

of a great central movement. Though at present localized in Great Britain, it promises to become the centre of the training ground for young homœopathic doctors who shall settle all over the Empire. In this way the blessings of homœopathy will be carried to distant lands in the hands of carefully taught practitioners, who will do credit to the cause, and correspondingly benefit our fellow-citizens who are carrying on the work of Empire-building in the Britains beyond the seas. We are sure that this announcement which DR. STEPHENSON has enabled us to make will be read with a thrill of pleasure far deeper than the mere pecuniary value of the donation would elicit, and we cannot do better, as showing the feeling in Dunedin, as voiced by DR. STEPHENSON, than quote his letter, written to one of the Editors of the *Review*.

“ I enclose a small amount (£21) which I have collected here, for the Twentieth Century Homœopathic Fund. I am heartily pleased to see the success you have already achieved, and hope you will continue the agitation until a medical school on homœopathic lines is established in London. There is room here for several more homœopathic practitioners. I wish also to ask if you can help me in the matter of getting an assistant. I should like a man under 30, of good appearance, and good character, well up in homœopathic therapeutics. I thought of paying him £200 a year, or £150 and half midwifery fees, with board, etc. I would like a man who has acted as Resident in the Hospital. The conditions of life here are good; there is a high average of prosperity, and good climate. I shall hope to raise some more money next year, and think you should get support from the Colonies generally, provided that you aim at nothing less than a medical school granting degrees of equal value with the allopathic.”

This is excellent reading, and we commend the information and the offer of DR. STEPHENSON to our younger colleagues and recent graduates. There must be, and is, a great field for capable young homœopathic practitioners in New Zealand and in all our rising and prosperous Colonies. The field is there. It is the reapers who are wanted, and the harvest, good or bad, depends on the capability of the reaper. May the efforts of the British Homœopathic Association result in the turning out of well-trained and enthusiastic reapers who will go to the Colonies, and who “ mean business.”

## HOMŒOPATHY AMONG THE ALLOPATHS.<sup>1</sup>

By D. DYCE BROWN, M.A., M.D.,

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Phillips Memorial Hospital, Bromley, Kent.

(Continued from p. 410.)

68.—*Uranium nitrate* in Diabetes.—At the Annual Meeting of the British Medical Association, held in London in 1895, Dr. Samuel West read a paper on the beneficial action of this drug in diabetes. Forty years before this, Leconte discovered that uranium had the almost unique power of producing glycosuria, and from that time it has been utilized in diabetes by homœopaths, and with great success, guided by the unfailing law of similars. And here we have Dr. Samuel West advocating the use of the drug. If this is not homœopathy, I should like to know what is.

*Bichromate of Potash* (Kali Bichrom.).—Following my notice of Prof. Fraser's cases of dyspepsia and gastric ulcer, we find in the *Lancet* of Sept. 14th, 1895, a paper by Dr. Bradbury, the Downing Professor of Medicine in Cambridge, "On the value of Bichromate of Potash in certain affections of the stomach." He tells us he knew nothing of its use till he read Prof. Fraser's paper, already noticed. He then gave it in several cases, which he relates, of severe dyspepsia with pain, vomiting of food, and sometimes of blood, with the most excellent results. I have not space to extract his cases, but one is worth reproducing, from its severity and long standing—seven years—a woman, aged 46, who, for seven years had suffered from pain in the stomach and vomiting. She had lost flesh, and had occasionally brought up dark blood in the vomit. On admission, the gastric pain was constant, being worse after food, and attended by vomiting after every meal. A capsule, containing  $\frac{1}{10}$  of a grain, was given three times daily, with an occasional dose of an elixir of cascara. During the night she vomited once, but was free from pain. After three weeks in hospital she was discharged, and on reporting herself a fortnight later, said that she was practically well.

*Cantharides* in Cystitis.—I have already referred to the homœopathic use of this drug in cystitis, etc., in the old school. In the *Brit. Med. Jour.*, 1895, we have the

<sup>1</sup> Paper read before the British Homœopathic Congress of 1902.

following: "Fredenberg (*Wien. Klin. Woch.*, June 6th, 1895) has tried *cantharidine* in fifty-six cases of cystitis. The formula used was cantharidine (Merck's) 0.001 (=1 mg.) alcohol ad solvend 1.0; aq. destill. ad 100. A teaspoonful of this was given three or four times a day; larger doses did not succeed if this failed. Results: (1) In five cases no improvement; of these only one was afterwards cured by local treatment after trying other drugs; the other four resisted even operative treatment (cases of vesical tuberculosis, contracted fibrous bladder, etc.). (2) In nineteen its action was slight, or even doubtful, the strangury alone being improved, or the urine clearing without the cure being complete. In one of these the cystitis was due to perforating silk sutures after laparotomy, and the strangury was alone improved; in another, the bladder had diverticulæ; some remained, however, in which the drug failed without apparent cause, for example, in one case of gonorrhœal cystitis afterwards cured by sandal wood oil. (3) *The remaining fifty-two cases were completely cured, often surprisingly quickly.* (the italics are mine). In three cases of gonorrhœal cystitis cantharidine succeeded where sandal wood oil failed." On what principle other than the homœopathic such treatment could be given I am at a loss to comprehend.

*Cantharides* again in inflammation of the kidneys. Dr. Dessau, of New York, whom I have already had to quote, writing in the *New York Medical Times* of 1896, says that "his use of cantharides in acute and subacute desquamative nephritis" was based on experiments by Prof. Cornil, of Paris. After quoting the results of his experiments in the production of nephritis and albuminuria by *Cantharis*, he says "Believing firmly in the theorem that the primary physiological action of a remedy or minimum dose is the direct opposite of its secondary physiological action or poisonous dose, and that the primary physiological action of a drug exerts a therapeutical effect in a disease whose symptoms resemble those produced by the secondary physiological action of the same drug, I felt confident that cantharides was not only the best indicated, but as shown by Cornil, a scientific remedy for scarlatinal and diphtheritic nephritis, and I was happy to find from practical experience that my confidence was not misplaced." This is naked homœopathy, and nothing else.

*Aconite* again in fever, etc. In the *Medical Brief*,

U.S.A., of March, 1897, we find the first paper, stated to have been written for this journal, "by William Murrell, M.D., F.R.C.P., Physician and Lecturer on Materia Medica and Therapeutics at Westminster Hospital," and entitled, *The Therapeutical Uses of Aconite and Aconitine*. He begins thus, "No physician who values his reputation as a practical therapist can afford to be ignorant of the value of aconite as a medicinal agent. I will go further, and will say that no doctor who is unacquainted with the use of small and frequently repeated doses of this drug is fit to be trusted with the care of the lives of women and children." To which I respond *Amen*. He goes on to say, "It has not a wide range of action, but what it does it does well. It is indicated in the initial stage of all febrile complaints." He then gives "an illustration of the class of cases in which it is useful"—a case in which "the patient is in for an attack of quinsy," and the beautiful results of giving aconite. He then says that aconite "answers almost equally well in all forms of localized inflammation, whether due to an ordinary cold or to some graver form of disease, such as pneumonia, pleurisy, or peritonitis. Even should the elevation of temperature be due to the onset of one of the acute specific diseases, it will help to bring out the rash, and will mitigate the severity of the subsequent symptoms." Where would modern old school practice be had it not been for Hahnemann and his law of similars? Dr. Murrell concludes his paper with the following amusing sentence, "To sum up, in aconite and its alkaloid aconitine, we have two most valuable therapeutical agents, but it is essential to know how to use them. They will work wonders in the hands of a careful man, but if the doctor is too busy to study the subject and take the requisite precautions, he had better confine his attention to calomel and Epsom salts." "The dose," he says, "should never exceed one-third of a minim of the tincture." This dose he gives every ten minutes for the first hour, and then every hour till relieved. This for an adult, but for a child 4 years old,  $\frac{1}{16}$  of a minim, and for an infant a year old  $\frac{1}{32}$  of a minim "or even less."

69.—*Esculus hippocastanum*.—Horse chestnut.—In piles. This is, as we all know from its provings, one of the most valuable of homœopathic medicines in the treatment of hæmorrhoids. In the *Pharmaceutical Journal* of 1897, we find this remedy recommended for this complaint as

“tincture of horse chestnut.” I presume that to call it *æsculus hipp.*, as we should have expected from the above journal, would savour too strongly of homœopathy! but it shows which way the wind blows.

*Ergot (Secale)* again in threatened abortion. I noticed formerly the advocacy of Dr. Alfred Meadows and others of the use of ergot in threatened abortion. In the *British Med. Journal* of March, 1897, is a paper by Dr. Lombe Atthill, of Dublin, ex-master of the Rotunda Hospital, in which he relates a case of recurrent abortion. The usual condition came on about the same time as on previous occasions. “Hæmorrhage set in, which she knew was the forerunner of another miscarriage. I saw her a few hours later. There were no pains, but the os was patulous, and her state identical with what it had been in her previous illness. I came to the conclusion that she must certainly abort, and I at once put her on ergot and strychnine, with the view of getting rid of the ovum rapidly. The dose of ergot was repeated every two hours, and I watched this lady all day, hourly expecting that she would have recurrence of the hæmorrhage which had so alarmed her and me on the previous occasion. But instead of this the hæmorrhage lessened; night came on, and she slept. Next day the os was not the size of a split pea. This lady went to the full term, and gave birth, to her great joy, to a son.” He goes on to say, “From that day on I invariably administered ergot to women threatened with abortion. In some it produced no effect whatever; in a few it induced uterine action, and the expulsion of the ovum followed. In the majority the threatening symptoms disappeared, and pregnancy proceeded normally; but in not one of them did I regret having administered ergot, and I am satisfied that if the ovum is not blighted, that is, ceases to be a living body, the ergot acts as a uterine tonic, and renders the organ in many cases fitted to undergo the further changes which take place in it during uterogestation; but if the ovum is detached and blighted, then it becomes, as it were, a foreign body, and ergot is then likely to stimulate the uterus, and to expel its contents. This opinion is, of course, based only on the results of my personal observation, but of its correctness I have no doubt.” I need not state, as it is so universally known, that ergot in full doses will produce abortion, and that in labour it brings on violent expulsive pains, and yet we

have Dr. Atthill speaking of ergot as a "uterine tonic," when he knew very well the effect of large doses. He demonstrated the double action of the medicine, and makes use of the homœopathic law to cure the very state that large doses produce. Some men seem incapable of *reasoning* from facts, or shut their eyes to obvious, but inconvenient conclusions.

*Bichromate of potash* (kali bichrom.) in gastric ulcer again. In the *Brit. Med. Journal* of April, 1898, Dr. Mc Hardy, of Cullen, N.B., gave notes of a case of gastric ulcer in a woman, aged 41, who had suffered severely from gastric ulcer for twenty years. The bichromate "was administered for a month, when the entire group of gastric symptoms had subsided, and the patient rapidly gained in weight. Vomiting, previously a most distressing symptom, ceased after the first dose of the bichromate."

*Cantharides* again, in kidney disease and hæmaturia. In the *British Medical Journal* of Sept. 17, 1898, we find a communication from Octavius Beven, M.D., D.P.H., of Balham. The paper is so interesting and convincing that I extract it entire. It is entitled "Cantharides as a Hæmostatic in Hæmaturia and its use in Albuminuria."

"The beneficial effects of cantharides, taken internally, in certain affections of the kidneys do not seem to be generally known"; (that is in the old school of course—D.D.B.); "hence no apology is needed for bringing before the profession the notes of the following case: S. H. N., aged 68, a joiner, had always enjoyed perfectly good health until the beginning of August, 1897, when he passed a large quantity of blood with a few clots by the urethra; no pain, however, was experienced. He was ordered rest in bed, and ergot, which stopped the hæmorrhage. It recurred, however, directly the patient got about again. Subsequently all the hæmostatics mentioned in the *Pharmacopœia*—catechu, logwood, galls, oak-bark, alum, iron, ergot, tannin, hamamelis, &c.—were tried with little or no benefit. Last November he went up to one of the London hospitals, where he was seen by a distinguished surgeon, who could not find any disease either of the bladder or the kidneys. He was recommended hæmostatics, and, if he derived no benefit from these, exploration of the kidneys was suggested to him—a course he would not agree to on account of his age. For five months he took large doses of the prescribed

hæmostatics three times a day, but his condition, both bodily and mentally, became worse, and the hæmorrhage increased. It was in this state that he came under my care at the beginning of May, ten months from the commencement of his illness. The urine on microscopical examination showed quantities of blood corpuscles and a few casts. No enlargement of the kidneys could be detected on palpation, and no pain whatsoever was experienced. I prescribed tincture of cantharides, minims 5, three times a day, and regular exercise. In twenty-four hours all the hæmorrhage had stopped, and the urine became quite clear. I then omitted the cantharides, but in ten days there was again a little blood in the urine, which immediately cleared up after a couple of doses of the mixture. As a precautionary measure, I ordered a dose to be taken occasionally, with the result that no blood has been passed since. I omitted the cantharides entirely a fortnight ago, and put him on a preparation of iron to combat his anæmia. *The effect of the cantharides was marvellous, in that it stopped in twenty-four hours the hæmorrhage which, so far from yielding, had increased under the usual hæmostatics prescribed for a period of ten months.* (The italics are mine—D.D.B.) Rest had nothing to do with the cessation, as I told the patient to be out of doors as much as possible. The diagnosis I dare not venture upon. To the tonic effect (*sic*) of small doses of cantharides on the kidneys I ascribe the successful result. This drug also brings about a very striking diminution in the amount of albumin in the urine of patients suffering from 'large white' kidney, if given in small doses; whether this diminution is permanent I am at present unable to judge."

How Dr. Beven can speak of cantharides as a "tonic" to the kidneys, when the veriest tyro in medicine knows that it is perhaps the most powerful known irritant to these organs, producing acute inflammation of the kidneys, with albuminuria and hæmorrhage, is beyond comprehension. When will the old school open their eyes to see, and to put two and two together? An amusing sequel to the above is that our colleague Dr. Arnold wrote to the *Brit. Med. Jour.* to point out that such treatment has been a common plan of homœopathic practice ever since Hahnemann's time, "and that it is used by homœopaths for the very reason that it produces similar



symptoms." This letter was not published by the *Brit. Med. Jour.*! as being, I suppose, too compromising for their columns, but speaking volumes.

*Cantharides* again. In the *Brit. Med. Jour.* of Nov. 19, 1898, Dr. Goff, of Dundrum, Co. Dublin, writes under the heading, "The treatment of Hæmaturia by Cantharides," saying that having seen the account of Dr. Beven's case, he tried it in a similar case, where ergot and strychnia had completely failed. After describing the case, he states that he gave her 5 minims of tincture of cantharides three times a day. "To my astonishment, in exactly twenty-four hours after she had taken four doses of the medicine, the hæmaturia had completely disappeared. I then reduced it to one dose daily for two days, when I stopped it altogether, as there had not been the slightest return of the bleeding. It is now some weeks since her attack, and she is quite strong again."

*Bichromate of potash* again in gastritis. The *Medical Times* of May, 1899, quotes a case reported by Prof. Fraser, of Edinburgh, in the *Scottish Medical and Surgical Reporter*, of long-standing ulcer of the stomach cured by this medicine. "Professor Fraser says that in many other cases of chronic gastritis with persistent vomiting, which had defied every other medicine, the use of the bichromate was attended by the happiest results."

*Iodide of potassium* in acne. In the May number of the *Practitioner*, 1900, Dr. James Galloway has a paper entitled "Iodide of Potassium in the treatment of Acne." He states that the characteristic pustular eruption produced by the internal administration of iodine is well known. He then quotes Ringer's description of the iodine eruption: "The rash does not always present the same appearance. *It is often very much like acne* (the italics are mine—D.D.B.), and is always hard, shotty and indurated; but the papules may be broad and large, and covered with what looks like a half-developed vesicle or pustule." Dr. Galloway then relates a case of acne, when, during the vacation when he was absent, a change of treatment was adopted, and the patient took a medicine in which were about 5 grains of iodide of potassium to the ounce. He developed a severe iodide eruption, and after it subsided the *acne had vanished*.

71. *Apomorphine* in sickness and vomiting. This drug is now well known as an emetic in even small doses.

A letter appears in the *Brit. Med. Jour.* of Nov. 10, 1900, in which a case is related of a woman who was in an excitable and restless state, due to alcohol. To aid the emptying of the stomach by vomiting, the doctor gave a hypodermic injection of  $\frac{1}{15}$  of a grain of apomorphine. "The expected, however, did not occur. In about twenty minutes she was quietly sleeping, much to the relief of her friends and the surprise of her medical attendant. The dose, it will be noticed, though smaller than usual . . . This case is the more curious by reason of the fact that *so far from* aiding the ineffectual retching which was present, this latter was quelled by its exhibition." As all homœopaths know, apomorphine in minute doses is one of the most reliable remedies in sickness and vomiting.

In the *Edinburgh Medical Journal* of July, 1900, there is an article by Dr. McNaughton Jones on the therapeutics of disorders of menstruation treated internally by remedies. He speaks of *senecio aureus*, *hydrastis*, *salix nigra*, *cimicifuga*, *viburnum*, *aletris*, *caulophyllum*, and *borax*, while decrying the use of morphine in painful disorders of menstruation. I wonder where Dr. Jones got these remedies from. He must surely have some homœopathic books in his library, which he evidently reads with advantage, unless he "ploughs with the heifer" of manufacturing chemists. For if I had time I could quote the circulars of several well-known firms, whose lists of drugs are really full of homœopathic remedies for the innocent consumption of doctors of the old school. But we all note this interesting fact, as it is clear that if there was no demand for these drugs they would not be persistently brought to the notice of the profession. The law of supply and demand comes in here. How lamentable it is that with all this the principle on which these drugs act is kept studiously in the dark.

*Iodide of potassium* in syphilitic gummata. In Dr. Norman Walker's "Introduction to Dermatology," p. 47, when describing the iodine rash, he says: "In rare cases the lesions produced are at first solid, and later break down in a manner *so similar to true gumma*, that one or two patients have been dosed into their graves by the pushing of the very drug which was the original cause of their trouble. In others large solid tumours have developed."

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My task is now completed, and although my paper is necessarily long, owing to the abundant material from which to draw, I think, Mr. President and Gentlemen, that I may claim that I have proved my contention up to the hilt. To find such an array of facts, all taken from old-school writers, of pathogenesis and corresponding therapeutics in the case of seventy-one medicines is surely very remarkable. The facts are there, and cannot be gainsaid, and they surely constitute one of the most powerful arguments in favour of our principles and practice. And to think that a school of medicine whose adherents are in the majority at the present day should run down homœopathy, in its principles and in its practice, and yet show by their own works to what a large extent they make use of them in the treatment of disease, is surely extraordinary in this twentieth century. Theory may be right or wrong, but the practical application of a principle resulting in unqualified success, not only in the hands of those who openly support such a principle, but also in the hands of those who oppose it, and who run it down as absurd and unscientific, and who will have no professional relations with those who honestly and openly uphold the principle which underlies the practice, surely by all rules of evidence proves that the principle must be true. I know we shall be told by our opponents that although the facts are there, yet they can't believe in the principle of homœopathy. One will explain it, as Trousseau did, on the theory of what he called the "medication substitutive"; another will say that the medicines acted as stimulants or tonics to the tissues involved in the disease; a third, that they act by influencing the vaso-motor nerves, &c., &c. But all this is beside the mark. *Let them theorize as to the mode of explaining facts as much as they like, but let them first explain away the facts if they can.* There they stand—a pile of evidence from their own authors showing that a medicine which can produce in large doses in a healthy person a train of marked symptoms, patent to every observer, will cure similar symptoms when occurring in disease, and when given in a small dose. If these facts cannot be denied, it is futile to ignore them, and to throw dust in one's own eyes, and in those of others, by arguing theoretically, against the correctness of our therapeutic rule, "*Similia similibus curentur*"—"Let likes be treated by likes."

We are willing, for the sake of argument, to keep our belief in the law of similars being a *law of nature*, in the background *for a time*, and simply claim that these facts, elicited from even old-school writers, prove conclusively that as a rule of successful treatment it is indisputable. The sooner this is admitted, the sooner will rational and scientific therapeutics advance as they ought to advance. We do believe, all the same, that the law of similars is a law of nature, and this belief will, we venture to prophesy, very soon be upheld by those who will recognize that, from accumulation of the evidence of actual published facts, the correctness of *similia similibus* as a rule and guide in practice is clearly proved, and proved by such an amount of evidence as would satisfy the most exacting of scientific observers in any other sphere of investigation.

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## REVIEWS.

*A Classified Index of the Homœopathic Materia Medica for Urogenital and Venereal Diseases.* By BUKK E. CARLETON, M.D., Professor of Genito-Urinary Surgery in the New York Homœopathic Medical College and Hospital; and HOWARD L. COLES, M.D. Boericke and Runyon, New York, 1903.

This work, entitled a "Classified Index," is what would formerly have been termed a Repertory. It is a very perfect one, as almost all possible symptoms and combinations of symptoms are given clearly and fully, more fully than in any other work on the subject, as far as we have seen. To surgeons who make these diseases a speciality, and to all general practitioners who have to deal more or less frequently with them in practice, Dr. Carleton's book will be found a great help. We heartily commend this book as a valuable addition to every medical practitioner's library.

*A Text-Book of Minor Surgery, including Bandaging.* By NEWMAN T. B. NOBLES, M.D., Professor of Surgery at the Cleveland Homœopathic Medical College, etc., etc. Boericke and Tafel. Philadelphia, 1903.

A GOOD work on minor surgery is a distinct need. In large works on Surgery, the details of minor surgery are often

cursorily given, as it is taken for granted that such details are well known. But this is a mistake, and it is very important for the student and young surgeon, to say nothing of the busy general practitioner, to have a book to which he can safely refer for all details of minor surgical procedure. Such a work we have before us. It is very full, no details are hurriedly passed over, and it is very clear, and as concise as the subjects treated of permit. The chapter on Bandaging is written by Dr. W. E. Trego, Professor of Operative Surgery in the Cleveland Homœopathic Medical College, and it is well and fully done. The illustrations are numerous, good, and helpful. The homœopathic remedies called for in various circumstances are indicated in a concise mode, and this distinguishes the book from any similar one issued by the old school. We cordially recommend it to all students, young surgeons, and general practitioners, all of whom will find it valuable for reference in practice. The work is excellently got up.

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*On the Supposed Uncertainty in Medical Science, and on the Relation between Diseases and their Remedial Agents*; being the Address in Medicine read at the 4th Annual Meeting of the Bengal Branch of the British Medical Association, held on the 16th of February, 1867. By MAHENDRA LAL SIRCAR, M.D., one of the Vice-presidents of the Association, and life member of the British Association for the advancement of Science. Reprinted, with a new Preface and opinions of the Press. Calcutta, 1903.

THE above long heading explains what this pamphlet consists of. It is the "address in medicine" which Dr. Sircar delivered on the above occasion, thirty-six years ago, when he stood up as the first medical practitioner in India who had carefully examined the tenets and practice of homœopathy, who had been convinced of their truth, and who had the courage to explain to the society what homœopathy consists of, and his open belief in it. It is a very able address, and it is well worth reprinting. It stands forth as a landmark in the history of homœopathy in general, but especially in its history in India. Dr. Sircar prefaces it with the original preface of 1867, and a new one for this year, in which he reproduces the intensely interesting "Story of my Conversion," which he published lately in the *Calcutta Journal of Medicine*, and which we had the pleasure of reprinting in our *Review*. At the end of the address are a series of quotations from the Calcutta press on the event, and on the extra-

ordinary treatment Dr. Sircar received at the meeting, letters to the press from Calcutta doctors, with Dr. Sircar's replies, and finally a re-print of a pamphlet by Dr. Robson written against Dr. Sircar and homœopathy. The whole pamphlet forms the material for a very interesting chapter in the history of homœopathy in 1867, and without it any such history will be defective. It is good that such episodes of courage and strength of mind on the part of the pioneers of homœopathy should not be forgotten, nor the virulent and narrow-minded treatment it evoked on the part of their colleagues. Hence we are glad to find the address re-published, with an account of all the circumstances attending its original delivery.

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*Hay Fever; its Prevention and Cure.* By PERRY DICKIE, M.D. Boericke and Tafel. Philadelphia, 1903.

THIS is an excellent monograph on Hay Fever. The history, etiology, symptoms, predisposing causes, pathology, and treatment are all fully described, giving altogether a summary of all that is known regarding this prevalent ailment. Dr. Dickie very properly insists that it is not a mere local ailment, requiring only local treatment and change of air, as these means, though useful in themselves, are but palliative and not curative agencies. But he maintains, and we think correctly, that the disease is a systemic or constitutional one, requiring constitutional treatment for its cure. He believes that the chief *fons et origo mali* is the uric acid diathesis. Very possibly he is right. He therefore is particular as to the habits and diet of the sufferer being carefully regulated, and in this we are sure he is correct. In the treatment he names the palliative measures that have been successful in relieving the paroxysm at the time. Brushing the inside of the nostrils with cocaine is often a great source of temporary relief, but Dr. Dickie dislikes its use for fear of inducing the "cocaine habit." This, we should think, is an unlikely result of its local use, but he much prefers from experience the local use of adrenalin as a far more efficacious application, and from his statements it is evidently well worth trying during the paroxysm. Except in rare instances, he does not believe that surgery is of any real good. The various homœopathic remedies that have been found useful are given clearly, with their special indications, and his estimate of their value in suitable cases. One remedy he has found most valuable—one that we are indebted to him for drawing our attention to, is *ambrosia artemisiæfolia*  $\phi$ . Of this medicine, our

author says, "As to the efficacy of this remedy, the writer can fully vouch for its value in hay-fever, having obtained from its use results at times seemingly little short of miraculous," and he gives an account of a severe case of several years standing which was cured very rapidly by it.

We can heartily commend Dr. Perry Dickie's work to our readers.

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*Dogs: How to Care for them in Health and Treat them when Ill.* Compiled and arranged by E. P. ANSHUTZ. Philadelphia. Boericke and Tafel, 1903.

LAST year we noticed with commendation a little work on cats, issued by Messrs. Boericke and Tafel. And now they follow this up by a small work on dogs. It is not meant for the veterinary surgeon, as it does not aim at being anything more than a popular aid to the understanding of the proper mode of taking care of a dog when in health and illness; in fact, a *vade-mecum* for owners of dogs, who by its aid can help their dumb pets without calling in a "vet." The treatment of illness recommended is of course the homœopathic treatment, and we are glad to see that Mr. Anshutz scouts the idea that dogs as well as horses require "strong" doses. He recommends from experience the ordinary No. 3 dilution for use. The diseases to which dogs are liable are well described, and the descriptions will enable any "layman" to see what is the matter, and to select the appropriate medicine. Under each disease there is no confusing list of many remedies, but the two or three which are generally required are named. In the last chapter, on "Materia Medica," a concise statement of the indications for each medicine named in the work is well given, so that any one can understand and follow it. There are numerous illustrations in the little book, but they are purely decorative, as they have nothing to do with the letterpress.

Mr. Anshutz has done a real service to dog-owners who love their dumb companions, and who wish to do the best for them in health and sickness, and we advise all such to obtain a copy of it, and put its recommendations into practice. This will confer a pleasure on themselves, and comfort and happiness on the dog.

## NOTABILIA.

## NEMATODE INFECTION.

## A NEW EPIDEMIC IN BIRMINGHAM.

THE *Midland Medical Journal* for August contains an illustrated article by Dr. J. Dencer Whittles upon the local prevalence of nematode infection. The writer says: "Since publishing an article in the *Lancet* in May last relative to a case of general infection by a nematode, I have been examining the blood of a number of persons, and I have found the same parasite present, which, especially as one of the members of my own family became infected, has caused me to pursue the investigation further. At first I was suspicious of the vegetables, especially cabbage, with its recently-cut stem, delivered early after being cultivated on sewerage farms, and, with this view in mind, succeeded, after some considerable persuasion, in obtaining permission to examine the blood of three different shop assistants, who were constantly handling cabbages, and the same hands would necessarily be used to select fruit, which in most cases is eaten raw, and so spread the infection. All three assistants possessed the parasite. I next turned my attention to the milk, and on examining it regret that I have found the same parasite in many samples.

The chief symptom of its presence in the blood is an intolerable itching of the skin covering the following areas, which are placed in order according to their degree of intensity of irritation: (1) Summit of shoulder; (2) Flexor aspect of arm; (3) Flexor aspect of thigh; (4) Hips; (5) Chest; (6) Borders of fingers on dorsal surface; (7) Face.

At first there does not appear to be any eruption, but on passing the hand with moderate pressure over the skin surface, small nodular hardenings, a little larger than a mustard-seed, can be felt beneath in the subcutaneous tissue. These enlarge, and a severe prurigo follows, which is increased on the body being heated or exposed to cold air. Either heat or cold appears to stimulate the gymnastics of the parasites. If scratching is indulged in by the patient the itching becomes more and more intense.

Dr. Dingley kindly allowed me to examine the blood of a patient at Wednesbury, who had had little or no sleep for a fortnight, the irritation being so severe that the body assumed the opisthotonos position frequently. Other symptoms were present which led one to believe that the patient was in a grave condition. I found the parasite present in the blood.

Dr. Aldren, Bristol Road, informs me that he had a girl, aged 6 years, as a patient, where the condition had been



diagnosed by another medical man as that of scabies, and was treated for such. No other members of the family contracted it, there were no corniculi in the lesions, and the itching was not in the interdigital spaces as usual in scabies. There were the same subcutaneous nodules, becoming papular as the irritation increased; but the skin was not broken except where it was removed by the patient scratching herself. In this case the attack was ushered in by a slight amount of vomiting, which symptom, I learn from other sources, is present at the onset of the infection, and generally occurs in those who drink raw milk in more than the average quantity. The irritation continued in Dr. Aldren's case for upwards of twelve months.

As to the extent of the epidemic I am unable to estimate, but I feel certain that a large proportion of the inhabitants of this city are affected, as any ordinary observer can see for himself if he will only use his second pair of cranial nerves. In conversation with a favourite shampooer at a local Turkish bath, I asked if he had noticed any difference in "the feel of the skin" of those he was in the habit of operating upon, and on consideration he said he had noticed some change, and would observe more closely in the future. A fortnight later he informed me that it was about every other one which had the small lumps below the skin in the positions numbered 1, 2, 3, and 4. Nematodes are said to be one of the most fruitful causes of leucocythemia, and in many of the blood films that I have examined this statement is borne out by the large number of white cells present."

Dr. Whittles, in conclusion, invites consideration of the question whether the disease as prevailing locally is the same malady as that known as "Craw-Craw," and observed chiefly on the west coast of Africa. He says: "In my opinion it would be policy for thorough blood examinations to be made in those cases where skin lesions are present, and these, I think, would serve as valuable aids in diagnosing cause and effect."—*Birmingham Daily Post*, August.

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#### INORGANIC SALTS IN RELATION TO NUTRITION.

So much attention is paid to complex organic bodies that the significance of the simpler inorganic salts taken in food is apt to be overlooked. The supply and nature of these salts must necessarily differ in infancy and adult life. The large percentage of lime in milk is a very striking feature. In fact 1 litre of cow's milk contains 1.7 gramme of lime, while limewater itself contains 1.3 gramme. The opposit

extreme is reached in butcher's meat, which contains only one-tenth of that present in human milk. Cow's milk contains a much larger amount of inorganic salts than human milk, and the calf we know grows much more quickly than the infant.

Of all the great choice of inorganic salts presented to us by nature, common salt is the only one we add as such to our food. It is only herbivores amongst animals that seek additional salt, never carnivores. The domestic cat and dog leave untouched highly-salted food. The wild ruminants are attracted to salt-licks, and the hunter tempts them with salt. In its food a herbivore takes three or four times as much potash salts as a carnivore. Bunge explains the desire for common salt as due to the large consumption of potash salts. Potatoes and other important foods such as the cereals and legumes are very rich in potash. This is said to explain why vegetarians take far more salt than those who consume chiefly animal food.

Amongst the ancient Greeks and Romans the animal sacrifice was always offered without salt, while salt was presented with the fruits of the earth. The Jews also offered salt with their oblations. Tacitus tells us of the deadly strifes between the Germanic tribes for salt. The Roman soldier was partly paid in salt, hence our word salary. Mungo Park narrates that in the central parts of Africa salt is one of the greatest luxuries. The children "licked" salt when they could get it, as our own children lick sugar. On the Sierra Leone coast the desire for salt amongst the negroes is so great that they will give all that is dear to them for it. Bunge regards the continued use of vegetable food as the cause of this great desire for common salt. Lapique has shown that certain tribes of negroes, who cannot obtain common salt, add to their vegetable food wood ashes, which contain much potash. Recently E. Abderalden has analysed the substance which the inhabitants of Angoniland in British Central Africa use as a substitute for salt. It is prepared by burning together the excrement of goats and wood ashes. It is greyish in colour and contains some unconsumed carbon. They shake it from a woven basket, and extract it with warm water. It was found to contain about 21 per cent of potassium chloride and only .5 per cent of sodium chloride. This use of potash salts by vegetable feeders seems to be opposed to Bunge's theory. Bunge regards this as a "perverted instinct." In any case, since common salt became available, the aborigines no longer prepare or use a potash salt.

Exactly those vegetable foods in which the proportion of

potash to soda is highest—potatoes, peas, beans, rye—are the staple food of the European proletariat. It is even contended that the amount of salts we consume is excessive. If we take it that these salts are excreted by the kidneys, a problem presents itself in regard to these organs—perhaps the best-abused organs with which humanity is endowed. Are our kidneys adapted for the elimination of a large amount of these salts? On a diet of meat and bread without the addition of common salt, the amount of salts of the alkalies excreted is not more than 6 to 8 grammes a day. When a person lives largely on potatoes the amount excreted may reach 100 grammes. Taking the other extreme, we find that on a diet of rice, the staple food of the majority of mankind—as represented by the Eastern nations—only 2 grammes of alkaline salts are excreted in twenty-four hours. Perhaps there is here an indication that rice might be usefully employed in certain affections of the kidney.

The puppy grows more rapidly than the calf, the calf than the foal, and the foal than the infant. The infant doubles its "birth-weight" in 180 days, the foal in 60, the calf in 47, the kid in 22, the lamb in 15, the puppy in 14, a kitten in 9½, and a rabbit in 6.

It is obvious that a woman during gestation and lactation requires a larger amount of inorganic salts, and specially is this the case with the lime salts in the food. Suppose the infant to suck 1 litre of milk daily, where is the mother to get the necessary lime salts if she lives on meat and white bread, with perhaps some sugar or sweets thrown in? She must take the lime from her own bones and her teeth. It is a not uncommon saying among women—a tooth for every baby. The lime for the mother is best supplied by a liberal use of cow's milk as part of the dietary; but as this is poor in iron, the diet ought to be supplemented with food rich in iron.

The difference in composition of the milk of various mammals is well known. How is it to be explained, at least teleologically? The composition seems in part to depend on the rate of growth of the suckling. We should expect that those substances specially required for the growth of the suckling—proteids and inorganic salts—would be more abundant in those animals that rapidly grow, and this is found to hold true. The proteids, phosphates, and lime are specially abundant in these cases. The chlorides of the alkalies play a part in secretion which perhaps is not always evident. Renal cells could scarcely withstand the action of a solution of pure urea. The chlorides, perhaps, act protectively for these structures. It seems probable that

the amount of fat and sugar in milk is largely regulated by climatic conditions. The milk of the dolphin *globicephalus* contains over 40 per cent of fat.

When we compare the percentage composition of the ash of milk with that of the total ash of the suckling, we find a singular parity in results, in fact, the inorganic constituents exist in milk in the proportion in which they are required for growth. This is all the more remarkable when it is remembered that the distribution of these substances in the plasma of the blood is absolutely different. Nature has endowed the secretory cells of the mammary gland with the power of selecting those constituents in exactly the proportion best suited for the needs of the suckling, adjusting and adapting the relative proportions to its rate of growth.

There is one striking difference, however, in the relative composition. The amount of iron in the milk of the bitch is six times less than the ash of the new-born puppy. This is explained by the fact that the puppy at birth has a large amount of iron stored as a reserve in its liver, which contains six times the amount in the milk. In the rabbit the iron in the liver gradually sinks until the fourth week, when the animal begins to feed on green food, which contains much iron, and then the amount rises. The infant or suckling can only have obtained its iron supply either through the placenta or the milk. Of course the parallel in composition obtains only in the case of animals whose young grow rapidly, for example, the dog or rabbit. The inorganic constituents of milk play a double part—they not only serve to build up the tissues, but have an important influence on the daily excretion of urine. A considerable amount of alkaline chlorides is excreted in the urine. A dilute solution of common salt is spoken of as a normal or indifferent fluid which has little or no action on histological structures provided it is isotonic with them. A salt-free urea solution would injuriously affect the renal epithelium.

There is one other substance present in milk, lecithin, which has considerable interest. Perhaps its chief use is in connection with the growth of the central nervous system, or rather the brain. The brain contains most lecithin: indeed it contains eight times as much as muscle. During the infantile period the brain grows steadily. The relative weight of the brain varies greatly in different animals. We would expect to find more lecithin in milk the higher the relative brain weight, and Burow by comparing the calf and dog with man found this to be the case.—*British Medical Journal*, July 11th.

### SECALE IN CHOREA.

In the *British Medical Journal* of July 18th, is an extremely interesting paper, entitled "A Note on the Treatment of Chorea by Ergot of Rye," by Eustace Smith, M.D., F.R.C.P., Senior Physician to the East London Hospital for Sick Children, and we quote it entire as follows :—

"Ergot of rye has been little used in the treatment of disease in the young subject, although as a sedative in cases of nervous disease in children its value is great. I desire here to call attention to the usefulness of this drug in the treatment of chorea when given in adequate dose. How it operates in such cases—whether it exerts a direct sedative action upon nerve tissue, or controls it indirectly by its influence upon the blood supply of the spinal cord—I leave to others to decide. The fact, however, remains that under its use the disorderly movements soon begin to moderate, and quickly come to an end.

With regard to any possible evil influence of the drug upon patients, I may say at once that I have never seen any. The symptoms described under the head of 'ergotism,' if attributed rightly to the ingestion of diseased rye flour, can only have been caused by the long-continued and excessive use of grain heavily ergotized; indeed, according to Trousseau, unless rye bread contains ergot in enormous proportion, its consumption is not followed by ill-effects, even when it forms the main food of a people for years together. When given in medicinal doses it seems to be quite harmless. I have given the liquid extract in doses of 1 drachm every three or four hours for many weeks together to children of 7 or 8 years old, and in doses of 20 drops or more for many months at a stretch, and have never seen any ill-consequences to arise from its use. If it has done no good, at any rate it has done no harm, and in the majority of cases the beneficial effects of the drug have been very decided. While taking ergot the pulse falls in frequency—perhaps as much as 15 or 20 beats—but I have not noticed dilatation of pupil, or heard complaints of headache or nausea or abdominal pain. These symptoms have been referred to the action of ergot, but, given in such doses as I have described, the drug in my experience has not produced them.

Although useful in other varieties of nerve disorder, it is in cases of chorea that the value of ergot is shown most plainly. In this complaint the bromides, chloral, and other similar drugs are not very satisfactory in their action. To be of benefit they must be given in doses which tend to depress, and their influence too often is only temporary. Arsenic in

doses of 10 minims or more of Fowler's solution three times a day is a remedy more to be relied upon, but it is often not well borne, and, if it agree, requires some considerable time to exercise its full influence, although improvement, when it occurs, is usually permanent. Ergot acts more quickly than arsenic; never, as far as I have seen, disagrees, and is successful when arsenic has been given in vain. I order to children of all ages 1 drachm of the liquid extract to be given diluted every three or four hours, and enforce complete rest in bed. Confinement to bed, I need not say, must form an essential part of all treatment for this complaint, for as long as a child is up and about no remedy is given a fair chance of success. In using ergot or any other sedative for chorea it is important as a first step to make sure that the emunctory organs of the body are in good working order, for the action of drugs in quieting the unbidden movements may be gravely hampered by the presence of some passing disturbance of function.

CASE 1.—Thus, a little girl of 6, who when awake was in constant movement, began on November 13th to take 1 drachm of the liquid extract of ergot every four hours. On November 18th, as the child had not improved, one drop of liquor strychninæ was added to each dose of the remedy. On November 21st she was still no better, so the ergot was stopped, and 5 grains of trional were given three times a day. On November 25th, as the movements were as violent as ever, a careful examination was again made of the child, and the liver was found to project two finger-breadths below the costal margin. The patient was given a mercurial purge, and was ordered to take an alkali with bitter infusion before each meal, all other treatment being stopped. On November 28th, the liver congestion having subsided, the ergot and strychnine were given, as before, every four hours. The patient now began at once to mend, and her progress was so rapid that at the end of eight days all unruly movement had ceased, and on the following day—the ninth—the girl left the hospital cured.

In this example recovery, no doubt, was exceptionally prompt, but the case illustrates well the speed with which the disease may be overcome in favourable cases by the united action of the two drugs. The case was a fairly bad one, and I know of no other remedies which would have brought the complaint to a successful issue in so short a time. The addition of a drop or two of the strychnine solution to each dose of the ergot seems to have a marked effect in quickening the activity of the latter. It is comparatively lately that I have made use of this combination in chorea, but I have no doubt whatever that improvement follows more speedily with it than with the ergot given alone.

It is sometimes necessary to push the dose of the remedy, for the quantity required to exercise a controlling influence over the movements varies according to the susceptibility of the patient, and perhaps according to the age. I think that boys require larger doses than girls.

CASE 2.—A boy, aged 8 years, began on December 23rd to take 1 drachm of the liquid extract of ergot with three drops of the strychnine solution every four hours. The movements at this time were fairly brisk, and the boy's control over his muscles was so impaired that he could not feed himself. He took the medicine every four hours for seventeen days without improvement, and then every three hours for a week longer but still without benefit. Then, on January 16th, the dose of the liquid extract was increased to  $1\frac{1}{2}$  drachm (90 minims) given with the original dose of strychnine every three hours as before. On the very next day (January 17th) a striking change for the better was observed, and when I saw the boy on January 20th he lay quietly in his bed, declared that he felt perfectly well, and, beyond a certain abruptness in performing a voluntary act, seemed to have completely recovered from the attack. Even in this large dose the ergot gave rise to no untoward symptoms. There was no headache or nausea, or pain in the body or limbs, or falling off in the appetite. The remedy was continued for a week longer, and the patient then left the hospital cured.

Cases such as the above, which are two out of many, may be taken to show that the ergot of rye can be given to children in large doses without risk of harm; that as a sedative to the nervous system its value is great, and that if the quantity given at first prove insufficient, no fear need be entertained of increasing the dose of the drug until a definite impression is made upon the complaint. Thus, I have given the dose of  $1\frac{1}{2}$  drachm every two hours during the day and several times in the course of the night, without exciting any unwelcome symptoms, and continued the remedy in the same dose and with the same frequency for days together until signs of improvement were seen. In all cases the ergot was pushed until it produced a beneficial effect, and it was always noticed that complete recovery followed quickly upon the first signs of amendment. The remedy ought not to be left off directly normal control over the muscles has been restored, but should be continued as long as any abruptness of voluntary movement remains. It is only when this has completely passed away that the ergot can be stopped without fear of a relapse."

That secale produces pathogenetically convulsive movements is well known to those who know their materia medica,

but we fancy that, in the old-school at least, this action is obscured, or forgotten, owing to its principal use as a uterine remedy, where its effects are so manifest. Even in homœopathy, its power to cause convulsive movements, both tonic and clonic, especially the latter, would seem to have been, if not forgotten, at least not made full use of.

In Allen's Encyclopædia these symptoms stand out prominently. Thus, under the head of "Extremities" we find "Most violent convulsive movements of the limbs occur several times a day; during the intervals the fingers are numb and often contracted." "The extremities were alternately violently flexed and extended, with an irresistible desire to stop the spasms by the power of the will, which he was imperfectly able to do." "General convulsions of all the extensor muscles, and indeed a perfect access of puerperal convulsions under its peculiar form" (from half a drachm of the pure ergot, repeated in twenty minutes, in a woman in labour). "Sudden periodic contractions of the limbs with tensive pains." "Convulsive movements of the limbs." "Contractions of the hands or feet, fingers and toes." Under the head of "Inferior extremities," we have "The whole hand is drawn inward, so that the bones of the wrist are very prominent; the forearm is affected by spasms, and the hands are approximated to the chest." "Weakness of the hands, the patient could not hold anything securely." "Contraction of the hands." "The hands can with difficulty be carried to the mouth, the fingers are bent backwards, and the eyes distorted." "Contraction of the fingers." "Under the head of "Inferior extremities," we find "Convulsions of the lower extremities." "The patients are able to walk only on the tips of the toes, on account of constant cramp-like spasms or contractions of the limbs." "The lower limbs were flexed; she could not stand upright, and reeled as if intoxicated, yet was perfectly conscious." "Reeling gait." "Gait difficult, tottering." "Inability to walk." "Weakness of the lower extremities, so that the gait was unsteady and stumbling." Under the head of "Generalities," we have "Opisthotonos, emprosthotonos, risus sardonicus." "Convulsive movements and twitching of the muscles and tendons of the limbs; twitching of the muscles of the face." "Convulsions." "Spasms." "Violent spasms." "General spasms, similar to epilepsy." "The spasms are generally brought on by emotional excitement, followed by exhaustion, weakness, and torpor." "Repeated spasms." "The whole body was tossed about with the greatest uneasiness." "The most violent spasms seemed to recur periodically." "The most violent spasms occurred at night." "Spasmodic



movements of various kinds." "Spasms and twitching of the upper and lower extremities." "Epileptiform spasms." "In some patients the spasms occurred without remission or without aggravation at any time of the day." "Unsteadiness of the whole body." "Numerous jerking movements, like electric shocks."

These provings clearly show how homœopathic *secale* is to chorea, and from this point of view Dr. Eustace Smith's paper is an important and interesting one. Its beneficial action can be accounted for on no other law than that of similars. It is the very reverse of anti-pathic or allopathic. That a drug which causes such convulsive movements can be and is curative of similar conditions is explainable only on the homœopathic law. We may agree with Dr. Eustace Smith in avoiding theory, when he says, "How it operates in such cases—whether it exerts a direct sedative action upon nerve tissue, or controls it indirectly by its influence on the blood supply of the spinal cord—I leave to others to decide. The fact, however, remains that under its use the disorderly movements soon begin to moderate and quickly come to an end." This is the important point to insist upon—the *fact*, whatever the theory of its *modus operandi* may be. And we may add, the double fact of its power to produce convulsive movements as well to cure them. Such a drug cannot be called a *sedative*, as Dr. Smith terms it "in cases of nervous disease in children," without ignoring the pathogenetic part of its action, which is the key to its value as a curative agent. It is a pity that Dr. Eustace Smith complicated the treatment by combining the ergot with strychnine, although, as is well known, strychnine also produces convulsions or twitchings, and so is also homœopathic to the similar state. Both the medicines were, in fact, homœopathic to the cases. But it may be urged that the dose given was too large to admit of its being reckoned a homœopathic curative agent, as we expect such drugs to be curative in small doses. To this we reply, in the first place, that the liquid preparations of *secale* are notoriously uncertain in their actual medicinal strength, and that the only reliable preparation is the *fresh powder*. Had this been used, in all probability a much smaller dose would have answered the purpose. But, in the second place, even though the dose is a large one from the homœopathic point of view, it only gives an example of what we have often to insist upon, namely, that a medicine to be homœopathic must be one that will produce in the healthy body similar symptoms to those in the case to be treated; and when this is the case, the homœopathic dose is the one that cures, however large it may be, and which is

thus less than will aggravate. This is the law of the dose ; how small a quantity will cure and not aggravate is a question of experience. Some medicines require to be given in more tangible doses than others. And if in chorea it is found necessary to use a very tangible dose of secale in order to effect a cure, the treatment is strictly homœopathic all the same.

We are much indebted to Dr. Eustace Smith for drawing our attention to a successful homœopathic remedy in chorea, which has been unaccountably neglected to be used by homœopaths.

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#### THE AMERICAN MEDICAL ASSOCIATION AND CONSULTATIONS.

FROM the *Cleveland Medical and Surgical Reporter* of June, we learn that "The American Medical Association at its recent meeting held in New Orleans, took what is apparently a long step forward in the progress of the school towards a position where the national bodies of other schools of medicine may meet it in its attempt to gain a unity of action in the treatment of the sick. It was known that some radical action concerning the published code of ethics was to be taken, and each member of the House of Delegates, the governing body, was on the *qui vive* in anticipation. Early in the meeting it became evident that a party, headed by former President Reed, was anxious to so change the code as to permit of consultations with any registered and reputable physician. But there was a large element present opposed to such a change, and a contest was imminent. The diplomatic former President and his friends, however, very happily diverted the fight and shifted it to local societies.

How ? Why, first, by substituting the word "principles" for "code," thus "relieving the document of even a verbal resemblance to a statutory enactment," and, second, destroying the force of the declaration by declaring that the newly christened Principles of Ethics are merely "advisory and suggestive," not mandatory. So the situation has degenerated into a "go-as-you-please" affair, and the burden of decisive action is forced upon county and state organizations, which will determine all the practical questions of ethics as best suits their needs and temper." This report was adopted unanimously, joyously and even hilariously. Verily the mountain hath been in labour and hath brought forth a mouse."

This result we think satisfactory so far. To remove the

mandatory prohibition to consult with homœopaths, and to leave it practically open to each practitioner or society to do as they please, is a decided step in the right direction, and is the thin end of the wedge for further developments. One could not expect from human nature, being as it is, that the association would all at once reverse entirely its former "statute." It is a rule with politicians, while aiming at a given course of action, to be content with a partial victory, and not to insist on the pound of flesh or nothing. It will come by degrees, and meanwhile the American Medical Association will have time to educate itself, and ponder quietly over the whole question. And the next step will be a further development.

We thank the editor of the *Cleveland Medical and Surgical Reporter* for the kind way in which he quotes with approbation some remarks made by us in 1877, on the position which homœopathy should maintain in relation to any approaches to it on the part of the old school. Our colleagues across the water take precisely the same view on this point as we do, but the adoption of more liberal sentiment and action on the part of "our friends the enemy" may well be looked upon with gratification as a sign of the times, and as an earnest of what must come in due time.

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It is interesting to note the views of a non-homœopathic journal, the *Medical Times* of New York, on this subject, showing how in the old school liberal views are in the ascendant. The following appears in the July number, and is headed, "Principles of Medical Ethics."

"An esteemed correspondent writes us that the document adopted by the American Medical Association at its New Orleans meeting is not 'the Code of Medical Ethics,' as some have stated. He says:—

A code is a law, and the association is awake to the fact that it can no longer enforce a code, as public sentiment in the various States differs; hence they adopted what they choose to call 'principles of medical ethics' as a 'suggestive and advisory document,' which is a very different thing from a code. This change from a code to an 'advisory document' is a very important step, and means that the profession does not intend to be bound down in the future, as in the past, by narrow dogma respected by few and observed by only a very limited number of physicians.

Another important step taken was to eliminate restrictions as to consultations; hence a member of the regular profession—or as it is commonly called, the old school—is at liberty to consult with any physician according to the dictates of his own conscience. This is perhaps the most important step

taken by the medical profession for the last century, and it is of interest to know that it is really following in the footsteps of the New York State Medical Society, which many years ago decided not to be bound by the old code of ethics, and have consulted with any physician they saw fit to meet. Therefore the profession of the country at large has now fallen in line with the New York State Society, otherwise known as the 'liberal' school.

Of course each State is at liberty to adopt any code of ethics desired, but it is important to bear in mind that the narrow restrictions heretofore thrown around the profession have been removed, and medicine from to-day on will be a liberal profession, regardless of antiquated dogma and rules and of conduct applicable to school children, but not worthy of scientific men of broad education.

The principles of ethics as adopted by the association is the work of a committee of eminent medical men, who conscientiously and fearlessly presented what they believed to be right, and two of these gentlemen, the Chairman, Dr. E. Eliot Harris, and Dr. Joseph D. Bryant, are worthy citizens of our own city."

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#### SHALL WE TAKE OUR THERAPEUTICS FROM THE DRUGGISTS ?

UNDER the above title the following appears in the editorial columns of the *British Medical Journal* of June 6th :—

"A correspondent sends us a pamphlet issued by Messrs. Allen and Hanburys, entitled 'On the Choice of an Aperient'; he protests against this as an attempt on the part of a firm of druggists to instruct the medical profession upon methods of treatment, and asks for our comments thereon. Unfortunately this is no isolated instance, and therefore it would be invidious for us to condemn in harsh terms a practice which has been followed by most of the chief wholesale manufacturing houses in Germany and in America, and to a less extent in England, for many years. We are not sure that the resentment which our correspondent expresses, and with which we sympathize, is really shared by the whole profession. Nay, on the other hand, we cannot but believe that there are many who are glad to receive hints conveyed to them in these publications; that they order the remedies suggested therein; and that the publishers continue them because they find them to pay. If it were not so, we do not think we should see their number increasing annually, and more money being spent upon their style and appearance. It is well known that there are many practitioners who always

try to order something new ; if they wish to give a patient lithia they prescribe thialion, they prefer heroin to morphine, and so forth ; their choice seeming to be dictated by the desire to give the patient something with an unfamiliar name. To such minds the 'druggists' circular with its fanciful nomenclature (produced in the present instance by the not very original orthographical method of combining together the former and latter extremities of two words—for example, cascara sagrada = cascada) constitute a perennial and fruitful source of new suggestion. To some extent this weakness is due to defects in our system of medical education. It must be admitted that few students take the trouble to write prescriptions, and such prescription writing as is done at the final examinations is by no means creditable. The use of fixed formulæ in hospital practice no doubt accounts for this in a large measure, but not altogether, as there are many hospital physicians who make a point of prescribing in full when ordering for in-patients. Physicians as a rule do not rate highly the art of prescription writing, and consequently lay no stress upon it in their teaching. It seems hard to reject a man who has passed satisfactorily in the rest of his examination because he has made a very clumsy attempt at writing a prescription ; it is hoped that he will soon pick up this in practice. We fear this hope is too frequently not realized, and that these men find it easier to take their formulæ ready made from the druggists. Hence the shoal of archives, reports, circulars, and pamphlets with which we are so plentifully supplied, and of which our correspondent complains. The remedy would be to make prescription writing a subject at the intermediate examination, and to insist upon a real familiarity with the principles and practice of the art. If this were done, we might hope to get a generation of practitioners independent of the druggists' circulars."

We have often wondered how long the old school doctors would calmly submit to being "bossed," as our American friends would term it, by the manufacturing and advertising druggists. It has been long a notorious fact, that many old school doctors, to save themselves trouble we suppose, use the made-up "tabloids," etc., that are advertised by enterprising firms of chemists, and use them in accordance with the advice and directions vouchsafed patronizingly in the circulars, instead of employing their own brains, and selecting what they considered the right treatment. Of course the firms of manufacturing chemists are quite right to push their own business, and in the way that they find is successful. Supply is always proportionate to demand, and we may be

sure that these preparations would not be so largely advertised and pushed by the agents of their firms, unless the doctors, to a great extent, prescribed them, thus relegating themselves to a back-seat. It is in this way that many of the homœopathic medicines, their value, and indications, have been introduced to the old school, and have been greedily adopted as "new treatment." It is all very amusing to homœopaths who can look on at this comedy, and wonder at their old-school colleagues, who thus consent to sink their individual judgment and liberty at the bidding of the druggists. But we are told that even a worm will turn on its adversary, and at last the *British Medical Journal* turns, as we see above.

As to the loss of the "art of prescribing," that is to say prescribing a combination of drugs, we consider this, from our point of view, rather a gain than otherwise. These combinations are often, with the best intentions, incompatible, or antidotes of one another. We venture to suggest that one reason for "prescribing" being a lost art is the adoption by many doctors in recent years of the rule of giving only one medicine at a time. Of course, this advance is due indirectly to homœopathy, and to the more accurate knowledge of drug action, which is learnt from homœopathic writers and practice. This is all good, and will ultimately consign the "art of prescribing" to the realms of ancient history.

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#### THE "GENERAL PRACTITIONER" AND HOMŒOPATHY.

WE are always pleased to notice a liberal and friendly tone in old-school journals in regard to homœopathy. And in the *General Practitioner* of August 1st a paragraph appears entitled "A Homœopath on Hindrances to Truth," in which is an excellent *resumé* of Dr. Percy Wilde's Presidential address at the Congress at Oxford. We think it is a reprint of the *resumé* of this excellent address which appeared in the *Times* of July 25th. But none the less do we note with satisfaction that it has been extracted for re-publication by the *General Practitioner*. If we are mistaken in supposing it is a reprint from the *Times*, we apologize to the *General Practitioner*.

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#### TAPPING THE CHEST.

"IN tapping the chest, it is well to remember that a line drawn horizontally from the nipple around the chest passes over the sixth intercostal space midway between the sternum and the spine. This rule may prove serviceable in stout people when it is difficult to count the ribs."—*Medical Era*, June.

### IGNATIA IN SKIN DISEASES.

By G. W. SPENCER, M.D., Cleveland, Ohio.

AFTER a careful study and close observation, for more than four years, of the effects of ignatia in skin affections, I have placed it among the most valued remedies at my command.

My attention was first attracted to the drug as a cutaneous remedy by using it, as commonly used, in functional neuroses, namely, nervous dyspepsia, with the accompanying mental symptoms, hysteria, symptoms following shock from grief or accident, also conditions following the intemperate use of intoxicants, *i.e.*, insomnia, twitching of the muscles, inordinate mental operations after the immediate effect of the alcohol is passed. Also, the increased irritability of nervous tissue, besides cases in which there is an increased impressionability of the central portion of the nervous system from whatever cause, and the consequent disturbance of organic functions.

The skin being the principal efferent organ, and consequently receiving, in a large measure, afferent impressions, its functions must necessarily be modified, and, finally, the organ becomes diseased, if these impressions are reflex from diseased conditions for any length of time.

The physiological action of the drug shows that it is eminently a spinal remedy, multiplying impressionability to such an extent that the animal poisoned with it is thrown into the most violent twitchings from the least disturbance of the surrounding media, or from a slight blow, which differs somewhat from the effects of the sister remedy—*nux vomica*. Thus the pathogenesis of ignatia points directly to its effect upon the skin, and the power it must exert in modifying the functions and correcting diseased conditions when coming within its field of action.

Whatever may be the cause of the disease, either specific, or from any dyscrasia within the catalogue of etiology, ignatia will be found useful as an adjuvant to the indicated remedy, removing, especially, increased irritability of the nervous system, thus allaying symptoms that disturb the patient's rest, unbalance his mind, and place him at variance with his environments. This particular office of ignatia is illustrated in specific skin disease, in which the sensitive patient is most miserable, on account of the unsightly appearance and the usual disgrace attached to this disease, although the same sensitiveness is apparent in patients suffering from any disease that deforms them or draws the attention of people to their affliction.

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\* Read before the Ohio State Homœopathic Medical Society.

The following cases from my clinic and private practice well illustrate the action of this hitherto unused skin remedy.

CASE 1.—M. H., age 21. Bohemian. Large bones and strong muscular development, and apparently in good health. He came to my clinic because of a troublesome acne of the face and back especially. As he came into the room I noticed that he hung his head and carried a frown upon his brow, and when asked to remove his coat he did so with a jerk; and when asked questions he answered laconically, and appeared disturbed by the surroundings. History did not reveal that he had ever been sick; but that he had been a victim of masturbation, but within the last two years only occasionally had he practised it. Complexion muddy, tongue white-coated and large, bowels normal, so far as could be determined. The acne was of the papular variety, with much itching. Prescribed *ignatia* 2x, five drops every three hours, and requested him to return in one week. He returned at the appointed time, and appeared before the class with head erect, a smooth brow and a smile upon his lips, looked me squarely in the face and said, "I am much better." The acne had improved, and the itching, which was a prominent symptom, was much relieved. Continued the remedy for two weeks longer, only giving it twice daily, when he went to bed and before breakfast, and at the end of that time he was discharged cured.

CASE 2.—Mrs. G. Married. Age 48. Comfortable surroundings, had a papular eczema on the back of the hands particularly, although spots would often appear upon the legs. The most annoying symptom was the itching. She was obliged to bandage her hands, she said, to keep the air from the skin, and keep herself from scratching. She had been treated for two years by several specialists, and had used every known local application without relief, and, finally, she was advised a change of climate, which she could not do.

When I called to see her I found the following conditions and symptoms: The patient sat in a rocking-chair, at a large window, rocking, and was the most miserable woman you can imagine. Her hands were bandaged, her face clouded with scowls, and her tongue wagging at a furious rate. She knew she would go crazy, suicide had been entertained at times. She could not sleep, not only because of the itching, but every little noise or stir in the house aroused her from sleep; all of which indicated increased irritability of the nervous system. She was also afflicted with bleeding hæmorrhoids, and from her description one would think barrels of blood were lost every day. I informed her I could not improve upon the local treatment, for I had the highest regard for the ability



of the specialist who had been treating her, and the only hope I could give her was that, if I could select an internal remedy suited to her case, I might do more than the other specialists. I gave her *ignatia 3x*, five drops in a little water every three hours, and told her to continue the lotion she had been using. At the end of ten days she was very much relieved, had removed the bandages, was sleeping better, and her husband said better natured than for a long time.

From that time until entirely cured she took the same remedy only twice daily, at night and in the morning. The tendency of this affection is to recur, and this case did not prove an exception. At its first reappearance the same remedy was given, with good result. The subsequent recurrences were of shorter duration, until for six months past there has been no return.

CASE 3.—M. D., 53 years old, lawyer. History of intemperance, having at one time been a confirmed drunkard, but for the last ten years has been sober, although his life has been strenuous until within the last five years. He was troubled with pruritus for some four years, and especially for the twelve months prior to his coming to see me. The itching was so violent that it became very painful, which prevented him from sleeping, and when exhausted to the extent that sleep came in spite of the pain, he scratched the skin off his legs and head and other portions of the body which he could reach. Every lotion known to medical science had been repeatedly used; but only temporary relief could be obtained, although, not infrequently, the disease had periods of quiescence, only to return with renewed energy. The success of treatment in this disease depends very largely upon the determination of the cause, and the range of causes being so wide, the prescriber is put on his mettle, perhaps, more than in any skin affection. The common definition is so sweeping that little idea can be conveyed. "A functional defect of innervation in which itching is the only symptom," describes the disease, but imparts but little idea of the etiology.

As in the case above cited, the itching being general over the body pointed to a general degenerative process. Also, in the absence of other symptoms and conditions, such as jaundice, disorders of the alimentary canal, such as dyspepsia, with or without constipation, "the gouty state," kidney disease, such as albuminuria, chronic Bright's disease, diabetes mellitus, hepatic derangements, whether functional or organic, and no parasites being in evidence, and the patient's condition in life being such as to rule out mental depression, we are left with only two alternatives—either due to degeneration, as in senile pruritus, or to an increased irritability of the sensory

nerves. In this case the probabilities are—both conditions might exist in a measure. Upon the above conclusion I prescribed *ignatia* as the remedy the best indicated, for two reasons: First: If only a functional irritability, the remedy would surely relieve, if not cure. Second: If due to a degenerative process and consequently increased sensory disturbance, the remedy would be more effective than any other remedy for immediate relief, until other constitutional treatment could be established, and, as before stated, its power as an adjuvant cannot be too highly esteemed.

The patient has now been under treatment for six months without a change of remedy, and has improved very perceptibly in a general way, and the pruritus has longer periods of quiescence. This case illustrates the limit of the remedy, and further points out the specific use in skin affections.—*Hahnemannian Monthly*, August.

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#### CASES OF HERPES CIRCINATUS CURED BY SEPIA.

By DR. SCHWENCKE (Coethen).

1.—A WIDOW from the village P—z, in Anhalt, 56 years of age, of vigorous constitution, fair hair, and evidently very sanguine temperament, was suffering from herpes circinatus on the right side of the face. This had already extended over the nose, cheek, and upper lip. The patient seems to have taken the matter easy for some time, but as the herpes continued to spread she was obliged to call in medical aid. She stated that she had never had any visible cutaneous eruption, nor could she make any statement as to any ailment in the past. I gave her six powders, with *sepia* 15. These were to be dissolved in water, one a day, and a dose of the solution to be taken morn, noon, and night. No change was seen at first, so that the remedy had to be repeated twice. But after that a change appeared and the herpes gradually diminished, and at last totally disappeared, and has not appeared again, a year having elapsed since the cure.

2.—G. V., a mason's apprentice, 17 years of age, also from this neighbourhood, of very phlegmatic temperament, and particularly inert and awkward in his mental make-up, had had a herpes circinatus for nine months, when he came to me. The herpes was on the right cheek, and the itching was very troublesome. He could not state anything else about his health. During two months he received twice six powders of *sepia* 6, one to be dissolved a day and taken at three periods of the day. The patient was cured of his ailment and remains in good health.—*Calcutta Journal of Medicine*, Jan.

## A CASE OF DIARRHŒA CURED BY GUMMI GUTTÆ.

By DR. MAHENDRA LAL SIRCAR.

A cook maid, T—, began to have purging and vomiting on the 14th July, 1902. The stools and vomiting were of such a character as to threaten to develop into cholera, and consequently tincture of camphor, a few drops in water, was administered. The threatened cholera was averted, but the diarrhœa with occasional vomiting continued more or less, and by the 11th August became troublesome. The stools were liquid, frequent; flatulence was a marked symptom, giving rise to rumbling and tympanitic distension partially relieved by stool. These symptoms and the fact that her occupation necessitated frequent exposure to heat from the oven, induced me to give her *carbo veg.* 30, which she took for three days till the 13th, after which she felt somewhat better, and I did not hear of her case till the 17th December next, when I learnt that she had fever on the 2nd, since when her diarrhœa had become worse. The symptoms now were: Stools frequent, watery, and undigested, coming out with a gush, and preceded by pinching in abdomen, chiefly in epigastrium and hypogastrium, the urging being sudden after the pinching; gurgling as of fluid in the intestines; vomiting; great debility. *Gummi guttæ 6x*, a few doses (globules), in three days effected a complete recovery.—*Calcutta Journal of Medicine*, January.

## WHO IS ETHICAL ?

UNDER the above title an excellent editorial appears in the *Medical Brief* (of New York) of July, which we have pleasure in extracting. The views therein inculcated are true, and the only true basis for so-called "medical ethics," and they are similar to those that were taken up by Dr. Pope in an address on this subject some years ago, and published in our *Review*.

"Well, the man who *claims* to be ethical is the long-winded, pompous chap who gets up in medical societies, and calls everybody else's ethics into question merely for the purpose of vaunting his own. He is very glib, very self-righteous, and takes it all out in talk. He never seems to think that those who listen to his long, prosy diatribes deserve some credit for the liberality and good nature with which they put up with his folly. He ignores the fact that he is really insulting his brethren by calling their ethics into question.

A physician is usually not taken into a medical society

unless he bears the character of a gentleman, and a gentleman is supposed to know how to conduct himself without continual censorship and tutelage. If a man is not a gentleman, no amount of admonition or punishment will make him such. He might subscribe to a thousand codes, and still every act and every thought would infringe on the unwritten law which governs every true gentleman, namely, 'To do unto others as we would have them do unto us.'

When a man desires to join a club, his record is investigated by a committee, and if it meets with approbation his name is submitted as a candidate. If elected, that ends the matter. He is not asked to sign an agreement that he will not steal or commit arson, or refrain from using strong perfumes, using bad language, or wearing loud clothes, or to otherwise bind himself. He is a gentleman, and, as such, is left entirely to the guidance of his own instincts, principles, and tastes.

A doctor should certainly enjoy equal latitude. The doctor is not a suspect, nor a dangerous character of any sort. He is by nature and training a very fair specimen of the genus homo. His patients and his friends find him trustworthy—a man of honour in the highest sense.

The nature of the doctor's calling requires that he enjoy a very large amount of personal liberty. He is thrown entirely upon his own responsibility in great emergencies; medicine is an incomplete science, and numbers several schools, systems, and methods in its resources; therefore, the individual doctor should be absolutely free to pick and choose his remedies, according to his need, and the indications derived from experience.

To make him sign a code that he will not do this and will not do that is to mortify him, to tie his hands, to limit his opportunity, without in any way diminishing his responsibility. If he uses his common-sense, and breaks through such unfair restrictions, then he is exposed to the dangers of blackmail.

True ethics is never self-conscious. The genuinely ethical man does what is right because he is honest, straightforward and just by nature; not because he has signed an agreement to be so. If he were crafty, not all the agreements in Christendom would make him otherwise. He would achieve his ends by intrigue and subterfuge. He would hold fast to the letter of the law, while making constant breaches in its spirit.

In fact, have we not found that this is so over and over again? Many men, ardent advocates and supporters of the code, prominent members of medical societies, have found ways and means of advertising themselves freely, while not paying a cent for it, and at the same time they debar their

humbler and more needy *confrères* from the help they might receive from a perfectly legitimate card in the newspapers.

Who is ethical? The plain, unpretentious, business-like doctor, who believes he is enough of a gentleman to govern himself, and is determined to enjoy the full measure of his rights in his efforts to get on in the world. Doctors can do without societies better than societies without doctors. When the doctor makes up his mind to assert himself, and refuses to be treated like a child by the ethical humbug, then there will be less arrogance and more sense talked at society meetings.

Societies have their uses. As a medium for the promulgation of science, interchange of views and experiences, they are invaluable. When they are used as an exhibition for the eccentricities of a few of the members or an engine of persecution for some unfortunate doctor, who fails to conform to some worn-out provision of the ancient code, then they rank along with gossiping sewing societies, and become an unmitigated nuisance."

#### DARWINISM.

WE take the following from the *Standard* of August 5th:—

“ ‘Doubts about Darwinism.’ which Messrs. Longmans, Green & Co. have just published for an author who describes himself as a ‘Semi-Darwinian,’ seeks to prove, so far as this is possible, that the origin of species from Natural Selection fails to give a complete solution of the problem. We may grant that the Survival of the Fittest has been a powerful factor in the development of the animal world—for to that, for the sake of simplicity, the author restricts himself—and yet doubt whether this, though the truth, is the whole truth. Huxley, he reminds us, from first to last was dubious whether Darwin had not relied too much on the effects of the accumulation of small accidental changes for the production of improved animals, and whether *Natura non facit saltum* could be taken as axiomatic. That general idea is worked out in more detail in this small volume, so as to lead to the conclusion that, since no probable solution of the problem can be found consistent with the ordinary course of nature, we are compelled to invoke abnormal acts of creative power. There are, he urges, certain phenomena presented in animal life which, even if the general truth of evolution be admitted, natural selection, at any rate, seems inadequate to explain. For example, he regards special organs like the givers of electric shocks, and still more those of a more universal character, as not explicable by any process of natural selection.

Of these, instinct, as it is called, is one. Hardly has the chick emerged from the egg than it begins to run about and pick up food. But what makes it do this? How does it know, if the word be permissible, that such and such actions will alleviate a certain internal discomfort. There has not been time for it to obtain instruction, direct or indirect, from its parent; nor can its brain have received the tendency by transmission, because it was defended by the shell before that organ began to be formed. Transmission, if such there were, must have occurred before detachment from the mother; that is, at the most rudimentary stage of the chick's existence. A somewhat similar difficulty applies to the beginning of all organs. Darwin himself was conscious of this when he declared it to be almost impossible to conceive how those of importance, while yet in their first stage, and not advanced far enough to be of any use, could have been either developed or preserved by natural selection. The difficulty obviously can be extended beyond new organs and structures up to the beginning of life itself. Even if we suppose protoplasm to possess the promise and the potency of all future life, what thus endowed it, and what produced this protoplasm? All efforts, as the author affirms, to show that it can be fabricated by synthesis, natural or artificial, have been failures, and, if so, we can only fall back on a creative force for the solution of the mystery. Here, however, he is contending with a Haeckel rather than with a Darwin, and the latter might more than once reply that he was being challenged in this volume to a combat which he had intentionally avoided. He sought to prove that species were the result of a process, and not of separate creative acts, and to make it probable that all now in existence might have sprung from three or four almost structureless ancestors, possibly even from one. But how the primordial amœba originated, or why the action of environment had led to certain consequences, he had not sought to discuss. That was a problem of a different order. Darwin also might, we think, retort that his doubting disciple was either confronted with the same difficulty or driven to assume a creative force for the beginning of individuals, because every animal at the outset of its career has no more structure than a protozoon."

#### COCOANUT FOR TAPEWORM.

A WRITER in the *Medical Summary* advises for the expelling of tapeworm the eating of cocoanut for two or three days to the exclusion of all other diet. He claims that the worm will come away entire in every case without the use of cathartics.—*Medical Times*, New York, July.

## A CALCAREA CARBONICA CURE.

By DR. GOULLON.

MRS. T. had become very low in consequence of childbirth attended with violent puerperal fever, the cure of which required several months. She now complains of a very painful pressure in the region of the left lobe of the liver. She looks ill, though not icterical; her tongue is coated; she is ill-humoured, of anxious mood. This is attended with vertigo, which has the peculiarity that she feels better when up, while the vertigo returns when she lies down.

This was the more strange since the patient is anæmic, and the vertigo of anæmic patients usually passes away while lying down, while it is generally aggravated when the patient is up, as there is then less blood found in the brain.

My task then consisted in removing the two chief symptoms, the vertigo and the pressure on the liver. I should also observe that repeated and most careful examinations of the abdomen gave no positive results, except a little more painfulness about the spot which would probably correspond to the gall-bladder and its environs, radiating, therefore, into the cardiac region or into the pit of the stomach.

No curative effect was obtained from lycopodium (six powders of the twelfth decimal attenuation taken one at a time in the morning on an empty stomach), nor did china or avena give any relief. My idea was that, by improving the general state of her constitution, the ailments resulting from anæmia would be relieved. It is true that these remedies—giving in the morning 5 drops of the tincture of china and in the evening 5 drops of avena, for fourteen days—made some improvement in the general health, without, however, materially affecting the cardinal ailments (pressure on the liver and vertigo).

Then I turned my attention to calcarea carb. (given in the same way as noted above of lycopodium), of which Heinigke, in his *Materia Medica*, says: "The mental states exhibit most prominently the impression of depressed energy, excited states being quite transitory, while the fundamental features are a peevish, vexed, depressed mood, with a tendency to weeping, despondency, and melancholy."

Furthermore, we find the almost more important symptoms: "The abdomen distended, thick, and hard, a *pressive pain in the liver.*"

Thus the local and the general image of the disease indicated calcarea carb., while lycopodium, which seemed equally suitable, proved ineffectual. The result was striking, for after using the little calcarea powders—I poured 3 or 4 drops

on sugar of milk—not only the pressure on the liver, but also the vertigo (both of which were becoming chronic), vanished, and with it the fear of having to go to Carlsbad, of which the patient was quite afraid.

Anyone studying the correlative symptoms, viewing the vertigo as the chief ailment, might take the other symptom of pressure on the liver as correlative symptom, or as pointing to calcarea carb. Such leading correlative symptoms are of great use in practice in discovering the right remedy. I would, therefore, like to direct attention here to the meritorious work of Dr. Dahlke, in Berlin, concerning correlative symptoms, as printed in the Journal of the Berlin Society of Homœopathic Physicians.

In conclusion we would call attention to the “sensation of attacks of vertigo,” which is characteristic of the effects of calcarea carbonica.—*Homœopathic Envoy*, August.

## AGAINST HAY FEVER.

By DR. GOULLON.

Translated from *Leipziger Pop. Z. f. Hom.*, February, 1902.

On the 10th of September Mr. M. told me that he thought he had the hay fever. This supposition was founded on the following symptoms: “A cold of the worst kind. Frequently the patient has to sit up in bed for hours and can only breathe through his mouth. The body at the same time is enfeebled by oft-repeated sneezing, often twenty times in succession. The feet are very cold, though he has, indeed, been suffering off and on from cold feet for years. The body is very sensitive to changes of temperature.” The patient has been suffering from this ailment ever since the beginning of July. But on account of weak nerves he went for four weeks to the sea-shore and while there *he did not suffer from his cold at all*. But a week after his return it began anew. The mucous membrane of the nose seems swollen from the continuous irritation. A remedy given to him by an adherent of homœopathy did not do any good.

I sent the patient, who is living out of town, four powders. The first two helped him. They contained kali bichromicum 6 D. Whether it was hay fever or not, I gave it on account of “the cold of the worst kind and the frequent sneezing.” This symptom, regular paroxysms of sneezing, which may be attended with excessive watery secretion from the nose, frequently occurs as an almost independent ailment and can become very tormenting and troublesome, as such patients may be seized with an attack at the slightest



provocation in the theatre, while at manual work, &c. Also such cases which were quite chronic I have cured with kali bichrom.

My patient wrote me on November 24th: "My hay fever stopped in three to four days, and in nine to ten days I was wholly freed from the malady."

A specialist for diseases of the nose had prescribed tannin, but, "of course, it did no good."

But the kind reader may say, as Gessler did to William Tell, "You took a second arrow with you, and what for?" I spoke of *four* powders. The last two contained gelsemium and natrum mur. The former has a great reputation in England for hay fever. The latter remedy has secretions from the nose as an indication, according to Hahnemann, as also according to Schuessler. But as to myself I have not the slightest doubt that the cure was effected merely by kali bichrom. 6 D.

Allopaths frequently attempt the most absurd heroic cures of hay fever with doses of corrosive sublimate, which are actually poisonous. It is much to be hoped for that they may finally deign to walk the simple, safe, and agreeable path.—*Homœopathic Envoy*, May.

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### CASE OF PLAGUE.

By DR. AKSAY KUMAR DATTA, L.M.S.

CASE illustrating the action of crotalus.

In April last, 1903, S. Chakerbutty, a young man, thin and spare in form, a clerk in Government employ, came back from office in the evening and complained of slight headache, feverishness, general languor, a sore feeling all over, thirst, with entire loss of appetite. In course of another couple of hours or so this state was followed by chill, rigor, severe headache, acute pain around the right shoulder, with smarting pain and tenderness of one or two swollen axillary glands of both sides, high fever, nausea, thirst for large quantities of cold water, burning of the body, hands, and feet, restlessness, fear of death, and lastly a tendency to drowsiness. Night passed away in this state. Next morning a doctor was called in, who, after examining the patient, ordered a mild purgative and a fever mixture. The opening medicine did not act properly, but next day the fever subsided, with some signs of improvement in the morning, but during afternoon fever again came on with violence accompanied by chill and rigor; the temperature rose up to 104° F.,

followed by copious perspiration with furious delirium. On the day following I was sent for, and on my approach I saw the patient in a semi-unconscious condition, eyes suffused and blood-shot, delirious, but could partially recognize me, slow of comprehension, and answered questions with an erratic mind and disposition. Noticed petechial eruptions all over the chest and inside of arms, and ecchymosed patches on back and shoulders, which are very painful, with an enlarged and very painful, swollen axillary gland on the right side. The temperature was 103·4, skin hot, pungent and dry, face puffed, of dusky colour, tongue dry, red, and cracked. The appearance of those eruptions and blood-stained marks were so sudden and peculiarly symmetrical and prominent, that speculations were rife among friends as to what might have been the probable cause of these. Without hesitating, I at once prescribed *crotalus* 30, to be given at an interval of at least four hours. Two doses were given on the first day. The evening aggravation of the fever along with all the other symptoms was not so pronounced as on previous days; the patient consequently passed a better night. Next morning I was surprised to notice improvement in every respect, and ordered the same medicine to be continued as before, and in course of another couple of days the patient became convalescent. In fact, all those symptoms that threatened with an impending dissolution gradually disappeared under the influence of this single remedy, though he required some other medicines for the subsequent treatment of minor complaints which lurked about him for nearly a week, such as *nux* and *sulphur*.—*Calcutta Journal of Medicine*, June.

### GOLD CURE.

By DR. GOULLON.

Translated from *Leipsiger Pop. Z. f. Hom.*, March, 1903.

“But Gold is not a Chimera.”

MRS. L. had been suffering for several months from certain attacks which appeared half an hour after going to bed. She then wakes with dreadful dyspnoea and palpitation of the heart, which gradually cease, as she describes it, “with paralytic sensations extending all through the body.” These attacks occur two or three times a night, leaving her very weak the next day.

I would add that the patient is thirty years old and has borne two children. The period appears regularly, but is

weak. Half a year ago she suffered from pains in the region of the kidneys, which the physician who was called explained as rheumatic. The pains, indeed, disappeared after rubbing with a lotion prescribed by the physician, but ever since, she states, she has had these attacks. The disease-image is completed by adding that she looks pale and haggard, is continually tired, and feels chilly all over the body.

The leading symptom in my eyes were the paroxysms of the angina pectoris, which might also be called asthma of the heart. A nightmare preceded the anxious awakening, as may be seen above.

I had before noticed analogous cases and had cured them with aurum. So I had no doubt as to the choice of the remedy. Four powders were prepared, each containing 4 drops of aurum muriaticum natronatum 12D. One was put in 50 grammes of water. The patient was to take morning and evening two teaspoonfuls. I am indebted to Kafka, sen., for my valuable acquaintance with this wonderful remedy, which performs wonders, but is so much neglected by allopaths. Kafka gave it in so-called neurosis of the heart, i.e., nervous palpitations attended with attacks of asthma.

But to return to our patient. I sent her the powder on November 25th. On the 2nd of December she wrote me: "Since using your powder the urine is clear and abundant, the attacks have returned only *twice* since that time. I am convinced that I have taken the first steps toward a cure." All she now feels is a "subtle, slight pain in the cardiac region, and some dyspnoea during the day."

The remark, "the urine is always dark and thick with a gritty sediment, sticking to the vessel like brick-dust," is of some importance as showing that the kidneys are in sympathetic affection.

Now to the third report, the prescription remaining always the same. On December 17th the patient wrote: "*I would report that the nightly attacks have so far failed to appear.* During the day there is occasionally an oppression, as if everything was too close, but only *at times*, not always."

The request, to send my bill, is probably the best proof that the lady considered herself restored.

The letter concludes: "I owe you many thanks, for you alone have cured me from a dreadful state after I had been ineffectually treated by several physicians here."

What a high respect for the medical art is taught us by such simple clinical observations. For here all self-deception is excluded. At the same time the action of modern practitioners appears decidedly conscienceless and despicable, when, without ever having made a rational experiment, they

totally reject so many extraordinary medicines, while paying homage to the new medical idols. With respect to gold we read in the *Materia Medica* of Nothnagel-Rossbach, 6th ed., p. 230: "The use of the preparations of gold has at present almost ceased and rightly so."

The question arises: How can "men of science" so deceive themselves and others? Merely because they have assumed altogether false indications, especially for gold, and because they deem it below their dignity to make use of the homœopathic indications and of homœopathic doses!—*Homœopathic Envoy*, May.

## HAMAMELIS AND BELLADONNA.

By DR. GOULLON.

Translated from *Leipziger Pop. Zeits. f. Hom.*, Feb., 1902.

### I.—ACTION OF HAMAMELIS.

MR. T., 45 years old, has just passed through influenza, and still complains of headache rising from the neck and passing to the left side of the head. The head is dull, and the pain is attended with cracking of the joints (in the evening). He feels as if he had hurt himself. Such pains are frequent with such patients. *Lycopodium* or *graphites* do not always help in mere pain of the neck, as with ladies. So it is well to know of some other good remedies. Our patient got rid of his pains as if by magic, after having the affected painful parts rubbed with *hamamelis* ointment. At once everything was gone; his expression was, that it was just as if "wiped away." And immediately he felt all right and remained so.

*Hamamelis* before this has gained many friends through its extended use internally and externally. It is very near to *arnica* and to *aconite*. Its striking effects in hæmorrhages are well known, especially when these are of a hæmorrhoidal nature, and in hæmorrhages from the bladder. When used as an ointment the massaging which naturally accompanies it may, as in this case, have also been of beneficent effect. We should also mention the specific aid given by *hamamelis* in varices and varicose sores on the legs; these, indeed, following the analogy of the indication already mentioned—hæmorrhoids, frequently have their origin in stagnations in the portal vein (the liver).

I here would call more attention to the therapeutic use of this remedy in rheumatic pains, rheumatalgia, neuralgia, and especially when occurring in the region of the head and neck. As a remedy in megrim, in *clavus*—the sensation

as if a nail was piercing the head, the so-called *clavus hystericus*, or in headache where the head feels as in a vice, *mezeureum* is often a curative, but *hamamelis* has not yet been used so far as I know.

## II.—BELLADONNA AS A HELP IN NEED.

Mr. F., merchant, robust, but looking somewhat unhealthy, came to me with symptoms of influenza, a beaten feeling, headache, lack of appetite, &c., but had as yet no fever. He received *aconite*. Next day, no better, so he goes to bed. The headache increases even after taking *nux vomica*, and the pains become so violent that he can hardly stand it in the course of the night. He assured me that this kind of headache (*neuralgia*) almost drove him crazy. "If I had had a revolver at hand," said the patient, "I do not know whether I would have resisted the temptation to put an end to my torments." Surely a good seed for measuring the intensity of these pains in the head. In this case *belladonna* should show forth in a brilliant manner, its healing power, or rather its power of assuaging pains. At his own initiative he took the vial freshly filled, it was the 6x attenuation, and he put a few drops in water and took it by the teaspoonful. Even at the first dose the redeeming power of the remedy was so manifest that the patient could hardly explain it to himself. From now on he had rest. After taking *aconite* perspiration had broken out, which now continued in a vehement fashion. It was manifest that several colds had preceded this last one, a natural consequence of living on the ground-floor in damp and dark rooms, and having the counting-house there.

*Chamomilla* is also recommended in such cases of intolerable pain. But in such a case, as also in the intensely painful menstrual colic, *belladonna* frequently deserves to be preferred to *chamomilla* (and to *pulsatilla*). Its use as an equivalent of the allopathic morphine is much too little thought of. It is a remedy for hyperæsthesia in all the various parts and organs of the body. This very hyperæsthesia it is which then leads to pains of the nerves; this very expression again is rather a questionable one, as without nerves—*i.e.*, the sensitive nerves as distinguished from the motory ones, which cause motion—pains cannot really be conceived of.

This hyperæsthesia with indication for *belladonna* we also find in the chronic foot sores with occasional exacerbations, where heat, redness of the borders of the sores and swellings point to it. We find it in otalgia (inflammation of the ear) with pains frequently raging; still better known in the indication for toothache, to which are due many triumphs

of homœopathy. Hyperæsthesia to the lightest touch of the inflamed organ is never lacking, while convulsive pains without inflammation are not excluded.

Our patient retained, indeed, for several days a certain buzzing sensation in his head and a soft pulse; with other words, he remained inclined to slight perspiration; but on the third day after his eventful night he enjoyed a large plateful of bouillon, and a spoonful of port wine caused no excitation nor any renewal of the headache.—*Homœopathic Envoy*, May.

### COFFEA CRUDA IN SLEEPLESSNESS.

DR. JOHN HOWARD McVAY, of Toledo, O., contributes an article to the *Medical Century* on "Coffea crud.," from which we clip the following:—

One such person was a young woman of about 23, born of nervous parents, who lived a daily life of hurry and excitement. She consulted me because, she said, she had "flat-irons in her stomach and could not sleep." I found that the flat-irons took up their abode in her stomach only after she had been at some social function, or after some experience which to her was an excitement. She could not sleep because she "could not stop thinking." Every noise, every odour seemed exaggerated. During the search for symptoms I asked her if she could "hear cocks crowing and clocks striking in the distance?" While she naturally took that symptom as a joke, I found that all of her senses were over-active. A cup of coffee taken in the evening would keep her awake all night. She was apt to have a nervous cough at any time.

I gave her some powders of coffea cruda 6x to take each night on retiring. They passed my fondest hopes in effectiveness. During the past three years she always has kept a supply on hand, and they do not fail her when she gets into one of those nervous states.

A lady of about 60 had gotten into a state of nervous prostration, largely because she had nothing to do except to fret and stew over everybody and everything at the hotel in which she lived. Along with her other troubles she became sleepless. Drinking coffee was like taking poison for her. Her mind was active constantly. It was full of imaginary fancies. Her pains seemed insupportable.

I gave her a powder of coffea 6x, to be taken at night to help her to sleep, assuring her that it was nothing harmful, but would only quiet her nerves. In the morning she asked me if I was trying to kill her. She said that she at once

felt the powder as a load in the pit of the stomach, and soon after a terrible dizziness and confusion in her head, especially at the back. She had been a patron of the allopathic school during the most of her life, and I ascribed the symptoms which she recited as resulting from the powder, to a vivid imagination.

However, the following night I gave *coffea* 30x. In the morning she reported a restful night. That might have been purely a coincidence, but during the weeks which followed, as occasion demanded, I gave powders of *coffea* 30x, with always the same result. Several times I went back to the 6x unknown to her, and invariably she complained of the dizziness and confusion following its use.—*Homœopathic Envoy*, August.

#### A SINGLE DOSE BRYONIA CURE.

By FRANK A. GUSTAFSON, M.D., Mason City, Ill.

S. W., female student, age 28; slim, frail, dark complexion; family history of phthisis; father and two sisters died of consumption. Caught cold last spring; went to an old school physician for relief of resultant cough. Went the rounds, no relief other than temporary suppression; worse, not better.

This young woman lived in my home, and came under my care only because of my invitation to prescribe for the cough. I asked her one evening why she did not do something for that cough. She replied that she had been taking something for it for more than eight months, and was about ready to quit. I suggested that she allow me to prescribe. "Your little pills won't do any good," was her answer. However, she consented to try them.

At this time the cough was dry, hacking, worse at night, almost incessant; pains in the chest, little appetite, flesh failing. I gave *bryonia* 6c., six pellets night and morning, and saw that she got the first dose. She forgot to take them in the morning; had coughed all night as usual. At six o'clock of first day after beginning treatment she reported that the cough actually seemed easier. I advised her to take no more medicine unless the cough became worse. The second night she had the first full night's sleep in months. The cough disappeared within three days. Within thirty days we were obliged to leave B—— for the West, and heard nothing further from the case until four months later, when I received a letter in which she stated that she had not coughed since the third day after taking the single dose of *bryonia*;

had taken no more medicine; had gained twelve pounds of flesh; had not felt so well in years; was a thorough convert of homœopathy, and begged to be forgiven for her disparaging remarks concerning "the little pills."—From *Medical Advance*; reprinted in the *Homœopathic Envoy*, August.

#### X-RAYS.

In a paper in the *Brit. Med. Jour.* of June 6th, by Mr. Malcolm Morris and Dr. Ernest Dore on "The X-rays in the treatment of Lupus, Rodent Ulcer, and other skin diseases," they give the following as their conclusions:—

"Our experience of the X-ray treatment may be summed up in the general statement that, while it has a well-defined sphere of usefulness, it is in the case of lupus vulgaris much inferior in curative efficacy to Finsen's light treatment. The use of the rays, however, supplies certain shortcomings of the light treatment, as they can be applied to cavities inaccessible to the latter. In dealing with lupus of mucous membranes the X-rays are more effective. For the healing of ulcerated surfaces, and for the relief of pain they are especially indicated. The combination of the two methods, reinforced, if need be, by the use of pyrogallic, salicylic, or carbolic acid, or other caustic applications, may be trusted to give good results in cases of lupus, in which the disease is not too extensive to be overtaken in its development by the therapeutic agencies. As to the permanency of these results it would be rash at present to speak too confidently. But there is good reason to believe that the disease may be kept under control if the case is watched and treatment applied as there is any appearance of recurrence.

In regard to rodent ulcer, practically the same thing may be said with certain limitations. Here in our experience relapse after a varying period of time is the rule, and in some cases the most that can be done is to keep in check the extension of the disease.

Our experience of the x-ray treatment in other skin affections is too limited to form the basis of a definite conclusion."

#### VACCINIUM MYRTILLUS (BILBERRY OR BLAEBERRY).

In reference to an editorial notice of Dr. Bernstein's observations in the March number of our *Review*, it may interest our colleagues who wish to make use of the plant for provings



or therapeutical purposes to know that Messrs. White & Co., Homœopathic Chemists, 60, Richmond Road, Westbourne Grove, W., have prepared a "succus" from the fresh berries gathered this season, and are ready to supply it on application.

### PERSSE'S IRISH WHISKY.

IN our July issue, among dietetic and other preparations, we notice with commendation the excellence of the whisky distilled by Messrs. H. S. Persse, Ltd., Nun's Island Distillery, Galway. It may interest our readers, and it corroborates our opinion, to know that during His Majesty's visit to Ireland, when the royal yacht was in Galway Bay, Messrs. Persse were commanded to supply some of their very old liqueur whisky, which was specially bottled for the King, and which was the only whisky used at the Royal table. This fact is noticed by most of the leading Irish papers with satisfaction, and as probably resulting in a larger consumption of Irish whisky in England than has been hitherto the case, and in the appreciation of Messrs. Persse's brand in particular.

### "FELIXIR."

IN a recent number of our *Review*, among dietetic and other preparations, we noticed a new spirit, "Felixir," introduced by Booth's Distillery, Ltd. At that time we had not received an analysis of it, but now the following has been issued, and we reproduce it for the benefit of our readers, showing that "Felixir" is a safe and pure spirit. The certificate is granted by the *British Analytical Control*. "The *British Analytical Control* hereby certifies that the results of the analysis of a sample of Felixir submitted by Messrs. Booth's Distillery, Limited, are as understated:—

Absolute Alcohol (by weight)	...	...	39.30 per cent.
Absolute Alcohol (by volume)	...	...	46.50 "
Proof Spirit	...	...	81.64 "
Total Extractives (including sugar)	...	...	0.31 "
Sugar	...	...	0.15 "
Total Free Acid (as Acetic Acid)	...	...	9.023 "
Ethers (as Ethyl Acetate)	...	...	9.018 "
Higher Alcohols	...	...	0.117 "
Aldehydes	...	...	not detected

The sample is practically free from sugar, the amount being so small as to be negligible. The free acids and ethers are present in similar quantities to those found in well-matured spirit. The low figure for higher alcohols proves the practical absence of 'fusel oil.'"

ADVERTISING *DE LUXE*.

A LONDON instructor of parrots makes a speciality of training them to be advertisers. They are taught so that whenever they see anyone enter a shop they say, "Have you tried So-and-So Milk Porridge?" or "Hair Restorer?" or whatever the commodity is. The parrot's cage, bearing a label advertising the patent commodity, stands on the shop counter, and the bird "puffs" the article all day long, for he has been purposely taught nothing else.—*Medical Times*, New York, July.

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## OBITUARY.

EDWARD HAMILTON, M.D. (St. And.), F.I.L.S., F.Z.S.

As the years roll on the older pioneers of homœopathy naturally disappear, but homœopathy continues to advance by the constant accession of young and zealous adherents. Conspicuous for many years among the early disciples of Hahnemann was the subject of this brief notice—Dr. Edward Hamilton. Though long retired from the active practice of his profession, his name will ever be remembered by his grateful colleagues of present and future times by his admirable *Flora Homœopathica*, a work unsurpassed in medical literature for the fidelity and artistic beauty of the illustrations. Those who possess it may deem themselves fortunate, as it is now out of print and not likely to be republished.

Dr. Hamilton was born near Harrow, at which school (of which his father was a governor) he was educated, and afterwards at University College. He studied medicine at Edinburgh, and took his degree at St. Andrews in 1842. Being convinced of the truth of Hahnemann's rule, he became a pupil of the late Dr. Quin, in whose house he lived until he set up for himself in practice in 1843. He was one of the first physicians of the original London Homœopathic Hospital in Golden Square. When the second epidemic of cholera invaded London in 1854, he and all the members of the staff laboured day and night among the cholera patients (the hospital had been turned into a cholera hospital) until the epidemic abated. In 1845 Dr. Hamilton contributed an article to the *British Journal of Homœopathy* on the "Comparative results of the Homœopathic and Allopathic treatment of Asiatic Cholera," where he says in a note: "Unfortunately,

when the cholera raged here, homœopathy was not practised in this country." He alludes, of course, to the first epidemic in 1831 or 1832. He now had an opportunity of seeing and of contributing substantial proof of the superiority of his adopted method of treating cholera over that of the old school; for while the mortality in the homœopathic hospital was barely 16 per cent, that of the allopathic metropolitan hospitals during the same period was upwards of 50 per cent.

Dr. Hamilton was one of the original members of the British Homœopathic Society, and he contributed some papers on practical subjects to the *British Journal of Homœopathy*, and published in 1844 a "Guide to the Practice of Homœopathy," which was necessarily rather of the nature of a compilation than an original work.

Dr. Hamilton had a deserved reputation as a specialist in affections of the vocal organs, and he was much consulted by most of the great operatic singers of his day, his patients including such celebrities as Ronconi, Faure, Cotogni, Gardoni, Titjens, Nilsson, Lucca, and Adelina Patti. The great singers are mostly convinced homœopaths, as they find it the best method for the affections of their precious vocal organs.

Besides being a zealous and talented homœopathist, Dr. Hamilton was an ardent and successful student of natural history. He was, as his *Flora* shows, an adept in botany, and he was a skilled ornithologist. He was a Fellow of the Zoological and Linnæan Societies, and was, indeed, once President of the former. He had a large collection of birds' skins all shot by himself, for, besides being an accomplished scientist, he was a keen sportsman, and delighted in a shoot over a good Scotch moor.

He was also a keen angler, and, being an accomplished naturalist he pursued his scientific studies and observations while engaged in this fascinating sport. "He published," we quote this from the *Field*, "a series of letters on 'Recollections of Fly-fishing for Salmon, Trout, and Grayling,' and subsequently a very interesting work entitled 'The Riverside Naturalist,' being notes on the various forms of life met with by fishermen. This book is not to be regarded as an exhaustive natural history, but is a pleasing and graphic account of the quadrupeds, birds, fishes, plants and insects to be seen at the river-side. It is well illustrated by some hundred good engravings, giving representations of curious points of structure, as well as the appearance of the animals."

Those who were privileged to enjoy Dr. Hamilton's intimacy found him always a staunch friend and a genial

companion. In the early days of homœopathy in England, in the late forties and early fifties, some of the representatives of homœopathy used to celebrate Hahnemann's birthday, the 10th of April, by assembling at some hostel up the river, where they passed the day and night in genial converse, not entirely confined to medical subjects. The company generally included Drs. Hering, Black, Laurie, Russell, and several others. Hamilton was always present, and he contributed greatly to the enjoyment of the outing, as his spirits were always buoyant and his gifts as a *raconteur* remarkable. All these pleasant friends have now gone over to the majority.

Dr. Hamilton celebrated his diamond wedding last year. He died on the 31st August, at the advanced age of 88 years. His widow, to whom we offer our sincere condolence, is only two years his junior; and he leaves a married daughter, to whom also we offer our sympathy. He was buried at Kensal Green on the 3rd of September. He has lived an unusually long life, and he leaves nought but pleasant memories among those who were so fortunate as to have known him. At the funeral Dr. Lambert was present, as also Mr. Cross, the Secretary-Superintendent of the Hospital, as representing it. Dr. Dyce Brown, as representing the *Monthly Homœopathic Review*, intended to be present, but was unavoidably prevented.

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ROBERT T. COOPER, M.A., M.D., T.C.D.

WE regret to have to record the death of this well-known and highly-esteemed practitioner, which took place at his residence, in 17, Stanley Gardens, on the 14th September, at the age of 59. He had recently returned from a holiday trip on the continent in excellent health, and was called down to see a patient in Devonshire, where he seems to have contracted an attack of influenza, which was followed by extensive congestion of the lungs, with extreme rapidity of pulse and respiration. He seemed to be gradually improving, when at an early hour on the morning of the above date, while drinking a cup of tea, he suddenly expired.

He commenced practice in Southampton in 1866, and eight years afterwards removed to London. He was a very voluminous writer on many different diseases. A goodly number of his papers will be found in the *British Journal of Homœopathy*, and of late years in the *Homœopathic World*. He also contributed articles to some of

the allopathic journals. He published an excellent work on "Diseases of the Ear." He filled the position of Physician for Diseases of the Ear in the London Homœopathic Hospital for some years. For many years his practice was strictly homœopathic, but his original, or, as some would say, his eccentric, mind could not bear to be confined in the trammels of a therapeutic rule; so he latterly to some extent broke away from the fold of the professed followers of Hahnemann, and thought out for himself a modification of homœopathy, which he termed "the Arborivital System of Medicine," which he endeavoured to explain in several publications, but which, we believe, never caught on among his professional brethren. As part of this new departure in therapeutics he introduced several new medicines, which he gave in single doses of a strong tincture, not repeated for many days or weeks. He relates some good cures effected by his remedies, but as he gives no, or only very slight, indications for their use, it would be difficult, if not impossible, to make an effective employment of his medicines. Though he always maintained that his system was an improved homœopathy, he practically severed his connection with the homœopathic body by resigning his post at the Hospital and his membership of the Society.

Dr. Cooper had a special liking for the treatment of diseases of the most serious character, and he believed that many maladies, hitherto considered malignant and incurable, might be cured by his wonderful arborivital remedies. Indeed, quite lately he announced that he would only take patients who had been pronounced incurable by other medical men! He seems to have had a special liking for treating cancer, and wrote several articles on that disease, detailing several more or less satisfactory cures.

But though Dr. Cooper was a most zealous and busy practitioner, his energies were not exhausted by the labours of his profession. He was greatly interested in a scheme for the re-forestation of his native country, Ireland, and was founder and president of the Irish Forestry Association. His enthusiasm for this subject, which he believed to be as important to Great Britain as to Ireland, impelled him to give lectures in various towns, and to write articles in various periodicals, in which he insisted on the necessity for a large growth of trees to prevent droughts and to keep up the necessary supply of water.

Dr. Cooper will be deeply regretted by all who had the good fortune to know him. His little eccentric deviations from the strict letter of homœopathy were regarded by many of

his colleagues as indications of originality, amounting almost to genius. His enthusiasm for all subjects that interested him was infectious. In short, he was a most lovable man, and his loss will be severely felt by a large circle of friends. He leaves a widow and three children, who have our sincerest sympathy.

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#### WILLIAM BRADSHAW, M.D.

WE regret to have to record another loss to our ranks in the death of Dr. Bradshaw, which took place on the 20th September, at his residence, 122, Holland Road, Kensington, in his eighty-fifth year. He was educated at Hull and University College, London, took his diplomas of M.R.C.S. and L.S.A., in 1840, and his M.D. at Aberdeen in 1854. He had lived to a ripe old age, but yet we miss an old and staunch exponent of homœopathy. Most of Dr. Bradshaw's life was spent in Nottingham, where, and in the surrounding country, he had a large and influential practice, respected and beloved by all his patients, in whom he elicited the greatest confidence. He contributed papers occasionally to our journals, but his chief strength consisted in his influential and successful practice. Some years ago, on account of advancing years, he retired from practice in Nottingham, and came to reside in London. His was a very genial, kind, and sympathetic nature, making him beloved by all who knew him. He leaves a widow, to whom we offer our warm sympathy.

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#### JAMES R. GREENWAY, M.D., OF TUNBRIDGE WELLS.

As a rule we abstain from noticing the death of those who do not openly belong to the homœopathic school, but we may be not, strictly speaking, breaking our rule in recording the sad event of Dr. Greenway's death by a fatal accident at the Tunbridge Wells Railway Station on the 8th of August. Dr. Greenway did not openly acknowledge himself a homœopath, as he had not quite arrived at the point where he felt he could do so with complete confidence in his knowledge of homœopathy, and in his consequent success or otherwise in the practice of it. His sympathies were, however, all on the homœopathic side of therapeutics, and although from circumstances he had to confide his beliefs to only a few friends whom he considered safe, yet, now that he has joined the majority, we feel it no breach of confidence to say how

his sympathies lay. He was in occasional communication with the editors of the *Monthly Homœopathic Review* in regard to homœopathy and therapeutics, and in regard to his own health, which for many years had been unsatisfactory. He treated himself, with suggestions from us, with much success, after the failure of old-school remedies; and the results of this personal experience went far to convince him of the superiority of homœopathy to allopathy. So near was Dr. Greenway to the open adoption of homœopathy, that at one time he was seriously contemplating leaving Tunbridge Wells and starting practice elsewhere as an avowed homœopath. His delicate health was a great difficulty in contemplating such a step, and it was never carried into effect.

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CORRESPONDENCE.

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PRACTICE IN AUCKLAND, NEW ZEALAND, AND IN  
LAUNCESTON, TASMANIA.

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

DEAR SIRS,—We have sent an advertisement to the *Review* as copy herewith, and should be greatly obliged if you would draw attention to it.

Mr. Butcher met Dr. Stopford several times in Auckland, New Zealand, and urged him to send out a colleague with a view to partnership. In less than twelve months he has made a larger practice than he can properly attend to. Mr. J. A. Pond is the homœopathic chemist and public analyst, established over twenty years; very well known and influential in the North Island, and taking part in municipal life. He and Dr. Stopford are working in harmony.

Mr. Stryant Browne, homœopathic chemist, established in Launceston, Tasmania, about twenty years, has written us a long and interesting letter (which we would be pleased to send you for perusal if desired) giving particulars of the opening in that city. Mr. Browne is likewise doing a first-class business and holding an influential position in the city.

Thanking you in anticipation,

We are, yours truly,

W. BUTCHER & SON.

Blackheath, S.E.

The letter from Mr. Browne, referred to above, came to us too late for insertion, but it will appear in our November issue.—*Editors M.H.R.*

## 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 2 P.M. and Saturdays, 9 A.M.; 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, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. DUDGEON (London); Mr. SAMUEL ROBINSON (Handsworth); Mr. G. A. CROSS (London); Dr. CLIFTON HARRIS (Brighton); Dr. STEPHENSON (Dunedin, N.Z.); Mr. BUTCHER (Blackheath).

**SUSSEX COUNTY HOMŒOPATHIC DISPENSARY, BRIGHTON.**—Dr. Clifton Harris has been appointed Stipendiary Medical Officer to this Institution, and will practise privately as well. We wish him all success.

## BOOKS RECEIVED.

*The Exact Science of Health, based upon Life's Great Law.* By Robert Walter, M.D. Vol. I., Principles. London: Kegan, Paul, Trench, Trübner & Co., Ltd., 1903. *Constitutional Therapeutics.* By A. H. Woodward, M.D. Philadelphia: Boericke & Tafel, 1903. *The Homœopathic World*, Sept. *The Ophthalmoscope*, Sept. *The Vaccination Inquirer*, Sept. *The Calcutta Journal of Medicine*, June. *The Homœopathic Recorder*, Aug. and Sept. *The Medical Era*, Aug. and Sept. *The Hahnemannian Monthly*, Sept. *The Medical Brief*, Sept. *The Medical Century*, Sept. *The Pacific Coast Journal of Homœopathy*, August. *The Homœopathic Envoy*, Sept. *The Clinique*, Aug. *The Medical Advance*, August. *The Cleveland Medical and Surgical Reporter*, August. *The North American Journal of Homœopathy*, Sept. *The Medical Times* (New York), Sept. *Allgemeine Homœopathische Zeitung*, August 27th, and Sept. 10th. *Leipziger Populäre Zeitschrift für Homœopathie*, Sept. *Revista Homœopatica Catalana*, August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 56, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### "REVERENCE AND HOPEFULNESS IN MEDICINE."

WHEN the Winter session of the Medical Schools commences we have a collection of introductory addresses published in the daily papers and in the medical journals. We always look at them with interest to see if any new suggestion in medicine is to be found, but as a rule they are dull and uninteresting, though it is to be hoped they are enjoyed and appreciated by the first year students. This year there is the same dreary record, with nothing of real interest forthcoming from the brains of the lecturers to attract attention. But perhaps an exception might be made, to a certain extent at least, in the case of SIR DYCE DUCKWORTH'S address at the opening of the medical school of the University of Liverpool; for though not profound, or epoch-making, it gives us an excellent text on which to found a few remarks or criticisms. It is entitled "Reverence and Hopefulness in Medicine," an excellent and suggestive heading.

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SIR DYCE DUCKWORTH says, as reported in the *British Medical Journal* of October 3rd, "And first in regard to reverence. A distinction must be drawn between reverence and veneration, and again, between it and awe. Truly there are awful things in medicine, but we, at all events, may never stand in awe of them in any but a reverent

manner, one void of any feelings of dread. The reverence I have now in my mind relates rather to the great men who have preceded us in our calling, and to the work and influences they have left as our heritage. A habit of reverence is, indeed, everywhere becoming, but I venture to think it is less manifested in these days than was formerly the case. An absence of reverence may be safely regarded as a symptom of decadence in manners. The spread of democracy and an extension of education need not necessarily entail bad manners, or even any lapse from the better ones of the past, but those who have reached my time of life can testify to a somewhat prevalent spirit of irreverence, and a tendency to a laxity of manners and conduct which was certainly less marked in our earlier years. Such conduct, if not immoral, is at least significant of bad breeding. Good manners never savour, as it is sometimes supposed they do, of servility. With Kingsley I will say that 'reverence for age is a fair test of the vigour of youth, and conversely, insolence towards the old and the past, whether in individuals or nations, is rather a sign of weakness than of strength,' and I will add no more on this aspect of my subject."

We agree with the Lecturer that at the present day there is some justification for these general remarks, and the youthful student is none the worse of having his attention drawn to the subject. But in applying these observations to medicine, he proceeds as follows:—

"In speaking of reverence as due to the great men who have enriched our profession in the past, I am not unmindful of the mental habit which prevailed, especially in the seventeenth and eighteenth centuries, when physicians reposed so blindly upon tradition, and were held in bondage by it; but it may be questioned whether the experimental methods which subsequently broke these fetters are not answerable for some negligence in regard to a study of the thoughts and characters of many of the great masters in medicine. This is an age of active experimentation and research, and there is a tendency in such studies to engross the observer so fully with his own speculations and results that he is apt sometimes to overlook, or even disregard, the conceptions and work of those who had tried in former days to seek out truth. The marvellous aids which modern science has furnished the investigator of to-day, are apt to make him forget the slender equipment which was

available for his predecessors, and the difficulties of the problems which then faced them. He thus fails to realize the value and intensity of the mental acumen which alone carried them to such revelations as they made."

And again, "It is seemly that the names and achievements of those who have successfully built up the foundation and fabric of all that is true and certain in medicine should be known and regarded with reverence, and, in particular, that we should learn when we can what manner of men they were who did this, for assuredly there is a reverence due no less to the characters than to the accomplishments of men; and our reverence should reach to veneration when we find both of these nobly blended in any individual."

Now, with due deference to SIR DYCE DUCKWORTH'S opinion, we think that he is mistaken in considering that the members of the medical profession evince a want of reverence for the physicians of former days. On the contrary, there seems to us, judging from "orations," addresses, and papers appearing in the medical journals, a desire to honour them for what they were personally, and a gratification in giving them full credit for acting up to their lights in promoting the advance of their profession. Of course, we say acting up to their lights, as when the light is feeble, and the environments unfavourable, none but a rare genius can stand out prominently as an original thinker and worker who makes epochs in the history of medicine. Still, we can admire and reverence the personal qualities and characters of our predecessors, who did their best under the circumstances in which they lived, and this feeling is, to our observation, not lacking in the profession of medicine.

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But the most remarkable feature to our mind in this question of reverence for past heroes of medicine, is the manner in which the memory of, perhaps, the greatest hero in the whole history of medicine has been treated. We need not say that we refer to SAMUEL HAHNEMANN. Instead of being honoured and revered as the greatest reformer in medicine since the days of HIPPOCRATES, he is not only ignored to all intents and purposes, except by his own followers, but the ignorance shown of his genius, his character and work, is so lamentable that, in old-school writings and addresses, he is rarely alluded to except with

a sneer, and he is spoken of as an ignorant charlatan, and a fanatic. His genius, his indomitable energy, evinced from his boyhood, his knowledge, not only of his profession, but of foreign languages and of scientific subjects such as chemistry, were well known in Germany long before his discovery of the great law of similars, and they gave him a unique position among his medical and scientific colleagues. No one could hold a candle to his knowledge of all the medical literature of previous generations, as shown by the cases from all writers before his own day from HIPPOCRATES downwards, culled for the purpose of showing how largely, and unconsciously, the law of similars had been employed successfully. And when the inspiration of genius led him to see the existence of his great law of therapeutics, he worked so untiringly at the proving of medicines in the healthy body as to accomplish the herculean task of writing the *Materia Medica Pura*, a work which we do not hesitate to call the greatest book in medicine ever produced. His public enunciation of the Law of Similars, his monumental work just referred to, and his putting his doctrine into practice, brought about the greatest revolution in medicine that its history can show—a revolution accomplished in the face of the most violent opposition, persecution, and abuse by his contemporaries. But in spite of the opposition, which continues to the present day, though happily in a much milder form, HAHNEMANN'S law and the practice founded on it, after the lapse of a century has steadily transformed, directly and indirectly, the practice of therapeutics, till, at the present date, old-school treatment stands in very remarkable contrast to that which was dominant in HAHNEMANN'S day.

Personally his character was unique. His honesty of purpose, his straightforwardness, his simple-minded devotion to the truth which he knew he possessed, led him to live in a state of semi-starvation rather than practise the barbarous system of treatment then in vogue in order to make a living. And when his system was fully published he submitted to be driven from pillar to post rather than give in, till victory and success came at last as a reward for his heroic stand for God's truth. In fact, the whole story of his life is a romance, in which he stands forth as a hero in every sense of the word, a commanding figure, not only in the world of medicine, but in the world at large.

When any great revolution or crisis comes about in the providence of God, and for the revelation of truth to mankind, the man suited for the work is always raised up. To accomplish this revolution in medicine, to preach what is tantamount to a revelation of God's law for the true treatment of disease affecting the creatures that are made in His likeness, a man of genius, of learning, of unique observing powers, of logical acumen, of indomitable energy and determination, and of the noblest character was required for the occasion, and such a man was SAMUEL HAHNEMANN.

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And yet he is the only great physician of past days who is ignored and specially excepted when a physician of the old school preaches to students on the attitude of reverence for the distinguished men of bygone days. The time will come when this will be reversed by universal applause and admiration, for which we must patiently wait, and content ourselves meanwhile with a strong protest. As we said at the beginning of this article, we can reverence and admire excellent men who acted up to their lights, but our reverence for the physicians who have distinguished themselves in the last century, is very much damped by knowing that they did *not* act up to their light; on the contrary, they persistently shut their eyes to the greatest therapeutical sunshine that has ever shone upon the medical profession, and used all the means in their power, fair or foul, and chiefly the latter, to crush out the source of this benign sunshine. While regarding them otherwise as honourable and estimable men personally, this wilful shutting of their eyes and continued refusal to look at the light, entirely, or largely at least, prevents our thinking of them with anything approaching reverence. It is an uneffaceable blot on their scutcheons, which it is impossible to pass by unnoticed, and it has kept back the progress of true scientific therapeutics for more than a generation.

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Let us now see what SIR DYCE DUCKWORTH has to say on his second topic, "Hopefulness in medicine."

"I pass on to my second point, that of hopefulness in medicine. This period in the lives of most of you is truly one in which hope is a prominent feature, one in which little

or nothing appears to blight or darken it. If you are not inspired by hope now you never will be. Cherish that gift now and always. You will be wise not to look too far ahead in your lives, but to take each day's work as it comes and make the best of it. Let your hopes, with an accompanying ambition, lead you to high aims at the beginning of your career, for "the realm of the possible was given to men to hope and not to fear in"; and as Dr. Currie has said—and Liverpool should ever venerate his memory—'no man can tell whither fortune and merit may lead him.'

"The present condition of our profession at home and throughout the empire is, I think, better fitted to inspire hopefulness for the future than has ever been the case. The entrance to it is better guarded now than formerly, and fewer men, though of higher attainments, are enrolled in its ranks. There must therefore be a larger and more remunerative field of usefulness before you. The fuller comprehension of disease, and the improved methods of treatment for the sick, should prove a source of satisfaction to all who enter the profession to-day, while the disclosures which await prudent research in competent hands, and the fresh application of them, may well inspire all of us with greater hopefulness for the future.

"We look forward, for instance, with good hope to the investigations now in progress respecting the nature and origin of cancer—that ghastliest of maladies—and especially because they are being conducted on wide and most searching lines, and are in the hands of men who are entirely competent to deal with so difficult a problem. With the discovery of the origin of cancer, we may fairly hope to find the means for the prevention of it. The study of malaria on such lines has already proved fruitful in this direction, and no small part of the credit of this success is due to the labours of our countryman, Manson, and to your distinguished professor, Major Ross, whom we are proud to have trained at St. Bartholomew's Hospital. The School of Tropical Medicine in this city, so well inspired by Sir Alfred Jones, is taking an active part in enlarging the knowledge of those grave maladies which so sadly disable and kill our brethren in various parts of the empire, and we take this work as an earnest of further achievements here, for no better centre for directing it exists anywhere in the three kingdoms.

"I speak next of hopefulness in the conduct of diseases as

a necessary equipment of all who practise our art. We have—and always have had—optimists and pessimists in medicine. I commend neither mood, for it is certain that each may be the outcome of ignorance or inexperience. While nothing is more damaging to a man's reputation than an unfulfilled evil prognosis, it fares badly with him who, not having recognized indications of danger, has consequently raised false hopes; yet there is a measure of hopefulness which is always becoming in our duties, which is potent to inspire action, and to secure the highest efforts of all engaged in the service of the sick.

“Those whose studies lie mainly in morbid anatomy and pathological processes, may naturally be disposed to pessimism in medicine. We, who study disease in our fellow-creatures are more inclined to hopefulness, for we, happily, can often recognize a residuum of recuperative power in the body and its organs, which, though gravely disturbed, are yet capable of restoration to normal or, at least adequate, functions.

“Such hopefulness should be carried to the bedside of the patient, and its power is not small, both in reinforcing remedial agents and in promoting recovery. With it lies much of the personal influence exerted by those who succeed well in practice, and the absence of it sometimes explains the failure of others, often able and accomplished, to impress or inspire their patients. Do not imagine for a moment that in thus urging a rational and wholesome degree of hopefulness in our professional conduct, I am approaching the subject of that pestilent nonsense called “faith-healing,” which in these days of widely spread religious indifference is captivating many silly people. I am much mistaken if Lancashire wits and common sense pay any heed to this American importation. It is truly deplorable to find that the sacred name of Christian is claimed for this method by persons whose education ought to be a safeguard against such preposterous folly. Perhaps the explanation may be found in the sage remark of John Hunter, that ‘everything new carries a greater weight, and makes a deeper impression on a weak mind.’ We shall do better to take to heart the words of Peter Mere Latham: ‘Medicine, as it begins to touch upon higher interests, even the interests of life and death, should feel itself in alliance with higher motives than any which can be thought to help and quicken its pursuit as a mere science.

Medicine claims a sort of moral respect in the handling ; it calls upon the conscience as well as the intellect, for more caution to avoid error and more fearfulness of overstepping the truth.'

" We may never omit to recognize the humanity of our profession, to pay reverence to the sick, and to cherish hopefulness in the relief of their despondency and sufferings."

We have given this long quotation that our readers may judge for themselves as to the quality of the hopefulness there expressed. To the reading of the " Man in the Street," the hopefulness is conspicuous by its absence. There are no real grounds of hopefulness stated, no evidence adduced of any therapeutical progress calculated to inspire hopefulness in the students who were immediately addressed, or in those of the lecturer's colleagues who are privileged to read the address. It gives one the idea of a lawyer who feels himself bound to make the best of a miserably weak brief, and who tries to do this by generalities and platitudes which convince nobody. When a surgeon gives an address in similar circumstances, he is able, with ample pride and justification, to point out the immense strides that have been made in Surgery within the last thirty years, but a physician has seemingly nothing better to talk about than what we have quoted above. SIR DYCE DUCKWORTH considers it inadvisable to be pessimistic in medicine, and we quite agree with him, but who that is thoughtful and honest to himself can be otherwise than pessimistic with such an absence of encouragement, based upon facts, to be otherwise ? Until the old school see fit to change their tune, and not only open their eyes to see the light, but honestly and fearlessly admit that they see it, and state that they mean, in spite of trades-union rules, to let the new light illuminate and transform their practice, nothing but pessimistic therapeutics can hold the field. When this stage of progress arrives, optimism in medicine will be the order of the day, or, in other words, " hopefulness in medicine." And then also will it be seen that the grand figure of HAHNEMANN is one to be held in the highest reverence and admiration by all who are not hopelessly fossilized.



## THE BRITISH HOMŒOPATHIC ASSOCIATION.

Now that the holiday time is over, our readers will be interested to know what is being done by the Association in furtherance of its objects for the winter session. A very important work, which we noticed briefly in our last issue, has been put into active operation. It was resolved that a medical tutor should be appointed who should instruct students and young graduates in the practice of homœopathy clinically, in the out-patient room and at the bedside in the wards of the London Homœopathic Hospital. To attain this object the Hospital authorities and the medical staff have resolved to place every facility in the hands of the medical tutor. His duty will be to explain the treatment, pointing out why the medicines are selected, and what is their homœopathic relation to the case. The importance of this appointment will be evident to all, as carrying out in a practical way the teaching which will be given systematically in courses of lectures.

We are pleased to learn, as we are sure all who know him will be, that DR. T. G. STONHAM, M.D. (Lond.), Assistant Physician to the Hospital, has been appointed to this important post. His knowledge of his profession and of homœopathy are such that students could not have a better practical teacher and guide in their studies. He has already begun work, and we hear that a young Dutch doctor who has been visiting the Hospital has expressed himself in high terms of the benefits he has received from DR. STONHAM'S clinical teaching. We trust that all who know of advanced students or young graduates wishing to study homœopathic treatment will inform them of the advantages they now have of hearing its clinical elucidation. The out-patient room is quite as valuable as the wards of the Hospital, if not more so, to the young practitioner, as the cases there treated are much more akin to those met with in general practice; and it is always found that a good clinical use of out-patients is more really instructive to the young doctor and more appreciated by him, than the more interesting and uncommon cases which are met with in the wards. DR. STONHAM will devote two days in the week to out-patients and one day to in-patients.

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In our last issue we noticed the appointment of a

“Travelling Scholar” in the person of DR. SEARSON, of Brighton, and the objects sought to be obtained by this appointment. These we need not repeat. We understand that DR. SEARSON has begun his work, and that he has been received by our colleagues in New York with great kindness and hospitality. They are much interested in the forward movement of the Association, and are anxious to place every facility in his way for attaining the ends aimed at in the travelling scholarship.

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Another important step has been decided on, namely, the offer of a prize of twenty guineas for the best essay on “The best means for the Organization and Development of Homœopathic Professional Education in Great Britain.” It was felt that in carrying out the details of the necessary scheme of training, it was important to ascertain from the younger professional men what it is they want to know or look for in a homœopathic training Institution, before definitely fixing the lines to be followed. The Committee of the Association wish to place members as much as possible in the position of the young enquirer, and so be able to meet his wants, instead of following stereotyped methods. It is hoped that the “Prize Essay” will bring out these points, and so obviate mistakes in the commencement. The pecuniary value of the prize ought to be enough to bring out several essays which will be helpful in enabling the Committee to do the very best that can be done for the successful training of students and young practitioners, while the author of the successful essay will attain a distinction in the profession which will be of much importance for his future career.

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The Committee have felt that in order to develop interest in the work of the Association throughout the country, and to increase its funds, it was necessary to make personal appeals such as the Central Management could not possibly overtake, and for which printed appeals would be no adequate substitute. They have therefore appointed MR. DONALD C. V. CAMPBELL as Assistant Secretary, but who will be really the Travelling Secretary. He has accordingly begun his work in Liverpool and the surrounding country. His duty is to call on all the homœopathic practitioners and elicit their sympathy and

active co-operation, not in the way of asking them for pecuniary help, but in getting them to back his endeavours to propagate the cause, by giving him confidentially the names of their principal patients, on whom MR. CAMPBELL will call personally. This will do away with a difficulty that many of our colleagues experience, namely, a dislike to ask their patients for pecuniary help to the Association's work. Nothing will be done without inviting the sanction of the doctors in the locality, while they will have the satisfaction of knowing that in supporting the Travelling Secretary they are furthering the cause in the most useful manner. In doing so they will find their own sympathies aroused in the scheme, and this of itself will be a great gain. It is therefore to be hoped that all our colleagues will do their utmost by their sympathy and co-operation with MR. CAMPBELL to make the work of the Association a truly national undertaking.

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An excellent pamphlet has been prepared, and will be issued at once, giving a sketch of the history of the Association and its scheme of operations, past, present, and future. A list of all donations hitherto given or promised is added, with the balance-sheet of expenditure as examined and certified by the auditors, and a full report of the second annual meeting held at St. James' Hall on the 10th of June.

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The first meeting of the Executive Committee for the present session was held on Friday, the 16th of October, at the rooms of the Association in Regent Street. After discussing the reports on the various points of work which we have spoken of, DR. BURFORD announced that in order to complete the £10,000 at once, and so obtain the munificent offer of the EARL OF DYSART to give a second £1,000 contingent on the full sum being collected or promised during the current year, an effort was being made to raise the requisite £800 by getting sixteen, or, still better, twenty gentlemen, professional and lay, to promise to raise among their friends during the next three years the sum of fifty pounds, which scheme would at once enable the Committee to claim LORD DYSART'S munificent gift. DR. BURFORD announced that in a couple of days he had got ten such promises, and that he had no doubt whatever

that the other six, or, if possible, ten names would be quickly obtained, judging by the alacrity with which these ten promises had been given. It was resolved that the educational programme for the coming session in the shape of systematic lectures should devolve on a sub-committee, who should meet soon and report to the next meeting of the General Committee.

It will be thus seen that the practical carrying out of the whole programme of the Association is being set in motion as rapidly as possible, consistently with the requisite caution and the formation of a sound basis on which to work.

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## HIGH (ALPINE) ALTITUDES IN THE TREATMENT OF UTERINE HÆMORRHAGES.

By GEORGE BURFORD, M.B.,

Physician for Diseases of Women to the London Homœopathic Hospital.

SINCE the resources of civilization have opened up the mountain districts of Central Europe, and easier access has been ensured, the advantages of prolonged residence in high altitudes have been freely tested in various phases of chronic ill-health. Alike for the "*nach-kur*" of the devotee of one or other of the innumerable saline springs; for the neurasthenic in search of more stability for his nervous system; and in the "purer ether and sublimer air" now so well turned to account by the *poitrinaire*, are the influences of the higher alpine altitudes of proven value.

Unexpectedly, but demonstrably, these higher levels are also found to exercise a decided control over various forms of uterine hæmorrhage; and as this can only be effected by constitutional influences, there is thus added another and a most valuable aid in the non-operative treatment of hæmorrhage from the uterus.

The subject is too new for the facts of the case to have been worked out, or the forms of hæmorrhage in which it is of conspicuous use separated from others wherein it may haply be of less service. More experience in this form of treatment must be forthcoming ere dogmatism can be ventured upon; but it has proved of such sovereign service in various cases, that a residence in high Alpine altitudes on account of uterine hæmorrhage, may become

in time as usual and as matter-of-fact as wintering in Egypt or on the Riviera for other bodily ailments.

Three cases are here subjoined where residence for a more or less prolonged period in Switzerland has been followed by striking results in the control or cessation of chronic hæmorrhage from the uterus.

I.—*Case of uterine enlargement with chronic latent salpingitis; recurrent uterine hæmorrhage ultimately cured by residence in the Schwarzwald.*

A lady in the fourth decade, of brilliant abilities, and a great traveller, was found to be suffering from a sub-septic general condition due to commencing degeneration of uterine contents. The uterus was well curetted, and the patient made excellent progress. Driving out during her convalescence, a chill was taken, local peritonitis ensued, which, however, was well controlled by the usual therapeutic measures.

The pelvic symptoms quite disappeared; but some months afterward, consequent upon prolonged and tedious travelling, menorrhagia ensued, which, concurring with general bodily exhaustion, was most difficult to check. After prolonged rest and careful therapeutic measures some improvement resulted; and, it being the summer season, resort was had to a lower altitude in Switzerland, after a stay at Kreuznach.

Material benefit followed, but in the ensuing year hæmorrhage again returned in quantity. An eminent French specialist at this juncture advised removal of the reproductive organs, on the ground of considerable uterine enlargement and chronic bi-lateral salpingitis. We could not concur in these measures of overplus, but advised and carried out a thorough curetting of the endometrium, followed by a series of saline baths and uterine therapeutics, in which *hamamelis*, *trillium*, and *sabina* played a prominent part. Considerable benefit again was brought about, but after leaving England for warmer Southern European latitudes the menorrhagia recurred, and a second visit to Kreuznach was of no avail.

At this season of the year there was available hotel residence at a fair altitude in the Schwarzwald; and hither the patient was taken, staying for a few weeks, with obvious improvement in the hæmorrhage. Still the condition did not rectify, and a push was made to as great an altitude as possible, and above the snow level

at the time of year. In the bright sun, with the invigorating pure air of this altitude of ice and snow, residence was maintained for some six or eight weeks. The effect on the uterine hæmorrhage was marked and permanent; the periods became regular, of normal duration, intercurrent hæmorrhage entirely ceased, and the whole condition of the patient improved *pari passu*.

Nearly three years have now elapsed since this result was achieved; the patient for the most part has been in splendid health, and no recurrence whatever of the old-time hæmorrhages has taken place. The cure has been final.

The clinical course of this lady has been watched with great care by Dr. Byres Moir, who is her professional adviser, and myself; and the final entire clearing up of this troublesome and dangerous symptom has been a matter of much gratification to us.

II.—*Case of myoma of the uterus, with chronic hæmorrhage, cardiac complication, and marked anæmia; great improvement in general health, and considerable lessening in hæmorrhage, accruing upon short residence in a high altitude.*

A lady, æt. 35–40, and also the patient of my distinguished colleague, was referred by him to me in the first instance some years ago for hæmorrhagic myoma and its sequelæ. The growth was of some dimensions, reaching well up into the abdomen; the periods were excessive, lasting at least nine days, and rendering the patient *hors de combat* for some time after each recurrence; the general state was that of marked anæmia, while at this stage there were no cardiac defects. Special therapeutic treatment proving ineffective, it was decided to curette the uterine mucosa; a proceeding which in this instance was followed by conspicuous and prolonged benefit. The periods became materially reduced in both duration and quantity; the general health improved, and the anæmia decreased, though this betterment in health was not so marked as to wholly lift the patient from the level of chronic invalidism.

Thus time went on, until in three years or so it became obvious that a general declination in health was proceeding. Increase and prolongation of the period were again the main distresses, while anæmic symptoms were more pronounced than before, and a cardiac bruit had now

made its appearance. The whole trend of the patient was steadily downward; and while on the one hand she strenuously objected to operation, we on the other were exceedingly disinclined to run the great cardiac risks of hysterectomy. The alternative of a prolonged residence in a high Alpine altitude was proposed, to which the patient willingly assented, and she betook herself to Territet, on the Lake of Geneva, thence to Glion, 700 metres above sea level, next to Caux, at an altitude of 800 metres, and here some time was spent in a daily out-of-door life, with such limited activities as the condition allowed. Some improvement in the general health rather than in the period followed; and a push was made for Rocher de Naye, 2,045 metres above sea level (6,700 feet). This locality at this late season of the year proved somewhat trying to the cardiac state, and after a residence of a few weeks the patient came down again as far as Vevey (1,260 feet), when to her delight a whole period was entirely missed.

The venue next changed from the pelvic to the cardiac area, and circulatory symptoms now gave her most trouble. She returned to Caux, and stayed there for a few weeks until, feeling in all respects much improved in health, she returned to England. Here my personal narrative must end; for at this juncture I was invalidated with an attack of "flu," and unable to meet her request for an appointment. Dr. Byres Moir has, however, stated his view of her general condition at this time. "On her return I found the improvement in the patient's condition most marked. The anæmia was much less, formerly maintained at a rate over 100, was now reduced to below 90: and the periods were materially reduced in both duration and quantity."

Many points of interest attach to this case, which is here sketched in outline; notably:—

The cardiac stress was at its greatest, not at or near the maximum of the hæmorrhage, but when this in fact was showing amendment.

Though the local lesion was still the same, a whole period was missed out between two fairly free menstrual epochs.

More marked improvement occurred in the cardiac condition than at a previous time when hæmorrhage had been for long controlled by the results of curetting.

Observations on this and other cases incline me to the view that the cardiac and the uterine affections may be local manifestations of a common cause, and not merely sequent one to the other, as is usually held.

III.—*Case of generalised neurasthenia with pelvic symptoms (hæmorrhages) en suite, cured by residence in high Alpine altitudes.*

A young lady of 20 presented herself with marked signs and symptoms of neurasthenia, among which anæmia and perturbed pelvic functions were prominent. The menstrual period, formerly regular and painless, had now become a painful ordeal, and the last time had continued ten days without intermission. Not only this, but the periods repeated with most undesirable frequency, sometimes only a week intervening between the end of one and the return of another. She was breathless on exertion, but no anæmic bruit was detectible. Generalised neurasthenic symptoms of the usual character were also present; but in this instance the main stress was not on the cerebro-spinal, nor the gastric, nor the cardiac functions, but on the pelvic organs and their duties. On this, as is detailed afterward, I lay some stress.

Taking into account the diffuse neurasthenic state marked and pronounced, and considering the pelvic symptoms as neurasthenic also, *en suite* with the general condition, I advised a fairly prolonged residence in Switzerland at an available altitude at that time of year. The patient started in the early spring, went to Lausanne, where she lived a perfectly natural open-air life for three or four months. Lausanne is at a height of some 1,700 feet above sea level; and here the lady made fair and satisfactory, though not dramatic, progress toward health and strength.

Later and in the commencing summer a change to a higher altitude was made, and she went up to the base of the Dent du Midi (3,800 feet). Here the whole time was devoted to energetic life in the open air, and in which walking and climbing played a conspicuous part. Among other achievements this formerly neurasthenic girl made the ascent easily of the Brevent, an elevation of some 8,000 feet. Two months of active life of this kind at the Dent du Midi completed the transformation of the debilitated, drooping girl into a vigorous, well-set-up,



blooming damsel. She had put on ten pounds in weight, more than half of which had accrued during the two months in the higher altitude. But the chief interest attaches to the period. This, as already stated, was ere the Swiss life, excessive, lasting ten days; frequent, only a clear week sometimes intervening; and uniformly painful. During the earlier life in Switzerland, at the lower altitude, the period improved, recurring at three weeks, still with much pain. But the time in the higher altitude saw regular monthly periods, lasting only three or four days, punctual to the day, and the last period was practically painless.

I have cited this case at some length, in that it bears out what I now hold firmly—that certain feminine troubles concurring with neurasthenia are actually neurasthenic symptoms *en suite* with the others; that they need the same treatment as the generalised neurasthenic symptoms, subsiding as these subside. Spasmodic dysmenorrhœa and the prolonged and heavy periods of the adolescent belong, I maintain, initially to the class of constitutional, not local defects. This view is, I am aware, opposed to that taught customarily; but the common view is borne out neither by the results of treatment, nor the conclusions of clinical research. Later I may deal in greater detail with that most necessary element of progress in gynæcology—the estimation of many pelvic aberrations as, at least in the first instance, of constitutional origin, and requiring and yielding to fitting constitutional treatment.

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## THE TREATMENT OF SOME FORMS OF UTERINE DISPLACEMENT.\*

By EDWIN A. NEATBY, M.D.

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So large a proportion of work-a-day women suffer from some degree of dislocation of the displaceable portion of the pelvic floor and its annexes, that the subject is constantly brought under the notice of medical practitioners. It is also a fertile field for the ingenuity and energy of the quack doctor, especially of the female sex. This alone

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\* Read before the Western Counties Therapeutical Society, at Bath.

shews that the medical treatment of this form of suffering has not been completely successful. For this, probably, a too restricted view of the nature of these affections is in some degree responsible, while in other cases a reluctance on the part of the doctor to make use of all the means at his command, or an inability or unwillingness on the part of the patient to undergo the necessary treatment, must bear the blame. For, given the willing patient and the necessary facilities for treatment, the vast majority of these cases can be practically cured, and the condition be thus removed from the list of medical opprobria.

In using the term "uterine displacement," let me say at the outset that except where otherwise stated, I include for convenience of expression concomitant displacement of the other parts of the pelvic viscera or floor—the vagina, ovaries, bladder and muscular diaphragm or sling closing in the pelvic outlet.

When I state that a too restricted view of the nature of uterine displacements is sometimes held, I refer to a belief which I have expressed elsewhere, and which seems to me of some importance.

Without entering at length into a discussion of the nature and mechanism of uterine displacement, let me briefly re-assert here my strong feeling that in a large proportion of cases the downward displacement is more of the nature of a hernia than anything else. Consider for a moment the nature of the pelvic floor: filling in the aperture of the pelvic bony outlet is a diaphragm or sling, composed of muscular tissue, fascia, and peritoneum. The muscular elements slope downwards and inwards from the inner surface of the pelvic bones and from the "white line" of the pelvic fascia, to meet their namesakes of the opposite side—so at once filling in the outlet of the pelvis and sending encircling fibres round the vagina and rectum. The most important of these muscles is the levator ani. This diaphragm or sling is pierced, as I need not say, by the rectum and vagina. The former forming part of the fixed portion of the floor, may be ignored as a rule. The vagina is a transverse slit, and its anterior and posterior (not its lateral) walls lie in contact, and forms part of the moveable portion of the pelvic floor. It may be considered to be analogous to the inguinal canals. In the case of these latter, the effect of ordinary *intermittent* pressure—whether from without by the contraction of the muscles of the

abdominal wall, or from within by an increase of the intra-abdominal contents (food, gas, etc.)—is to approximate the sides of the canal and to lessen the likelihood of visceral protrusion. So, ordinary intermittent pressure, with an intact structural condition of the parts, presses the anterior and posterior vaginal walls together and towards the sacrum, and tends to prevent protrusion. But if in either case the structural integrity of the tissues (abdominal walls, pelvic floor, or vaginal walls) is impaired by atrophy, by stretching, or by a *continuous* pressure, hernia may take place through the inguinal canals or the pelvic floor.

The use of corsets, the stretching by tumours, by the pregnant uterus, or by a constant excessive intra-abdominal pressure, will produce this impairment of tissue integrity (or tone, as it is called) of the parietes, and the last named condition and parturition will do the same for the pelvic floor. If only one cause acts, the liability to hernia will be less than if both act together, and if it be intra-abdominal pressure alone which acts, it may be lessened or removed by treatment, and, if the damage to the muscular tone be not too great or of too long standing, a normal condition of the abdominal walls may be regained. The same is presumably true of the pelvic floor, in spite of the fact that we have it less under control for purpose of treatment than the abdominal wall.

A moment's reflection will convince one that not only is the supporting pelvic base—the muscular floor—of importance in maintaining the viscera in position, but the abdominal walls themselves are hardly less so. The splint-like action of these strong muscles keeps the abdominal viscera in their natural situation. If the muscles lose their tone, the abdominal viscera, by their weight, tend to fall downwards, the lower parts of these organs falling by their weight into the pelvis, or being forced into it by any excess of intra-abdominal pressure. The normal average distance in an adult between the lumbar spine and a tense abdominal wall is but slight. Where the space is much increased, it is easy to conceive that up to a certain point the entrance of abdominal viscera into the pelvis is facilitated. I say up to a certain point, this is true; for I have noticed patients with an extremely pendulous abdomen to be without prolapse of uterus, and I can only conclude that it is because the weight of the abdominal viscera falls chiefly in these cases into the large

pouch overhanging the pubes. Matthews Duncan, I believe, described a negative abdominal pressure or suction action of the abdominal contents or cavity on the uterus. Though I cannot see this to be a correct expression, it is perhaps but an overstatement of the truth. The normal abdomen, though not exerting a suction action, prevents an undue pressure on the pelvic viscera ; but any increase of the intra-abdominal tension or atonicity of the muscular walls causes or allows increased intra-pelvic pressure, crowding its contents together and tending to force them downwards.

I hope I have succeeded in making my idea plain to you, even if I have not convinced you of its accuracy.

There is no need to do more than mention the other well recognised causes of downward and backward uterine displacements—*viz.*, ruptured perinæum ; increased weight of the uterus as a whole or in parts of it, and of the vagina ; diminished firmness of the uterine and vaginal walls ; unless it be to say that I think the importance of increased weight of the uterus has been overestimated. Where it seems to be of importance, there are probably present other features, such as congestion and atonicity of the pelvic muscles, fascia, and ligaments, which really account for the prolapse and its concomitant symptoms, much more than the weight of the uterus. Cases of displacement due to old pelvic inflammation form a class by themselves, and those due to pelvic or abdominal tumours do not come within the scope of this paper. For the purposes of this paper, the cases may be divided into four classes :—

1.—The first class consists of the slightest cases, the which are associated with a general want of muscular tone, of which the pelvic atonicity is but a part. The pelvic floor projection (present normally during respiration, standing, straining, etc.) is greater than usual, but the uterus descends only with and not into the vagina. The normal pelvic floor projection averages about half an inch, and it may be measured by a tape or by special callipers. These cases occur usually in virgins and nulliparous married women, in persons who take little exercise and are perhaps anæmic and delicate. Anæmia, unhygienic habits, and want of fresh air induce indigestion, with excessive flatulence and constipation—and the straining which accompanies the last named, acts as a further cause of prolapse.

Urates in the urine and leucorrhœa are frequently present. A more or less constant aching round the hips and a downward dragging are complained of. Such cases are common in shop girls, who have to stand long hours together, and also in school teachers, and dysmenorrhœa is very frequently an added misery to the patients.

2.—A second class is composed of severer cases, chiefly in women who have borne one or more children, or have suffered from repeated abortion, especially if proper care during recovery have been neglected. Here the uterus is heavy, and it tends to leave the normal position of anteversion, encouraged perhaps by an unnecessarily long dorsal decubitus during the puerperium, by a frequently distended bladder, by a stretched vagina, or a lacerated perinæum. When the perinæum is much lacerated, the anus is deprived of its support, the anterior rectal wall begins to bulge into the vagina, and to pull on the uterus at the attachment of the vagina to the cervix and so to drag it downwards and backwards. On external inspection the pelvic floor projection is increased, and the uterus descends disproportionately, *i.e.*, it descends into the vagina, and the length of this canal temporarily lessens. Frequency of micturition may be added to the symptoms above enumerated. In both these classes the local symptoms are relieved by lying down, and if not completely relieved after a short time, the persisting pain indicates some complicating feature in the case.

For these two classes of cases the simile, backed by healthy mode of life and gymnastic exercises, and dieting, are sufficient. In the first class the exercises may be unnecessary.

3.—In a third class of cases the uterus is completely retroflexed, but the prolapse is not considerable. The uterus may be either soft, engorged and yielding, or it may be in a firm sclerosed condition, due to chronic metritis. This class of cases may be further sub-divided, some having adhesions which keep up the displacement, while in others the uterus is quite moveable. Symptomatically, these cases differ from the foregoing, in having excessive back ache, bladder symptoms, pain on defæcation (especially if the ovaries are prolapsed as well), and hæmorrhoids. They occur chiefly, though not solely, after parturition, and are more slowly relieved by lying down than are the foregoing cases. Distal sympathetic symptoms are more

prominent—headaches, neurotic manifestations, sleeplessness, etc. In class 3 medicines and exercises must be supplemented by local treatment, and vaginal fixation may be required.

4.—Finally we may group together those cases where extreme degrees of prolapse exist, up to complete procidentia, the presence or absence of retroflexion being a matter of no importance from the point of view of treatment.

As a sub-class, one might here place a group of cases where extreme prolapse of vaginal walls occurs without a corresponding uterine prolapse. I have seen a few such cases which have impressed me considerably, as several of them have been virgins, and one or two quite young women, and yet the vaginal walls were redundant, thick and prolapsed, as in the worst multiparous cases with procidentia. I regard these cases as having a true hypertrophy of the vaginal walls, but I am entirely ignorant of the cause of such hypertrophy. When the uterus prolapses it is subsequent to the vaginal prolapse, and apparently due to it.

In Class 4, although the complete armamentarium of the physician and the gymnast may be required to restore the patient to health and strength, yet the local condition is so aggravated that a thorough surgical procedure is also essential. The uterus must be fixed or suspended to the abdominal wall, and the vagina must be contracted and its orifice narrowed by suitable plastic operations—*anterior colporrhaphy*, *posterior colporrhaphy*, *perinæorrhaphy*.

After this long preface we at last turn to the subject matter proper of this paper—Treatment; and first,

A few words only as to prophylaxis. The main principles both of prevention and cure, will have suggested themselves in the course of my remarks upon the nature of prolapsus.

If a girl or woman comes complaining of pelvic or back symptoms of slight degree, her general health must be thoroughly investigated. Everything which increases intra-abdominal tension must be done away with, as also whatever tends to atrophy or weakens the abdominal and pelvic muscles. Especially must flatulent dyspepsia, so called, be removed if existing; constipation must be cured, by constitutional remedies if possible.

Anæmia is a formidable predisposing cause, and should be cured. A regulated course of fresh air and exercise must as far as possible be insisted upon. In short,

everything that will tend to keep the health good and the various functions properly acting must be sedulously cultivated. One element, I feel, in this Society, some diffidence in insisting upon, that is, diet. But I may perhaps safely generalise, and say the diet should be light and DRY. It is my custom to advise many patients suffering with flatulence and constipation, not to drink at all with meals, or if total abstinence is a great trial, to content themselves with not more than a wineglassful of fluids. Soups are consequently not recommended. To compensate for this want of liquids with meals, one or two tumblers of water must be consumed an hour before breakfast, and two hours or more after supper (or late dinner). If the patient is a lithæmic or lithuric subject, more fluid is given before the other meals also. New bread, potatoes, and tea are interdicted, but I do not greatly restrict diet as a rule, believing that in ordinary cases it is of more importance *how* patients eat than *what* they eat.

1.—Under the head of *prophylaxis* comes the management of the puerperal state. Time forbids me to dilate on this, but a few points which are aphorisms with me may be stated categorically:—The mother must nurse her baby, she must lie in bed at least fourteen days, but after the first few days not much on her back; she must avoid constipation, and must not get about until the medical man has ascertained that the uterus is in correct position.

I am also a believer in the early commencement of the daily bath, as recommended by Dr. Storar, now of Belfast.

Except the first these rules apply also to cases of abortion. Indeed the danger of subinvolution and hence of displacement is more pronounced after abortion than after normal delivery.

2.—Before proceeding to consider the mechanical treatment, it is desirable to say that in cases where there is pain, tenderness, heat, or fixity, we frequently have recourse, in my out-patient department, to the replacement of the retroflexion followed by a course of tampons for a fortnight, before proceeding to the use of a pessary, where that appliance is needed. Where the fundus is large and engorged, from being pinched between the utero-sacral ligaments, this is useful both in reducing the bulk of the uterus and in keeping it forward. If manual replacement is difficult, owing to the above-named fixity (not adhesions),

it may be facilitated by pulling the uterus down by a vulsellum, while one finger (the second), presses the fundus up and forward, and the index finger hooks round the cervix and presses it backwards. Unless the uterine tissue be very soft and flabby, this manœuvre will rotate the uterus into the forward position without the use of the sound. The rectum and bladder should be emptied. If this method fails, the sound may be used with care, where there are no adhesions or other contra-indications to its use. The cervix should be pushed back as far as possible, and retained in that position by the tampon. It is preferable to keep the patient lying down while wearing the tampons if possible. These are packed in front of the cervix, and left *in situ* until the evening of the following day. They may be medicated with hydrastis, calendula, hamamelis, ichthyol, etc., if desired. When removed, the patient should use the douche of hot water (100° F.) or saline solution.

3.—The *treatment by pessaries* is much less in vogue than formerly, owing to the two facts that uterine displacements are no longer regarded as the *fons et origo* of every possible ailment a woman can suffer from, and that where they do exist and cause symptoms, the pessary seldom cures. Still the vaginal pessary of one form or another is even now a not unimportant appliance in hospital out-patient work. There can, I think, be no question that the rubber ring does most good and least harm. In cases of prolapse alone it gives great relief, though in an unscientific way. Many elderly women wear these instruments for years, and some require a gradually diminishing size, until, as senile contraction goes on, no prolapse is left and no pessary needed. It is chiefly for prolapse of the vaginal walls that it is of such great comfort to patients. If there is noticeable uterine prolapse or very redundant vaginal tissue, the ring with cross-bars is an additional help. The ring is of use also in retroflexion. By stretching the posterior vaginal wall and occupying the posterior *cul de sac*, it prevents the uterus and ovaries coming down as low as they otherwise would, and while it is usually too soft to injure prolapsed ovaries, it seems to lessen the liability to painful defæcation. I do not think it ever keeps a retroflexed uterus forward, which would not stay forward by itself after replacement. A figure of eight pessary may occasionally do this by



imprisoning the cervix in its posterior segment. The cross-bar pessary is supposed to be capable of a similar application, but I have never met a cervix which would stay in one of the quadrants devoted to its use.

The Hodge's pessary is of course the usual one for retroflexion. It is rarely of more use than the ring, unless one of a very large size be inserted, which is likely to injure by over stretching. In 95 per cent of the cases the uterus is found lying back upon the upper limb of the pessary. The least injurious forms are those with bulbous ends, solid or fluid. The latter very soon perish.

For prolapse and procidentia in old people or others unable to undergo operations, I have found the Zwancke or butterfly pessaries most useful. Most patients can remove them at night, and re-insert after cleansing in the morning before rising. I prefer these to the cup and stem pessaries still in use, as more safe, more effectual, and more cleanly.

There are some cases of large and soft uteri which are much benefitted by replacement three times a week, followed by three or four minutes firm kneading of the fundus and body through the abdominal wall, the uterus being supported below by one or two fingers in the vagina. Thure Brandt's method at one time claimed a large share of my attention, but it is tedious, prolonged, and requires the assistance of a skilled nurse or confrère. In slight cases the pessary treatment, with simultaneous medicine and exercises, will usually do as well. In the severest cases, where adhesions and inflammatory deposits exist, and really satisfactory, even brilliant results were obtained by Brandt himself after expenditure of much time and pains, results as good and much more rapid may now be obtained by cœliotomy, separation of adhesions, and hysteropexy.

4.—*Drug Treatment.* You will remember that earlier in my paper I laid stress on the digestive and abdominal state in many of these cases; one may say, too, of these patients that their chemistry has gone wrong. In other words, tissue metabolism is perverted; there may be an excess or a deficiency of urea and uric acid in the urine, or an altered ratio between the two. Urates may abundantly deposit, or phosphates may be present. Consequently, some of the deeply acting polychrests occupy a foremost place in the list of medicines. I wish to bring before your notice

sulphur, nux, lycopodium, carbo veg., natrum mur., kali carb., sepia, and china. All these remedies contain in their pathogenesis flatulence and distension, soreness or sensitiveness of abdomen to touch, backache, bearing down; though carbo. veg. and kali carb. have only hypogastric and not vaginal pressure downwards. All of these except carbo. veg. have some form of constipation. The chief of the deeply acting medicines then all have the leading pelvic and abdominal symptoms of patients with prolapsus. How shall we differentiate the remedy? Unfortunately, a fair knowledge of the materia medica is necessary, and even a reference to books often useful. The guiding symptoms of the drug may not be found in the abdomino-pelvic sphere.

*Sulphur* is a remedy well known to us all; we probably all have our own reasons for prescribing it. While our latest authority on *materia medica* gives pages of *characteristics*, we find it very hard to put our finger on a few symptoms and say these point undoubtedly to sulph. In a prolapsus case I look for the guiding symptoms quite elsewhere. Sulphur head symptoms are relieved in a warm room and by sitting up (*i.e.*, worse by lying, like lycopodium). It will often be noticed that when the head is hot the feet are cold, but hot, burning feet are more characteristic of sulphur. The headache of sulphur, like nux, is of a bursting character and is better by pressure, but sulphur has more flushing than nux. The well-known empty, sinking sensation in the middle of the morning is like sepia, but there is a more frequent craving for food, though not such an incessant desire to be eating as with china and phosphorus. Sweet things and milk disagree. The lips are often of a bright, red colour. Though sulphur is such a wonderful remedy for constipation, it must not be forgotten that it has striking and painless morning diarrhoea—early and urgent (compare aloes and podoph.). Constipation and diarrhoea often alternate. There are no characteristic menstrual symptoms, though sulphur patients generally have scanty menstruation, are prone to headaches at the period with “rush of blood to the head,” or even nose-bleeding.

As regards *Nux Vomica*, if I get a patient with morning headaches worse in the open air, and after mental exertion or meals; with digestive symptoms (so very many in nux) marked by aggravation after eating, but not immediately;

and the abdominal distension chiefly epigastric, and perhaps described as a lump or stone; with sour risings and with ineffectual urging to stool or repeated scanty relief—I feel very safe in presenting this great drug. Even if there be looseness, if there is straining with little result, nux is still indicated. I regard also sleeplessness between say 3 and 6 or 7 a.m. with sleepiness after, as a strong indication for nux. Of course, if the patient is irritable, dark complexioned, and of sedentary habits, all the better. Heat of body yet chilliness if uncovering in the least, is another useful symptom. Menstruation tends to be premature, profuse, and prolonged.

In *Lycopodium* one thinks almost first of a pathological indication—free uric acid in the urine. The flatulent distension is most marked two hours after food and in the lower part of the abdomen. I am aware that some authorities give fulness in the epigastrium immediately after eating, thereby contrasting this remedy with nux, and comparing it with c. veg. I cannot say this is my experience. A great drowsiness comes over the patient during digestion of a full meal, especially in the middle of the afternoon.

Nux, carbo., sepia, kali-carb. and lycopod. all have ineffectual efforts, or incomplete relief, at stool. Of these nux is the most marked, and I should rather say that lycopodium has a constant sense of pressure at the anus until an action has taken place, and that wind accumulates at the lower bowel always ready to pass. This causes the urging rather than a muscular spasm.

Further the urging of sepia is accompanied with discharge of mucus, and evacuation may not relieve—like merc. and aloes, and unlike nux and lycopodium. Sepia resembles graphites and nux in having long lasting pain from defecation—the pain possibly extending to the genital organs. A peculiarity of the constipation is that the distress in the rectum is chiefly an hour or two before stool, and there seems to be a loss of power to expel the rectal contents.

Returning, I quite believe in the 4-8 o'clock aggravation of many of the symptoms of lycopodium, and also in the R. to L. route of pains—if you can get them.

Sudden fulness removing a supposed good appetite is a striking lyc. symptom.

The abdominal tenderness of lycop. is chiefly in the

liver region. The pyknuria of lycopodium is said to differ from that of sepia in being worse at night and on lying down, while the urine of lycopodium contrasts also with sepia in being either clear with uric acid, or of a milky, offensive nature, instead of depositing urates. The lycopodium frequency of micturition is therefore a vesical rather than a uterine symptom.

*Sepia* is a much abused remedy in the sense of being often empirically administered; it is as unreasonable to give sepia to every case with "bearing down" as to give lachesis to every patient with flushing. Nor do I think the verbal expression "crosses the legs to prevent protrusion" is a magical key to sepia. It has no different meaning from "must press with the hand," or "must wear a tightly applied diaper" to prevent protrusion. *Sepia* is very much a disturbed metabolism remedy; the high coloured, offensive urine, with the sediment of urates often adhering to the vessel, the frequent micturition relieved on lying down, the abdominal distension, the yellow skin or pigmented face, the one-sided headache, all point in this direction. When the chemistry is thus disturbed, vaso-motor or sympathetic phenomena readily arise—witness the flushings and perspiration, the hot or cold hands and feet, the faint feelings, the epigastric sinking (resembling sulphur) in the middle of the morning, the sense of tightness at the waist and neck, independent of clothing, and the palpitation on waking. A peculiar symptom is "palpitation with anxiety about things which happened years ago"; I have verified this in some menopausic cases. The menstrual condition is chiefly scanty or suppressed periods, and offensive acrid leucorrhœa is also present. The back-ache is relieved by pressure.

*Carbo veg.* is a less frequently used remedy in prolapsus. Gastric pain and flatulence are worse on lying down, hæmorrhagic discharges occur from various mucous surfaces, there is a great desire for fresh air. *Carbo veg.* symptoms are said often to be traceable to some previous bad illness. I have not observed this. Fat disagrees as in *pulsatilla* cases.

*Kali carb.* is a remedy with a few fairly well defined indications. Backache hindering walking, sweating at night, weakness, and general pulsation over the body are its leading symptoms. Many of its symptoms get worse about 3 a.m., notably backache and cough. A great

readiness to take a chill, anæmia, swelling of the eyelids, with sticking like a fish bone in the throat, and general stitching pains even if at rest, but worse on moving, free leucorrhœa, urates, weak or paralysed feelings in the arms—these all suggest kali carb.

*Natrum Mur.* has many similar indications. It is a great anæmia remedy, but the patient is more sallow (less white) than kali carb. ; she is very depressed and weeps, has palpitation and irregular cardiac action ; intensely throbbing headache, with pale face, worse after the periods ; the bowels are constipated ; the urine is clear ; the middle and angles of the lips become cracked, the mouth *feels dry*, but the patient is not thirsty. (Mercury has moist mouth but much thirst, pulsatilla dry mouth and no thirst), the gastralgia of natrum mur. is relieved by food—like iodine, bismuth, anacardium, lachesis, etc. The bowels are constipated and menstruation is scanty. The vagina is also dry, which induces dyspareunia.

*China* benefits fewer prolapsus cases than the others. It has great and general distension not relieved by eructation, constant rapacious hunger relieved only for a short time by food, a yellowish complexion, restless, sleepless nights. The urine is dark coloured and stools pale, general sensitiveness of surface but relieved by firm pressure. Even cold air on the surface causes pain. There may be painless diarrhœa. Carb. veg. and china both have the desire to be fanned after loss of fluids. Menstruation is early and profuse, leucorrhœa is irritating.

It goes without saying, that the more mechanical or traumatic the lesion, the less likely is medicine to do good, but, though it may seem paradoxical, it is in these very cases that the remedy must be most carefully chosen on constitutional or general symptoms, for there are few local ones to differentiate between a large number of drugs having a symptom such as “bearing down.”

Next, there is a group of metals which are sometimes useful in prolapsus :—platinum, stannum, aurum, and palladium. They have the usual “bearing down” and also menorrhagia. The keynote in platinum is, “Great sensitiveness to touch of the external genitals and vagina, even inducing vaginismus.” Patients with this combination of symptoms are usually highly neurotic. Another symptom I had almost forgotten is a very reliable one. Constipation during travelling, “the fæces adhere to the

anus like soft clay." The menstrual blood is said to be thick and dark or tar-like, as in crocus. Pain of a burning character in the ovarian regions is present.

*Stannum* is very similar to platinum. General weakness and exhaustion or mental strain. The well known crescendo decrescendo character of stannum pains is chiefly a neuralgic state; it is reliable and is said to be shared by platinum, but I have not noticed this.

*Aurum*.—The aurum mental symptoms are of great value in selecting this remedy, because they are not uncommonly associated with disorders of the sexual organs. The symptoms are, as you know, great gloom or melancholy, the mind tending to dwell on suicide. The melancholy may centre on religious subjects. Prolapsus occurring in the early years of sexual activity and near the menopause is more liable to be associated with these mental symptoms. For a heavy subinvolted uterus, one often prescribes aurum in the absence of guiding symptoms. After a good trial of the compound salts, I have mostly returned to the metal or the simple chloride.

*Palladium*, like all the foregoing metals, has profuse and premature menstruation. Its patients are of a hysterical nature. It has few indications which are not common to most remedies and most patients. Sharp pain in the hypogastrium, relieved after the stool, and dragging in the right iliac region, are the only useful ones I know. Podophyllum has the same kind of pain, only on the left side. Prolapsus being usually associated with constipation, most of its remedies are found under drugs conspicuously producing (and curing) that condition.

Occasionally a prolapse patient has looseness of bowels. Aloes and podophyllum are great remedies in such cases. Both have morning diarrhœa, but aloes is the more urgent, accompanied with constant straining, the passing of blood and mucus, and an unreliability of the rectal sphincter.

When passing urine, mucus or fluid is liable to escape from the bowel. Large blue piles with much itching may exist.

There is also an aloes headache—frontal headache, with heaviness in the eyes and disinclination for mental labour. The headache and the diarrhœa sometimes alternate.

The podophyllum diarrhœa (also morning) has large, dark coloured and fœtid liquid motions, and there is a tendency to prolapse of the rectal mucous membrane.

The tongue is yellow or white, and indented like the mercury tongue.

I have said nothing about the disposition or mental symptoms of most of these remedies, for I find them very difficult to discover in patients. The old authors lay great stress on them.

*Lilium tigrinum* has perhaps a greater number of symptoms pointing to pelvic pressure and congestion, than almost any other drug, but it has not so far commanded the confidence extended to some of the older drugs. It is very like aloes in the urgent morning diarrhœa, but has less straining; urinary symptoms are prominent, frequent urging with scalding on micturition. Like sepia and sulphur, it has sinking sensations in the epigastrium and distension of the abdomen, with tenderness on pressure. Voracious hunger may be present, reminding one of phosphorus or china. There is left-sided ovarian pain extending down the leg. The leucorrhœa is excoriating, yellow or bloodstained. It has mental gloom and religious melancholy, like aurum, and apprehensiveness of coming evil.

*The Exercises* to be recommended and their *rationale* I have dealt with in a paper written for the *Monthly Homœopathic Review*. It is therefore unnecessary that I should refer to this section any further than to say that appropriate exercises I believe to be of the greatest possible value.

*The operative treatment* need not detain us very long. If the uterus is soft and bulky, free leucorrhœa existing, the treatment is begun by keeping the patient in bed, tampons of plain glycerine, hydrastis or ichthyol or hamamelis being used. If the leucorrhœa is profuse and bland, I use hydrastis; if it is irritating or blood-stained and the uterus tender, ichthyol; if ovarian pains are conspicuous, hamamelis. If the uterus is retroflexed it should be replaced, and the vagina packed with tampons to retain the cervix backward. A weak saline douche should be given night and morning at a temperature of 110° to 112° for ten minutes. This treatment cannot be kept up very long without causing soreness; after a few days the tampons must be omitted. When the patient is not staying in the hospital, we get her to come up three times a week, if not residing too far away, in which case I order large suppositories of hydrastis 1 in 8, or ichthyol

5 per cent, to be used on alternate nights with the douche.

When tenderness is gone, and leucorrhœa less, and the vagina cleansed, it is best to curette. If the cervix is lacerated, an Emmett is performed, and if very hyperplastic and hard, a wedge-shaped piece is excised from each lip and the edges are united with chromic gut. This tends to induce involution of the uterus. Where prolapse of the vaginal walls exists, anterior and posterior colporrhaphy should be done in a thorough manner. My method of operating is, as far as I know, original. Having drawn down the cervix as far as or beyond the vaginal orifice, I denude as extensive an area as possible in the following manner. First an elliptical area is marked out by an incision through the mucous membrane, the incision including an area about  $\frac{2}{3}$  the width of the area available for denudation. The mucous membrane so marked out is dissected off. There is still on each side a margin of undisturbed mucous membrane. This is dissected up and a flap on each side is reflected outwards; by this means a raw surface of as large a size as possible is made. An imaginary central line from near the urethral orifice to the cervix is marked with the eye. Sutures of fine aseptic gut are inserted at a distance from each side the middle line of about one-eighth of the whole area—the distance between the two points of insertion is therefore about one quarter of the whole raw surface. This suture may be either continuous or interrupted. The former is better, as it produces more puckering and leaves less catgut to be absorbed.

If the continuous suture be used, the surface is narrowed by about one quarter of the whole area when it is completed. A new central line is thus formed by the line of suture. On each side of this again, sutures are inserted and tied, and the surface is still further narrowed by one quarter, being now half the original size.

When there is room, a third row of sutures is introduced and tied. After that, the flaps of mucous membrane are brought together over the puckered bladder-base by silk or fine silkworm sutures. I pursue this plan because I quickly found that if, after excising an ellipse of mucous membrane, its edges were simply brought together, though they united, the bulging bladder wall, not diminished in size, soon separated the edges and formed a hernia between



them, leaving the woman in a condition as bad as or worse than before. This does not happen with the method of suturing in tiers, and secondary hæmorrhage is less liable to occur. The posterior wall can be treated in a similar manner, though less thoroughly. If the perinæum is gone, it should be mended by Tait's flap method.

Should the uterus be prolapsed, or prolapsed and retroflexed, it should be sutured to the abdominal wall. If it be retroflexed only, and not extremely heavy, it may safely be retained in the anteverted position by vaginal fixation. These measures are indicated when the foregoing milder treatment has failed. In some cases, too, where the symptoms are severe, they may be at once undertaken after a short period of rest in bed. Further, a uterus which immediately relapses after replacement is either dragged upon by adhesions or has become sclerosed in a bad position. It is useless to waste much time in working women with minor measures in these cases. In a woman of leisure it is different. Once again, where an ovary is prolapsed and kept down by the fundus, it is useless to insert a pessary and so press the tender ovary between fundus and pessary. Operation is almost always needed in these cases. In the worst cases of retroflexion and prolapse, ventro-fixation together with the plastic vaginal operations already described, forms the most satisfactory method of treatment, and gives really good and reliable results of a permanent character.

My paper is already so long that I will not detain you with many cases. The two following have stood the test of time :—

Alice L., æt. 24, had a child when 15, was considerably torn, had got about by the help of rings, etc. Since she had been earning her living, backache and bearing down troubled her. Menstruation began at eleven years of age, and was profuse and painful from the outset. The uterus was retroflexed and prolapsed and perinæum torn. In 1896 I performed the operation of shortening the round ligaments. The uterus, after a few months, was again retroflexed and the back aching. Early in 1897 the uterus was stitched to the abdominal wall. It has continued forward since, and the patient remains well and able to do the duties of housemaid. This was one of the first hysteropexies I performed.

Rebecca G., æt. 39, sent to me by Mr. Frank Shaw, suffered from prolapsus and retroflexion.

She had prolonged menstruation and pain, and the uterus was heavy, firm and retroflexed, and one tube thick and adherent. After prolonged treatment as an out-patient, I removed, at the Buchanan Hospital, both ovaries, and stitched the uterus to the abdominal wall. Patient has remained well since and annually reports her condition.

The only failure I remember was in a girl, R. B., who had besides her retroflexion an ovarian cyst into which hæmorrhage had taken place, and matting of the adnexa was present. Several months after the operation the other ovary became affected with exactly the same condition. Though I believed the uterus was stitched forward at the first operation, I found it retroflexed again, and at the second ovariectomy, I (again ?) fixed the fundus firmly to the fascia. It has since held well (February of 1902).

I have not had time to look up my cases, but I have done a considerable number in hospital and in private, and some of the patients are working hard in distant parts of the world. You will naturally wish to know about the results as regards pregnancy. In only one of my cases has the patient reported pregnancy, and she had no trouble with it. Some writers have recorded abortion following the operation, but no other accidents directly due to the operation. The same may be said of vaginal fixation, which I have done in only a few cases. Professor Dührssen of Berlin, who is its chief advocate, assured me it was completely successful, and without danger to pregnancy. In uncomplicated retroflexion I have had success with it—and no failures. The abdominal operation is shorter, from fifteen to thirty minutes in uncomplicated cases. If a free incision is made, and the wall is thin and lax, it may be completed in ten minutes. A better investigation can be made of the pelvis, and with the three layers of sutures no hernia occurs and no belt is necessary. The number of sutures used varies with the operator; I place two or three fine silk permanent sutures in the posterior surface, just below the fundus, and in the fundus itself one temporary silk-worm gut suture, passing out through all the parietal layers and removed in about ten days.

Ventro-fixation implies that the sutures are made to include the fascia; ventro-suspension that the stitches go through the peritoneum only. The former is safer in women after the menopause; the latter where pregnancy is liable to occur. But many operators always do ventro-fixation.

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## SOME PRESENT-DAY THERAPEUTICS.

By HERBERT NANKIVELL, M.D.

President of the British Homœopathic Society.

[As the Address of President of the British Homœopathic Society is the property of the Society, we are unable to print it in full, as it will appear *in extenso* in the January number of the Journal of the Society. But through the kindness of Dr. Goldsbrough, the editor of the journal, we have been favoured with the following admirable abstract of Dr. Nankivell's able and interesting address. We offer our best thanks to Dr. Goldsbrough. The address was delivered before the Society on October 1st, 1903.—Eds. M. H. R.]

The years 1903 and 1904 are years of considerable interest. Sixty years ago the master finished his course; sixty years ago this Society was founded—we are reaching our Diamond Jubilee. Our law of cure, the law of similars, misunderstood and misrepresented as it still is, still holds the field as the one therapeutic law which has survived the changes of the last century, and in many of the publications of the so-called dominant school it has been to a greater or less degree acknowledged. Also to a large extent "applied homœopathy," hints for treatment, the use of the single remedy, the frequent administration of minute doses, have been recommended. Consultations are occasionally held between ourselves and the more liberal members of the ancient school, and the difficulty of obtaining urgent surgical assistance by men practising in isolated situations is largely reduced.

Notwithstanding this, the old rule of exclusion holds good in many instances. Most Medical Societies are closed to us; appointments to General Hospitals and Dispensaries are withheld from our competition; advertising columns, open to the laudation of the last medical craze, are closed to the notices of works in which the homœopathic doctrine is set forth, to any appeals for the support of our hospitals and dispensaries, or to any announcement of lectures which have to do with the propagation of our tenets amongst those in the profession who are ignorant of them.

But we pass to considerations of greater importance. The domination of the Bacteriological school in medicine

during the last few years has become strikingly marked. Not only are an increasing number of diseases now scheduled under this pathological department, but the belief that in the series of morbid changes with which he is associated, the bacterium is indeed the "roof and crown of things" is gaining a larger hold on medical opinion. The terms asepsis and antisepsis are no longer confined to the region of surgical technique. But the internal use of ordinary bactericides has been proved of little avail, as they are all destructive of cell-life. Even weak carbolic acid dressings may be fatal to the vitality of the parts to which they are applied.

The development of serum-therapy has arisen pretty directly from the influence of bacteriology on treatment. It occupies a position in very distinct and parallel accord with homœo-therapy. Essentially it must be either isopathic or homœopathic; there is nothing in the method which bears any relationship with any other therapeutic law than that of similars. To those who listened to, or to those who have since read, Dr. James Johnstone's profound and lucid paper on "Immunity and Serum Therapeutics," the main lines of his argument must have commended itself, especially as regards the concluding words. *Gland therapy* was known first of all by the introduction of pepsin and pancreatin in certain conditions of wasting and disordered digestion; it has now brought both the thyroid and the adrenals within its sway, and the use of the special extracts of these glands has been productive of valuable results in practice. They are useful adjuncts when the functions of the glands have been depressed below the normal, and myxœdema on the one hand, or a tendency to recurrent hæmorrhages on the other become established. Excellent results have personally been obtained from the use of adrenals in recurrent hæmorrhages.

We note further that the theory of killing off the invading morbid organism directly, and then permitting the suffering mactobe to recover its vital equilibrium is a very captivating one. So it has come to pass that ancient drugs which had been prescribed empirically by the old school, and scientifically by ourselves, have been tricked out in fresh colours, furnished up in theatrical armour, and re-introduced to our notice as "bactericides." At the British Medical Association's meeting last July the Presidential address contained several allusions to the help given from bacteriology and Listerism to the knowledge of the action of medicine. Until the Listerian property of quinine was ascertained, there was no idea that the drug acts simply as an antiseptic in destroying the malarial parasites. The same claim was made for the

salicylates in rheumatic fever, and for mercury in syphilis.

There is here no acknowledgment of the *vis medicatrix nature*; no suggestion that these drugs may act as stimulants to cell-vitality or to phagocytal energies; not a single allusion to the possibility that these agents when introduced into the organism have any special action on it or its cell constituents.

At the Liverpool Homœopathic Dispensary in 1866 a malarious sailor attended who had contracted his fever in Jamaica, and had taken considerable doses of quinine, but without relief. He had a marked tertian ague, and was in the cold fit when in the dispensary. He was ordered 1 drop of arsenic 3x every three hours, and had but one return of the attack after commencing this treatment.

Of two things one: Either his symptoms were quinine symptoms, and ceased on his omitting the quinine, or else the arsenic afforded such a similitum to his fever that the cure was rapid and permanent.

We turn to the salicylates. Have they no relation to the febrile and rheumatic state but that which they possess as direct poisoners of the special micro-organism? Were this the case they would be absolutely specific to the rheumatic fever condition. Given in sufficient dose they should regulate the fever, cut short the pains, and prevent the occurrence of fresh complications, such as pericarditis and endocarditis. But is this so?

We know that the salicylates are curative in some forms of rheumatic fever in quite small doses, *i.e.*, within what we recognize as the physiological limit, and that this is so in virtue of a power possessed by these drugs on the living organism of the patient; for in full doses the salicylates can induce a pyretic condition, and in a smaller dose they will, owing to the varying reaction of cell life, reduce a fever of a similar character.

With respect to the mischief produced by free doses of mercury in the treatment of syphilis and its sequelæ, the conclusions come to by Mr. Jonathan Hutchinson are practically in accordance with Hahnemann's thesis of a century ago, that mercury is necessary for the cure of syphilis, and that the dose administered be the smallest that can effect its object. This conclusion is reconcilable only with what may be called the pre-primary action of mercury on the living cells of the economy, and not in any sense with its supposed value as a bactericide of the syphilitic microbe.

Although our school has records extending for over thirty years as to the use of arsenic in phthisis, it has been exhibited in too small doses to permit the idea of bactericidal action

coming in Its method of work must be on the living tissues of the economy, and not on the dead or half-dead lung cells which form the habitat of the tubercle bacillus. The fact is that these and many other drugs are bactericides in certain circumstances, but it is quite impossible that they can so act within the tissues of the body in the only doses in which it is practicable to administer them.

Much energy has been wisely spent during the last few years in the way of hospital development, in the establishment of a more extensive propaganda, and in strengthening the outworks. We now await with earnest hopefulness the re-proving with the exactitude which the stethoscope, microscope, the ophthalmoscope, and test-tube afford, at the least, our polychrest medicines. And while we are waiting we do well, for the sake of the true advancement of therapeutic science, to direct our attention once more to the conservation of that citadel of therapeutic truth which circumstances have placed in our keeping. Armed with a knowledge of the law of similars, we look forward through the careful proving of medicine to fresh applications thereof in the use of all new drugs, in the treatment of all novel forms of disease; and we look back with gratitude to Hahnemann as the great elucidator of this law. Whatever opinions we may individually hold on the value of his theoretical views, his explanation of the *modus operandi* of medicines, his ideas as to the existence and powers of the vital force, and his theories as to the causation of chronic diatheses and diseases, we realize as strongly as ever our indebtedness to the man who set the doctrine of similars in the forefront of therapeutics.

The phrase "pre-primary" has been used to indicate the effect of the less than physiological dose of a drug—one that is followed neither by the ordinary primary effects, and less still by any secondary action. Hahnemann wrote: "An obvious antagonistic action is, as may be readily conceived, not to be noticed from the action of quite minute (homoeopathic) doses of the deranging agents on the human body. A small dose of every one of them certainly produces a primary action. . . . But the living organism employs against it only so much reaction as is necessary for the restoration of the normal condition." He surely does not here refer to what elsewhere he speaks of as "primary action," and which we generally refer to as such. Again he says: "Every agent that acts upon the vitality, every medicine deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed 'primary action.' And although a product of the medicinal and vital powers, conjointly, it is

principally due to the former power. To its action our vital force endeavours to oppose its own energy. The resistant action is a property, is, indeed, an automatic action of our life-preserving power, which goes by the name of secondary action or counter-action." The period of primary action is therefore one of invasion; that of secondary action one of recovery.

We can recognize, of course, the pre-primary action in the stimulant dose of morphia, of tea, coffee, and alcohol. When the cells have not acquired a toleration for the drug, when they are not, so to speak, "blasés," they answer to a very small dose. Here, as elsewhere, dose depends on susceptibility. In diseased conditions, where the minus state of a cell is established, this action is co-extensive with our practice and experience. Our old-school friends are not by any means ignorant of its value, and they console themselves by the development of a terminology in which the words "tonic" "alterative," "specific," and "sedative," nay, even "bactericidal," are largely used.

Let us pass now to a short consideration of the *minus* action of a drug, generally named the *primary* action; in reality one should now say, as Dr. Percy Wilde has taught us, an action in such a dose that primary or *minus* effects are produced on the cells and tissues affected. In effect the old school classify their drugs as emetics, diaphoretics, purgatives, diuretics, sialogogues, and so forth, and they use them in such doses that produce a *minus* condition of the cells affected, which is a direct disadvantage to a patient who is already in a *minus* condition. His symptoms may be palliated, but they will recur, and in a more aggravated condition than they were in at first.

Comparatively valueless, often harmful as it is in old-fashioned prescribing, this primary action is the source of almost all the symptoms, which for us indicate the use of drugs according to the law of similars. As surely as we can establish in our own minds a parallelism and a similarity between the two pictures of the diseased condition on the one hand, and of the drug effects on the other, so surely may we predicate that the action of the small dose, the pre-primary dose, will cure, because it will without fail stimulate and restore the normal equilibrium in those cells which have been reduced through disease to a *minus* condition.

We recognize that the secondary condition is primarily one of recovery, and that, therefore, the symptoms occurring during this stage must be accepted by us as indications for the selection of suitable medicines in a more restricted sense than those which occur in the primary period.

The recovery in the second stage is probably due to three factors :—

(1). The reaction of the system (Hahnemann's vital force) against the invasion of the drug.

(2). The gradual removal of the drug from the system by different emunctories.

(3). The establishment of a condition of tolerance, or even of immunity, in the cells which have been affected.

During the secondary stage contingent and remote drug effects are discoverable, which might have been overlooked in the crowd of primary symptoms, and these are of the greatest value if carefully differentiated from those sensations dependent on the struggle of cell-life back to equilibrium.

It must be remembered that, although divided into these classes, each class merges into the next. We may get the curative action of the first group while some marks of the next action are being developed; and that even when counter-action has set in some groups of cells may still be suffering in some degree from the primary action of the drug. Pre-primary, primary, and secondary effects complete in a certain sense the cycle of phenomena due to drug action. It may be noted that the relation of the first group to the second is that of opposition, that of the first to the third that of similarity, that of the second to the third again one of opposition.

As to the reason of drug action at all, it is of course conceivable that the presence in the system of crude drugs in large quantities should militate against the ordinary equilibrium of the natural forces, but that minute quantities of the potent alkaloids, of hydrocyanic acid, of the serpent poisons, should, when introduced into the circulation and diluted by the large quantity of fluid material which the body contains, act so as to produce serious illness and even death is a remarkable fact. We may investigate the mode of action of drugs, the special nerves through which they act, the special organs for which they have an affinity, and the quality of the disturbances they excite; beyond this we have not gone, possibly, in the nature of things, we never shall. It may be, however, that we are approaching a time in which the deepest secrets of the universe will be laid bare.

The recognition of the essential oneness of heat, light, and electricity leads us forward to the conception of the unity of all forms of force. It may be also that the conception of matter in all its variety as being merely forms and groupings of force itself, will set us free from the materialism which has so often weighed down the most intellectual and most



spiritual, and will reveal to us in clearer vision the immensities of the *Δόραμας* which is subliminal to all creation, seeking as it does its manifestation in the living cell and in the thunderstorm, in the radium emanation, and the destructive power of the alkaloid crystal.

## REVIEWS.

*The Exact Science of Health, based upon Life's Great Law,*  
By ROBERT WALTER, M.D. Vol. I.—Principles. London:  
Kegan Paul, Trench, Trübner & Co., Ltd.

THIS is a beautifully got up book of nearly 300 pages, but the essential points in it might be comprehended in a moderate-sized pamphlet. The author argues for the existence of a vital force, in which we quite agree with him, as the essential element in life, disease, and recovery; that the vital force acting as "Life's great law" is closely analogous to Newton's law of gravitation. "The practical value of both these laws is expressed in the words, '*Directly* as the amount of power, and *inversely* as the degree of its activity.'" He very truly points out that the conservation of the vital force is the all-important element in the treatment of disease, and that the development of it by means of current methods only results in its diminished activity. He argues that disease is "an effort at cure and not at destruction; it is a work of self-preservation and not an attempt at suicide." Dr. Walter has no belief in treatment by medicines, which he thinks are always injurious. He considers homœopathy the best form of therapeutical treatment, and says some nice things of Hahnemann and his sagacious ideas, but he has evidently a very faulty conception of homœopathy, as shown by the following extract (pp. 281, 282).

"Homœopathy differs from its predecessor in that it is a lusty youth beside a hoary-headed grandsire. For a hundred years it has been slowly growing into popular favour in spite of its paradoxical principles. It continues the use of the same drugs that allopathy does, but administers them in accordance with a clearly defined principle such as the older system never pretended to possess. But it also continues the same old fraud of the ages, viz., diseases are the enemies of life and must be destroyed (note the strange inconsistency) *by the use of agencies that are calculated to destroy life.* This practice is not so much the product of theory as of experience; the power of life and the force of the disease being one and the same, it was early found that what was calculated to destroy life was also destructive to the disease, and bleeding

and purging were consequently relinquished only that as bad or worse agencies should take their place. True, homœopathic medicines when administered in their so-called potentized form, are not open to the charge of being destructive to life. An important part of their work consists in occupying the patient's attention while nature cuts in and affects a cure. They do not cure diseases; drugs have no curative virtues; it is nature that cures, as we all know. But the uses of medicines are not to be decried. Many homœopathic medicines possess within them certain inorganic constituents, the lack of which in the human organism often induces serious diseases, which will be promptly cured by supplying the needed constituent in such form that it may be appropriated. The homœopathic plan of triturating remedies liberates these constituents, which being appropriated by the organism the disease promptly subsides. The Schuessler tissue-remedies supply a real need, and are more properly considered as food than as medicine, and as homœopathy actually supplies these to that extent it is a really curative system. In addition it changes symptoms, often to the great relief of the patient, thus contributing to his cure to an extent unrivalled by any other system of medication. Hahnemann's work is not to be decried because he had not learned all the truth. On the contrary, for the age in which he lived, necessarily influenced by the theories and doctrines everywhere believed, we can but regard him as a great landmark of human progress toward the truth in physiological science, and his followers are to be commended for their unselfish devotion to the truth in the face of ridicule, unfair opposition, and even social and professional ostracism."

While recognizing the friendly tone of these remarks, they show that Dr. Walter has, as we have said, a very inadequate and confused idea of what homœopathy, its law and practice, really is. We cannot say that we anticipate that this book will revolutionize medicine. The volume is entitled "Vol. I.—Principles." This implies that a second volume on practice will be forthcoming, and we await the result.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of this Society for the session of 1903-4 took place at the London Homœopathic Hospital on Thursday, October 1st, when Dr. Nankivell delivered the Presidential Address, an abstract of which will be found on

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p. 675. A vote of thanks for his able address was proposed by Dr. Dudgeon, seconded by Dr. Dyce Brown, and carried by acclamation. After this the members of the Society adjourned to the Russell Hotel for supper, to which the President had invited them as his guests. A vote of thanks to Dr. Nankivell for his generous hospitality was proposed by Dr. Dyce Brown and carried by acclamation, all joining in singing "For he's a jolly good fellow." The evening passed most enjoyably.

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## NOTABILIA.

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### WEDDING.

It is not our custom to notice weddings, or what our American colleagues call "personals," but we honour our rule by an exceptional breach of it, and so we record with pleasure the wedding of Dr. Clifton Harris to Miss Lilian Cunard-Cummins, which took place on the 24th of October, at St. George's Church, Bloomsbury. Miss Cummins is one of our few lady doctors. She was formerly one of the Resident Medical Officers at the London Homœopathic Hospital, and the first lady doctor who had held that post. She fulfilled her duties admirably, and was liked and esteemed by all connected with the Hospital. After having served her time there, she commenced private practice at 89, Great Russell Street, and was appointed Registrar to the Hospital. Dr. Clifton Harris was also Resident Medical Officer to the Hospital for a year, and has lately been appointed Stipendiary Medical Officer to the Sussex County Homœopathic Dispensary, Brighton, as we announced in our October issue, and is also commencing private practice there. He is the son of our late much esteemed colleague, Mr. Henry Harris, L.C.C., of Camberwell. A wedding where the bride and bridegroom are both in the medical profession and both homœopaths, is too uncommon an event to pass by without special notice. We offer them our hearty congratulations, and wish them all success in their future career, and all happiness in their married life.

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### BURNETT PROFESSORSHIP FUND.

SINCE last announcement the following donations have been received: R. D. Downson, Esq., £1 1s.; J. S. Hurndall, Esq., M.R.C.V.S., £3 3s.

## PRIZE ESSAY.

WE are requested to state that the last day for receiving Prize Essays (British Homœopathic Association) has been extended to March 31st, 1904.

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## A CORRECTION.

IN the obituary of Dr. Hamilton in our October issue, it is stated that he was once President of the Zoological Society. His daughter requests us to say that this is not strictly correct, as though Vice-President for many years, he never was President.

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HOMŒOPATHIC PRACTICE IN LAUNCESTON,  
TASMANIA.

IN referring to the above in a letter from Mr. Butcher of Blackheath, we stated in our October issue that the letter from Mr. Styant Browne in regard to Launceston came too late for insertion.

We now have pleasure in publishing it, and we think some of our younger colleagues would do well to give the matter their consideration, as the opening seems an excellent one.

The Homœopathic Pharmacy,  
112, Brisbane Street,  
Launceston, Tas.

W. Butcher, Esq.,  
Blackheath, London.

MY DEAR SIR,

I am writing you now to see if I cannot interest you in the vacancy we have in Launceston for a second Homœopathic Practitioner. You doubtless are brought into contact with many of the medical profession whose beliefs are in accordance with our own, and for an energetic pushing medical man we have an excellent vacancy in this city.

As you possibly remember, I have now been established in Launceston for twenty years, starting business in 1883 when Dr. Samuel Brown of Chester came to practice here.

Northern Tasmania holds three-fifths of the population of the State, and while the Southern and smaller population has five homœopathic doctors (three in Hobart and two in country districts) the *North is in the hands of one man.*

We have every modern convenience in our city of 20,000 people to make life comfortable. I think it speaks well for the success of homœopathy here, when I tell you that I began business in a very small way, but have built up a good going

concern which gives me a very comfortable living, but still I want homœopathy to go ahead! it is almost a religion with me.

Our hospital of nine beds has been suffering too, as instead of having most or all of the beds occupied, our one doctor can only attend to a limited number, and thus a valuable means of propagating our beliefs is much minimised.

I write with the sanction and wish of our Homœopathic Association, which numbers 120 members, and I promise a good following to a good medical man if he will only come here within a short time.

Should you meet with anyone disposed to treat with us, I will gladly send any information he may desire to have, and give him every opportunity in my power to form his decision.

With kindest regards from myself, and thanking you in anticipation for any assistance you can give us.

Believe me,

Sincerely yours,

F. STYANT BROWNE.

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SOME REFLECTIONS, MAINLY ETHICAL, ON THE  
PRESENT POSITION OF OPERATIONS IN THE  
PRACTICE OF SURGERY.

*Being the Annual Oration of the Medical Society of London,  
delivered on May 18th, 1903.*

By SIR WILLIAM H. BENNETT, K.C.V.O., F.R.C.S. Eng.,  
Senior Surgeon, St. George's Hospital, etc

MR. PRESIDENT AND GENTLEMEN,—I am sure that I am right in saying that only those whose experience extends backwards beyond the time when the great work of Lister was made known, and its influence upon the work of surgeons generally became manifest, can in any degree truly realize the enormous changes—I might almost say miraculous changes—which followed in the practice of surgery. I am therefore thankful that my medical education commenced before the Listerian era, which, after all, is not so many years ago—a time when septic diseases, like erysipelas, cellulitis, osteomyelitis, and kindred conditions, were common consequences of operations, and formed a large proportion of hospital work—a time when the salvation of the patient and the reputation of the surgeon not infrequently depended upon the appearance of the pus which was called laudable—a time at which the author of one of the most successful text-books of the day took the opportunity of congratulating

his readers that the science of surgery had advanced so far that but little further progress could be looked for, and when one of the foremost surgeons in London chose as the subject of his presidential address at the Clinical Society, "Pyæmia in Private Practice," and gave many illustrative cases. The practice of surgery in times like these, when the main object was the avoidance of operations because the results were so often disastrous, and when an uncomplicated progress after operation was the exception, necessitated an amount of consideration in deciding upon the radical treatment of a case, and an alertness in watching and dealing with the subsequent complications, which cannot be appreciated by those whose experience has commenced in later times. The complete realization of the fact that, thanks to Lister's labours, operations could be performed with comparative safety, naturally not only led to the radical treatment of many conditions which hitherto had been allowed to end fatally without any rational attempt to obviate such a result, but ushered in the treatment by operation of innumerable conditions which, whilst not endangering life, were the cause of so much disability in many individuals as materially to diminish the aggregate usefulness of the general community. And as the confidence in the safety of operative methods grew with surgeons generally, the treatment of certain conditions, in themselves harmless at first, but possessing potentialities for evil later, became common, and so arose the class of operation which may be called preventive. Finally there came the utilization of operations for diagnostic purposes—for example, the opening up and inspection of the abdominal, thoracic, and cranial cavities, leading ultimately to the

#### APOTHEOSIS OF THE EXPLORATORY OPERATION.

The promise of such enormous benefits from operative treatment which could be used with comparatively small risk, was followed by an amount of energy and enthusiasm in the direction of this radical form of treatment, and in the invention of operations which came at one time perilously near to the limits of reason, and there seemed a danger that the operation influence would reach to the dignity of an obsession—a condition of things which hardly tended to the best interests of surgery. The pendulum has in due course commenced its backward swing, and a position has now been reached from which the rational bearings of surgical operations generally may be considered in relation to the risks which they entail, the benefits which are derivable from them, and the limits which legitimately control their application.

In what follows it must be understood that I have little desire to influence, and still less to teach; that I am merely giving views and describing impressions which are those of one who, during an experience which extends from the time just anterior to the commencement of the period of surgical cleanliness, has been carefully watching the progress and general trend of surgical affairs, and who, I have reason to believe, enjoys a fair share of operative work in London and the present time, and so may be allowed to have some knowledge of the failures as well as of the successes which are necessarily associated with a rather large experience. Speaking generally, I am compelled to say that it seems to me that the tendency towards operative measures, although less than it was a few years since, is still, on the whole, too strong, and that operations are yet approached in too light a spirit, not for the reasons to which I have already referred, but because a prolonged familiarity with them has led to an under estimation of the risks which they entail, and to a forgetfulness of the defective results which, more often than is commonly thought, follow upon them. I am further bound to feel that the present position of things tends far too much to the reduction of the surgeon to the position of the mere mechanic. Indeed, it is not long ago that a surgeon is reported to have said that he considered himself nothing much better than a good carpenter—a statement which was, if I may be respectfully allowed to say so, a greater tribute to his modesty than to his sense of appreciation of the realities of his profession.

#### THE FOUR STAGES OF SURGICAL LIFE.

The working life of every surgeon may, I venture to think, be divided into three principal stages. In the first, or developmental stage, the fascination and apparent simplicity of the operative treatment, presenting, as it seems to do, the prospect of a ready road to immediate and conclusive results, are apt to obscure wider and often more important issues, in the way that a penny piece, if placed sufficiently near the eye, will obscure the sun. Towards the end of this stage those whose sense of infallibility is not too strong begin, I fancy, to realise the truth of what may be expressed by an ancient classical adage, slightly modified: *Nemo repente fit chirurgus*. At about this time in the evolution of the surgeon the tendency shown rather later to operate less freely, and apparently with less energy, sometimes leads to the conclusion by those who are yet in the early stage of their development that this is due either to indifference, or to an inability to keep abreast of the times; the real factor in the matter, which is the dictate of increasing experience, being overlooked.

In the second stage the gathering of experience, and the lessons of some failures and disappointments, lead in the majority of men to maturer judgment, and a better understanding of the proper relation of things. It is towards the end of this period that the greater number of surgeons begin to be rather less aggressive in the direction of the purely operative treatment, and show indications of approaching it with more consideration than hitherto, an attitude which is the result, as I have already said, of increased experience, and a more accurate knowledge of the real value of operations as such. It is at this time that a sober retrospect on the part of those whose sense of proportion is sound will, I am confident, recall to mind more instances than one in which an operation performed in all good faith had better, for the good of the patient and perhaps for the reputation of the operator, have been left alone.

With the third stage comes the inclination for the surgeon to confine himself to certain operations with which he feels himself most at home, and thus to some extent his practice becomes eclectic. The increase of experience and a maturer judgment at the same time becoming more prominent characteristics, he is enabled to exert a far-reaching influence of the greatest value.

There is a fourth stage, of course, in the surgeon's life, when, happy in the contemplation of an honourable career well spent, it is to be hoped that he has much money at the bank—a time when, although operations may be things of the past, there remains that never-failing judgment, the outcome of a vast experience, the importance of which it is impossible to over-estimate, although I fear at times it is not altogether appreciated at its full worth by some of us.

#### OPERATION RISKS IN MORTAL CASES.

I presume that it cannot seriously be contended that any operation can be made absolutely safe, even if it be assumed that the operator is as perfect as an operator can be; for apart from merely accidental risks, some account must be taken of the effects of the anæsthetic, the constitutional peculiarities of the patient, the circumstances in which the operation is performed, and the qualities of those who assist in its completion. The risk incurred may be an immediate danger to life, it may be a possibility of leaving a worse condition than existed before the operation, or it may be merely the chance of defective results.

With regard to the danger to life, apart from certain accidental risks which must be connected with all operations, it is clear that in any mortal condition which seems susceptible



to relief by operation, no risk is too great to run provided that there is a real chance of success, but I do not think that the mere fact that a patient is apparently bound to die unless operated upon is in itself a justification for operation; and operations upon moribund and on semi-pulseless people, save in very exceptional circumstances, seem to me to be mischievous and unscientific, since they cannot from the nature of things benefit the patient, and they reflect but poorly upon the practice of surgery. The amount of risk which can be justifiably run in these mortal cases depends greatly upon the question as to whether the lesion is due to curable—that is, probably non-malignant—conditions, or whether it is caused by malignant disease or by some other incurable state. It is obvious, I suppose, that there is practically no limit, as I have already said, to the risk which may be run in dealing with a curable condition, whilst in a case of malignant disease, for example, in which the operation as a rule may be regarded as palliative, grave consideration should be given to the question of risk before embarking upon a treatment which at the best can probably only lengthen life for a period, and may shorten it materially, without affording much prospect or possibility of cure. On the other hand, the chance of shortening life by a little time may be legitimately taken when a cure is practically sure if the case turns out to be successful from an operative point of view. In all cases of this type the point of paramount importance is the realisation that the primary object is to save life and not necessarily to perform an ideal operation. I make no doubt that more than one life has been sacrificed by proceeding to the completion of an academic operation, which might have been saved by the performance of a less serious proceeding in the first instance. This observation, although it applies generally to a number of cases, such for example, as extensive disease about the neck and throat, the rectum, and other parts, seems to me to possess especial force in connection with many of the large growths revealed by abdominal exploration, the risk of removal of which is generally altogether out of proportion to the benefit likely to be derived from the treatment, the mortality in such cases being high, whilst not a few really show no lethal tendency if the disease is left *in situ* after free exposure, and in some the disease finally disappears. Having regard to all the circumstances in cases of this type, it appears to me that in the vast majority the proceeding to the extirpation of masses of disease which entails, for example, the taking away of large portions of the great blood vessels or other vital parts, is rather an academical demonstration of the possibility of removing a growth, than a treatment for the benefit of the patient;

especially when it is remembered that, even with our present knowledge, it is practically impossible to say whether a growth is malignant or whether it is not, by any other test than its clinical behaviour. The three following cases which have occurred in my practice within the past two years are sufficient to emphasise this fact.

CASE 1.—A boy, 14 years of age, was found to have an apparently malignant growth of the right kidney and surrounding tissues. The vena cava was involved in the disease; many outlying nodules distinct from the main mass existed. One of these was removed, and proved after examination to present microscopically all the characters of typical sarcoma. No attempt at removal was made. The whole disease disappeared, and the boy is now in the navy.

CASE 2.—A young woman, aged 28 years, had abdominal section performed with the view to the removal of a mass on the left side of the abdomen below the umbilicus, which seemed to be connected with the uterus. Upon exposure a large, and so far as could be judged a typical mass of malignant growth was seen, involving the omentum and the uterus, lapping around the left iliac vein and artery, with which it seemed to be inseparably connected. Secondary nodules in large numbers were scattered in the omentum in the immediate neighbourhood. No attempt at removal was made. The whole disease has apparently disappeared, and the patient is in good health.

CASE 3.—An abdominal section was made with a view to the removal of a tumour apparently involving the cæcum in a man, aged 48 years. The mass, which involved the cæcum as was expected, had the appearance of malignant disease; it was fixed, and extended inwards by a flattened process to the middle line. In this the vena cava was imbedded. No evidence of obstruction had occurred, and as the active growth appeared to be in a direction away from the bowel, nothing further was done. It is now three months since the operation; the mass is smaller and is steadily decreasing, while the general health of the patient is continuously improving.

I have no doubt that in each of these cases the removal of the disease was mechanically possible; but it is hardly likely that all the patients would be alive now if the completion of ideal operations had been effected.

I mention these cases not because they indicate that completion of ideal operations should not under proper conditions be effected, but because they show clearly enough that even when operation is in progress the result of a case may depend upon much more than the dictates of mere craftsmanship. A more striking instance, perhaps, than any one of these was

the case of a nurse who became a patient in St. George's Hospital on account of hæmatemesis, in whose abdomen a large mass could be felt which proved, as was believed before laparotomy, to be connected with the stomach. It had upon exposure all the appearances of a large carcinomatous plate, involving two-thirds of the anterior and under surface of the organ towards the pyloric end, which was involved in the disease, and was also adherent to a mass of glands which lay beneath it. The case occurred at about the time when the complete removal of the stomach was under discussion, and I should, if the patient's condition had offered any hope of real success, have removed the greater part of the organ. As it was, nothing was done; the mass disappeared, and the patient resumed her work. I mention this case, as it provides an excuse for referring to a remarkable difference existing in the experience of surgeons in malignant, or what seems to be malignant disease of the pylorus and the parts continuous with it. It happens that my experience of the surgery of the stomach is large, but in all my dealings I have only met with three cases in which I have thought pylorotomy worth performing. The other cases have been either too advanced to justify the treatment, or of too doubtful a nature to lead me to think it proper. All these doubtful cases have been treated by gastro-enterostomy, with uniformly good results. In a very striking case, in which several of those present were convinced of the malignancy of the disease, and upon which I operated by gastro-enterostomy in 1887, the first case of the kind at St. George's Hospital, the man is alive now and following the occupation of a waiter. Seeing the large number of pylorotomies published by other surgeons in different parts of England, it is clear that either my practice differs altogether from theirs, or that the cases which come in their sphere of action are of a different kind from those with which I meet. However, this may be, I am content with the result of my own experience, which emphasizes the truth of a dictum for which I have a profound respect, and which could be illustrated by endless cases—namely, that when an equally good result is obtainable by two operations, one being distinctly less dangerous than the other, the best practice is to choose the milder method, although for the moment it may appear less brilliant in itself, and perhaps less obvious in its immediate result.

#### SOME EFFECTS OF FAMILIARITY WITH OPERATIONS UPON THEIR USE.

The effects of familiarity with operations in leading to their adoption in a manner which one cannot help feeling is not

always quite discriminating, are best seen in connection with the operative treatment of certain conditions which are dealt with radically, either from the point of view of pure expediency or for preventive purposes—conditions, in fact, in which operation cannot be regarded as actually necessary, and in which the proper application of the treatment must therefore depend entirely upon the judgment and experience of the surgeon concerned, the justification for an operation being principally its safety and a certainty, or at all events the strongest possible probability, of the desired result being assured. In many of such cases it cannot, I think, be denied that the operative treatment has with some of us degenerated—I use the word advisedly—into a mere question of routine. And it may be said without reservation that if a treatment becomes a routine method, the danger of suppression of individual judgment in connection with it becomes a reality. For the better understanding of this contention, although many other illustrations could be offered, it is convenient to consider only two conditions which must be more than familiar to all of us—that is to say, disease of the appendix, and varix. The removal of the appendix after the occurrence, or recurrence, of certain symptoms may, I presume, without exaggeration be described as a routine practice now with many surgeons. At the same time, it cannot be contended that the removal of the appendix is always called for, or that it invariably relieves the symptoms for which the operation has been performed. For the proper application of a treatment which may itself cause death (fatal results do sometimes follow the operation of removal of the appendix even in the quiescent stage), may not relieve the symptoms for which it has been carried out, and is sometimes followed by grave complications, such as, for example, extensive thrombosis, must clearly demand an amount of judgment in its application which is altogether incompatible with mere routine. Further, in relation to this matter generally, it seems to me that the habit of frequently operating in any given condition tends automatically to an inclination to over-estimate its gravity. It is, for example, by no means certain that the lethal tendency of recurrent appendicitis is as great as we have come to suppose. Many people live the ordinary span of life without operation who have been the subjects of frequently recurring attacks of appendicitis—a statement which receives considerable interest from the fact that it would be easy to indicate a number of persons in the medical profession who, whilst they are the subjects of recurrent appendicitis, show no great anxiety for operation.

I have said that the removal of the appendix does not

always immediately do away with the symptoms for which the operation had been performed. The defective result in these cases depends, it seems, upon the serious implication of the cæcum itself in the disease. It is not so uncommon as is generally supposed for recurrent attacks to have followed upon malaria, dysentery, or typhoid fever, the explanation probably being that in such cases the disease is liable to be cæcal in its origin. There have come under my notice cases in which the appendix has been removed for the ordinary symptoms of appendicitis so-called, in which attacks indistinguishable from what is commonly called appendicitis followed after the operation. It is true that after repeated subsequent attacks the symptoms gradually wore themselves out, but so they might have done in the absence of operation altogether. During the late South African war I had a considerable experience of operations in cases of appendicitis in men invalidated on that account, and of these, three cases in which symptoms arose after dysentery and malaria, showed no immediate improvement at all after the operation. In each of these cases the cæcum was at the time of operation seen to be the main seat of disease, the appendix in each, although it could hardly be called normal, was so slightly involved that no stretch of imagination could have saddled it with the cause of the symptoms, and my impression is that in the light of subsequent events these cases would have been as well without operation as with it. It would therefore seem that it might be worth the expenditure of some pains and some time in endeavouring to arrive at a diagnosis without operation between cases in which the cæcum is the original seat of disease, and those in which the appendix is primarily at fault, an observation having a practical bearing to which I shall refer for another purpose a little later.

Illustrations of a less debateable kind of the point I have just now in view may be afforded by cases which in themselves have no lethal tendency at all; such, for example, as uncomplicated varix of the lower limbs, which provides a large number of operations at the present time. I know of few conditions which require the exercise of more judgment in arriving at a proper decision as to the desirability of operation than these cases of varix do. The number in which operation is really beneficial is very small in comparison with the number of cases met with; moreover, the size of the veins bears no relation to the necessity for operation, inasmuch as in many of the cases in which the veins are largest operation is altogether unnecessary, and indeed often unjustifiable, mere abnormality having to be distinguished from disease. Setting aside, therefore, such patients as come up for

treatment to satisfy the requirements of the public services, the cases of this class in which operation is really indicated are few, save those in which objective trouble, such as pain or rapid increase in size, is present.

Now the operation for varix in subjects between the ages of 18 and 45 years may in sound subjects be regarded to be as safe as any operation can be, and need not therefore in itself be regarded seriously—a fact which I cannot help feeling leads to the performance of operations in a certain number of cases of this kind, which would not be so treated if the risk of the proceeding were sufficient to lead to a careful consideration of the bearings of the matter. That this is so I am compelled to conclude by the fact that cases come under observation in which operations upon varix of the lower limbs have been carried out for the relief of symptoms undoubtedly due to flat-foot, which were subsequently relieved by the ordinary treatment for that affection. And cases from time to time come under notice in which pains resulting from nervous disease have been apparently assumed to be due to extensive varix, which have consequently been operated upon with a view to the radical cure—an error of judgment which might have been avoided if the patellar reflex had been tested. Had the treatment here been of a more dangerous kind I have no doubt that a sufficiently thorough examination would have been made to prevent the performance of operations which were more than unnecessary. It would, if time allowed, be easy to give further illustrations of this kind.

#### THE SAFETY OF OPERATIONS IN RELATION TO THEIR PERFORMANCE IN CERTAIN CASES.

Going a point further, I think it clear that the mere safety of an operation tends to obscure the fact that its results may not be invariably advantageous to the patient, a view which could be supported by fertile examples which would show, in cases in which the condition before operation had given rise to no trouble and in which, in fact, the radical treatment had been carried out for purely expedient or preventive purposes, that the consequences following are sometimes regrettable. The percentage of cases in which unsatisfactory results follow is, of course, impossible to ascertain, but the fact that such results do ensue is clear, because I see in the course of my experience—which I suppose cannot be very different from that of other people—cases in which operations performed by various surgeons are followed by such results. Taking varix again, for example, cases occur in which thrombosis, permanent cold extremity, chronic œdema, and acute neuralgia follow operation in people who previously had suffered no

inconvenience at all. As a good example of this sort, the last case of the kind which has come under my notice is worthy of mention. The patient was a young girl of a highly sensitive temperament who, being distressed about some slight varix in both lower limbs, contrived to have operative treatment upon the veins, which had previously given no trouble at all, carried out. Thrombosis in both limbs followed the operations, and now, months after the treatment, she is only just able to resume her ordinary vocation, and it remains to be seen whether further trouble will arise. It would, I presume, be foolish to contend that the operation would have been performed if it had been thought that any risk to life attached to its performance. An interesting point arises here in connection with the difficulty which presents itself to an operator in determining sometimes whether an operation is finally successful or not, because it is quite certain that a large percentage of those patients whose operations prove in the end unsatisfactory do not return for advice to the surgeon who originally operated; and I have reason to know that instances happen in which the original operator has considered, and sometimes, indeed, in good faith has recorded, a case as successful which has been under the care of another surgeon subsequently either for further operation or in consequence of unfavourable results following upon the original treatment. It is only a short time since that I heard, quite by chance, that a patient upon whom I had operated, as I thought successfully, had been treated subsequently by another surgeon for the same condition, presumably because my operation had failed to effect the object desired. And I have lately seen a patient who has already been operated upon for the same lesion by two surgeons, each of whom is, I believe, under the belief that the operation performed by him has been successful. Indeed, in this respect there is little doubt that many of us live in something like a fool's paradise, a fact which in the study of statistics, is not to be regarded altogether with complaisance. It is, at all events, quite certain that the true value of a treatment cannot be estimated upon records of successful cases, and it is a welcome and healthy sign when a distinguished surgeon, as happened a short time since, thinks it right to publish a series of unsuccessful results following upon operations of which he has had a large experience. In connection with this question it is, I suppose, superfluous to insist that a successful operation should be held to mean one which achieves the end for which it is performed, whether that be the saving of life, the relief of pain, or any other object. The descriptions of successful operations followed by the death of the patient have been fully satirised by Dickens and

others before him, and the matter would not be worth mentioning here were it not that apparently serious mention is sometimes made of cases in which successful operations have been performed, without the saving of life or attaining some other end which was the real object of their performance. The use of the term "successful" in connection with operations in such circumstances seems to me to be a juggling with words which is not quite consistent with the traditions of our profession, and that it should be so used is I think further evidence of the way in which the overwhelming importance now attached to operations themselves tends to obscure the more vital points at issue and sometimes, it must be admitted, goes dangerously near to leaving in the background the great truth that in all matters of this kind the interests of the patient and not the mere attaining of a mechanical achievement should be the surgeon's first concern.

#### THE EXPLORATORY OPERATION.

The results of the free employment of the exploratory operation have, on the whole, been greatly to the advantage of the patient and of the surgeon alike, but, as is the case with many other things, an exploratory operation is not always perfect in its results, and, moreover, it cannot be regarded as altogether free from risk. It is sometimes said when discussing the propriety of making an exploratory operation, that at all events no harm can come of it if no particular advantage is gained. But is this always the case? I find that within a comparatively short time I have been brought in contact with no less than sixteen cases in which persistent troubles—arising, it has been said, after abdominal exploration—have been complained of. Ten of these came under observation on account of troubles connected apparently with the operation. In the others the fact of an exploration having been performed was only discovered accidentally in the course of conversation or in the course of examinations made in connection with matters apparently unassociated with it. In five of these cases large ventral herniæ existed; in three cases persistent pain of an acute kind had followed about the region of the wound; in two there were sinuses; four patients had never been the same since the operation; one had continual incontinence of urine; and one had an ankylosed hip which was stated to have followed upon fever which came on after the operation. Fatal cases are also not unheard of. I have already said in another connection that results like these in no respect negative the propriety of the exploratory operation as such, but only show that it cannot be regarded always as a trivial proceeding, and that



it should therefore be undertaken only when it is really necessary and not merely as a routine proceeding. Although the instances of defective results which I have mentioned are confined to the abdomen, it would be easy to afford other examples, notably in the case of the knee. In one respect, at all events, it is certain that the very free use of the exploratory operation does not make for the good of surgery. It cannot, I think, be denied that, speaking generally, the estimation in which the art of clinical diagnosis—by which I mean bedside diagnosis as distinguished from that of the operating theatre and the clinical laboratory—is held has declined since the free use of the exploratory operation. This must be patent to any acute observer of surgical affairs generally, and it must be especially clear to those who are concerned in examining candidates for the various degrees and diplomas, as they have exceptional facilities for judging of the trend of clinical teaching in the various medical schools. In former times, in consequence of the risk generally involved in any but the simplest of operations, and sometimes even in them, it was essential to strain every faculty of observation to endeavour to arrive at a diagnosis before resorting to operation. Now, on the contrary, when the exploratory operation, which can, as a rule, be carried out with comparative safety, is an immediate means of clearing up a difficult diagnosis, there is a disinclination to spend a great amount of time in arriving at a conclusion independently of operation which it is thought may be much more easily attained by exploration. In some respects, apart from any question of risk to life or other consequences, this condition of things is not advantageous, and especially is this the case from the educational point of view, for although, as I have said, the exploratory operation may often be a proper resource in the hands of those sufficiently experienced to appreciate its limitations, to the inexperienced and to the ordinary student its too common use is distinctly harmful, as it frequently leads to any careful attempt to make a non-operative diagnosis being regarded as a waste of time; and, moreover, it sadly depreciates in the minds of the same persons the inestimable value of the education of the eye and hand which is essential for the highly cultured practitioner, and which nothing affords so certain a means of obtaining as the delicate and gentle manipulations which should be inseparably connected with bedside diagnosis. Further, this effect of lowering the standard of bedside diagnosis tends too much, in my opinion, not only to exaggerate the importance of the purely operative aspect of surgery, but to reduce the surgeon to the position of the henchman of

the physician, into whose hands the more delicate non-operative diagnosis must, as a matter of course, fall. I am not one of those who think that the present incidence of surgery is to the extermination of the physician—in fact, I believe he will become more and more essential as time goes by. At the same time I am strongly of opinion that it is not the duty of the surgeon to operate at the request of a physician, unless he first assures himself that the conditions said to exist are actually present. To do so, it seems to me, is to lose sight of the respect which is due to surgery in the broadest sense. But it is clear that this ideal surgical position is only possible with those who have cultivated to the utmost the power of non-operative diagnosis. The surgeon is in this respect, in my opinion, a physician and something more. Be this as it may, I feel strongly that the performance of the exploratory operation as a mere routine treatment is to be regarded with apprehension, since it tends to the idea that the most careful attempts at arriving at a diagnosis without operation are unnecessary, and so conduces to minimizing the value of the cultivation of judgment in surgery—a deplorable thing, since judgment is the enemy of routine and routine is the bane of surgery. The exercise of the highest degree of astuteness in diagnosis is, indeed, often necessary before determining upon an exploratory operation. Operations, for example, on the abdomen, when the lesion has been in the thorax, are not unknown. It is only a short time since that I was called to a case with a view to operating for ruptured gut after a severe injury, in which it was only possible, upon the most careful examination, to determine without operation that the lesion was thoracic and not abdominal, a conclusion which not only negatived the propriety of operating, but probably saved the patient's life, as an abdominal exploration in the degree of collapse which was present must have almost certainly ended in death.

#### SOME EFFECTS OF OPERATIONS UPON HOSPITAL WORK ; METHODS OF OPERATING ; AND THE ATTITUDE OF THE PUBLIC.

The effect of the tendency to regard operations as the main end of surgery has led to a complete change in the course of the last twenty years or thereabouts in the class of cases admitted into the surgical wards of the large hospitals of London, so much so that I believe that I am right in saying that, with the exception of accidents, the admission of patients in the ordinary way whose diseases do not offer a prospect of cure by operation is comparatively uncommon. All possible credit having been allowed to the extensive applicability of the operative treatment, I think that the

exclusion of cases unsuitable for operation inflicts a hardship upon many patients, and is bad for medical education generally. It would be interesting to know what becomes now of cases which were formerly admitted as a matter of course into the general hospitals, such as early tuberculous disease of joints, diseases of the spine, and many other conditions in which operation is not likely to be called for. It is at all events quite certain that there is no very great opportunity for the study in the surgical wards of the majority of our hospitals of cases which are outside the sphere of probable operation; and I am strongly of opinion that in every hospital a definite number of beds should be set aside for the exclusive benefit of patients suffering from conditions which, whilst curable, are not necessarily so by operation only.

An interesting matter in connection with the details of operations themselves is the ignorance of the majority of us as to the methods used by other surgeons. This is the result of our seeing little or nothing of each other's work. That this should be so cannot be otherwise than unfortunate, although it is difficult to see the remedy in these times of rush and overwork. I am, however, sure that if we could each of us devote a certain time to watching the way in which operations are conducted by others educated in a different school, we should all obtain a wider grasp of methods generally, greatly to the gain of surgery and to our own advantage. As it is, each man learns by experience the method by which he can himself most surely achieve in any given case the desired end; the methods of each surgeon, in fact, gradually become stereotyped, which in some instances, unless I am deceived in my impression, leads to some intolerance with regard to the practice of others, since there is an inclination sometimes on the part of a surgeon to regard operations performed by any method other than his own as inefficient or unsuitable, failing to realize, by reason of his insulation, that what he can effect by one plan another operator can do as well, or perhaps better, by some other method. The greatest evil, however, of this condition of things is the fostering of routine operations in consequence of the assumption by some people, because they have no means of checking the view, that for a given condition only one operation is really effective, that being, of course, the one they are in the habit of using themselves; a position which rarely, if ever, bears the test of actual work. In suturing the abdominal wall, for example, there are three main methods, each of which is used exclusively by different surgeons because they have come to think that only one is a perfect plan; yet there have come recently under my notice examples of large ventral

herniæ following the use of each of these methods, two examples being in the same patient. Many other instances could, if it were necessary, be quoted.

It is, I believe, safe to say that one of the most remarkable of psychological problems at the present time is the attitude of the public generally towards surgical operations, a problem offering difficulties in its solution second only to those presented by the mystery of radium; for whilst in the majority of instances the dread felt in connection with the truly necessary operation is so great that it is, I believe, a factor to be reckoned with in deciding upon operations of this kind unless a successful result is practically certain, in cases of expediency and unnecessary operations it is often, unless my experience differs from that of other surgeons, extremely difficult to make people believe that operation is not altogether desirable. It is, in fact, sometimes not a question of advising an operation, but of declining to accede to a request for its performance. The reason for such a curious state of affairs is difficult to explain. Whatever the explanation may be, there is no doubt that a heavy responsibility falls upon the surgeon in the matter, which is considerably increased by the fact that it indicates such absolute confidence in the integrity of the medical profession. The truth, I suppose, is that the public have an altogether exalted idea of what can really be effected by operation, and have only the vaguest idea of what an operation really means. In respect to this attitude it cannot be too fully understood that no amount of anxiety on the part of the person to undergo an operation can absolve the surgeon of one atom of his responsibility in regard to its result—a point which, I fancy, is not always quite sufficiently considered.

#### A FORECAST AND CONCLUSION.

Nothing that I have already said must be held to mean that I under-estimate the value of operations as such, for no one has a higher appreciation of the immense benefit which is derivable from them, and no one can be more ready, or, indeed, more anxious, to employ them in proper circumstances: but I admit that a feeling of apprehension arises in my mind when I regard the inclination which undoubtedly exists at present to consider the operative treatment as the alpha and omega of surgery, an attitude which must not only, as has already been said, end in the reduction of the surgeon to the grade of a mere mechanic, from which he is as far removed as a highly sentient human machine can be from an automaton, but distinctly, in my judgment, stands in the way of progress to better things. It behoves us, and it

behoves us well, to bear in mind a fact to which allusion is less frequently made now than formerly—that operations, however perfect in themselves and in their results, are, excepting those rendered necessary by injury and in some cases of deformity and senile change, in truth a reproach to us as a profession, inasmuch as they afford clear evidence of our failure, even at the present time, to obviate the occurrence of the disease, and the conditions which render operation necessary. By allowing the influence of the operative treatment to be too great, it seems to me that there is more and more danger of the great importance of preventive measures against disease being lost sight of. In fact, the conception and carrying out of a great operation are liable to conceal the importance of the initial defect which leads to the necessity for its performance. May I give a gross and commonplace example to illustrate clearly what I mean? Cancer of the tongue, setting aside any question as to what may be the factor in the origin of cancer itself, is undoubtedly set alight by one or more of the many irritations, most of them preventible, to which the organ is constantly exposed. But how much time and trouble are taken in preventing these local causes? In other words, how much thought is given to the preventive hygiene of the mouth compared with that which is expended upon the conception of elaborate operative measures for the removal of already existing cancer, and upon a consideration of their effective application? The answer will be found to the question by a reference to the ordinary educational works on surgery. Cancer, tubercle, and the results of venereal disease, of which cancer is of course sometimes one, provide a very large proportion of cases requiring operations. The prevention of tubercle or its treatment in the early stages will before long, there is reason to believe, eliminate the necessity for its treatment by operation, and although we at present grope in the dark with regard to cancer, the discovery of the secret of its origin, which is only a matter of time and may come at any moment, perhaps from a least expected quarter, will assuredly lead to its treatment by other means than operation. With increasing sense in the community at large it is to be hoped that an antidote may be found to the sickly sentimentality which stands in the way of the practical extirpation of venereal disease. Apart from these considerations, the means for the treatment of disease which tend to reduce the scope of mere operative measures are increasing. Of these the most potent is afforded by certain of the higher physical forces, which are slowly but surely encroaching upon the domain which has hitherto been subject solely to the rule

of the surgeon. A comprehensive view of the matter generally as it stands justifies, I believe, a forecast that ere many decades have passed away, the operating surgeon as we know him will be a far less imposing figure in the medical landscape than he now is, and that operations, excepting in the restricted degree which I have mentioned, may be looked upon with as little favour as suppuration is regarded by us now. In the meantime, taking things as they are, it is well that we should beware lest a single predominant factor should be allowed to lead to our regarding through a small tube only, a subject the horizon of which is absolutely unlimited. It has been said that the basis of surgery is handicraft, and this, in a sense, is true; but surely it is a truth only half told, for apart from the issues to which I have referred there is lying behind a far greater thing, the knowledge of when to apply that craftsmanship, of which everyone who now aspires to the practice of surgery should make himself a master. Nothing that has happened in the improvements connected with the practice of our art justifies, so far as I know, the modification by one iota of the edict of the great surgeon who, before advancing science had robbed operations of most of their horror, said, "The all-important thing is not the skill with which you use the knife, but the judgment with which you discern whether its employment is necessary or not." In other words, those who attach too much importance to mere mechanical dexterity, not only fail to reach the high-water mark of greatness, but entirely lose sight of the grand possibilities of their calling.

Gentlemen, I have done. Rousseau once said that people are happy in proportion, first to their virtue and then to their independence. Being but poorly endowed with the former, such happiness as I have enjoyed has been mainly due to the latter. If, therefore, the spirit of independence has led me to express views to-night with which the feelings of any of those present are not in tune, I must crave indulgence upon the ground that my intentions have at least been good.—*Lancet*, May 23, 1903.

### INTOXICATED WITH CORDITE.

EATING small quantities of cordite has been discovered to produce a similar effect to the taking of a powerful narcotic. Each army cartridge contains sixty cylindrical strands of cordite, and when Major Jennings, D.S.O., learned that the men while in South Africa were eating these (says the *British Medical Journal*) he experimented on himself by sucking a

strand. He found that it tasted sweet, pleasant, and pungent, but it resulted in giving him the most racking, splitting headache he ever had in his life, and it lasted for thirty-six hours. Dissolved in tea, cordite produces an almost immediately exhilarating effect "inciting to almost demoniacal actions." This condition is followed by heavy sleep and stupor, lasting five to twelve hours, according to the quantity taken.—*Birmingham Daily Post*, Saturday, Oct. 10, 1903.

### AN AQUEOUS PLACEBO.

A FAMOUS French physician of the second empire is said to have given the following prescription to a hypochondriac patient who worried him :—

Aqua fontis	...	...	...	100	GM.
Illa repetita	...	...	...	40	GM.
Eadem stillata	...	...	...	12	GM.
Hydrogeni protoxyd	...	...	...	9.82	GM.
Nil aliud	...	...	...	1.25	GM.

One drop thrice daily.

This elixir, it is said, cured a large number of neurotics about the court and in Parisian society. But it got the doctor into trouble at last through the indiscretion of a pharmacist. A grande dame de par le monde, as Brantome would have called her, who had taken it for years with blind faith and unflinching success, and recommended it to her friends as a certain remedy for most human ailments, in an evil hour allowed herself to give way to the curiosity which proved the ruin of Eve. Consumed with eagerness to know the secret of the composition of the wonderful panacea, she submitted the document containing the mysterious formula to all the initiated whom she came across. At last she found one who revealed the fatal secret. What explanation the physician attempted is not recorded, but there can be little doubt that the outraged lady explained her attitude in language more picturesque than polite.—*Medical Times*, New York, July.

## NOTICES TO CORRESPONDENTS.

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## BOOKS RECEIVED.

*Diseases of the Urinary Organs.* By Clifford Mitchell, M.D., Chicago. Philadelphia: Boericke & Tafel, 1903. *First Aid in Accidents.* By R. J. Collie, M.D., and C. F. Wightman, F.R.C.S. George Gill & Sons, Ltd., London. *The Homœopathic World*, October. *The Journal of the British Homœopathic Society*, October. *The Vaccination Inquirer*, October. *The Annual Report of the Manchester Homœopathic Dispensary*, 1903. *The Calcutta Journal of Medicine*, July. *The North American Journal of Homœopathy*, October. *The Homœopathic Envoy*, October. *The Cleveland Medical and Surgical Reporter*, September. *The Homœopathic Recorder*, September. *The Medical Times*, October. *The Clinique*, September. *The Hahnemannian Monthly*, October. *The Medical Advance*, September. *The Pacific Coast Journal of Homœopathy*, September. *The Medical Brief*, October. *Le Mois Médico-Chirurgical*, October. *Allgemeine Homœopathische Zeitung*, September 24th, and October 8th. *Homœopathische Maandblad*, September and October.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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PHASES OF MIND.

A GREAT authority has said that the study of mankind is man. We find that the diversity of minds is endless and almost fathomless. Every one knows that there are differences of opinion on every subject on which there can be two opinions, and such a fact is taken for granted. But there are some phases of mind which it is extremely difficult to comprehend, and such phases one meets with in medicine perhaps oftener than in other realms of thought. These remarks occur to us after having been favoured by a perusal of an interesting correspondence between a well-known physician of the old school and our colleague DR. MADDEN. We much regret that we are not permitted to publish this correspondence, as DR. MADDEN'S correspondent objects to this course, and of course DR. MADDEN'S replies would lose their pith if published without the letters to which they are replies. But we do not break confidence if we allude to certain points in the old-school physician's letters as evincing a phase of mind that one has difficulty in understanding, and make a few comments on them. The *raison d'être* of the correspondence was that a copy of a reprint of DR. MADDEN'S Congress Paper had been sent by some one—not by himself—to this physician, and this elicited a long and courteous letter, to which DR. MADDEN sent an excellent reply. In answer

to this, the physician in question again wrote a friendly and courteous letter, to which DR. MADDEN again replied. It is pleasant to note this courtesy on the part of the old-school physician—a thing by no means the rule—towards an exponent of homœopathy. However much one may differ from another on professional topics, the amenities of life should not, on that account, be ignored by either side, as we regret to say is too often the case.

In his first letter, he says, in acknowledging the pamphlet, "I have read it, and have no comment to make—it reads well, and may be all correct. But I now wish to say that however correct and valuable, it would in no wise influence me in my aspect towards homœopathy. All my life I have been one of its strongest opponents." This is, truly remarkable, and suggests a condition of fossilization which is not easily accounted for, unless we may suppose that advancing age makes it difficult or impossible to act on new ideas. Had he said that DR. MADDEN'S statements in his pamphlet were all wrong, and would not bear examination, one could have understood such a position. But to say that "it may be all correct," and then to add that "however correct and valuable," it made no difference to him in his "aspect towards homœopathy," shows a remarkable phase of mind truly, and one hardly knows what to say of it. He then goes on to give his views of what the medical art should be. "It (homœopathy) will however still go on, as it supports a common and very old view of the medical art." And will our readers guess what is this "common and old view of the medical art"? It is actually that the aim of medicine is to cure disease and relieve suffering! or, as he puts it a little further on, that "the foundation of medicine is the cure of disease," or again, in his second letter, "The assertion that the whole of medicine is contained in the object of relieving suffering, and the method of obtaining this knowledge is the only thing required—cure is both the beginning and the end—that is a distinct position which must be fought out. At the present the majority of the learned world holds the contrary." We, in our simplicity, had always thought that cure of disease and relief of suffering was the object of medicine, and the *raison d'être* of the very existence of the medical profession. But we are both amused and amazed to be told that "the majority of the learned world holds the

contrary." We had always thought that the whole curriculum of study in anatomy, physiology, pathology, etc., was preparatory to being able to understand disease with the view of curing it.

DR. MADDEN'S correspondent goes on to say "The orthodox schools of medicine, however, believe that this is beginning at the wrong end. The student should learn the structure and uses of the human body, anatomy and physiology, and then its diseases and pathology. Having done this, his object will be in practice to endeavour to put people straight who have deviated from the line of health." Precisely so. We were under the impression that every student, before getting his qualification to practise, had to learn all this necessary work before endeavouring to "put people straight," in fact, in order to teach him how to do it. This then is the end, and all the rest is the means. Where does the beginning at the wrong end come in?

He further says, "I have always taught that in every case try and find out the cause of the disease, and attack that—leave the symptoms alone." Yes, certainly "try and find out" the cause of the disease, and if it can be found "attack" it, and remove it. This is only common-sense, and everyone would do that as a matter of course. We may "try" to find it out, but if after our trying we find that the cause of the disease has long ceased to exist and that only the effects, as shown by the symptoms—objective and subjective—remain, the only alternative is to treat the diseased state, which is manifested solely by the disease-symptoms, and which in fact enable us to diagnose the disease. If we can remove or cure the abnormal symptoms, we have cured the disease. For it must be obvious to anyone that if the patient ceases to have any abnormal symptoms, he is cured, he is well. The question then comes to be, what is the best means to adopt in order to remove these disease-symptoms? and it is here that homœopathy comes out so triumphantly by means of its employment of HAHNEMANN'S Law of Similars. And on this vital question he adds, "Of course the belief that cure is the only thing wanted will last, is probably true, and will go on for ever. But it proves the fallacy of the statement often made that homœopathy has discovered the law of cure." What an extraordinary *non sequitur*! What has this belief to do with the question

of the truth or the error of homœopathy? Simply nothing. The belief will certainly last for ever, but it has no bearing on the truth or error of *any* system of medicine. He continues "A natural law is fixed and cannot be gainsaid. No law in chemistry or physics can be passed by from prejudice. It will assert itself. It could not be ignored for a century by the orthodox schools, as the homœopathic law has, and why should it?" This is begging the question with a vengeance. It *has* been so ignored by the "orthodox schools," but this is no proof of its falseness, and the question he asks, "Why should it?" is a very pertinent one, and a very interesting one. There are many reasons why the "orthodox schools" should ignore it, which would take too long to go into in this article. Those reasons we may go into in a future article, but we meantime give one reason which is the chief one, and which can be stated in a very short way, namely, that they refuse to look at it. They shut their eyes to it, refuse to look at the light, and then assert that the light is not there! They take the position of the wisecracks, who, when told what Galileo saw through his telescope, thought he was labouring under such a complete delusion, that they refused even to look through it!

DR. MADDEN'S correspondent concludes his last letter thus, "We are in two schools of thought, and I am sure we shall never affect one another." This is very evident, and on his part it is another way of saying what he began with, namely, that "however correct and valuable" DR. MADDEN'S statements in his pamphlet were, it would "in no wise influence me in my aspect towards homœopathy." It is a remarkable phase of mind, and, as we have said, difficult to understand. But it is, all the same, a hopeless one to attempt to alter. His second letter, in reply to DR. MADDEN'S, is also a singular illustration of what he in his first letter calls "beginning at the wrong end." He here takes up the "sectarian" objection to homœopathy, and says that he has "always joined in the objection of my college on other grounds, which might be called professional, belonging to etiquette or even morals." In other words, that from a pseudo-exalted "ethical" position, the old-school can have nothing to say to homœopathy or homœopaths so long as they maintain a "sectarian" position, and allow themselves to be called homœopaths, and their mode of treatment homœopathy.

He says " Let the homœopaths drop this distinctive name and come back to the fold, and we would discuss therapeutic principles with them."

In answer to the charge of sectarianism, though we have over and over again denied the charge, and pointed out that it is the old-school who, by their action towards homœopaths, are the real sectarians, we subjoin DR. MADDEN'S excellent rejoinder :—

" Your objection to the Homœopathic School on ethical grounds is one to reply to which, at all fully, would require quite a long historical retrospect, to which I could not think of asking you to submit yourself. But I may perhaps be allowed to call to your mind that the opposition to Homœopathy at first, in this country, and for a long time after that, was entirely on the assumption that its practice was either an absolute delusion or a conscious fraud, and it was not until *on these grounds*, its first adherents in this country had been ostracised from all professional fellowship, that they bound themselves together into Societies and so forth, to which the name of Homœopathy was attached. If you will look up the old records of the B.M. Assoc. you will find that in 1851 they passed a resolution (never yet rescinded) expelling and refusing membership to all who *practised* homœopathy in whole, or in part, or who met those who did so in consultation. And it was not, to the best of my belief, till the early part of 1875, in connection with a controversy as to the admittance of homœopaths into the Birmingham Medical Institute, (a controversy in which I took a small part myself, and which ended in our being admitted), that the *Lancet* and others, following the lead of the late Mr. Oliver Pemberton, took up the position that the chief objection to our admission to professional fellowship lay in our having adopted a sectarian position and accepted a distinguishing name. This position, and the special name that went with it, having really been forced upon us as an act of self-defence, over fifty years ago, I beg you to believe that we do not use this as a means of advertising in any way ; for though it does *very rarely* happen that the word " homœopathic " is put on a brass door-plate, such a proceeding is almost universally condemned among us, and is directly contrary to the laws of the British Homœopathic Society, to which nearly all of us in this country belong."

But even granting for the sake of argument that the

old school are correct in saying that we adopted a sectarian attitude, is it not "beginning at the wrong end" to say to us, "Come back to the fold, and cease to call a spade a spade, and we then will discuss your principles"? When a minority believe that they have in their possession the greatest therapeutic law ever discovered, when they stake their professional reputation and their practice on it, when they use all means in their power to spread what they are convinced is the truth, when they resolve to call a spade a spade in spite of professional obloquy and ostracism, when they refuse all temptations to "come back to the fold" or any terms less than the minimum ones of *open* admission of the truth of their principles, and of their right to practice openly in accordance with them, is it a dignified position, to put the mildest term on it, for the old school to assume, not merely in regard to the minority, but still more in regard to truth for truth's sake, and refuse to examine this burning question in therapeutics until, forsooth, the minority agree to lay down their arms and surrender. This is "beginning at the wrong end" with a vengeance. Would it not occur, even to the "man in the street," to say that the first thing to do in the interests of truth is to discuss the principles of the law of similars, in an open, unbiassed, unprejudiced frame of mind, hearing both sides of the question from the exponents of various views, directly from themselves, and not second-hand from those who show entire ignorance of the whole subject. And secondly, to ascertain whether practice based on the Law of Similars is successful or not.

If this were done, the question of sectarianism would vanish. If the law of similars were proved to be false, then it would become a matter of indifference whether the attitude of its adherents were sectarian or not; while if it proved to be true, the question of "coming back to the fold" would solve itself automatically.

For the old school to say "Your principles are so utterly wrong, and your treatment so delusive, that we do not wish you to come back to the fold, and decline under any circumstances to discuss your views," would be perhaps understandable. But to make an investigation of doctrines which have stood the test of a century, conditional on the preliminary surrender of those who believe them to be the truth, is a position which is utterly incompatible with one's ideas of a liberal profession, and of any love of the

truth for the truth's sake, to say nothing of its bearing on the responsibility entrusted to the medical profession to do the best for their patients, whether this involves a sacrifice of prejudices or pre-conceived ideas or not.

But as we began, we end by saying that, in our view, the phase of mind of DR. MADDEN's well-known and highly esteemed correspondent is a truly remarkable one, difficult to understand, and is, in fact, a psychological study of the twentieth century.

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The above was written to appear in our last issue, but was unavoidably deferred till now. Since it was in type we have been shown another phase of mind, and curiously enough it again occurs in DR. MADDEN's experience. A patient of his, an invalid of long standing, who had been more than once seen in consultation with colleagues, was not making progress, and at his request DR. MADDEN wrote to a well-known consultant of the old school about his patient. The treatment advised by the consultant having done no good, DR. MADDEN proposed, as more satisfactory, that they should meet personally and talk over the patient's case. But in order that this consultant should not think he was taken unfair advantage of, if he was unaware that DR. MADDEN was a homœopath, he told him in his letter that he was a homœopathic physician. To this letter DR. MADDEN received the following reply:—

*Oct. 22nd.*

“DEAR SIR,—Your letter puts me in some difficulty, because I think that the rule of the Coll. Phys. is right which condemns consultations with those who hoist the flag of any exclusive principle of practice. I do not mind belief in the principles of homœopathy, but I think that there is one thing worse than making it an exclusive rule of practice, and that is to make it an exclusive rule to reject everything that is homœopathic. It is the banner that is the objectionable thing.

“But having seen the patient before, I do not consider that it would be right not to see him again and communicate to you, whether personally or by letter does not matter, what I think of him, and what seems to me the best treatment.

Truly yours, \_\_\_\_\_..

To this letter DR. MADDEN replied that this would not meet his wishes, and declined the offer of the consultant. He said: "I do not quite understand the kind of consultation you offer me, but I do not think that in the interests of my patient I ought to accept anything short of a full consultation (if you mean anything less), in which we see the patient and examine him together, and then talk it over freely and fully." He also told the consultant that homœopaths had no "exclusive rule of practice," and were free to adopt *any means* of treatment their conscience and experience approved of.

This elicited the following letter, in which it will be seen that DR. MADDEN'S reply to the "exclusive rule of practice" is quietly ignored:—

Oct. 24th.

"DEAR SIR,—You must do just what you think best for the patient, and, I doubt not, will do so. I thought my offer was very courteous, since I do not conceive that there would be an appreciable (or inappreciable) difference from an ordinary consultation.

Truly yours, \_\_\_\_\_."

Here we have again a curious phase of mind, and one that is again difficult to comprehend. This consultant says that he does "not mind belief in the principles of homœopathy," showing pretty clearly that he believes in them himself, as otherwise he certainly would have indicated that in his view they were utterly erroneous, and so a just cause for refusing a consultation; and that this interpretation of his beliefs is the correct one is evident from his adding the remarkable statement, "that there is one thing worse than making it an exclusive rule of practice, and that is to make it an exclusive rule to reject everything that is homœopathic." Who that did not know that homœopathy, its principles and practice, was true, would thus speak? If he took pains to learn more of the views of homœopaths he would know that when a doctor says openly that he is homœopathic, and that he practises in accordance with the law of similars, it simply indicates his resolve to stand up for freedom of opinion; and that though from his practical knowledge of the therapeutical results of treating patients in accordance with the law of similars he does not require to go beyond this law, unless it may be to palliate incurable cases (when



only palliation is possible), he holds himself bound in no way to refrain from making use of any other method of treatment which may be likely to benefit his patient. The "exclusive rule of practice" is therefore quite incorrect as a description of the practice of a homœopath. It comes, however, to be *practically* exclusive, for the simple reason that when a doctor knows what is the most scientific treatment, and the one which he finds is followed by the best results, he has no temptation to give his patients what he knows is second-best in treatment.

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Here then is a phase of mind which is to say the least peculiar. That a man should have evident belief in the homœopathic principle, and deprecates therefore being obliged "to reject everything that is homœopathic," and yet should allow himself to smother his convictions and desires in practice, is truly remarkable. And why? Because the College of Physicians, in its tyrannical ignorance of homœopathy, having had to give up the old cry of knavery and foolery, takes refuge in the mere red-herring policy of the "sectarian position" ascribed to homœopaths, and so gets again out of the difficulty of consulting with homœopaths. It forms a trades-union rule to boycott those who believe as this consultant evidently does, and who have the courage of their convictions in practising openly and straightforwardly what they know is true, and likewise successful—the practice which this consultant protests against being prevented adopting. It is truly a very unique phase of mind.

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He tells us that "the banner is the objectionable thing." This is only another variation of our being told that we "adopt a sectarian position," as the common phrase goes, whereas by excluding us from professional fellowship, from societies, from contributions to the ordinary medical journals, it is the old school that takes up the sectarian position, and not we. But if displaying a "banner" means that we decline to smother our convictions, that we are neither ashamed nor afraid openly to fight for the truth, whatever the trades-union may say, and that being the custodians of the greatest reform in medicine, we mean to fight for it till it comes to be the dominant practice, or, at the least, till the old school openly admits

that the law of similars is true, and that practice in accordance with it shall no longer be a disqualification from full professional association with "our friends the enemy," we mean to stick to our banner and keep it aloft. Others such as this consultant may do as they please. It rests with their own conscience, but we will have none of such tactics.

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But another curious phase of mind is shown in these letters. This consultant proposes to DR. MADDEN not to consult on the case, or even to talk over it, but to "communicate to you, whether personally or by letter does not matter, what I think of him, and what seems to me the best treatment." In other words, he is to lay down the law, and to tell DR. MADDEN personally or write to him what he thinks proper to be said. It is to be all on one side, and DR. MADDEN is relegated to the position of a passive listener to the great man. And yet in his second letter he says, "I do not conceive that there would be an appreciable (or inappreciable) difference from an ordinary consultation." His mind either must be in rather a confused condition, or he does not mean what he says. For it is palpable to anyone that such a communication as he proposes and a consultation are very appreciably different. A consultation is a meeting between two physicians where the case is discussed in all its bearings by both, while the other proposal is nothing of the kind, but the very reverse. If he really meant what he said, why did he not agree to a consultation? As the confusion of mind is not a very complimentary suggestion, we are reduced to the second alternative, that he intended his "courteous offer" as a courteous snub, and that he was fully aware of the "appreciable difference" between the two courses. DR. MADDEN is to be congratulated on having declined to take such a "back seat." But the phase of mind evinced by this high-toned consultant is, so to speak, peculiar, and one that it is unnecessary to characterize further.

It would almost seem as if educated gentlemen who enter the medical profession, and belong to the old school, who are otherwise shrewd, clever, and honourable, succumb to a mental, or what approaches to a moral twist, when anything connected with homœopathy is to

be discussed or acted upon in broad daylight. Or, if this is an unfounded hypothesis, they are satisfied to put an extinguisher on their real feelings, and shelter themselves under what is nothing more or less than analogous to a trades-union rule. But it is melancholy from either point of view.

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It may interest our readers to know that DR. MADDEN had no difficulty in getting an equally eminent specialist to meet him in a full consultation, which was most friendly and satisfactory.

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### THE MEDICAL PRESS AND CIRCULAR AND HOMŒOPATHY.

It is not often we have the pleasure of bringing to the notice of our readers an editorial tit-bit such as the following, from the *Medical Press and Circular* of Sept. 9th, headed "A Homœopathic View of Serum Therapy."

"The current number of the *Homœopathic Review* contains an article on serum therapeutics in their relation to the law of similars, the ostensible object of which is to prove that this method of treatment is in reality a further application of the homœopathic principle. The arguments advanced are striking examples of special, we might say of specious, pleading. In one of the tables a parallelism is sought to be established between the action of arsenic in regard to eczema and that of antitoxin in diphtheria. The author starts with the assumption that in toxic doses arsenic produces eczema, an assumption which finds no support in any text-book of toxicology or diseases of the skin, the eruption thus induced being usually of the dry, desquamative kind. A further assumption is that when administered therapeutically in minute doses arsenic causes the production of an antitoxin which cures eczema, another scientific heresy, since arsenic is universally recognized to be useless in eruptions of the eczematous class. To compare this faulty sequence with the action of diphtheria virus in producing antitoxin, and the action of the latter in antagonizing or curing diphtheria, is to challenge an imputation of ignorance or downright bad

faith. Moreover, we have never before seen it advanced that the utilisation of the products of morbid action for purposes of immunisation or cure was in accordance with homœopathic principles, for it is absolutely and essentially distinct from the view that remedies which in large doses induce certain symptoms are curative of those very symptoms when given in much smaller doses. We regard the article, indeed, as an attempt to obtain credit under false pretences."

Of course the writer does not mention the name of DR. JOHNSTONE, whose paper on "Immunity and Serum Therapeutics in their relation to the Law of Similars," read at the British Homœopathic Congress at Oxford, is the paper referred to. The editor of the *Medical Press and Circular* begins by saying that the "ostensible object" of the paper was to prove, etc., etc. We have always understood that when an ostensible object is spoken of it implies that that is not the real object, but that there is some other behind it. As DR. JOHNSTONE'S whole object was to prove the relation of serum therapy to homœopathy, we are at a loss to understand why the phrase "ostensible" should be used, though its use is in keeping with the whole tone of the article.

But when we come to the statement, "the author starts with the assumption that in toxic doses arsenic produces eczema, an assumption which finds no support in any text-book of toxicology or diseases of the skin, the eruption thus induced being usually of the dry, desquamative kind," we stand amazed. It is simply waste of time to controvert such a statement. It is the first time we have heard the fact that arsenic produces an eruption closely resembling that of eczema called an assumption. If one only reads the recent literature on arsenic in the old school journals since the arsenical beer-poisoning epidemic in and around Manchester, that would be sufficient evidence in itself. The well-known fact is that arsenic produces nearly every variety of skin eruption, including the papular, vesicular, and pustular forms which characterize eczema. We hope the readers of the *Medical Press and Circular* are satisfied with the "assumptions" of their editor. The next paragraph, "a further assumption is that when administered therapeutically in minute doses arsenic causes the production of an antitoxin which cures eczema, another scientific

heresy, *since arsenic is universally recognized to be useless in eruptions of the eczematous class*," is truly remarkable. The statement in the last clause (the italics are ours) coming from an editorial pen is unique. If this is the result of the editor's reading, we have nothing more to say, and we again hope the subscribers to his journal will be satisfied with such a sweeping pronouncement.

But the editor of the *Medical Press and Circular* calls it a "further assumption" on DR. JOHNSTONE'S part when he argues "that when administered therapeutically in minute doses arsenic causes the production of an antitoxin which cures eczema." Surely the editor might adopt fair-play methods of arguing. Anyone who reads DR. JOHNSTONE'S paper will see that there is no "assumption" in the matter. He advances a hypothesis or theory to explain certain facts—a suggestion of how a certain drug in its therapeutic sphere may act—a very different thing from making an assumption. If everyone who suggests a theory to explain facts is to be told that he is making assumption, scientific discussion comes to an end.

But if the distinguished editor of the *Medical Press and Circular* had taken the trouble, after reading DR. JOHNSTONE'S paper, to read also the short discussion on it, he would not have written as he has done. DR. HERVEY BODMAN, in this discussion, said (*M.H.R.*, Sept., pp. 548 and 549): "I only rise to endeavour to supply in a few words that which DR. BURFORD has been asking for. His contention, if I understand him rightly, is that DR. JOHNSTONE'S line of argument rests on the assumption that when a poisonous drug is introduced into the body of an animal an antidotal substance is produced in the blood of the animal which tends to neutralise the poison, and he asks that some proof of this hypothesis should be forthcoming. What I desire to call attention to is the fact that experimental proof of this hypothesis has already been obtained. I cannot give the exact reference, but an account of these experiments was given by the late PROFESSOR LEECH in a Presidential address delivered in opening the Section of Medicine at a meeting of the British Medical Association four or five years ago.\* He

\* *British Medical Journal*, September 18th, 1897.

quoted some experiments made by EHRlich, in which he rendered animals immune to two poisonous active principles—toxalbumins—of vegetable origin, namely, ricin and abrin. This was done in the same way as with toxins produced by bacteria, that is, by injecting them in gradually increasing doses until toleration was acquired of many times the ordinary lethal dose. The blood serum of the animals thus treated was then injected into other animals, which were subsequently given a lethal dose of the poison which was being experimented with; and it was found that they had been rendered immune to the action of the poison by the injection of the serum from the immunized animals. This serum must therefore have contained a substance antidotal to the poison which had been given to the animals. Consequently the suggestion that the giving of a poisonous drug leads to the formation in the blood of an antidotal substance is not a mere hypothesis, but has been verified by actual experiments. This fact therefore strongly confirms DR. JOHNSTONE'S line of argument. (Applause.)”

So much for the “assumption,” as the editor of the *Medical Press and Circular* calls DR. JOHNSTONE'S theory, and for the evidence in favour of it produced by DR. HERVEY BODMAN'S facts, on the authority of EHRlich, an authority whom even the editor of the *Medical Press and Circular* would hardly dare to dispute. And yet he actually says that in bringing forward this theory, corroborated by EHRlich'S experiments as quoted by DR. BODMAN, DR. JOHNSTONE “challenges an imputation of ignorance or downright bad faith.” This is returning with a vengeance to the old days when homœopaths were spoken of as knaves or fools, or both, and which days we fondly thought were past, never to be revived. It is really beneath notice, and we leave it to our readers to judge for themselves where the “ignorance or downright bad faith” lies.

We would advise the editor of the *Medical Press and Circular* for his own satisfaction and delight to read the address by PROFESSOR LEECH referred to by DR. BODMAN. He will there find expressed the germ of the same theory that DR. JOHNSTONE has elaborated, and which the editor of the *Medical Press and Circular* speaks of so sneeringly, coupled with the insinuation of “ignorance and downright bad faith.” We hope the perusal of it will be found “grateful and comforting” by him.

The editor of the *Medical Press and Circular* next informs his readers that "we have never before seen it advanced that the utilisation of the products of morbid action for purposes of immunisation or cure was in accordance with homœopathic principles." Very likely not, but what of that? Is the expression of an opinion on a scientific subject, or the advancement of a theory to explain facts, to be snuffed out simply because the distinguished editor of the *Medical Press and Circular* has never seen it advanced before? Such an assumption of arrogance we have seldom before met with. We presume that even this editor, in his calmer moments, must see that any theory or opinion must be advanced for the first time some time or other. And if he had any knowledge of homœopathic serial literature in Great Britain or in America, he would know that this very question has been discussed frequently during the last few years. DR. JOHNSTONE'S special view that the drug (arsenic taken by him as an example) produces an antitoxin which produces the cure, and which is analogous to the action of antitoxin in diphtheria, is, however, original, and hence the editor of the *Medical Press and Circular* has never seen it before. It is a rather curious thing, however, showing how men's minds in the matter of science may be working on the same lines, that, simultaneously with the publication of DR. JOHNSTONE'S paper read at the Congress, a paper appeared in one of the American homœopathic journals in which the writer propounds the same theory.

After the sentence we have quoted above, the editor of the *Medical Press and Circular* continues, "for it is absolutely and essentially distinct from the view that remedies which in large doses induce certain symptoms are curative of those very symptoms when given in much smaller doses." This is purely a matter of opinion. He is quite entitled to hold such an opinion if he likes, and his readers are at liberty to place what value they please on it. For ourselves, we consider that the opinion of one who writes as the editor of the *Medical Press and Circular* does is absolutely valueless, and does not in the least affect the question at issue.

The last sentence in the article, "We regard the article, indeed, as an attempt to obtain credit under false pretences," is a genuine "tit-bit," and we make the editor of the *Medical Press and Circular* a present of it.

The whole article, and especially the tone of it, which we refrain from characterising lest we be betrayed into the use of unparliamentary language, is really beneath notice, and we should have passed it over in silent contempt were it not the utterance of the editor of a respectable medical journal in the year of grace 1903.

At the same time it is so far a satisfactory thing to find the editor of an old school journal thus writing, as it is generally recognized that when one party in a controversy shows temper, and descends to personalities and insinuations of "ignorance," "downright bad faith," and "false pretences," it is a sure sign that he is conscious of having a weak cause, and an uncomfortable, creepy feeling that his opponent is possibly in the right after all. There is thus "good in everything," as Shakespeare observes.

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### THE HAHNEMANNIAN MONTHLY AND OURSELVES.

In the July issue of our *Review*, in our *No'abilia*, we printed part of a paper from an old school journal, the *Medical News* of New York, which we entitled "Homœopathy among the Allopaths," as being in the line of the Congress paper of that title which was then appearing in instalments in the *Review*. In the November number of the *Hahnemannian Monthly* of Philadelphia appears an editorial article, entitled "A Mistake and some thoughts awakened thereby." In this article the editor reprints entire our article, and as the reader would have to refer to the July *Review* to see what it is all about, we reproduce the whole editorial from the *Hahnemannian Monthly*, and thus save our readers trouble. *The italics are ours.*

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#### A MISTAKE AND SOME THOUGHTS AWAKENED THEREBY.

"We quote the following from the *Monthly Homœopathic Review* for July, 1903, under the caption '*Homœopathy Among the Allopaths.*'"

'A colleague has kindly sent us a copy of the *Medical News* of New York, for January 24th, 1903, in which is a paper on Tonsillitis, by Walter Sands Mills, M.D., of New York City. The aim of the paper is to prove that tonsillitis is an infectious



disease, but after discussing this question, he finishes up with the treatment he advises, as follows :

Aconite in small doses frequently repeated, at the very outset of the disease, is often of service in simple tonsillitis. When the disease has progressed to the follicular stage, aconite is no longer useful. By small doses frequently repeated, I mean drop doses of a 10 per cent solution every hour, given preferably in water. Osler recommends full doses of aconite, but in my experience the smaller doses are more satisfactory.

If the fever is very high, pulse full and bounding, face flushed, eyes red, and evidence of intense congestion of the throat are present, a 1 per cent solution of belladonna is the best remedy. Bartholow gives good indications for this in his *Materia Medica*. He fails, however, to mention in it the list of remedies for tonsillitis in his *Practice*.

In follicular tonsillitis the remedy *par excellence* is phytolacca. I use drop doses of a 1 per cent solution every one or two hours, according to the severity of the case. Its action is almost a specific. As noted above, I have never had a case go on to suppuration. Bartholow speaks of phytolacca as a glandular remedy, especially as a specific in gathered breasts to prevent suppuration. I am able to endorse that most emphatically, and I can speak of it just as highly in follicular tonsillitis.

If suppuration has already begun when the case applies for treatment, nothing will clear it up so quickly as sulphide of calcium in  $\frac{1}{100}$ -grain doses.

For the routine giving of a cathartic at the onset of tonsillitis, I never could see a good reason. Quinine and the salicylates are of no special value, at least in my experience. The use of antipyretics with the above treatment is unnecessary.'

Then our esteemed contemporary proceeds to comment on Dr. Mills's paper as follows :

'This is really too good. It might have been written by any homœopath. To quote Bartholow is reckoned quite safe, while to quote Hahnemann and homœopaths would not have been so. How long, we wonder, is this sort of thing to go on ? For physicians to ignore homœopathy and treat homœopaths as they do, and then to write such treatment as the above, we consider utterly dishonest. They must know perfectly well that it is pure homœopathy, and that Bartholow and others like him have got their knowledge from Hahnemann and other homœopaths. And yet Dr. Mills elects to keep all this in the dark, and one cannot put it down to pure ignorance with the greatest stretch of charity. He takes good care to state no

reason for prescribing such treatment—no principle by which he was guided in advising these medicines, but leaves his readers to suppose that except for Bartholow's authority, it is an original discovery on his part. Truly, the sense of honour in the old school on this one particular subject—homœopathy—is abysmal. Ordinary trades union tactics are nothing to this.'

Had we not known Dr. Mills personally and enjoyed his friendship for many years, we would have said "Amen" to the criticism above offered. But knowing him, and, moreover, knowing him as a staunch homœopath, the whole thing becomes very amusing. Does the editor of the *Monthly Homœopathic Review* read his exchanges? Has he not observed that Dr. Milis appears as one of the editors of the *North American Journal of Homœopathy*, and has he not noted the many excellent papers from his pen appearing in that journal, as well as in the *Medical Century*, and the HAHNEMANNIAN MONTHLY? Moreover, our retrospect editor has taken occasion to criticise him for his advocacy of calcaria 200 in the treatment of gallstone colic. Surely, with this explanation, our esteemed *confrère* across the water will recognize the source of Dr. Mills's therapeutic inspiration.

Now for our own thoughts pertaining to this interesting matter. The paper was a good one. The critical editor of the *Medical News* thought it good enough for his journal. So far as the relation of the therapeutic advice given, it was orthodox homœopathy; but the author chose to use the allopathic nomenclature rather than that of the homœopathic school. In this way he gave the allopathic readers a chance to read some homœopathy. Had he made use of 1x instead of 10 per cent, or of 2x instead of 1 per cent, his paper would have been declined with thanks. *In other words, Dr. Mills played a trick, and the editor of the News swallowed the bait.*

Another thought comes home to us. As we have said before, the editor of the *News* thought the article good enough for his readers. This is a good lesson for those homœopaths who do not think homœopathic treatment or literature good enough for them, and search in vain for better things.

Now we come to the subject of homœopathic physicians writing for old school journals. We approve of it under certain conditions, namely, that the editor of the journal accepting the contributions does not hide the identity of the author. To illustrate: Not long since a colleague contributed a most excellent paper to a prominent medical weekly. In his text the author mentioned specifically the hospitals at which the cases were operated, e.g., "Hahnemann," "Homœopathic," etc. The editor of the journal in question

carefully "blue-pencilled" every vestige of evidence to show the identity of the author, and what is more, he did it without the latter's consent.

Another colleague offered a paper read before the Surgical and Gynæcological Society of the American Institute of Homœopathy, to an old school journal, insisting upon the condition that the Society be recognized in the publication of the paper. This was refused, and the manuscript returned; all of which inured to the advantage of the readers of the HAHNEMANNIAN MONTHLY.

*Why do homœopathsists send their papers to old school journals? Because they wish to have their observations on record in the various indices of medical literature. In other words, to get recognition.* We do not consider that they get recognition unless they are recognised, which they certainly are not unless the editor appends the professional connection of the authors with certain hospitals and colleges, or notes the society before which the paper was read. For a homœopathic author to publish a paper read before one of his societies in an old school journal without insisting upon the condition that the paper be credited to the society, is a direct slur on his colleagues. Strictness in observing this rule is of the greatest importance. It is asserted too frequently by old school editors themselves that homœopathsists never contribute anything of value to the advancement of medicine or surgery. This being the case, we must guard our literature with a jealous eye, and do everything possible to maintain a high standard, especially in our own special province, general medicine and therapeutics. At the same time, our specialists must never hide their identity, and must come to the aid of our general practitioners.

In closing, we need only remark that Dr. Mills's paper *was evidently contributed to the old school journal, not to secure recognition of himself, but of homœopathy. With this purpose we regard his effort as a most successful one, and extend our congratulations accordingly.*

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We think that our readers will be able to judge for themselves as to the "mistake," though we also have "some thoughts awakened thereby."

Our esteemed *confrère* may relieve his mind as to our reading our exchanges, else we should not be able so frequently as we do to make interesting and valuable extracts from them, and we also are aware that DR. MILLS is one of the editors of the *North American Journal of*

*Homœopathy*; but who would ever have supposed, unless he had the privilege which the editor of the *H.M.* has had of "knowing Dr. Mills personally and enjoying his friendship for many years," that one of the editors of the *North American Journal of Homœopathy* could have so derogated from his position and standing in the homœopathic school as to write such a paper as the one quoted, signed, to be sure, with his name, in an old-school journal, bringing in unmitigated homœopathic treatment, but the doses disguised by the use of such terms as a "10 per cent solution" and a "1 per cent solution," never naming homœopathy or the law of similars, quoting Bartholow as his authority instead of Hahnemann, and giving no hint as to the principles on which he prescribed as he did, or as to any principle at all, and finally ending his paper by saying that he "could never see a good reason for the routine giving of a cathartic at the onset of tonsillitis"—as if any homœopath would! and adding that "Quinine and the salicylates are of no special value, at least in my experience"—as if any homœopath thought otherwise!

The most charitable supposition was that some other man of the same name in the old school, a crypto-homœopath, had been "trying it on" with the *Medical News* to see how far he could safely go and yet get his paper published. Soon after our July number had been received in America we got a letter from a very well-known and influential physician informing us that the paper in the *Medical News* was by DR. MILLS, the editor of the *North American Journal of Homœopathy*, thanking us for the way we had dealt with it, and strongly disapproving of such tactics.

When our contemporary says that "had we no known DR. MILLS personally and enjoyed his friendship for many years, we would have said 'Amen' to the criticism above offered," he gives away the whole case, and justifies our criticism. And when he says, "In other words, DR. MILLS played a trick, and the editor of the *News* swallowed the bait," we are amazed. We object to "tricks" being played under any circumstances, but in an important question like the truth of homœopathy, to "play a trick" of this kind in order to get a paper into an old-school journal is, in our humble opinion, derogatory to the position of any physician, especially one in the position of DR. MILLS, and derogatory also to homœopathy.

We are equally amazed to find our contemporary state that the reason why homœopaths send their papers to old-school journals is "because they wish to have their observations on record in the various indices of medical literature; in other words, to get recognition;" while at the end of his editorial remarks he says, "We need only remark that Dr. Mills' paper was evidently contributed to an old-school journal, not to secure recognition of himself, but of homœopathy."

The two statements are quite incompatible. Both cannot be correct. If the former was the aim, to "play this trick" was contemptible, while if the latter was the intention, such a paper is in our opinion calculated to do no good, but quite the reverse, to homœopathy. Our contemporary regards "his (DR. MILLS') effort as a most successful one," and extends his congratulations accordingly. Of course he is quite entitled to his own opinion, but we regret that we cannot share it. To have a paper inserted in an old-school journal, which is to do good to homœopathy, and "secure its recognition," is an excellent thing, and shows which way the wind of old-school opinion is blowing. But for this object to be gained it is not enough to have it signed with the author's name. The editor of the *Medical News* probably laughed in his sleeve when he found a man of DR. MILLS' position in the homœopathic school, and the editor of a well-known homœopathic journal, writing such an article, as he knew well that since RINGER'S and BARTHOLOW'S books were published such treatment was all right for his journal, provided there was no allusion to homœopathy or to any principle underlying the treatment. In fact, it was he, and not DR. MILLS, who "scored." Such a paper could be only looked upon as one of many papers which have from time to time appeared, advocating RINGER'S and BARTHOLOW'S "tips," quite safe for an old-school journal to publish, but of no earthly use for the furtherance or "recognition" of homœopathy. The matter of the article, and not the name attached, is the important thing, and when the principle on which the treatment is advocated is kept studiously out of sight, and no allusion to homœopathy or the law of similars is found, while BARTHOLOW is cited as the authority, and not HAHNEMANN, the "trick," contemptible in itself, becomes a lamentable failure, lowers the professional status of the writer, and injures homœopathy instead of benefitting it.

The editor of the *Hahnemannian Monthly* considers the whole episode "very amusing." We fancy that our readers on both sides of the water will fail to see where the amusement comes in, and regret the "lowering of the flag" on the part of a prominent member of the homœopathic school in New York.

If the editor of the *Hahnemannian Monthly* acts upon the excellent advice he gives us, and "reads his exchanges," he would observe a paper in the *Pacific Coast Journal of Homœopathy* of September, by DR. MCCONKEY, of San Francisco, entitled "Evidence Bureau," in which a passage from DR. MILLS' paper is quoted, and to which is appended the following significant comment: "This interests the homœopathic physician only in so far as it shows how homœopathic remedies and methods may be appropriated, and yet skilfully avoid employing homœopathic terms."

#### A CASE OF CATALEPSY.

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

IN twenty-five years of practice, this is the first case of catalepsy that has come under my observation. The patient, a girl of 18, of healthy appearance, whose functions are normal, and who is quite well between the attacks, has suffered from fits of unconsciousness for the last three years. There is no history of hysteria, nor any evidence of it, and nothing to account for the attacks unless it be a fall in the street which happened some time previous to the onset of the malady. She cannot remember how she fell, but was not incapacitated by the fall for a single day, and it may be that it had nothing to do with the matter.

Since the cataleptic seizures commenced, her memory has been deficient, and she has been somewhat dull and sluggish in temperament, but has had no physical ill-health. She complains of nothing. The attacks occur two or three times a week, and last many hours. She has been under allopathic treatment without the slightest benefit.

I told the mother of the patient to send for me when the next seizure occurred, and meanwhile prescribed *cannabis indica*, 3x, four times a day. Shortly afterwards I was sent for early one morning, and on reaching the

house found the girl in bed apparently in a calm sleep. She was lying on the left side with the legs drawn up, and the face was slightly flushed. On opening the eyelids the pupils were somewhat dilated, and the eyeballs quite insensible to touch. On raising the arm it remained rigid just wherever it was placed, and I made various movements of the limbs to confirm the cataleptic nature of the condition. If a limb were raised off the bed, it remained held in the air exactly as posed. Respiration was shallow and almost imperceptible. I was unable to open the mouth, the jaws being rigid, but there were no signs of clonic convulsive action, although very slight twitching of the hands occasionally occurred.

All efforts to restore consciousness in previous attacks had failed, and the mother informed me that none of the doctors who had attended her daughter had been able to rouse her. I made no attempt to do so. The mother described the onset of an attack as if her daughter were falling asleep, without any fall or cry, or any premonitory symptoms.

There was subsequent headache, but she did not suffer from her head at other times.

After taking *cannabis indica* for a month without any apparent benefit, I ordered *opium* 6. A week later the girl came saying she had been obliged to stop the last medicine, as it made her head ache and feel sleepy.

Struck by the peculiar susceptibility to the action of the drug, I changed the prescription to *opium* 30, three times a day.

This was continued steadily for two months, and from the time that she commenced taking this medicine the seizures ceased, four months elapsing without a single attack. It was hoped, at this stage, that a cure had been effected, and on this supposition the mother allowed her daughter to take a light situation as housemaid. But the patient had only entered on her duties for a week before another attack supervened, lasting a whole day, and this was followed by other attacks almost daily. It would appear that the girl had been anxious and worried over her work, and to this cause must be attributed the recurrence of the seizures. *Opium* 30 was again prescribed, but this time without effect. Then *opium* 6 was given with a like result, but with no complaint of aggravation as before.

Finally, *cannabis indica* 1x was tried, and under this dilution (3x was at first given) the attacks grew less frequent, and there has been none now for six months. The girl appears perfectly well, and has lost her sluggish, apathetic state of mind, and seems bright and cheerful. Whether the cure is permanent time will prove.

### RETROSPECT ON KOUMISS.

By V. JAGIELSKI, M.D., M.R.C.P.

At the present day, when the market is flooded with new preparations of food of various kinds and qualities, and which are largely pushed and advertised by enterprising manufacturers, we are apt to forget other valuable nutrients which were well known and much employed some years ago with the greatest advantage. I have, therefore, thought it would be a good and useful thing to recall to the memory of my senior colleagues, and to bring before the notice of my younger *confreres*, the very valuable properties of koumiss as a nutrient of a high class and extremely easy of digestion, in many forms of disease where the feeding of the patient is the chief difficulty.

I first brought koumiss to the notice of the profession in 1871, at the meeting of the British Medical Association at Plymouth, where I showed specimens of it in different stages of its life. In its preparation the bacteria lactis cause the lacto-fermentation in sour milk which is so important as the primary process in the koumiss preparation, and also as being essential for the development of the secondary vinous or alcoholic fermentation. This fermentation entirely depends on the increased amount of the *sacharum lactis* in the natural mare's milk, which is an exceptional feature in the Kirghese mares of the steppes in Tartary. To this composition I brought as the very first stage my basis milk, ordinary cow's milk, which I proposed to change into koumiss by the manufacturing process of heat and movement, so that the decomposition of the lactose may enhance the production of the alcoholic fermentation, the result of which is lactic acid, carbonic acid, and alcohol. By this means the casein of the milk goes, so to say, through the first



process of its digestion outside the stomach, and when brought on the tongue dissolves in the mouth like snow-flakes.

What induced me first to study the action of koumiss was the serious illness of my wife in 1870, who threatened to follow her sister, who died in Italy of consumption; she resisted the medicinal treatment of several noted physicians in London, and after a course of the waters and baths in Ems she was unable to keep anything on her stomach. Cod-liver oil, revalenta, milk, etc., were all impossibilities, and her prostration and exhaustion had reached a very dangerous state. At that anxious time I happened to remember the frequent conversations I had had with Russian military doctors when I was serving as a medical man in the Prussian army, about the mare's milk koumiss in the steppes of Tartary, and its magic influence in arresting consumption or phthisis pulmonalis. I immediately set to work day and night and produced a koumiss from cow's milk, because I could not get mare's milk anywhere in London in the limited inquiries, which the urgency of the case of my dear patient, my own wife, necessitated. At last I approached her with the first glass of my own self-made article of koumiss from cow's milk, which I had first brought to the chemical composition of mare's milk. It answered my expectations; the patient kept it down ice-cold as it was, and she fell asleep soon afterwards for several hours, when another wineglassful was given to her, and so on every hour, with a steady improvement in her appetite. After twenty-four hours she took at meal-times nearly a tumblerful of the full koumiss, besides the usual wine-glassful every hour. On the third morning the first voluntary evacuation took place, and the temperature, which had been for the last fortnight between 100° and 102° F. went down to 99°, and on the fifth day, after the second motion of the bowels, to normal. The expectoration had become less copious, thick, and viscid; the wheezing ceased; she could lie down with only one pillow, hitherto having been propped up to a nearly sitting position for six weeks; the traces of blood-spitting disappeared entirely after six days, likewise the horrible colliquative night-sweats. On the seventh day all vomiting and nausea had entirely ceased, the tongue had cleared from that nasty, thick, greyish, yellowy coating, and she was

able to begin to eat rice. On the eighth day the evacuations became regular every day, particularly as she got up on that day and commenced to walk about the room. She began her usual diet on the ninth day, partook principally of fowl, vegetables, and grainery. She took the koumiss for two months, when she was restored to complete health and strength. I am filled with gratitude to the Creator for my inspiration, which has saved her valuable life by means of koumiss. This afterwards has always put her right again when she got a cold or bronchitis, or during her two severe attacks of acute rheumatic fever, through which I am thankful to say she was greatly helped by koumiss and homœopathy under the kind and friendly guidance of Dr. Dyce Brown, to whom we both feel greatly and everlastingly indebted for his ever ready, generous, and skilful medical treatment and friendly encouragement in those anxious hours.

It was not surprising that after the recovery of my wife through her koumiss-treatment, I was urged on all sides to make it accessible to other doctors and their patients. For that purpose I accepted the kind permission and offer of Sir Burdon Sanderson to give the koumiss to some patients in his wards at the Brompton Hospital, where I made my notes and observations. I must express my deep sense of obligation to Sir Burdon Sanderson and to Sir Lauder Brunton for all their kindnesses shown to me during that time. I must also express my gratitude to my esteemed friend the late Dr. Murchison, who opened his wards at the Middlesex Hospital to me to select my patients for koumiss brought directly from my house. I shall never forget how especially one female case in that ward, who was being treated for diabetes mellitus for some time with opium, embraced the opportunity of getting a new and refreshing drink with such expression of joy and happiness that she asked me the following day to give her more of the koumiss A No. 3; but as the opium had made her extremely dry in her mouth, parched, and costive, I allowed her to mix the koumiss with skimmed milk, which prevented constipation. This patient was dreadfully emaciated, indeed on the brink of the grave; but the koumiss suited her so perfectly that in a few days she had increased several pounds in weight, and got so much stronger and better that her relatives, who had arrived when she was moribund,

took her away home into the country to drink skimmed milk alone.

My experience with the koumiss treatment in hospitals at that time showed that the greatest difficulties existed in keeping the koumiss properly, and administering it regularly in its sparkling condition. The attendants, and nurses besides, dislike the opening of the tightly-corked bottles, and the spurting of the koumiss from the bottles or through the champagne taps.

In private practice it did very well, when the manufacturers used ail care and efforts to satisfy every practical and commercial requirement and precaution. From the very beginning I had in private practice excellent results; my wife's case I described more in detail because she was the very cause of my attempting to make koumiss and to introduce it in England. If you read such English medical papers of that time as the *Lancet*, *British Medical Journal*, etc., you will find what excellent results the koumiss, which was then made by E. Chapman & Co. according to my prescription, had produced generally. It would look pretentious for me to detail the numerous cases which have personally come before me, but I value especially the cases published by other doctors. Dr. Carter Wigg's case of *heartburn* and *albuminuria*, described in the *Lancet* of 9th January, 1875, will well illustrate the advantages of a koumiss diet: "A. B., a gentleman farmer, aged 52 years, weight about 16 stone, began to show symptoms of failing health in January, 1873, but up to that time had enjoyed good health. In March, upon examination, his urine was found to contain albumin, specific gravity 1022; great difficulty of breathing, and those other most distressing concomitants, dropsy, dyspepsia, with painful eructations and fœtid gas, great thirst, constant sickness and retching, every kind of food and drink being sooner or later rejected. I advised a trial of Chapman & Co.'s A1 koumiss, one pint bottle daily, which was taken and retained on the stomach (rarely during the remainder of the illness was the koumiss omitted). After taking it a few days the dyspeptic symptoms lessened, and he was able to take other food, gradually also increasing the quantity of koumiss until at times he took two quart bottlefuls a day, under which his improvement was remarkable. It was his constant and at times for days together the only diet his stomach

would retain; and as showing its perfect assimilability I may observe that, owing to a case having miscarried in May, the specific gravity of his urine, which had been 1018 to 1020, fell after being without koumiss two days to 1014, and again twenty-four hours after resuming its use the sp. gr. was 1016. Again, after an interval of a month, a case was stolen, and he was without it for nearly ten days; the sp. gr. of the urine during that time varied from 1012 to 1009, and three days after the resumption of the koumiss it recovered to 1019." In concluding his communication, and having commented on the power of koumiss in dyspepsia, wasting diseases, low assimilative powers, and in gastric fever, he states that, having then had no experience of its use in typhoid and in scarlet fever, he should expect similar benefit would be therein derived, and on this subject I can confirm his conjecture abundantly in my own practice.

Dr. Niemeyer says that Dr. Schmidt, suffering from *albuminuria*, has repeatedly freed himself from dropsy by the free use of butter-milk; but my experience is that koumiss accomplishes this purpose still more readily, and that œdema and anasarca disappear with improved action of the heart.

Dr. Thomson, of Luton, communicated notes on a case of *diabetes mellitus* treated by him with koumiss to the *Lancet*, 17th August, 1878, which will very satisfactorily and independently corroborate my own observations. This patient, 29 years old, benefited so much that his inordinate thirst, which was at first a marked feature, had disappeared, and after having returned to his work for some weeks he said he had not felt so well and strong for more than twelve months. During treatment he, too, neglected twice to take his koumiss for some days, and the effect was most noticeable. During these intervals no diminution of urine took place, but within forty-eight hours after resuming it the quantity began to diminish, and the diminution was continuous and gradual. So confident am I, says Dr. Thomson, that the improvement was due to the action of the koumiss, that I shall employ it with confidence should a case of this kind come under my notice again. The koumiss was not employed to the exclusion of every other article of diet. He was allowed a non-sugar-forming diet. I saw the man last in May, and he was then at work, feeling fairly well, and the urine had not increased in quantity.

My specially-prepared "*Diabetic Koumiss*" is also prepared by the present manufacturers of my preparations of koumiss, who have taken over the business of E. Chapman & Co. in 1883. It was on the 29th of Nov., 1882, that Mr. Mitchell Henry, M.P., F.R.C.S., previously Surgeon to the Middlesex Hospital, wrote: "Dr. Jagielski's koumiss has for some years been used in my house with the greatest possible advantage under his own care. I have recommended it to several delicate persons recovering from severe illness, and have observed it to produce marvellously good results. It requires to be very carefully prepared, and can be taken when no other food can be retained. I consider it a great benefit to society. I know nothing of any other koumiss except that prepared according to Dr. Jagielski's process."

On 9th of March, 1883, Mr. Mitchell Henry wrote to me about his old and very best friend, to whom he came personally to fetch me in his own carriage, in apparently the greatest anxiety and hope of yet saving his friend's life if he could: "The good old Colonel is enthusiastic in your praises, and you have certainly saved his life." The patient had double pneumonia in his high age, being the oldest Member in the House of Commons; his two medical attendants despaired of his recovery, so they retired, and I successfully treated him with an exclusive koumiss diet and homœopathy.

Dr. Wm. S. MacKenzie, of Edinburgh, had in 1877 his wife living on my koumiss for about three weeks, and its beneficial effects appeared to him marvellous; she suffered from blood-poisoning after confinement; her stomach rejected everything else, and he could not help thinking that if it had not been for the railway conveyance's delay in forwarding the expected lot of koumiss she might have been living yet; and he stated that he could not speak too highly of this "wonderful" koumiss.

I prefer mentioning those cases of other doctors, to those I could describe here in detail of my own patients whose lives I have been able to save and to prolong. I do this with a certain strong feeling of moral duty to myself as well as to my professional brethren engaged in homœopathic therapeutics, the more so because I have become aware that since I have become a member of the Homœopathic Medical Society of London, the publication in allopathic medical journals of doctors' own cases have

gradually decreased and ceased. I, therefore, will mention in support of my own experience, some more of those published cases treated with my koumiss. Thus, Dr. E. Murlean, of Hogarth Road, Earl's Court, stated in 1877 that his patient on koumiss was very much better, and that he was bound to admit that the koumiss was retained and tolerated by the stomach when everything previously tried had been rejected.

Dr. Richard Lowther's patient (Lancashire) rejected everything; she was "in extremis." For a few days she had been supported solely by beef-tea enemata, for all food produced pain, nausea, and continued sickness. The koumiss agreed from the first and was very grateful; it has relieved the dryness of the mouth and intense thirst, and the patient's condition was gradually improving. He had faith in the koumiss, having tried it before in a serious case of ulceration of the stomach; the result was as remarkable as in this present one.

In the *British Medical Journal* of January 19th, 1878, occurs the following:—

" THERAPEUTIC MEMORANDA.

THE TREATMENT OF OBSTINATE SICKNESS BY KOUMISS.

" I wish to record briefly the result of my experience in the treatment of obstinate sickness by koumiss; for I believe, with Dr. Jagielski, that we possess here a simple but a satisfactory remedy, and one likely to be of use when the ordinary remedies fail.

" Miss S., aged 31, far advanced in phthisis, and already much exhausted by incessant cough, profuse sputa, sweats, and diarrhœa, was suddenly attacked by hæmoptysis, accompanied by obstinate and distressing sickness. The patient was *in extremis*. After exhausting the ordinary remedies, I administered, cautiously at first, No. 2 koumiss with the best results. The sickness immediately ceased; the hæmoptysis merged into tinged sputa and gradually disappeared; the pulse became stronger; the skin warm and moist; the diarrhœa ceased. The patient, who had previously loathed all food, gratefully took the koumiss, at first alone, then mixed with milk. A return of hæmoptysis in the fourth week, with secondary bronchitis, took her off.

" Miss T., aged 50, was attacked by hæmatemesis (due probably to gastric ulcer) and persistent vomiting. Iced

drinks, gallic acid, etc., failed to give much relief; for, when food was taken, the sickness and hæmatemesis returned. We were reduced to the treatment by enemata of beef-tea and brandy, which was continued for five days, notwithstanding which the patient became much weaker. No. 2 koumiss was then given, as in the last case, with good results.

“In a case of severe vomiting caused by mental shock, but remotely connected with concussion of the spine, the result of a carriage accident, koumiss No. 1, made from the extract, was successful after hydrocyanic acid, bismuth, creosote, etc., had failed.

“In several other cases I have given koumiss, and always (except when malignant disease was present) with good result. In stricture of the colon (the diagnosis being subsequently established by *post-mortem* examination), it relieved the pain and attendant sickness, and prolonged life. In the vomiting of pregnancy and in obstinate constipation I have seen it do good.

RICHARD LOWTHER, M.D., CARTMEL.”

The following statements have appeared in the same journal, October 6th, 1877:—

HOSPITAL NOTES, CHARING CROSS HOSPITAL, DR. GREEN'S  
WARDS.

In four cases of gastric ulcer, Dr. Green has lately used Chapman's Koumiss, particularly selecting the medium quality as containing a smaller proportion of casein, and using it when in such a condition, that it readily flows from the bottle. Four patients have lately been found to derive great benefit from its use. In the case of a lady suffering from chronic gastric ulcer, when all treatment had failed, and she appeared to be in a hopeless state for want of nutrition, koumiss was given in small and frequent doses; it was well borne without pain or vomiting, and the patient made an excellent recovery. Koumiss has likewise been found useful in some of the diseases of children.

Dr. Norman M'Claskie of Edinburgh, had a patient, Miss L. G., who suffered from anæmia for some time; constant sickness set in, with gastric catarrh. All the usual remedies were tried without avail, everything being rejected. He ordered koumiss, A or Full Koumiss No. 1, in small quantities at first, and persevered, gradually

increasing the dose. After the first few days the sickness abated, then ceased. Twenty-four ounces were taken in the twenty-four hours, and for three weeks this formed almost the entire nourishment of the patient. At the end of that time the stomach was able to retain light liquid nourishment, and Miss G. gained ground considerably. About three months afterwards the vomiting returned, and, other remedies failing, koumiss was again resorted to, and after a day or two the sickness ceased. "The koumiss treatment," Dr. M'Claskie says, "was and still is continued, the quantity being gradually diminished. My experience with koumiss has been limited to this case, but as it afforded scope for a very fair trial, I have reported it at some length. I shall naturally have great confidence in trying koumiss again in any suitable case, and must say that the beneficial effect exceeded my expectations."

The Vicar of —, Yorkshire, the father of this Miss G., wrote a very detailed report with some enthusiasm about the result of this cure, mentioning especially that "Champagne, ice, new milk, soda water, lime water, milk, pepsin wine, mineral acids, lacto-peptine, ipecacuanha, liquor arsenicalis in very small doses, hypodermic injections of morphia on the region of the stomach, beef-tea, port wine, enemas, etc., etc., were all tried, but the sickness was not allayed until our family doctor (Norman M'Claskie) introduced Dr. Jagielski's sparkling koumiss."

Mr. Wm. Allingham, F.R.C.S., writes, May 25th, "a preparation from genuine cow's milk, called 'koumiss' has now for some time attracted my attention. At first I was sceptical as to the benefits which were said to result from its consumption, but a somewhat extended experience has thoroughly convinced me of its great value. In cases where nutrition fails, where strength and weight are being lost, the virtues of this koumiss soon became evident; the appetite improves and the patient experiences a considerable increase of constitutional power. In 'cancerous' destructions, and other diseases of the large intestine, I have found koumiss of eminent utility, and can thoroughly recommend it to my professional brethren."

Dr. Llewellyn Thomas, Surgeon to the Central London Throat and Ear Hospital, to the Royal Academy of Music, writes in the *British Medical Journal* of Feb. 9th, 1878: "The remarks of Dr. Lowther in the Journal of



January 19th, on the cases mentioned by him, well illustrate the value of koumiss as a remedial agent, and as a form of nourishment almost certain to be assimilated in what otherwise might be considered to be, perhaps, hopeless cases. In phthisis in the earlier stages, where regressiveness of appetite or disinclination for any food is a prominent symptom, as also in the laryngeal forms of disease, we possess in koumiss an agreeable and efficacious form of nourishment. In cancer of the stomach or rectum, in the vomiting of pregnancy, in mesenteric disease, in affections of the throat accompanied by dysphagia, in gastric catarrh or in gastric ulceration, koumiss will be found valuable as a remedy and as a food. Some patients may consider that it is a somewhat expensive medicine, but if it be explained that it is also food, and that it is certainly cheaper than wine, this objection is readily overcome."

Dr. A. S. Myrtle, of Harrogate, gives four cases treated by koumiss in the *Lancet* of Dec. 12th, 1874: one of *marasmus* in the adult with unchecked vomiting—successful; one of *pyæmia* with sickness, unchecked vomiting—successful; one of *phthisis* (advanced) with ulceration of mucous membrane, diarrhœa and hectic—successful; one of *rheumatic fever*, with gastric irritability of a most formidable nature—also successful. One of the earliest complicated cases in which I ordered koumiss was a patient of Mr. Walter Mason, whose then assistant, Mr. B. B. Floyer, invited me to consultation, as they both considered the state of this patient, Mrs. M. G., twenty-four years old, likely to prove fatal. Mr. Walter published this case in the *Lancet* of Dec. 19th, 1874. This lady had had two children; during her third pregnancy her appetite became very indifferent, and her appearance greatly emaciated; four days before her third confinement she suddenly fell by the side of her bed before she had time to call for assistance; she did not lose her consciousness, but could not express her feeling in words. Four days after this fit she brought forth twins alive and healthy. On the fourth day signs of right hemiplegia existed, having come on during the night. Right arm and leg were paralysed completely as regards motion, and almost so with respect to sensation; she was unable to make water and the catheter had to be used; her appetite was gone, she could not retain anything. On the sixth day after her

confinement I saw the patient, when she was unable to answer otherwise than by shaking or bending her head; pale and emaciated to the highest degree; skin dry and hot; urine offensive and thick; the hemiplegia unchanged; the bowels costive three days; nowhere pain, but great restlessness with delirium. I advised full koumiss No. 2, one wineglassful every two hours; she kept it down, took one pint during the night. In the morning, Nov. 18th, secretion appeared, followed by perspiration, which was carefully kept up; on the 18th urine more copious and clearer, and in thirty-six hours she passed urine naturally. No enema, no aperient; good sound sleep followed the delirium, koumiss liked and increased doses asked for; a wineglassful every half hour; skin moist, eyes brighter, slight movement of the arm and leg noticed. On fourth day koumiss and fresh milk mixed and continued. Nov. 23rd first spontaneous motion; koumiss now given *ad libitum*. Her voice returned by degrees; after three weeks the paralysis disappeared thoroughly, and the patient was considered convalescent. The twins were living and doing well.

You will admit that in such exhausted and dangerous cases the skill, energy and perseverance of the most hopeful practitioner are most severely tested, and when there is perhaps no remedy left to fall back upon, the koumiss may still be remembered for its very easily digestible as well as its assimilable features, which also have given proof of its highly nourishing properties, that have shown we may with safety depend upon it as an exclusive food and drink; for it not only renews and maintains the strength of the body during feeble health, but it increases at the point of greatest exhaustion the body-weight. Of course, in cases of vomiting these properties, although important, are but of a secondary indication, because our first endeavour is not to nourish, but to at once allay the vomiting, which would become dangerous if it could not be mastered. That this end can be readily attained by koumiss is, I think, shown beyond all dispute by the above-mentioned facts. In cases of chronic weakness, emaciation, dyspepsia, diarrhœa, exhaustion, and lung consumption, koumiss is invaluable, and even in cases of intestinal cancer I have lately had wonderfully satisfactory results, when patients improved in their most troublesome sufferings, and felt comparatively well and happy.

You must not forget, that there is really no new principle involved in the treatment of consumption by koumiss; in fact, as long as these patients have no hæmoptysis, the usual foods and remedies for consumption will suffice, particularly in regard to the milk and stimulants, appetisers, etc., and when these patients can have these and their appetite allows them to eat beef-steak, good slices of joints of beef and mutton, and digest these well, with foaming stout to keep them company or large quantities of wine, milk, whisky, etc., surely such consumptive patients will stand in no need of koumiss nor of Davos Platz or sanitary air institutions, because they can digest what they eat and assimilate what they digest; they surely need no koumiss. But when the appetite falls off, dyspepsia and diarrhœa follow the consumption of food, feverishness, expectoration, cough, weakness, and night-sweats, etc., increase, we may be sure that a change of diet, the treatment of koumiss, will do the expected work, and improve the patient rapidly. To give you an idea what the U.S.A. think of my koumiss, I will but mention one great physician, well known to all students of *Materia Medica*, Dr. E. M. Hale, of Chicago, who writes as follows in the *American Homœopathist*: "Superior to milk, whey, curds, or any and all foods, both for adults and children ill of fever, or convalescing too slowly, is that wonderful preparation called koumiss. This preparation is to milk what champagne is to unfermented grape-juice. It is effervescing, sparkling, and exercises a wonderful restorative and stimulating influence over the system enfeebled by disease. From the experience I have had with it in *scarlet fever* and *diphtheria*, I feel qualified to assert, if it was given in appropriate quantities to every child sick with these two maladies, the rate of mortality, instead of being one in five, would not be one in fifty. It is in vain that we pour down beef-tea, wine, broths, tonics and stimulants; they do not nourish and purify the blood in zymotic diseases. Those who have not used the koumiss in wasting and prostrating diseases of children would be utterly astonished, as I have often been, could they watch its prompt and energetic action as a restorative. There is no danger of its attracting disease germs, for, if originally present, the fermentation process destroys or diminishes them, and they cannot get into it afterwards, for koumiss has to be kept, like

champagne, in closed bottles, and only drawn by means of a tap, allowing a spoonful or glassful to escape at will, and air cannot enter the bottle while it escapes.

To be more explicit in relation to its use, let us suppose a patient with scarlet fever, and the second day of the disease. The fever is high (or possibly the temperature may be too low), the skin is dry, tongue, mouth and throat parched, and difficulty of swallowing. Give such appropriate medicines as you please, but give no other food than freshly prepared koumiss, a tablespoonful or two every fifteen or twenty minutes; or in children of eight or ten years, a wineglassful or two every half hour or hour. No other food is needed, neither the so-called tonics or stimulants. Try it in a few cases, my brethren of the profession, and you will have occasion to give thanks to the physician, Dr. Jagielski, who introduced it to the medical world."

I could write out numerous other cases published in medical papers, but I think these will give the present young generation of doctors sufficient interest to inquire for themselves into this question, and to try the koumiss in proper cases; for it seems to me, that koumiss is forgotten by many doctors, as it is not constantly brought before their notice. I shall be pleased if these lines attain their object, *i.e.*, to revive it again in the memory of my readers. It is perhaps desirable to add that, though originally taken up by the manufacturers under my personal direction, I have for years ceased to have any business connection with koumiss in any way.

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## REVIEWS.

*First Aid.* By R. T. COLLIE, M.D., Knight of Grace of the Order of St. John of Jerusalem in England, Medical Superintendent of the Hygenic, Ambulance, and Home Nursing Classes of the School Board for London; and C. F. WIGHTMAN, F.R.C.S., late Examiner and Lecturer on Ambulance to the School Board for London. London: George Gill & Sons, Limited, 13, Warwick Lane, E.C.

THIS little work is fitted to be of very great use to all who wish to be able to render "First Aid" in accidents or other emergencies. The first chapters give a clear, short, and

easily understood sketch of such elementary anatomy as non-professional people ought to know, and each chapter is supplemented by questions and answers. Every possible form of accident or emergency is treated of from a first-aid point of view in an admirably concise and first-class manner. The book is of a size to go easily into the pocket, and only costs sixpence. We heartily commend the little work, and it ought to be in the hands of every one who wishes to be of help to his fellow-creatures in emergencies and accidents.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session (1903-4) of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, November 5th, 1903, at 8 o'clock, Dr. Herbert Nankivell, President, in the chair. The following specimens were shown: (1) Tubercular ulceration of the larynx and the ileum from a female patient, by Dr. Washington Epps; (2) Heart, spleen and kidneys, showing granulations and infarcts from a case of malignant endocarditis, by Dr. Byres Moir; (3) Necrosing solid malignant ovarian tumour, removed by operation, by Dr. Neatby, and (4) Microscopic section of the same by Dr. Watkins.

Col. H. E. Deane, R.A.M.C., gave the Society some extremely interesting personal reminiscences and opinions in reference to the advance and development of homœopathy.

Under the auspices of the Section of General Medicine and Pathology, two papers were read and discussed. The first was by Dr. Sidney Gilbert of Reigate, entitled "*Bad Nauheim*," in which was given an account of a personal visit to and undergoing of treatment at the Nauheim baths. Dr. Gilbert gave details of the situation and surroundings of Bad Nauheim, the quality of the air and water, the accommodation, feeding and social comfort at the hotels, etc.; the baths and their accessories, the constitution of the waters, and their physiological and remedial effects. He also indicated suitable and unsuitable cases for the Nauheim treatment, and gave opinions on the general results and after effects.

The other paper was by Dr. S. H. Ramsbotham, of Harrogate, entitled, "*The mineral waters of Harrogate*." Dr. Ramsbotham's paper dealt in the first instance with the number and variety of the Harrogate waters, showing that

they consisted of a sulphur group, divided into alkaline and saline subdivisions, chalybeate waters containing chlorates and carbonates of iron and the alkaline earths and no sulphur, the Crescent saline well, in which sodium chloride figured as chief ingredient without sulphur, and the Alma well, consisting mainly of iron, aluminium, calcium and magnesium sulphates, the aluminium in preponderance. Dr. Ramsbotham described the mode of administration of the waters, their therapeutic uses, the chief of these being in gout, disorders of the liver, abdominal and pelvic plethora, rheumatic, catarrhal and strumous affections, furunculosis, neurasthenia, anæmia and chlorosis, and some other disorders. The climate of Harrogate has some reference to the use of the waters. Some allusion was also made to the relation of the use of these waters to homœopathy. The paper was illustrated by tables and maps. Discussion was taken part in on the papers together by Drs. Nankivell, Byres Moir, and Madden, and replies were tendered by Drs. Gilbert and Ramsbotham. Dr. Nankivell from the chair concluded by giving some experience and suggestions in relation to Nauheim treatment.

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## NOTABILIA.

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### BRITISH HOMŒOPATHIC ASSOCIATION.

THE arrangements for the Educational Programme for 1904 are very nearly completed. At the last meeting of the Educational Committee the general plan was decided on, but it was found impossible to overtake or discuss fully the necessary details at this meeting. It was therefore adjourned for a week, when it is expected that a final decision will be arrived at on all points of detail, and that a full announcement will be made of the plan of campaign. This result will, however, be impossible to announce in our current number, owing to the lateness of the date in the month. It may, therefore, be looked for in our January issue.

What has been decided upon is as follows: In January, February, and March there will be a course of lectures and instruction, probably of a conversational type, or at least to a certain extent, on *Materia Medica* and *Therapeutics*. Two lectures per week will be given on each of these subjects, that is, four lectures per week in all. April will be a recess. In May, June, and July there will be a course of systematic lectures every day in the week, except Saturday, on *Materia*

Medica, and the same on Therapeutics. That is, five weekly lectures on each subject.

There will also be a course of post-graduate lectures in May, once a week, on different subjects, and by different lecturers. Also arrangements are being made for hospital bedside demonstrations on the various subjects lectured on at this post-graduate course. It is also decided that a course of lectures shall be given of an elementary type for missionaries going abroad, who will thus be enabled to give help when far removed from medical aid. They will include elementary anatomy and physiology, first aid in surgery, therapeutics with materia medica and nursing. These lectures are to be quite distinct from the other systematic course of lectures. The latter are intended solely for qualified practitioners and advanced students, while the missionary course must necessarily be elementary, and such as lay men or women can take in. The lecturers chosen for these various lectures will be announced in January.

The arrangements for re-proving of drugs and for original research are in progress.

It was also resolved that Dr. Dyce Brown's Congress paper of 1902, entitled "Homœopathy among the Allopaths," should, with his sanction, be reprinted from the *Monthly Homœopathic Review* and issued in the form of a book for distribution among practitioners of the old school, but that the present title should be altered to "The Permeation of Present-Day Medicine by Homœopathy"; and likewise that Dr. Clarke's editorial remarks in the *Homœopathic World* for July should be reprinted for distribution.

The Ladies' Committee are carrying on their excellent work vigorously. Mrs. Mews recently held a sale of work in aid of the funds, with a very successful result. Another sale of work for the same object will be held in December by Mrs. Thirlby, and Mrs. Henry Wood (the Hon. Secretary of the Ladies' Committee) gave a successful Dance on Nov. 26th for the same object. The energy shown by the Ladies' Committee is most gratifying, and the Association is much indebted to them.

Since the last list was published the following donations and subscriptions to the funds of the Ladies' Committee have been received:—

DONATIONS.		£	s.	d.
Miss Clarke (third donation)	.. ..	3	17	6
Mrs. Cundy (second donation)	.. ..	25	0	0
Mrs. Stephenson (second donation)	.. ..	5	0	0
Mrs. Gibbs (per Mrs. Dawson)	.. ..	0	5	0
Miss Moberley	.. ..	0	5	0

SUBSCRIPTIONS.		£	s.	d.
Mrs. Roth (per Mrs. Dawson)	.. ..	2	2	0
Mrs. Jones	.. ..	1	0	0
Mrs. Escott	.. ..	0	5	0
Mrs. Cooper	.. ..	0	10	6
Mrs. Dawson	.. ..	1	1	0

The following donations and subscriptions to the funds of the General Association have been received since the last published list:—

DONATIONS.		£	s.	d.
Dr. R. S. Stephenson, New Zealand (per Dr. Dyce Brown)	.. ..	21	0	0
Sam Sanday, Esq. (per Assist. Secretary)	.. ..	10	0	0
John Temple, Esq.	.. ..	10	0	0
J. R. Pratt, Esq.	.. ..	1	1	0
A Friend (per Dr. E. M. Madden)	.. ..	25	0	0
Dr. T. H. Hayle (per Assist. Secretary)	.. ..	1	1	0
— Davidson, Esq.	.. ..	0	10	0
Mrs. Burvill (per Dr. McNish)	.. ..	0	2	6
— Heatly, Esq. (per Dr. James Jones, Lewisham)	.. ..	3	3	0

SUBSCRIPTIONS.		£	s.	d.
Mrs. Drysdale (per Assist. Secretary)	.. ..	1	1	0
Mrs. Alfred Drysdale	.. ..	0	10	6

*Corrections.*—The amount of £100 given by Mrs. Orr should have been published in the July list as being received per Dr. Purdom, also £25 given by Lady Margaret Cecil was received per Dr. E. M. Madden.

#### BURNETT PROFESSORSHIP FUND.

SINCE our last announcement the following have been promised or received: Mr. Edward Banbury has promised £30; Dr. Henry Bennett, £2 2s.; Mr. J. P. Stilwell, J.P., £2 2s.

#### HAHNEMANN CONVALESCENT HOME, BOURNE-MOUTH.

WE have much pleasure in drawing attention to the Bazaar which is to be held early in February, 1904, in aid of the funds of the above admirable institution. The value and usefulness of the Hahnemann Convalescent Home is too



well-known to require any commendation from us. The importance of Bournemouth as a health resort for cases of consumption and other chest diseases places the Home in the fore-front of Institutions for the treatment of such cases, in which homœopathy can do so much for the sufferers. The addition, not long ago, of a double row of balconies facing the south, for the carrying out of the open-air treatment of consumption, along with other necessary improvements, have entailed a heavy expenditure, to meet which the Bazaar is to be held. Patients come from all parts of the kingdom, which shows that it is not a mere local charity, but a national one, and it should be supported by help from all parts of the country. In this year of monetary depression we hear on all hands that charities of all kinds, including hospitals and convalescent homes, are feeling the results of it in the difficulty of raising necessary funds, and appeals for help are sent to us from various parts of the country. But there is none that has a greater claim on the whole kingdom than the Bournemouth Hahnemann Convalescent Home. We trust that those who are interested in its important work, and who are not able to be present at the bazaar, which will be held at the Hotel Mont Dore, will aid it by sending contributions in money, in work, or in any gifts which would sell well, artistic or otherwise. These would be gratefully received by Dr. and Mrs. Herbert Nankivell, Penmellyn, Bournemouth.

A sum of £523 18s. has already been contributed by the friends of the institution, and it is hoped that the bazaar will materially aid in supplying the balance of £1,000 which is still required.

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#### LONDON HOMŒOPATHIC HOSPITAL, LADIES' GUILD.

THE Lady Ida Low, who has accepted the presidency of a new branch of the Ladies' Guild, for South Kensington, held almost successful inaugural meeting of the branch at her residence in Roland Gardens, on October 27th, a goodly number of ladies interested in the hospital being present. The following gentlemen were also present by invitation: Mr. Stilwell, Sir Henry Tyler, Dr. Dyce Brown, Dr. Edwin A. Neatby, Dr. Lambert, Dr. Grantham Hill, and Mr. Cross.

Mr. Stilwell, who presided, opened the proceedings by an account of the hospital and the work already performed by the ladies' guild in other localities, pointing out that by December last the branches of the Guild numbered 237

members, that they had subscribed over £100 to the funds of the hospital, and had sent for the use of the patients in the wards 168 articles of clothing, and had 90 more garments in preparation, making a total of 258 garments. The Hampstead branch had already a bed in the Durning Ward named "The Hampstead Bed," and the Highgate, Finchley and Muswell Hill branch had established a cot called "The Highgate Cot." He concluded by moving "that a branch of the Ladies' Guild of the London Homœopathic Hospital be, and is hereby established, and shall be named the South Kensington Branch." This was seconded by Sir Henry Tyler, who dwelt upon the great value and importance of securing the co-operation of the ladies in work for the good of the suffering poor. The motion was supported by Dr. Dyce Brown, who spoke of the value of the work done by the Ladies' Guild; Dr. Neatby, also, in advocating the formation of the branch, referred in appreciative terms to the rapid growth of the guild, and the considerable work the ladies had already performed.

Dr. Lambert then proposed "that the Lady Ida Low be and is hereby elected President of the branch, that Mrs. Gordon Fellowes be and is hereby elected Treasurer and Honorary Secretary; and that five or more members, willing to serve as a Council, shall form the executive council until a General Meeting of the members." This was seconded by Dr. Grantham Hill and carried unanimously, the ladies consenting to act as the council being Mrs. Parker, Mrs. W. Morris, Mrs. Ashton, Miss Felix Smith and Miss Barter.

Mr. Stilwell then proposed the thanks of the meeting to the Lady Ida Low for accepting the presidency of the branch and for convening this meeting, which, being seconded by Sir Henry Tyler, was carried unanimously, and the meeting terminated.

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## HOMŒOPATHIC HOSPITAL, LAUNCESTON, TASMANIA.

### FOURTH ANNUAL MEETING.

THE fourth annual meeting of subscribers to the Homœopathic Hospital was held at Mr. H. Ritchie's office, St. John Street, Sept. 25th, Mr. H. Ritchie presiding over a good attendance.

The Board of Management reported: During the year the work of the institution has gone along smoothly and steadily, those patients who have passed through the wards expressing themselves pleased with the comfortable and home-like

character of the hospital, as well as with its cheerful aspect. Twelve monthly meetings have been held by the board of management, the attendance averaging eight, showing that the members take a good deal of interest in the working of the institution. The President (Mr. Henry Ritchie) has presided at the board meetings throughout the year. The house committee have met regularly once a fortnight, and the finance committee every month. We are again deeply indebted to Dr. P. Douglas Smith, who has given his valuable services to the hospital throughout the year, often, it is feared, at great personal inconvenience, as we have not at present any second homœopathic doctor in Lanncleston to assist him. Mr. A. J. Hall and Mr. H. B. H. M'Christie generously acted as honorary dental surgeons, also Miss M. Button and Mr. Laird as honorary masseuse and masseur. Miss I. Harrison again took up her duties as matron on January 1, after six months' leave of absence, during which time she obtained additional experience and qualification in the Melbourne hospitals. Nurses Okines, Sargent, and Davis have completed their three years of training, and received the hospital certificate of competency, having passed the necessary examination with credit to themselves and to the satisfaction of the examiners. Their places have been filled by Nurses Newman, Ransom, and Curtain, who are very satisfactorily carrying out their duties. Mr. J. M. Martin continues to act as assistant secretary to the satisfaction of the board. Many letters from former patients have been received expressing gratitude for kind and skilful treatment, The free bed has been often in use during the year, and the proportion of patients paying small fees for treatment has been large, it being still the policy of the board to encourage the admission of patients from the poorer classes rather than those who can afford private medical attendance and nursing. A large number of useful donations have been received at the hospital, for which the matron and house committee are very grateful. Books, flowers, fruit, fresh eggs, poultry, fish, preserves, etc., are always very acceptable, while lady sympathisers are asked to bear in mind that old linen is always being required in the wards. To our annual subscribers and those who have sent us donations of money during the year we are especially thankful, as without their kind and generous assistance, backed up by the subsidy on the £ for £ principle, which we have gratefully received from the Government, the good work of the hospital could not be carried out. Our funds this year have been augmented by the proceeds of hospital sports on the cricket ground, organized by Mrs. Styant-Browne in November last, and by a lecture by Rev. W. J. Eddy a short

time since. Thanks are due to these workers, and to the many who assisted and made these entertainments the success they were. Mrs. Styant-Browne was elected a delegate to the National Council of Women on behalf of the hospital, and at the Congress held in Launceston last March read a paper on the work being done at the institution, this being followed by a visit of several of the delegates, who all expressed themselves well pleased with the order and comfort of the hospital. The board endeavoured during the year to get a Hospital Saturday instituted in the city on lines similar to those adopted on the mainland, and also in Hobart recently, but were unable to make satisfactory arrangements with other institutions, for to be successful the effort must be a united one. We have made no special call upon our supporters during this year, but it will be necessary for them to remember the wants of the hospital before the end of the year, when the treasurer will have to present his claim for the Government subsidy. Every subscriber of £1 is entitled to a vote at the meetings, and the donation brings another £1 from the Government; therefore it is hoped our friends will bear us in remembrance. We would welcome any new subscribers, as the more donations we receive, the more we may hope to do in this good work. Especially we would welcome more donations from our country friends, as on referring to the medical officer's report it will be seen that the majority of our patients have been from country districts, extending over the whole of Northern Tasmania.

The medical officer (Dr. P. Douglas Smith) reported: At the close of the previous year 7 patients remained in the hospital, 52 were admitted during the year, 56 were discharged, and 3 remained at the end of the year. Of the 56 who were discharged 33 were cured, 17 improved or relieved, and 5 died. Ten operations were performed during the year. The deaths were due to (1) inoperable cerebral tumour; (2) exophthalmic goitre; (3) advanced phthisis; (4) senile diabetic gangrene; and (5) pneumonia, death occurring a few hours after admission. It will be observed that the numbers admitted are slightly less, as might be expected from the fact that during the whole year there has only been one medical officer. The mortality for the year was 9.1 per cent, which is somewhat higher than the two previous years. I may say, however, that four of the five who died were known to be dying when admitted. It is satisfactory to note that of the eleven cases of typhoid fever admitted since our hospital opened, all have made good recoveries. As in previous years, the majority of our patients have come from the country districts of Tasmania. We have now lost the services of

Nurses Okines, Sargent, and Davis, and that is a real loss, which we feel as such, though we are equally fortunately situated in regard to our nursing staff at the present time. I am quite certain that they will do both themselves and us the highest credit in their new spheres of work.

The Chairman, in moving the adoption of the reports, expressed his pleasure at again presiding at the annual meeting of subscribers. The hospital having existed so long, and being in such a sound position, was strong evidence of the vitality of homœopathy in Launceston. The work at the hospital during the year had been carried on in the usual satisfactory manner. There had not been so many patients, as owing to the visitation of small-pox a large number of country people had been afraid to visit the city. The fact that there was only one homœopathic practitioner in the city had also proved inimical to the hospital. It was to be hoped that as homœopathy was becoming more generally recognized another practitioner would settle in Launceston and assist Dr. Smith, as the latter could hardly be expected to devote more time than he was now doing to their interests. Under the management of the matron everything at the hospital had gone on most satisfactorily, and patients who passed through spoke in high terms of the home-like comforts of the place, and the attention devoted to them by the matron and nurses. The matron had been absent for some time, and he believed she had succeeded in passing a further course of study in a Melbourne hospital. They had had to part with some of their nurses during the year, and, although sorry the severance had taken place, yet they could congratulate themselves on having obtained good probationers to fill their places, and who were giving every satisfaction to the medical officer. The board of management had attended close to their part of the business during the year. The financial position was thoroughly sound, and as they had a substantial credit balance, amounting to about £256, there was no need for monetary anxiety. He, however, would like a reserve fund built up for future contingencies. The management might not always be able to occupy the present desirable place—although the landlord was willing to give a further lease—and if anything occurred that would result in their having to vacate the premises he would like a good asset to assist in getting another building.

Mr. W. Mosey seconded the motion.

Mr. F. Styant-Browne, in supporting, pointed out that the healthy state of the finances was due to a great extent to the receipt of the Government subsidy. On paper it looked very well, but the balance must not be taken as an instance of the

general state of the funds. Before the year ran out they would be glad indeed of assistance, and would require subscriptions so as to claim the Government subsidy.

Dr. Douglas Smith said he could not have done the work at the hospital had it not been for the courtesy extended to him by the other professional men in the city. He had been treated most kindly by them, with perhaps one or two exceptions. In operations he had had to call in assistance in the administration of chloroform. The number of admissions during the year had been affected by the small-pox epidemic. The majority of patients came from the country; 33 this year, and only 18 from the city. But the hospital had not been empty during the year. Poor people, deserving of charity, had comforts and treatment which otherwise were not available, but it was a matter of difficulty to decide what cases to admit. One was taken in dying from consumption. The place he resided in was most unsuitable, and by admitting him to the institution he ended his days in peace and comfort, instead of in misery and squalor. It was his practice to recommend all such patients for admission. He then eulogised the services rendered by the matron and nurses.

The motion was carried.—*Launceston Daily Telegraph*, Sept. 26th.

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#### BRIGHTON AND HOVE HOMŒOPATHIC DISPENSARY.

A CONCERT and Sale of Work was held at the Hove Town Hall, on Nov. 5th, in aid of the funds of the Brighton and Hove Homœopathic Dispensary, and proved to be a magnificent success. The medical officers (Dr. Herbert Wilde and Dr. Leonard Minter) may be congratulated upon such gratifying results, and on the ready response received from their friends and patients. The Sale was opened by the Chairman, Mr. W. Willett, at 2.30 p.m., and lasted one day only, and considering the few hours occupied by the Sale, and the short preliminary notices given, the result was all the more remarkable. A sum of £166 was realised, and the expenses amounted to £16.

The dispensary, which has been in existence for nearly sixty years, opened a Hove branch a year ago, and this, although not yet self-supporting, attracts a large number of patients.

The crowded attendance at the Sale alone goes to prove that homœopathy is by no means "*non est*" in Brighton, and that homœopaths and their friends are anxious for this dispensary to continue its good work.

There is no doubt that this effort has been the means of creating a greater interest in the cause of homœopathy, and we sincerely hope that this is the commencement of a new lease of life for the dispensary, and a foundation stone towards a Cottage Hospital which is greatly needed in Brighton. Dr. Searson is also one of the medical officers of the Institution, but he is at present in America. We heartily congratulate the dispensary management on this most successful effort.

#### PHILLIPS MEMORIAL HOSPITAL, BROMLEY, KENT.

THE Annual Concert in aid of the above excellent institution took place on the 5th of November. It was as usual a great success, and the result must be a very handsome contribution to the funds of the Hospital. We subjoin the following account of it from the *Bromley and District Times* of Nov. 6th :

“The committee of the Phillips Memorial Hospital receives many instances of the sympathy of the inhabitants of the borough, but there is one occasion each year on which they seem to resolve that they will owe nothing to partiality for an institution of sterling usefulness, but give the public of Bromley the opportunity of attending a concert equal to the best of its class held anywhere ; to put those who are fortunate enough to be present in renewed touch with the foremost artistes of the day ; and at the same time substantially benefit the funds of the hospital. For the purposes of these concerts the committee are well content to endow Mr. Lindsay Bell, the successful organiser of them, with absolute powers, and year after year he justifies their confidence. Emerson says that ‘any man filled with a purpose will find examples and illustrations and coadjutors wherever he goes.’ Mr. Bell certainly manages to find splendid coadjutors, the best of all of them being the public, who admire his singleness of purpose in a good cause. They have again this year, as we said last week they probably would do, enabled him to announce all tickets sold before the day of the concert. The concert itself was unique in the annals of Bromley, through Madame Albani having consented to sing at it, and the knowledge that Madame Kirkby Lunn and other eminent artistes would be associated with her made the interest keener still. Madame Albani’s appearance on the platform was the signal for a very cordial and hearty greeting. She chose for her first selection one of the florid arias with which she has captivated her audience times out of number—that from Verdi’s *La Traviata*, ‘Ah ! fors’ è lui,’ and once more the graces of her voice, her superb notes, and the marvellous facility of her

singing in an impassioned rendering of the aria, drew out the enthusiasm of her listeners, who recalled her again and again. Later Madame Albani sang a ballad, 'What does little birdie say?' (Mackenzie) and the air, 'Spring has come,' from Coleridge-Taylor's *Hiawatha*. Madame Kirkby Lunn confined her choice to songs by Sullivan and Teresa del Riego, bringing to the interpretation of these her great powers of expression and the sweetest qualities of her beautiful voice."

The other performers were all first-class. The stage was handsomely decorated with plants and flowers.

### THE NEMATODE DISEASE IN BIRMINGHAM.

IN our last issue we extracted in our *Notabilia* from a Birmingham paper an account of this disease which has recently appeared in Birmingham. We now extract a further interesting paragraph on the same subject from the *Birmingham Daily Post* of Oct. 3, headed "Craw Craw and Small-pox."

"Professor J. Dencer Whittles, of the Birmingham University, in a letter to the *Lancet*, gives his latest observations relative to the discovery of a new species of blood nematode. First of all, he calls attention to the fact that craw-craw is being diagnosed as slight cases of small-pox. He states that the first case of this kind which came under his notice was a man, aged 34 years, who had been suffering on and off from the papular form of craw-craw for some months. The irritation was mainly confined to the abdomen and chest, and the itching was so annoying that it caused him to rub off the skin by scratching. The attack was vesicular in character, and his friends, thinking that he was in a serious condition, took him to the family medical attendant. The latter said that it was probably small-pox, and he advised the man's removal to the hospital. Not being satisfied, the sufferer's friends sought advice elsewhere, and two other medical men concurred in the diagnosis. Still the father of the patient was dissatisfied, and asked the medical men at the hospital whether it was usual for successive crops of vesicles to come out in cases of small-pox, whilst others were dying away, and no pus was present. The medical men being thus challenged, suggested that the assistance of the medical officer of the small-pox hospital should be obtained, and they would abide by his opinion, which he ultimately gave as being a case of chicken-pox, and the patient was sent home. Professor Whittles, proceeding, states that he opened one of the most recent vesicles five days afterwards,



made films, and therein found embryo nematodes. In consequence he communicated with Dr. B. Annington, medical officer of health of Cambridge, and obtained some blood films of a doubtful case of small-pox there. On examining the films he again found the same nematode, and the short history which Dr. Smedley, of the hospital, had kindly supplied of this particular case was similar to the former one.

In an interview with a representative of the *Birmingham Daily Mail*, Professor Whittles said he feared that the infection was spreading somewhat rapidly; indeed, he had noticed persons in Birmingham who showed outward symptoms of the ailment. In view of the result of the discovery at Cambridge, he thought it was very possible that similar cases might exist elsewhere. The danger was very great, especially in doubtful cases of small-pox. All suspicious cases should be kept in an observation ward, but he believed in some towns, Burton, for instance, there were only two wards, one for males, and the other for females. Professor Whittles attaches so much importance to the possible confusion in diagnosis of small-pox, that in suspicious cases, he suggests, medical men should make thorough blood examinations whenever skin lesions are present. He still inclines strongly to the belief that the nematode is brought over to this country from tropical climes. It is very probable that the troops on returning from South Africa brought the infection with them, and in support of this he mentions a case that he recently had, in which a returned Yeoman suffered irritation so much that he actually rubbed the skin off his head. Another danger of infection is in milk, which he recommends should be boiled."

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OBITUARY.

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ISAAC COOKE THOMPSON, F.I.S.

WE much regret to have to record the death of Mr. Isaac Cooke Thompson, of the well-known firm of Messrs. Thompson, Capper & Co., of Liverpool and Manchester, which occurred suddenly at his Liverpool residence on the 6th of November, at the age of 60. Mr. Thompson has been long well known for his enthesiastic support of everything which could tend to promote homœopathy in its various phases. He took the greatest interest, and actively assisted in the furtherance of the Liverpool Hahnemann Hospital and Dispensaries,

while the continuance of the Manchester Homœopathic Dispensary, Great Ancoats Street, was mainly due to his exertions and large pecuniary help. In fact, quite recently the Dispensary was over £100 in his debt, in spite of an appeal for funds last year. But over and above this life-work, he was a distinguished scientist, and was well known and appreciated in scientific and biological circles. But this phase of his active life is better shown by the two letters which we subjoin, from the *Liverpool Courier* of Nov. 9th, from Sir Oliver Lodge and Professor Herdman, than by anything we could pen. His death makes a great blank in Liverpool, and throughout the United Kingdom, both in the domains of homœopathy and science. These letters are most interesting, and show in what estimation Mr. Thompson was held when Sir Oliver Lodge and Dr. Herdman should thus write to the daily papers:—

TO THE EDITOR OF THE LIVERPOOL COURIER.

SIR,—It is with no ordinary sense of shock that one hears of the sudden termination of a happy and useful life, such as that of my friend Isaac Thompson, who was one of the earliest and remained to the end one of the most intimate, of the men of Liverpool whom I was privileged to meet and know.

His scientific work can be better described by Dr. Herdman than by me, but in addition to his microscopical and biological work, for which he was so well known, he took a keen interest in science of all kinds; he was an original member of the Liverpool Physical Society, and he was always to the fore among that group of Liverpool men whose lives, outside their profession, are devoted to intellectual pursuits.

His too early death, in apparently full vigour of life, is a great loss, not only to Liverpool, but also to his department of biological science throughout the world. It will be still more keenly felt by the large group of personal friends who loved and admired his sterling personal qualities. In a quiet, unobtrusive way, he exerted a beneficent and harmonising influence wherever he was known, and the circle of his friends was annually growing wider. Happy in his family, and gifted till quite lately with excellent health, he might have been expected to withstand the attacks of time for many years; but he did not spare himself in the performance of his duties, and some recent strain must have told upon him more severely than his friends were aware of.

You will permit me, while on a short visit to Liverpool, thus publicly to lament his loss, as a good man and a true friend.—Yours, etc.,

OLIVER LODGE.

TO THE EDITOR OF THE LIVERPOOL COURIER.

SIR,—Liverpool has lost one of her most notable men of science, and although much of his work has been technical, and written only for specialists, still Liverpool will wish to see some record of what he has done.

The progress of natural history investigation in this district during the last quarter of the nineteenth century will ever be connected with a few names, such as H. H. Higgins, T. J. Moore, and Frank Archer; and amongst that little band of workers—some of whom are happily still with us—the name of Isaac Thompson holds an honourable position. His death on Friday, coming suddenly in the midst of his activities, leaves a gap in many relations of life which it will be difficult indeed to fill, in some impossible.

There were few of our local organisations for the advancement of science and the applications of scientific teaching in which Mr. Thompson did not play a prominent part. Although fully occupied as an active man of business with many concerns on his mind and hands, he found time to help on good work on very varied lines. Few men had more appeals for lectures, for papers, for help in organising, for his services (which were always highly valued), as hon. treasurer of funds, as member of council or committee, and never in the experience of some of us were such appeals made to him in vain. On the occasion of the last visit of the British Association to Liverpool, in 1896, Mr. Thompson was one of the local secretaries, and his colleagues can testify how well he did his share of the hard work, and how much the success of that great meeting depended upon his admirable business arrangements and careful attention to detail.

In earlier days he was prominent in organising the association of local scientific societies, which held an annual gathering in St. George's Hall, and for many years he was one of the most active members of the Microscopical Society, and an ardent field naturalist, and an accomplished microscopist. His position at the time in the local scientific circles was fitly indicated by his selection in April, 1882, to attend Darwin's funeral in Westminster Abbey as the representative of the Liverpool scientific societies.

In later times he was one of the founders of the Biological Society and of the Liverpool Marine Biology Committee, and it is in connection with the latter, and during the past twenty years, that most of his original scientific work on the copepoda has been done. It has long been a characteristic feature of English science that really distinguished work has come not only from those professionally engaged, but also from serious amateurs, men who have the scientific

spirit and training, but do the work solely for the love of research, and for the interests and beauties of nature which their investigations reveal. This has been especially the case in natural history; and Thompson was one of those serious amateurs who did good work of lasting value. Like Dr. George Johnston, Alder and Hancock, H. B. Brady, and Gwyn Jeffreys—to mention only a few of those who preceded him—Isaac Thompson made contributions to our knowledge of the marine fauna which, taken with the memoirs of these other amateurs, constitute one of the glories of British zoology.

Most of Thompson's published papers deal with the copepoda of Liverpool Bay and the Irish Sea, and many in Liverpool must have heard him expound, either in the lecture-hall or in conversation, the importance of these minute crustaceans to man, both as the food of many fishes and also as scavengers of the sea. Other papers, some of them printed in Liverpool, some by the Linnean Society of London, some in the reports of the British Association, deal with surface animals collected in the sea round Malta, those obtained during his visit to Madeira and the Canaries in 1887, several collections from Norwegian seas, those obtained in crossing the Atlantic to Canada, and more than one collection from the Antarctic, and from the Indian and other tropical oceans. He had just completed a few days before his death a large report, undertaken jointly with Mr. Andrew Scott, on the copepoda of the Ceylon pearl banks, which will be issued in a few weeks by the Royal Society. That does not complete the list, nor do his published papers adequately represent his work for science in Liverpool. He was indefatigable in connection with the Biological Society and the Liverpool Marine Biology Committee. He has been on the council of the society since its foundation, and was hon. treasurer for many years—until, in fact, he was elected president in 1897. Of the Liverpool Marine Biology Committee and of the Biological Station at Port Erin he has been the treasurer and the business head since the beginning, and it is hard to see how the work can be carried on without him. It is in connection with the Liverpool Marine Biology Committee investigations, the dredging expeditions in the Irish Sea, and the work of the laboratory at Port Erin, that the present writer has been brought into the most intimate relations with his friend, and has learned to appreciate not only his scientific knowledge and skill, but also his honest, fearless, upright character, and his sympathetic, loving nature. The loss to science is great, the loss to Liverpool of the man doing his duty nobly and full of good works is greater still, and of the loss to those

who were privileged to enjoy his friendship or to be united with him by still closer ties it is impossible to speak.

Yours, &c.

W. A. HERDMAN.

November 7th, 1903.

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## CORRESPONDENCE.

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### PERUVIAN BARK—WHAT IS IT ?

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

DEAR SIRS,—In a paper on the "Treatment of Sterility," published in the Journal of the British Homœopathic Society for October, 1903, Dr. John McLachlan has very properly called attention to the sources of the barks used in the preparations of our "China," and endeavours to show that a mixture of two kinds of bark "the *flava* and *pallida* combined, were used in the alcoholic tincture from which the provings were made.

Hahnemann, however, neither mentions any such "mixture" or "combination," nor does he mention (as such an accurate pharmacist and chemist as himself would most probably have done, had he intended to describe such mixture) in what proportions the two barks were used in making the alcoholic tincture. His words given in his "Reine Arzneimittellehre," 3, (Dresden, 1825) are ("Die geistige Tinctur sowohl von der feinhöhrichtigen, als der Königs-Chinarinde, *Cinchona officinalis*"). Now is it not highly probable that Hahnemann, with his special knowledge of *Cinchona*, had failed to find any difference between the provings of the two kinds of bark which were officinal in his day under the names of "Chinarinde" and that he therefore considered the one as good as the other for the purpose of making his tincture.

Dr. McLachlan appeals to "our London chemists" to "clear up this matter once for all," but the question he puts merely touches the fringe of the difficulties which the conscientious pharmacist labours under in selecting from imported barks the species used in the provings, or even in deciding, with any degree of certainty, what were the sources of the Peruvian barks used in Hahnemann's day, for though these were introduced into Europe as early as 1640, it was not till the year 1737 that the trees producing them were known to

naturalists, and moreover, ever since the introduction of *Cinchona*, commercial enterprise has doubtless, from time to time, led to the substitution of the barks of allied species (several of which, as well as hybrids, have been found in the same locality) which have borne a close resemblance to the official ones, and could be procured at less cost.

During many years in the lifetime of Hahnemann and after his death (Brand's *Dictionary of Mat. Med.*), it was impossible to decide from which species of *Cinchona* the several varieties of bark were respectively derived. The yellow bark was indeed regarded by the highest authorities as being produced by *C. cordifolia*, while the pale, quilled and crown barks were said to have been derived from *C. lancifolia*. It has long since been universally admitted that the barks known in the market by these titles were not the product of the species mentioned.

Linnæus united two species under the name *C. officinalis*, viz., that discovered by La Condamine and named after him, and *C. pubescens*, a specimen of which had been sent to the former from Santa Fé de Bogota—(Wood & Bache's *Dispensatory*, Philadelphia, 1875). The term *officinalis* has been variously applied at different times, and was at one time assigned to a variety of *C. Condaminea*.

Squire mentions "a vast number" of species, and the external characters of the bark alone are insufficient to distinguish between them.

Redwood has described twenty-one species of *Cinchona* (*Supplement to the Pharmacopœia*, 1857), besides a number of varieties, some of which were formerly mixed with the Calisaya bark of commerce or met with amongst the so-called *spurious* or *false* Calisaya barks. Wood & Bache (*U.S.A. Dispensatory*, 1875) mention twenty-eight species. Redwood distinguishes the variety *C. Calisaya vera* (Wedd.) as that which formerly yielded the yellow, or true *Calisaya bark* of English commerce, and this was one of the species of bark most rich in quinine, sometimes distinguished as *Royal yellow bark*, or *China Regia*. The *Pale*, *Crown* or *Loxa bark*, formerly known in English commerce, Redwood ascribes to the variety known as *C. Condaminia vera* (Wedd.) or *C. officinalis* (Linn.) *C. Condaminia* (H. & B.). At the same time, varieties of the pale Loxa bark or *C. Condaminia*, are said to furnish "Quina nigra" or "Black *Cinchona*" and "Mutis's orange-coloured bark," while Weddell has stated that he has found the barks of *C. ovata*, *C. scrobiculata*, *C. pubescens*, and *C. Calisaya*, sometimes to assume a more or less red tint, due to the conditions under which the bark has been produced or prepared, such as climate, soil, age of tree, mode of drying:

etc. Moreover, varieties of the species *pubescens* have furnished both "pale" and "yellow" bark. Hence it is probable, as Redwood indeed remarks, that the colour of the *Cinchona* barks is not peculiar to any particular species of the genus.

There is one circumstance which narrows the difficulty somewhat, namely, that the Royal yellow bark has always been highly esteemed for its extreme bitterness, and this has more recently been found due to the high percentage of quinine obtainable from it, while all the other *Cinchona* alkaloids have been also yielded by it. On the other hand, the barks of several species, somewhat rare, have, by judicious cultivation, been found to yield equally large proportions of quinine.

What, then, can be done by the homœopathic chemist of the present day and of the future to secure barks as nearly as possible identical with those used in the provings?

Is it possible to do more under the varying conditions of commerce than select those having all the external characters of colour, structure, fracture, etc., and yielding in addition to all the other alkaloids of *cinchona* a high percentage of quinine? Tests might be introduced into the homœopathic Pharmacopœia with this object, and requiring a yield of quinine much higher than the present one.

During the last forty years it has been our practice, for reasons given above, to use the Cort. *Cinchonæ flavæ* of the finest quality. The kind we use is guaranteed to yield at least six per cent of quinine sulphate, and is obtained from *C. Calisaya* var. *Ledgeriana*. There are other qualities of yellow bark known as "druggists' barks," which, having been rejected by quinine manufacturers on account of their poverty in quinine, are, or have been considered good enough for the preparation of Tinct. *Cinchonæ*, but the British Pharmacopœia now directs that tincture to be standardised. The fact that the alkaloids can be separated from the barks does not prove that they exist in them as such and uncombined, but some false *Cinchonas* recently placed on the market were found to contain no alkaloid. Hence the percentage of quinine sulphate yielded affords some guide for the exclusion of these and many others. The tinctures of *C. pallida* and *C. succirubra* are prepared separately in our pharmacy, and have been occasionally prescribed—the latter by the late Dr. Compton Burnett.

Yours faithfully,

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Nov. 12th, 1903.

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## BOOKS RECEIVED.

*The Future of Drug-Proving.* By Howard Bellows, M.D., Boston, Mass. *The Homœopathic World*, November. *The Vaccination Inquirer*, November. *The Calcutta Journal of Medicine*, August. *The Lancet*, September 26. *The Bromley and District Times*, November 6. *The Liverpool Courier*, November 9 and 11. *The Medical Era*, Oct. and Nov. *The Homœopathic Recorder*, October. *The Doctor*, October. *The Hahnemannian Monthly*, November. *The Medical Brief*, November. *The Medical Century*, October and November. *The Medical Times* (New York), November. *The American Medical Monthly*, September and October. *The Clinique*, October. *The Cleveland Medical and Surgical Reporter*, October. *The Homœopathic Envoy*, November. *The Pacific Coast Journal of Homœopathy*, October. *Revue Homœopathique Française*, October. *Homöopathische Maandblad*, November. *Allgemeine Homœopathische Zeitung*, October 22 and November 5.

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A. C. POPE, M.D., & D. DYCE BROWN, M.A., M.D.

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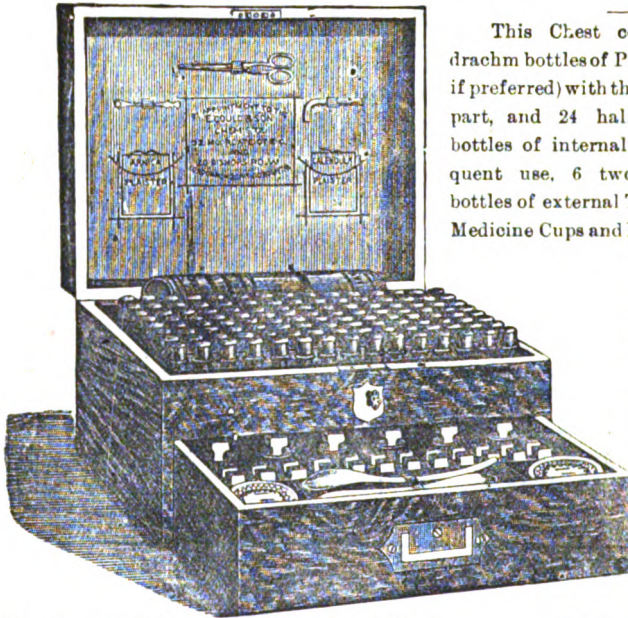
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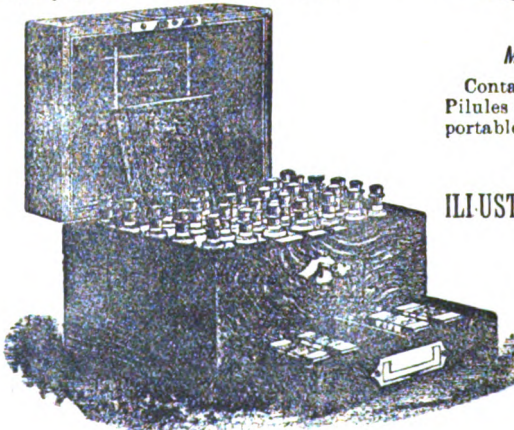
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